

## Disclaimer

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

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

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

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

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## Overview for Request: cder\_mpl1r\_wp292

**Request ID:** cder\_mpl1r\_wp292\_nsdp\_v01

**Request Description:** In this report, we performed a self-controlled risk interval analysis for Biktarvy® (bictegravir/emtricitabine/tenofovir alafenamide, BIC/FTC/TAF) to estimate the proportion of incident syndrome of inappropriate antidiuretic hormone secretion (SIADH) cases with evidence of pulmonary opportunistic infections among new users of Biktarvy® in the Sentinel Distributed Database (SDD).

**Sentinel Routine Querying Module:** Cohort Identification and Descriptive Analysis (CIDA) module, version 13.2.1, with the Signal Identification (SI) module.

**Data Source:** We distributed this query to 6 Sentinel Data Partners on January 17, 2025. The study period included data from February 8, 2018 to July 31, 2024. See Appendix A for a list of dates of available data for each Data Partner.

**Study Design:** We conducted this self-controlled risk interval (SCRI) design to identify SIADH cases with pulmonary opportunistic infections following initiation of treatment with BIC/FTC/TAF in Tree-Temporal Scan analyses. We identified all valid episodes of new BIC/FTC/TAF use among those of all ages at the time of treatment initiation and screened for the occurrence of health outcomes of interest (HOIs) during pertinent risk and control windows, intending to capture incident SIADH specifically. The Tree-Temporal Scan analysis utilized a variable risk window from days 1 to 183 post-treatment initiation to identify temporal clusters of HOIs (specifically SIADH). This was a follow-up to the signal identification analysis cder\_sir\_wp011\_nsdp\_v01, and is a Type 3 SCRI analysis in the Query Request Package (QRP) documentation.

**Exposure of Interest:** We defined the exposure of interest, BIC/FTC/TAF, using National Drug Codes (NDCs). NDCs were queried in the dispensing and procedure tables in the Sentinel Common Data Model (SCDM) format. All valid and qualifying treatment dispensings (index exposures) were evaluated; cohort re-entry was allowed. Please see Appendix B for generic and brand names of medical products used to define the exposure in this request.

**Cohort Eligibility Criteria:** We required members to be enrolled in health plans with medical and drug coverage for at least 400 days prior to the index date for the Tree-Temporal Scan cohort, during which gaps in coverage of up to 45 days were allowed and treated as continuous enrollment. The following age groups were included in the cohort: 0-11, 12-17, 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, and 75+ years. We defined incident exposure as no evidence of BIC/FTC/TAF in the previous 184 days and 183 days of post-exposure continuous enrollment for the Tree-Temporal Scan cohort. We excluded treatment episodes with evidence of ongoing pregnancy ([-183, 183] days around index), recent delivery ([0, 183] days around index), exposure to contraindicated drugs, or malignancy ([-400, 0] days around index).

Exclusion criteria were defined using Current Procedural Terminology, Fourth Edition (CPT-4), Health Care Procedure Coding System (HCPCS), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), ICD-10 Procedural Coding System (ICD-10-PCS), and NDC codes. See Appendix C for generic and brand names of medical products and Appendix D for diagnosis and procedure codes used to define exclusion criteria.

**Baseline Characteristics:** We evaluated the following demographic characteristics on the index date: age, sex, race, ethnicity, and year of treatment initiation. We additionally evaluated the following characteristics:

- Components of HIV Severity assessed during days [-400, 0] around treatment initiation:
  - Either [[CD4+ cell count less than 500 or <15% CD4+ cells]] or both [[an HIV (B20) diagnosis and a diagnosis for an opportunistic infection listed in CDC's "Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV"<sup>1</sup>]], or
  - Either [[CD4+ cell count less than 500 or <15% CD4+ cells]] or both [[an HIV (B20) diagnosis and a diagnosis for an opportunistic infection as above except certain infections deemed less likely to be opportunistic (including bacterial enteric infections, Chagas disease, community-acquired pneumonia, Hepatitis B, Hepatitis C, Herpes Simplex, Human Herpesvirus 8, Human Papillomavirus, leishmaniasis, malaria, M-pox, syphilis, and Varicella-zoster)]]].

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- Either [[CD4+ cell count less than 500 or <15% CD4+ cells]] or both [[an HIV (B20) diagnosis and a diagnosis for a pulmonary opportunistic infection (including coccidiomycosis, cryptococcosis, cryptosporidiosis, cytomegalovirus disease, histoplasmosis, microsporidiosis, mycobacterium avium complex disease, mycobacterium tuberculosis infection and disease, and pneumocystis pneumonia)]].

- Evidence of antiretroviral use assessed during days [-400, -1] around treatment initiation

Please see Appendix E for a list of generic and brand names and Appendix F for a list of CPT-4, CPT-2, HCPCS, and ICD-10-PCS procedure codes along with ICD-10-CM diagnosis codes used to define characteristics in this request.

**Outcome Assessment via Signal Identification:** We evaluated new HOIs using a hierarchical tree based on ICD-10-CM diagnosis codes. We trimmed our tree to exclude outcomes that are unlikely to be drug-related (such as those with long induction and latency windows like neoplasms; or those caused by external factors). Chapters beginning with C (neoplasms), D\* (neoplasms), O (pregnancy), P (perinatal), Q (congenital malformations), V-Y\* were excluded. The asterisk \* indicates some exceptions, for example, neoplasms of uncertain behavior of lymphoid, hematopoietic, and related tissue (D47), falls (W00-W19), intentional self-harm (X71-X83) are retained on the tree as they may be related to drug exposures.

In our Tree-Temporal Scan analyses, we identified incident HOIs occurring in the inpatient or emergency department settings. In our sensitivity analyses, we identified HOIs occurring in the inpatient, emergency department, or ambulatory settings. An outcome was considered to be incident if there was no evidence of an outcome with the same first 3 digits of the ICD-10-CM code in the prior 400 days in any setting. We identified signals in the overall cohorts as well as in sub-populations defined by evidence of definition 3 of Potentially Severe HIV. As noted above, we only report on incident SIADH cases instead of all HOIs.

Please see **Appendix G and G.1 for the specifications of parameters used in this request and Appendix H for a study design**

**Limitations:** Algorithms to define exposures, outcomes, exclusion criteria, and baseline characteristics are imperfect and may be misclassified. Therefore, data should be interpreted with this limitation in mind.

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

<sup>1</sup>National Institutes of Health, Centers for Disease Control and Prevention, HIV Medicine Association, and Infectious Diseases Society of America. "Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV," October 8, 2024. <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/whats-new>.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\*all terms may not be used in this report

**Table 1. Characteristics of BIC/FTC/TAF Tree-Temporal Cohort in the Sentinel Distributed Database from February 8, 2018 to July 31, 2024**

BIC/FTC/TAF Tree-Temporal Cohort		
Patient Characteristics	Number/Mean	Percent/Standard Deviation <sup>1</sup>
Unique patients	100,639	N/A
Episodes	105,929	100.0%
<b>Demographic Characteristics</b>		
Age (years)	47.4	12.4
Age		
0-12 years	194	0.2%
12-17 years	624	0.6%
18-24 years	5,369	5.1%
25-34 years	17,822	16.8%
35-44 years	19,361	18.3%
45-54 years	27,005	25.5%
55-64 years	26,249	24.8%
65-74 years	7,927	7.5%
≥ 75 years	1,378	1.3%
Sex		
Female	27,055	26.9%
Male	73,584	73.1%
Race <sup>2</sup>		
American Indian or Alaska Native	940	0.9%
Asian	1,472	1.5%
Black or African American	39,243	39.0%
Multi-racial	554	0.6%
Native Hawaiian or Other Pacific Islander	174	0.2%
Unknown	29,293	29.1%
White	28,963	28.8%
Hispanic origin		
Yes	13,222	13.1%
No	68,821	68.4%
Unknown	18,596	18.5%
Year		
2018	24,621	23.2%
2019	32,975	31.1%
2020	22,635	21.4%
2021	16,832	15.9%
2022	5,879	5.5%

**Table 1. Characteristics of BIC/FTC/TAF Tree-Temporal Cohort in the Sentinel Distributed Database from February 8, 2018 to July 31, 2024**

BIC/FTC/TAF Tree-Temporal Cohort		
Patient Characteristics	Number/Mean	Percent/Standard Deviation <sup>1</sup>
2023	2,987	2.8%
2024	0	0.0%
<b>Health Characteristics</b>		
Low CD4+ Cell Count (CD4+ Count <500 or <15% CD4+ Cells)	33	0.0%
B20 HIV diagnosis	94,459	89.2%
Opportunistic infections, definition A <sup>3</sup>	33,055	31.2%
Potentially Severe HIV, Definition 1: (Low CD4+ Cell Count) OR (B20 HIV Diagnosis AND Definition A Opportunistic Infections)	31,307	29.6%
Opportunistic infections, definition B <sup>3</sup>	7,469	7.1%
Potentially Severe HIV, Definition 2: (Low CD4+ Cell Count) OR (B20 HIV Diagnosis AND Definition B Opportunistic Infections)	7,317	6.9%
Opportunistic infections Infections, definition C <sup>3</sup>	2,310	2.2%
Potentially Severe HIV, Definition 3: (Low CD4+ Cell Count) OR (B20 HIV Diagnosis AND Definition C Opportunistic Infections)	2,316	2.2%
<b>Medical Product Use</b>		
Prior antiretroviral use	81,449	76.9%

<sup>1</sup>Value represents standard deviation where no % follows the value.

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

<sup>3</sup>Severe HIV disease is defined as 1) evidence of CD4+ <500 cells or <15%, or 2) evidence of an HIV diagnosis and an opportunistic infection. In definition A, we include all opportunistic infections listed in CDC's "Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents," Updated October 8, 2024. In definition B, we include a subset of these infections most clinically likely to be opportunistic and not comorbid. In definition C, only pulmonary opportunistic infections were included.

N/A: Not applicable



**Table 2. Incident Codes for "Syndrome of inappropriate secretion of antidiuretic hormone" (SIADH) in the Six Months After BIC/FTC/TAF Initiation within the Tree-Temporal Cohort in the Sentinel Distributed Database from February 8, 2018 to July 31, 2024**

Stratification	Number of Incident SIADH Codes
<b>Inpatient or Emergency Department Setting</b>	
<b>Overall</b>	
N/A	128
<b>Stratified by Potentially Severe HIV, Definition 3<sup>1</sup></b>	
Evidence of Potentially Severe HIV, Definition 3 <sup>1</sup>	12
No Evidence of Potentially Severe HIV, Definition 3 <sup>1</sup>	116
<b>Inpatient, Emergency Department, or Outpatient Setting</b>	
<b>Overall</b>	
N/A	136
<b>Stratified by Potentially Severe HIV, Definition 3<sup>1</sup></b>	
Evidence of Potentially Severe HIV, Definition 3 <sup>1</sup>	15
No Evidence of Potentially Severe HIV, Definition 3 <sup>1</sup>	121

<sup>1</sup>Potentially Severe HIV, Definition 3 is defined as: (Low CD4+ Cell Count) OR (B20 HIV Diagnosis AND Definition C Opportunistic Infections), where "Definition C Opportunistic Infections" include pulmonary opportunistic infections listed in CDC's "Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents," Updated October 8, 2024.

N/A: Not applicable

**Table 3. Summary of Episode-Level<sup>1</sup> Cohort Attrition in the Sentinel Distributed Database from February 8, 2018 to July 31, 2024**

	BIC/FTC/TAF Tree-Temporal Cohort	
	Remaining	Excluded
<b>Members meeting enrollment and demographic requirements</b>		
Enrolled at any point during the query period	311,319,592	N/A
Had required coverage type (medical and/or drug coverage)	230,665,077	80,654,515
Enrolled during specified age range	230,647,989	17,088
Had requestable medical charts	230,647,989	0
Met demographic requirements (sex, race, and Hispanic origin)	230,585,104	62,885
<b>Members with a valid index event</b>		
Had any cohort-defining claim during the query period	256,078	230,329,026
<b>Cohort episodes with a valid index date</b>		
Total number of claims with cohort-identifying codes during the query period and age range	3,593,119	N/A
Episode defining index claim recorded during the query period	275,208	3,317,911
<b>Cohort episodes with required pre-index history</b>		
Had sufficient pre-index continuous enrollment	133,700	141,508
Met inclusion and exclusion criteria <sup>2</sup>	117,101	16,599
<i>Evidence of contraindications</i>	N/A	3,482
<i>Evidence of delivery</i>	N/A	309
<i>Evidence of malignancies</i>	N/A	9,269
<i>Evidence of ongoing pregnancy</i>	N/A	4,801
Had sufficient post-index continuous enrollment	105,929	11,172
<b>Final cohort</b>		
Number of members	100,639	N/A
Number of episodes	105,929	N/A

<sup>1</sup>Cohorts are formed by first evaluating enrollment and demographic requirements as well as index events among members, then evaluating index dates, pre-index history, and post-index follow-up among episodes. Because of this, the number remaining often increases from the member- to episode-level steps.

<sup>2</sup>Episodes can meet multiple inclusion and/or exclusion criteria; therefore, the total number of episodes excluded overall may not equal the sum of all episodes in each criterion.

N/A: Not applicable

**Appendix A. Dates of Available Data for Each Data Partner (DP) as of Request Distribution Date (October 23, 2024)**

Masked DP ID	DP Start Date	DP End Date <sup>1</sup>
DP01	01/01/2007	02/29/2024
DP02	01/01/2006	07/31/2024
DP03	01/01/2008	05/31/2024
DP04	01/01/2008	04/30/2024
DP05	01/01/2014	12/31/2021
DP06	01/01/2010	09/30/2023

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

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

Generic Name	Brand Name
BIC/FTC/TAF	
bictegravir sodium/emtricitabine/tenofovir alafenamide fumar	Biktarvy

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

Generic Name	Brand Name
Contraindications	
dofetilide	dofetilide
dofetilide	Tikosyn
phenobarbital	phenobarbital
phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb	phenobarb-hyoscy-atropine-scop
phenobarbital sodium	phenobarbital sodium
phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb	Phenohydro
phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb	Donnatal
phenobarbital sodium	Sezaby
phenobarbital sodium in 0.9 % sodium chloride	phenobarbital in 0.9 % sod chl
oxcarbazepine	oxcarbazepine
oxcarbazepine	Trileptal
oxcarbazepine	Oxtellar XR
phenytoin sodium	phenytoin sodium
phenytoin sodium extended	phenytoin sodium extended
phenytoin sodium extended	Dilantin Kapseal
fosphenytoin sodium	fosphenytoin
phenytoin	phenytoin
phenytoin sodium extended	Dilantin Extended
phenytoin	Dilantin-125
phenytoin	Dilantin Infatabs
phenytoin sodium extended	Dilantin
fosphenytoin sodium	Cerebyx
phenytoin sodium extended	Phenytek
carbamazepine	carbamazepine
carbamazepine	Carbatrol
carbamazepine	Tegretol
carbamazepine	Tegretol XR
carbamazepine	Epitol
carbamazepine	Equetro
rifabutin	Mycobutin
rifabutin	rifabutin
omeprazole magnesium/amoxicillin trihydrate/rifabutin	Talicia
rifampin	rifampin
rifampin	Rifadin
rifampin/isoniazid	Rifamate
rifampin/isoniazid/pyrazinamide	Rifater
rifapentine	Priftin
sucralfate	sucralfate
sucralfate	Carafate
Malignancy	
selpercatinib	Retevmo
abemaciclib	Verzenio
pemetrexed disodium	Alimta
ramucirumab	Cyramza
necitumumab	Portrazza
dasatinib	Sprycel
hydroxyurea	Hydrea

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

Generic Name	Brand Name
elotuzumab	Empliciti
ipilimumab	Yervoy
nivolumab	Opdivo
hydroxyurea	Droxia
nivolumab-relatlimab-rmbw	Opdualag
capecitabine	Xeloda
vorinostat	Zolinza
pembrolizumab	Keytruda
inotuzumab ozogamicin	Besponsa
temsirolimus	Torisel
gemtuzumab ozogamicin	Mylotarg
irinotecan HCl	Camptosar
epirubicin HCl	Ellence
idarubicin HCl	Idamycin PFS
carmustine	BiCNU
isatuximab-irfc	Sarclisa
diluent for cabazitaxel (ethanol)	Diluent For Jevtana
cabazitaxel	Jevtana
ziv-aflibercept	Zaltrap
imatinib mesylate	imatinib
capecitabine	capecitabine
cyclophosphamide	cyclophosphamide
bexarotene	bexarotene
everolimus	everolimus (immunosuppressive)
everolimus	everolimus (antineoplastic)
methotrexate sodium	methotrexate sodium
mercaptopurine	mercaptopurine
bosutinib	Bosulif
axitinib	Inlyta
palbociclib	Ibrance
dacomitinib	Vizimpro
lorlatinib	Lorbrena
rituximab-pvvr	Ruxience
crizotinib	Xalkori
talazoparib tosylate	Talzenna
glasdegib maleate	Daurismo
trastuzumab-qyyp	Trazimera
bevacizumab-bvzr	Zirabev
sunitinib malate	Sutent
doxorubicin HCl	doxorubicin
venetoclax	Venclexta
venetoclax	Venclexta Starting Pack
imatinib mesylate	Gleevec
everolimus	Zortress
nilotinib HCl	Tasigna
everolimus	Afinitor
everolimus	Afinitor Disperz
sonidegib phosphate	Odomzo
panobinostat lactate	Farydak
ofatumumab	Arzerra
lapatinib ditosylate	Tykerb
topotecan HCl	Hycamtin

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

Generic Name	Brand Name
dabrafenib mesylate	Tafinlar
nelarabine	Arranon
ceritinib	Zykadia
midostaurin	Rydapt
alpelisib	Piqray
capmatinib hydrochloride	Tabrecta
tisagenlecleucel	Kymriah
ribociclib succinate	Kisqali
ofatumumab	Kesimpta Pen
alpelisib	Vijoice
trametinib dimethyl sulfoxide	Mekinist
temozolomide	Temodar
erlotinib HCl	erlotinib
sunitinib malate	sunitinib malate
bortezomib	bortezomib
mitomycin	mitomycin
docetaxel	docetaxel
idarubicin HCl	idarubicin
bleomycin sulfate	bleomycin
dacarbazine	dacarbazine
doxorubicin HCl	Adriamycin
thiotepa	thiotepa
methotrexate sodium/PF	methotrexate sodium (PF)
etoposide	etoposide
decitabine	decitabine
gemcitabine HCl	gemcitabine
cisplatin	cisplatin
ifosfamide	ifosfamide
daunorubicin HCl	daunorubicin
irinotecan HCl	irinotecan
azacitidine	azacitidine
cladribine	cladribine
belantamab mafodotin-blmf	Blenrep
niraparib tosylate	Zejula
fluorouracil	Efudex
fluorouracil	Carac
bexarotene	Targretin
everolimus	Torpenz
gefitinib	Iressa
selumetinib sulfate/vitamin E TPGS	Koselugo
olaparib	Lynparza
osimertinib mesylate	Tagrisso
acalabrutinib maleate	Calquence (acalabrutinib mal)
durvalumab	Imfinzi
doxorubicin HCl pegylated liposomal	Doxil
temozolomide	temozolomide
ifosfamide	Ifex
doxorubicin HCl pegylated liposomal	Caelyx
sorafenib tosylate	sorafenib
fluorouracil	fluorouracil
methotrexate/PF	Otrexup (PF)
epirubicin HCl	epirubicin

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

Generic Name	Brand Name
oxaliplatin	oxaliplatin
vinorelbine tartrate	vinorelbine
methotrexate/PF	Rasuvo (PF)
pemetrexed disodium	pemetrexed disodium
topotecan HCl	topotecan
vandetanib	Caprelsa
pentostatin	Nipent
busulfan	busulfan
cytarabine liposome/PF	DepoCyt (PF)
gilteritinib fumarate	Xospata
paclitaxel protein-bound	paclitaxel protein-bound
gefitinib	gefitinib
hydroxyurea	hydroxyurea
afatinib dimaleate	Gilotrif
fluorouracil	Adrucil
irinotecan liposomal	Onivyde
paclitaxel	paclitaxel
romidepsin	romidepsin
carboplatin	carboplatin
vincristine sulfate	Vincasar PFS
ixabepilone	Ixempra
streptozocin	Zanosar
arsenic trioxide	Trisenox
bleomycin sulfate	Bleo 15K
interferon gamma-1b, recomb.	Actimmune
brigatinib	Alunbrig
vemurafenib	Zelboraf
dactinomycin	dactinomycin
procarbazine HCl	Matulane
teniposide	teniposide
lomustine	Gleostine
clofarabine	Clolar
bevacizumab	bevacizumab
fludarabine phosphate	fludarabine
carmustine	carmustine
diluent for carmustine (ethanol)	diluent, carmustine (ethanol)
arsenic trioxide	arsenic trioxide
bendamustine HCl	bendamustine
fluorouracil	Fluoroplex
doxorubicin HCl pegylated liposomal	doxorubicin, peg-liposomal
erlotinib HCl	Tarceva
temsirolimus	temsirolimus
diluent for temsirolimus (ethanol)	diluent, temsirolimus (ethanol)
diluent for carmustine (ethanol)	Diluent for BiCNU
valrubicin	valrubicin
carmustine in polifeprosan 20	Gliadel Wafer
gemcitabine HCl	Gemzar
cytarabine/PF	cytarabine (PF)
melphalan HCl	melphalan HCl
fluorouracil	Tolak
sipuleucel-T/lactated ringers solution	Provenge
cladribine	Mavenclad (4 tablet pack)



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

Generic Name	Brand Name
cladribine	Mavenclad (5 tablet pack)
cladribine	Mavenclad (6 tablet pack)
cladribine	Mavenclad (7 tablet pack)
bendamustine HCl	Belrapzo
cabozantinib s-malate	Cometriq
cabozantinib s-malate	Cabometyx
mogamulizumab-kpkc	Poteligeo
cladribine	Mavenclad (8 tablet pack)
cladribine	Mavenclad (9 tablet pack)
cladribine	Mavenclad (10 tablet pack)
docetaxel	Taxotere
etoposide phosphate	Etopophos
trastuzumab	Herceptin
nelarabine	nelarabine
thiotepa	Tepadina
clofarabine	clofarabine
diluent for melphalan (sodium citrate)	diluent for melphalan
avelumab	Bavencio
tepotinib HCl	Tepmetko
ifosfamide/mesna	ifosfamide-mesna
etoposide	Toposar
larotrectinib sulfate	Vitrakvi
diluent for decitabine (potass ph monobasic,sodium hydrox)	diluent for decitabine
ponatinib HCl	Iclusig
melphalan HCl/betadex sulfobutyl ether sodium	Evomela
mercaptopurine	Purixan
rituximab	Rituxan
belinostat	Beleodaq
bevacizumab	Avastin
obinutuzumab	Gazyva
trastuzumab-hyaluronidase-oysk	Herceptin Hylecta
ado-trastuzumab emtansine	Kadcyla
entrectinib	Rozlytrek
polatuzumab vedotin-piiq	Polivy
rituximab/hyaluronidase, human recombinant	Rituxan Hycela
alelectinib HCl	Alecensa
vismodegib	Erivedge
pertuzumab	Perjeta
pertuzumab-trastuzumab-hyaluronidase-zzxf	Phesgo
aldesleukin	Proleukin
cobimetinib fumarate	Cotellic
atezolizumab	Tecentriq
regorafenib	Stivarga
copanlisib di-HCl	Aliqopa
sorafenib tosylate	Nexavar
glucarpidase	Voraxaze
ruxolitinib phosphate	Jakafi
ruxolitinib phosphate	Opzelura
pemigatinib	Pemazyre
tucatinib	Tukysa
enfortumab vedotin-ejfv	Padcev
brentuximab vedotin	Adcetris

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

Generic Name	Brand Name
methotrexate sodium	Trexall
doxorubicin HCl pegylated liposomal	Lipodox
doxorubicin HCl pegylated liposomal	Lipodox 50
vincristine sulfate liposomal	Marqibo
vinorelbine tartrate	Navelbine
pegaspargase	Oncaspar
melphalan	Alkeran
melphalan HCl	Alkeran (as HCl)
methotrexate	Xatmep
kit for prep yttrium-90/ibritumomab tiuxetan/albumin human	Zevalin (Y-90)
interferon alfa-n3	Alferon N
busulfan	Busulfex
sacituzumab govitecan-hziy	Trodelvy
floxuridine	floxuridine
dactinomycin	Cosmegen
talimogene laherparepvec	Imlygic
trastuzumab-anns	Kanjinti
blinatumomab	Blincyto
stabilizer for blinatumomab	IV Sol Stabilizer for Blincyto
bevacizumab-awwb	Mvasi
rituximab-arrx	Riabni
panitumumab	Vectibix
niraparib tosylate/abiraterone acetate	Akeega
daratumumab	Darzalex
daratumumab-hyaluronidase-fihj	Darzalex Faspro
ibrutinib	Imbruvica
alemtuzumab	Lemtrada
alemtuzumab	Campath
hydroxyurea	Siklos
azacitidine	Vidaza
pomalidomide	Pomalyst
enasidenib mesylate	Idhifa
fedratinib dihydrochloride	Inrebic
azacitidine	Onureg
ixazomib citrate	Ninlaro
romidepsin	Istodax
diluent for romidepsin (propylene glycol)	Diluent For Istodax
erdafitinib	Balversa
trabectedin	Yondelis
eribulin mesylate	eribulin
cytarabine	cytarabine
vincristine sulfate	vincristine
mitoxantrone HCl	mitoxantrone
encorafenib	Braftovi
cemiplimab-rwlc	Libtayo
idelalisib	Zydelig
gemcitabine HCl in 0.9 % sodium chloride	Infugem
eribulin mesylate	Halaven
decitabine	Dacogen
lenvatinib mesylate	Lenvima
bortezomib	Velcade
vinblastine sulfate	vinblastine

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

Generic Name	Brand Name
diluent for romidepsin (propylene glycol)	diluent, romidepsin (prop gly)
rituximab-abbs	Truxima
trastuzumab-pkrb	Herzuma
bendamustine HCl	Bendeka
bendamustine HCl	Treanda
selinexor	Xpovio
decitabine/cedazuridine	Inqovi
trifluridine/tipiracil HCl	Lonsurf
cisplatin	Kemoplat
pralatrexate	pralatrexate
fam-trastuzumab deruxtecan-nxki	Enhertu
pexidartinib hydrochloride	Turalio
melphalan flufenamide hydrochloride	Pepaxto
dinutuximab	Unituxin
cetuximab	Erbix
moxetumomab pasudotox-tdfk	Lumoxiti
stabilizer for moxetumomab pasudotox-tdfk	Lumoxiti IV Soln Stabilizer
daunorubicin/cytarabine liposomal	Vyxeos
busulfan	Myleran
docetaxel	Docetaxel
trastuzumab-dttb	Ontruzant
acalabrutinib	Calquence
valrubicin	Valstar
duvelisib	Copiktra
pralatrexate	Folotyn
lapatinib ditosylate	lapatinib
lurbinectedin	Zepzelca
paclitaxel protein-bound	Abraxane
mitomycin	Mitomycin
carboplatin	Paraplatin
rucaparib camsylate	Rubraca
diluent for ixabepilone (castor oil/alcohol)	Diluent for Ixempra (15 mg)
diluent for ixabepilone (castor oil/alcohol)	Diluent for Ixempra (45 mg)
bevacizumab-maly	Alymsys
pemetrexed disodium	Pemrydi RTU
binimetinib	Mektovi
neratinib maleate	Nerlynx
bendamustine HCl	Vivimusta
trastuzumab-dkst	Ogivri
methotrexate/PF	RediTrex (PF)
axicabtagene ciloleucel	Yescarta
brexucabtagene autoleucel	Tecartus
fostamatinib disodium	Tavalisse
avapritinib	Ayvakit
tagraxofusp-erzs	Elzonris
omacetaxine mepesuccinate	Synribo
mitomycin	Jelmyto
diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)	Sterile Hydrogel For Jelmyto
zanubrutinib	Brukina
bevacizumab-adcd	Vegzelma
melphalan	melphalan
tazemetostat hydrobromide	Tazverik

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

Generic Name	Brand Name
calaspargase pegol-mknl	Asparlas
naxitamab-gqgk	Danyelza
lisocabtagene maraleucel	Breyanzi
lisocabtagene maraleucel, CD8 component, 1 of 2	Breyanzi CD8 Component (1of 2)
lisocabtagene maraleucel, CD4 component, 2 of 2	Breyanzi CD4 Component (2of 2)
ripretinib	Qinlock
ribociclib succinate/letrozole	Kisqali Femara Co-Pack
trilaciclib dihydrochloride	Cosela
tafasitamab-cxix	Monjuvi
melphalan HCl	Hepzato (50 mm catheter)
melphalan HCl	Hepzato (62 mm catheter)
melphalan HCl	Hepzato
carfilzomib	Kyprolis
methotrexate	Jylamvo
docetaxel	Docivyx

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

Code	Description	Code Type	Code Category
<b>Pregnancy and Delivery</b>			
009.01	Supervision of pregnancy with history of infertility, first trimester	ICD-10-CM	Diagnosis
009.02	Supervision of pregnancy with history of infertility, second trimester	ICD-10-CM	Diagnosis
009.03	Supervision of pregnancy with history of infertility, third trimester	ICD-10-CM	Diagnosis
009.11	Supervision of pregnancy with history of ectopic pregnancy, first trimester	ICD-10-CM	Diagnosis
009.12	Supervision of pregnancy with history of ectopic pregnancy, second trimester	ICD-10-CM	Diagnosis
009.13	Supervision of pregnancy with history of ectopic pregnancy, third trimester	ICD-10-CM	Diagnosis
009.211	Supervision of pregnancy with history of pre-term labor, first trimester	ICD-10-CM	Diagnosis
009.212	Supervision of pregnancy with history of pre-term labor, second trimester	ICD-10-CM	Diagnosis
009.213	Supervision of pregnancy with history of pre-term labor, third trimester	ICD-10-CM	Diagnosis
009.291	Supervision of pregnancy with other poor reproductive or obstetric history, first	ICD-10-CM	Diagnosis
009.292	Supervision of pregnancy with other poor reproductive or obstetric history, second trimester	ICD-10-CM	Diagnosis
009.293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester	ICD-10-CM	Diagnosis
009.31	Supervision of pregnancy with insufficient antenatal care, first trimester	ICD-10-CM	Diagnosis
009.32	Supervision of pregnancy with insufficient antenatal care, second trimester	ICD-10-CM	Diagnosis
009.33	Supervision of pregnancy with insufficient antenatal care, third trimester	ICD-10-CM	Diagnosis
009.41	Supervision of pregnancy with grand multiparity, first trimester	ICD-10-CM	Diagnosis
009.42	Supervision of pregnancy with grand multiparity, second trimester	ICD-10-CM	Diagnosis
009.43	Supervision of pregnancy with grand multiparity, third trimester	ICD-10-CM	Diagnosis
009.511	Supervision of elderly primigravida, first trimester	ICD-10-CM	Diagnosis
009.512	Supervision of elderly primigravida, second trimester	ICD-10-CM	Diagnosis
009.513	Supervision of elderly primigravida, third trimester	ICD-10-CM	Diagnosis
009.521	Supervision of elderly multigravida, first trimester	ICD-10-CM	Diagnosis
009.522	Supervision of elderly multigravida, second trimester	ICD-10-CM	Diagnosis
009.523	Supervision of elderly multigravida, third trimester	ICD-10-CM	Diagnosis
009.611	Supervision of young primigravida, first trimester	ICD-10-CM	Diagnosis
009.612	Supervision of young primigravida, second trimester	ICD-10-CM	Diagnosis
009.613	Supervision of young primigravida, third trimester	ICD-10-CM	Diagnosis
009.621	Supervision of young multigravida, first trimester	ICD-10-CM	Diagnosis
009.622	Supervision of young multigravida, second trimester	ICD-10-CM	Diagnosis
009.623	Supervision of young multigravida, third trimester	ICD-10-CM	Diagnosis
009.71	Supervision of high risk pregnancy due to social problems, first trimester	ICD-10-CM	Diagnosis
009.72	Supervision of high risk pregnancy due to social problems, second trimester	ICD-10-CM	Diagnosis
009.73	Supervision of high risk pregnancy due to social problems, third trimester	ICD-10-CM	Diagnosis
009.811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester	ICD-10-CM	Diagnosis
009.812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester	ICD-10-CM	Diagnosis
009.813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester	ICD-10-CM	Diagnosis
009.821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester	ICD-10-CM	Diagnosis
009.822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
O09.823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester	ICD-10-CM	Diagnosis
O09.891	Supervision of other high risk pregnancies, first trimester	ICD-10-CM	Diagnosis
O09.892	Supervision of other high risk pregnancies, second trimester	ICD-10-CM	Diagnosis
O09.893	Supervision of other high risk pregnancies, third trimester	ICD-10-CM	Diagnosis
O09.91	Supervision of high risk pregnancy, unspecified, first trimester	ICD-10-CM	Diagnosis
O09.92	Supervision of high risk pregnancy, unspecified, second trimester	ICD-10-CM	Diagnosis
O09.93	Supervision of high risk pregnancy, unspecified, third trimester	ICD-10-CM	Diagnosis
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester	ICD-10-CM	Diagnosis
O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester	ICD-10-CM	Diagnosis
O09.A3	Supervision of pregnancy with history of molar pregnancy, third trimester	ICD-10-CM	Diagnosis
O10.011	Pre-existing essential hypertension complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O10.012	Pre-existing essential hypertension complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O10.013	Pre-existing essential hypertension complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O10.111	Pre-existing hypertensive heart disease complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O10.112	Pre-existing hypertensive heart disease complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O10.113	Pre-existing hypertensive heart disease complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O10.211	Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O10.212	Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O10.213	Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O10.311	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O10.312	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O10.313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O10.411	Pre-existing secondary hypertension complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O10.412	Pre-existing secondary hypertension complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O10.413	Pre-existing secondary hypertension complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O10.911	Unspecified pre-existing hypertension complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O10.912	Unspecified pre-existing hypertension complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O10.913	Unspecified pre-existing hypertension complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester	ICD-10-CM	Diagnosis
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester	ICD-10-CM	Diagnosis
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester	ICD-10-CM	Diagnosis
O12.01	Gestational edema, first trimester	ICD-10-CM	Diagnosis
O12.02	Gestational edema, second trimester	ICD-10-CM	Diagnosis
O12.03	Gestational edema, third trimester	ICD-10-CM	Diagnosis
O12.11	Gestational proteinuria, first trimester	ICD-10-CM	Diagnosis
O12.12	Gestational proteinuria, second trimester	ICD-10-CM	Diagnosis
O12.13	Gestational proteinuria, third trimester	ICD-10-CM	Diagnosis
O12.21	Gestational edema with proteinuria, first trimester	ICD-10-CM	Diagnosis
O12.22	Gestational edema with proteinuria, second trimester	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O12.23	Gestational edema with proteinuria, third trimester	ICD-10-CM	Diagnosis
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester	ICD-10-CM	Diagnosis
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester	ICD-10-CM	Diagnosis
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester	ICD-10-CM	Diagnosis
O14.02	Mild to moderate pre-eclampsia, second trimester	ICD-10-CM	Diagnosis
O14.03	Mild to moderate pre-eclampsia, third trimester	ICD-10-CM	Diagnosis
O14.12	Severe pre-eclampsia, second trimester	ICD-10-CM	Diagnosis
O14.13	Severe pre-eclampsia, third trimester	ICD-10-CM	Diagnosis
O14.22	HELLP syndrome (HELLP), second trimester	ICD-10-CM	Diagnosis
O14.23	HELLP syndrome (HELLP), third trimester	ICD-10-CM	Diagnosis
O14.92	Unspecified pre-eclampsia, second trimester	ICD-10-CM	Diagnosis
O14.93	Unspecified pre-eclampsia, third trimester	ICD-10-CM	Diagnosis
O15.02	Eclampsia complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O15.03	Eclampsia complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O16.1	Unspecified maternal hypertension, first trimester	ICD-10-CM	Diagnosis
O16.2	Unspecified maternal hypertension, second trimester	ICD-10-CM	Diagnosis
O16.3	Unspecified maternal hypertension, third trimester	ICD-10-CM	Diagnosis
O22.01	Varicose veins of lower extremity in pregnancy, first trimester	ICD-10-CM	Diagnosis
O22.02	Varicose veins of lower extremity in pregnancy, second trimester	ICD-10-CM	Diagnosis
O22.03	Varicose veins of lower extremity in pregnancy, third trimester	ICD-10-CM	Diagnosis
O22.11	Genital varices in pregnancy, first trimester	ICD-10-CM	Diagnosis
O22.12	Genital varices in pregnancy, second trimester	ICD-10-CM	Diagnosis
O22.13	Genital varices in pregnancy, third trimester	ICD-10-CM	Diagnosis
O22.21	Superficial thrombophlebitis in pregnancy, first trimester	ICD-10-CM	Diagnosis
O22.22	Superficial thrombophlebitis in pregnancy, second trimester	ICD-10-CM	Diagnosis
O22.23	Superficial thrombophlebitis in pregnancy, third trimester	ICD-10-CM	Diagnosis
O22.31	Deep phlebothrombosis in pregnancy, first trimester	ICD-10-CM	Diagnosis
O22.32	Deep phlebothrombosis in pregnancy, second trimester	ICD-10-CM	Diagnosis
O22.33	Deep phlebothrombosis in pregnancy, third trimester	ICD-10-CM	Diagnosis
O22.41	Hemorrhoids in pregnancy, first trimester	ICD-10-CM	Diagnosis
O22.42	Hemorrhoids in pregnancy, second trimester	ICD-10-CM	Diagnosis
O22.43	Hemorrhoids in pregnancy, third trimester	ICD-10-CM	Diagnosis
O22.51	Cerebral venous thrombosis in pregnancy, first trimester	ICD-10-CM	Diagnosis
O22.52	Cerebral venous thrombosis in pregnancy, second trimester	ICD-10-CM	Diagnosis
O22.53	Cerebral venous thrombosis in pregnancy, third trimester	ICD-10-CM	Diagnosis
O22.8X1	Other venous complications in pregnancy, first trimester	ICD-10-CM	Diagnosis
O22.8X2	Other venous complications in pregnancy, second trimester	ICD-10-CM	Diagnosis
O22.8X3	Other venous complications in pregnancy, third trimester	ICD-10-CM	Diagnosis
O22.91	Venous complication in pregnancy, unspecified, first trimester	ICD-10-CM	Diagnosis
O22.92	Venous complication in pregnancy, unspecified, second trimester	ICD-10-CM	Diagnosis
O22.93	Venous complication in pregnancy, unspecified, third trimester	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
O23.01	Infections of kidney in pregnancy, first trimester	ICD-10-CM	Diagnosis
O23.02	Infections of kidney in pregnancy, second trimester	ICD-10-CM	Diagnosis
O23.03	Infections of kidney in pregnancy, third trimester	ICD-10-CM	Diagnosis
O23.11	Infections of bladder in pregnancy, first trimester	ICD-10-CM	Diagnosis
O23.12	Infections of bladder in pregnancy, second trimester	ICD-10-CM	Diagnosis
O23.13	Infections of bladder in pregnancy, third trimester	ICD-10-CM	Diagnosis
O23.21	Infections of urethra in pregnancy, first trimester	ICD-10-CM	Diagnosis
O23.22	Infections of urethra in pregnancy, second trimester	ICD-10-CM	Diagnosis
O23.23	Infections of urethra in pregnancy, third trimester	ICD-10-CM	Diagnosis
O23.31	Infections of other parts of urinary tract in pregnancy, first trimester	ICD-10-CM	Diagnosis
O23.32	Infections of other parts of urinary tract in pregnancy, second trimester	ICD-10-CM	Diagnosis
O23.33	Infections of other parts of urinary tract in pregnancy, third trimester	ICD-10-CM	Diagnosis
O23.41	Unspecified infection of urinary tract in pregnancy, first trimester	ICD-10-CM	Diagnosis
O23.42	Unspecified infection of urinary tract in pregnancy, second trimester	ICD-10-CM	Diagnosis
O23.43	Unspecified infection of urinary tract in pregnancy, third trimester	ICD-10-CM	Diagnosis
O23.511	Infections of cervix in pregnancy, first trimester	ICD-10-CM	Diagnosis
O23.512	Infections of cervix in pregnancy, second trimester	ICD-10-CM	Diagnosis
O23.513	Infections of cervix in pregnancy, third trimester	ICD-10-CM	Diagnosis
O23.521	Salpingo-oophoritis in pregnancy, first trimester	ICD-10-CM	Diagnosis
O23.522	Salpingo-oophoritis in pregnancy, second trimester	ICD-10-CM	Diagnosis
O23.523	Salpingo-oophoritis in pregnancy, third trimester	ICD-10-CM	Diagnosis
O23.591	Infection of other part of genital tract in pregnancy, first trimester	ICD-10-CM	Diagnosis
O23.592	Infection of other part of genital tract in pregnancy, second trimester	ICD-10-CM	Diagnosis
O23.593	Infection of other part of genital tract in pregnancy, third trimester	ICD-10-CM	Diagnosis
O23.91	Unspecified genitourinary tract infection in pregnancy, first trimester	ICD-10-CM	Diagnosis
O23.92	Unspecified genitourinary tract infection in pregnancy, second trimester	ICD-10-CM	Diagnosis
O23.93	Unspecified genitourinary tract infection in pregnancy, third trimester	ICD-10-CM	Diagnosis
O24.011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester	ICD-10-CM	Diagnosis
O24.012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester	ICD-10-CM	Diagnosis
O24.013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester	ICD-10-CM	Diagnosis
O24.111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester	ICD-10-CM	Diagnosis
O24.112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester	ICD-10-CM	Diagnosis
O24.113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester	ICD-10-CM	Diagnosis
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester	ICD-10-CM	Diagnosis
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester	ICD-10-CM	Diagnosis
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester	ICD-10-CM	Diagnosis
O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester	ICD-10-CM	Diagnosis
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester	ICD-10-CM	Diagnosis
O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester	ICD-10-CM	Diagnosis
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester	ICD-10-CM	Diagnosis
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester	ICD-10-CM	Diagnosis
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester	ICD-10-CM	Diagnosis
O25.11	Malnutrition in pregnancy, first trimester	ICD-10-CM	Diagnosis
O25.12	Malnutrition in pregnancy, second trimester	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
O25.13	Malnutrition in pregnancy, third trimester	ICD-10-CM	Diagnosis
O26.01	Excessive weight gain in pregnancy, first trimester	ICD-10-CM	Diagnosis
O26.02	Excessive weight gain in pregnancy, second trimester	ICD-10-CM	Diagnosis
O26.03	Excessive weight gain in pregnancy, third trimester	ICD-10-CM	Diagnosis
O26.11	Low weight gain in pregnancy, first trimester	ICD-10-CM	Diagnosis
O26.12	Low weight gain in pregnancy, second trimester	ICD-10-CM	Diagnosis
O26.13	Low weight gain in pregnancy, third trimester	ICD-10-CM	Diagnosis
O26.21	Pregnancy care for patient with recurrent pregnancy loss, first trimester	ICD-10-CM	Diagnosis
O26.22	Pregnancy care for patient with recurrent pregnancy loss, second trimester	ICD-10-CM	Diagnosis
O26.23	Pregnancy care for patient with recurrent pregnancy loss, third trimester	ICD-10-CM	Diagnosis
O26.31	Retained intrauterine contraceptive device in pregnancy, first trimester	ICD-10-CM	Diagnosis
O26.32	Retained intrauterine contraceptive device in pregnancy, second trimester	ICD-10-CM	Diagnosis
O26.33	Retained intrauterine contraceptive device in pregnancy, third trimester	ICD-10-CM	Diagnosis
O26.41	Herpes gestationis, first trimester	ICD-10-CM	Diagnosis
O26.42	Herpes gestationis, second trimester	ICD-10-CM	Diagnosis
O26.43	Herpes gestationis, third trimester	ICD-10-CM	Diagnosis
O26.51	Maternal hypotension syndrome, first trimester	ICD-10-CM	Diagnosis
O26.52	Maternal hypotension syndrome, second trimester	ICD-10-CM	Diagnosis
O26.53	Maternal hypotension syndrome, third trimester	ICD-10-CM	Diagnosis
O26.611	Liver and biliary tract disorders in pregnancy, first trimester	ICD-10-CM	Diagnosis
O26.612	Liver and biliary tract disorders in pregnancy, second trimester	ICD-10-CM	Diagnosis
O26.613	Liver and biliary tract disorders in pregnancy, third trimester	ICD-10-CM	Diagnosis
O26.711	Subluxation of symphysis (pubis) in pregnancy, first trimester	ICD-10-CM	Diagnosis
O26.712	Subluxation of symphysis (pubis) in pregnancy, second trimester	ICD-10-CM	Diagnosis
O26.713	Subluxation of symphysis (pubis) in pregnancy, third trimester	ICD-10-CM	Diagnosis
O26.811	Pregnancy related exhaustion and fatigue, first trimester	ICD-10-CM	Diagnosis
O26.812	Pregnancy related exhaustion and fatigue, second trimester	ICD-10-CM	Diagnosis
O26.813	Pregnancy related exhaustion and fatigue, third trimester	ICD-10-CM	Diagnosis
O26.821	Pregnancy related peripheral neuritis, first trimester	ICD-10-CM	Diagnosis
O26.822	Pregnancy related peripheral neuritis, second trimester	ICD-10-CM	Diagnosis
O26.823	Pregnancy related peripheral neuritis, third trimester	ICD-10-CM	Diagnosis
O26.831	Pregnancy related renal disease, first trimester	ICD-10-CM	Diagnosis
O26.832	Pregnancy related renal disease, second trimester	ICD-10-CM	Diagnosis
O26.833	Pregnancy related renal disease, third trimester	ICD-10-CM	Diagnosis
O26.841	Uterine size-date discrepancy, first trimester	ICD-10-CM	Diagnosis
O26.842	Uterine size-date discrepancy, second trimester	ICD-10-CM	Diagnosis
O26.843	Uterine size-date discrepancy, third trimester	ICD-10-CM	Diagnosis
O26.851	Spotting complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O26.852	Spotting complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O26.853	Spotting complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O26.872	Cervical shortening, second trimester	ICD-10-CM	Diagnosis
O26.873	Cervical shortening, third trimester	ICD-10-CM	Diagnosis
O26.891	Other specified pregnancy related conditions, first trimester	ICD-10-CM	Diagnosis
O26.892	Other specified pregnancy related conditions, second trimester	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O26.893	Other specified pregnancy related conditions, third trimester	ICD-10-CM	Diagnosis
O26.91	Pregnancy related conditions, unspecified, first trimester	ICD-10-CM	Diagnosis
O26.92	Pregnancy related conditions, unspecified, second trimester	ICD-10-CM	Diagnosis
O26.93	Pregnancy related conditions, unspecified, third trimester	ICD-10-CM	Diagnosis
O29.011	Aspiration pneumonitis due to anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.012	Aspiration pneumonitis due to anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.013	Aspiration pneumonitis due to anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.021	Pressure collapse of lung due to anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.022	Pressure collapse of lung due to anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.023	Pressure collapse of lung due to anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.091	Other pulmonary complications of anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.092	Other pulmonary complications of anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.093	Other pulmonary complications of anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.111	Cardiac arrest due to anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.112	Cardiac arrest due to anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.113	Cardiac arrest due to anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.121	Cardiac failure due to anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.122	Cardiac failure due to anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.123	Cardiac failure due to anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.191	Other cardiac complications of anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.192	Other cardiac complications of anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.193	Other cardiac complications of anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.211	Cerebral anoxia due to anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.212	Cerebral anoxia due to anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.213	Cerebral anoxia due to anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.291	Other central nervous system complications of anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.292	Other central nervous system complications of anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.293	Other central nervous system complications of anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.3X1	Toxic reaction to local anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.3X2	Toxic reaction to local anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.3X3	Toxic reaction to local anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.41	Spinal and epidural anesthesia induced headache during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.42	Spinal and epidural anesthesia induced headache during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.43	Spinal and epidural anesthesia induced headache during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.5X1	Other complications of spinal and epidural anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.5X2	Other complications of spinal and epidural anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.5X3	Other complications of spinal and epidural anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.61	Failed or difficult intubation for anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.62	Failed or difficult intubation for anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.63	Failed or difficult intubation for anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O29.8X1	Other complications of anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.8X2	Other complications of anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.8X3	Other complications of anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O29.91	Unspecified complication of anesthesia during pregnancy, first trimester	ICD-10-CM	Diagnosis
O29.92	Unspecified complication of anesthesia during pregnancy, second trimester	ICD-10-CM	Diagnosis
O29.93	Unspecified complication of anesthesia during pregnancy, third trimester	ICD-10-CM	Diagnosis
O30.001	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester	ICD-10-CM	Diagnosis
O30.002	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester	ICD-10-CM	Diagnosis
O30.003	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester	ICD-10-CM	Diagnosis
O30.011	Twin pregnancy, monochorionic/monoamniotic, first trimester	ICD-10-CM	Diagnosis
O30.012	Twin pregnancy, monochorionic/monoamniotic, second trimester	ICD-10-CM	Diagnosis
O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester	ICD-10-CM	Diagnosis
O30.021	Conjoined twin pregnancy, first trimester	ICD-10-CM	Diagnosis
O30.022	Conjoined twin pregnancy, second trimester	ICD-10-CM	Diagnosis
O30.023	Conjoined twin pregnancy, third trimester	ICD-10-CM	Diagnosis
O30.031	Twin pregnancy, monochorionic/diamniotic, first trimester	ICD-10-CM	Diagnosis
O30.032	Twin pregnancy, monochorionic/diamniotic, second trimester	ICD-10-CM	Diagnosis
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester	ICD-10-CM	Diagnosis
O30.041	Twin pregnancy, dichorionic/diamniotic, first trimester	ICD-10-CM	Diagnosis
O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester	ICD-10-CM	Diagnosis
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester	ICD-10-CM	Diagnosis
O30.091	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester	ICD-10-CM	Diagnosis
O30.092	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester	ICD-10-CM	Diagnosis
O30.093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester	ICD-10-CM	Diagnosis
O30.101	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester	ICD-10-CM	Diagnosis
O30.102	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester	ICD-10-CM	Diagnosis
O30.103	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester	ICD-10-CM	Diagnosis
O30.111	Triplet pregnancy with two or more monochorionic fetuses, first trimester	ICD-10-CM	Diagnosis
O30.112	Triplet pregnancy with two or more monochorionic fetuses, second trimester	ICD-10-CM	Diagnosis
O30.113	Triplet pregnancy with two or more monochorionic fetuses, third trimester	ICD-10-CM	Diagnosis
O30.121	Triplet pregnancy with two or more monoamniotic fetuses, first trimester	ICD-10-CM	Diagnosis
O30.122	Triplet pregnancy with two or more monoamniotic fetuses, second trimester	ICD-10-CM	Diagnosis
O30.123	Triplet pregnancy with two or more monoamniotic fetuses, third trimester	ICD-10-CM	Diagnosis
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester	ICD-10-CM	Diagnosis
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester	ICD-10-CM	Diagnosis
O30.191	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester	ICD-10-CM	Diagnosis
O30.192	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester	ICD-10-CM	Diagnosis
O30.193	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester	ICD-10-CM	Diagnosis
O30.201	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester	ICD-10-CM	Diagnosis
O30.202	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester	ICD-10-CM	Diagnosis
O30.203	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester	ICD-10-CM	Diagnosis
O30.211	Quadruplet pregnancy with two or more monochorionic fetuses, first trimester	ICD-10-CM	Diagnosis
O30.212	Quadruplet pregnancy with two or more monochorionic fetuses, second trimester	ICD-10-CM	Diagnosis
O30.213	Quadruplet pregnancy with two or more monochorionic fetuses, third trimester	ICD-10-CM	Diagnosis
O30.221	Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester	ICD-10-CM	Diagnosis
O30.222	Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester	ICD-10-CM	Diagnosis
O30.223	Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester	ICD-10-CM	Diagnosis
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester	ICD-10-CM	Diagnosis
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester	ICD-10-CM	Diagnosis
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester	ICD-10-CM	Diagnosis
O30.291	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester	ICD-10-CM	Diagnosis
O30.292	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester	ICD-10-CM	Diagnosis
O30.293	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester	ICD-10-CM	Diagnosis
O30.801	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester	ICD-10-CM	Diagnosis
O30.802	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester	ICD-10-CM	Diagnosis
O30.803	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester	ICD-10-CM	Diagnosis
O30.811	Other specified multiple gestation with two or more monochorionic fetuses, first trimester	ICD-10-CM	Diagnosis
O30.812	Other specified multiple gestation with two or more monochorionic fetuses, second trimester	ICD-10-CM	Diagnosis
O30.813	Other specified multiple gestation with two or more monochorionic fetuses, third trimester	ICD-10-CM	Diagnosis
O30.821	Other specified multiple gestation with two or more monoamniotic fetuses, first trimester	ICD-10-CM	Diagnosis
O30.822	Other specified multiple gestation with two or more monoamniotic fetuses, second trimester	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O30.823	Other specified multiple gestation with two or more monoamniotic fetuses, third trimester	ICD-10-CM	Diagnosis
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester	ICD-10-CM	Diagnosis
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester	ICD-10-CM	Diagnosis
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester	ICD-10-CM	Diagnosis
O30.891	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester	ICD-10-CM	Diagnosis
O30.892	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester	ICD-10-CM	Diagnosis
O30.893	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester	ICD-10-CM	Diagnosis
O30.91	Multiple gestation, unspecified, first trimester	ICD-10-CM	Diagnosis
O30.92	Multiple gestation, unspecified, second trimester	ICD-10-CM	Diagnosis
O30.93	Multiple gestation, unspecified, third trimester	ICD-10-CM	Diagnosis
O31.01X0	Papyraceous fetus, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.01X1	Papyraceous fetus, first trimester, fetus 1	ICD-10-CM	Diagnosis
O31.01X2	Papyraceous fetus, first trimester, fetus 2	ICD-10-CM	Diagnosis
O31.01X3	Papyraceous fetus, first trimester, fetus 3	ICD-10-CM	Diagnosis
O31.01X4	Papyraceous fetus, first trimester, fetus 4	ICD-10-CM	Diagnosis
O31.01X5	Papyraceous fetus, first trimester, fetus 5	ICD-10-CM	Diagnosis
O31.01X9	Papyraceous fetus, first trimester, other fetus	ICD-10-CM	Diagnosis
O31.02X0	Papyraceous fetus, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.02X1	Papyraceous fetus, second trimester, fetus 1	ICD-10-CM	Diagnosis
O31.02X2	Papyraceous fetus, second trimester, fetus 2	ICD-10-CM	Diagnosis
O31.02X3	Papyraceous fetus, second trimester, fetus 3	ICD-10-CM	Diagnosis
O31.02X4	Papyraceous fetus, second trimester, fetus 4	ICD-10-CM	Diagnosis
O31.02X5	Papyraceous fetus, second trimester, fetus 5	ICD-10-CM	Diagnosis
O31.02X9	Papyraceous fetus, second trimester, other fetus	ICD-10-CM	Diagnosis
O31.03X0	Papyraceous fetus, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.03X1	Papyraceous fetus, third trimester, fetus 1	ICD-10-CM	Diagnosis
O31.03X2	Papyraceous fetus, third trimester, fetus 2	ICD-10-CM	Diagnosis
O31.03X3	Papyraceous fetus, third trimester, fetus 3	ICD-10-CM	Diagnosis
O31.03X4	Papyraceous fetus, third trimester, fetus 4	ICD-10-CM	Diagnosis
O31.03X5	Papyraceous fetus, third trimester, fetus 5	ICD-10-CM	Diagnosis
O31.03X9	Papyraceous fetus, third trimester, other fetus	ICD-10-CM	Diagnosis
O31.11X0	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.11X1	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1	ICD-10-CM	Diagnosis
O31.11X2	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
O31.11X3	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3	ICD-10-CM	Diagnosis
O31.11X4	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4	ICD-10-CM	Diagnosis
O31.11X5	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5	ICD-10-CM	Diagnosis
O31.11X9	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus	ICD-10-CM	Diagnosis
O31.12X0	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.12X1	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1	ICD-10-CM	Diagnosis
O31.12X2	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2	ICD-10-CM	Diagnosis
O31.12X3	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3	ICD-10-CM	Diagnosis
O31.12X4	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4	ICD-10-CM	Diagnosis
O31.12X5	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5	ICD-10-CM	Diagnosis
O31.12X9	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus	ICD-10-CM	Diagnosis
O31.13X0	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.13X1	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1	ICD-10-CM	Diagnosis
O31.13X2	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2	ICD-10-CM	Diagnosis
O31.13X3	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3	ICD-10-CM	Diagnosis
O31.13X4	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 4	ICD-10-CM	Diagnosis
O31.13X5	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 5	ICD-10-CM	Diagnosis
O31.13X9	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus	ICD-10-CM	Diagnosis
O31.21X0	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.21X1	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus	ICD-10-CM	Diagnosis
O31.21X2	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus	ICD-10-CM	Diagnosis
O31.21X3	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus	ICD-10-CM	Diagnosis
O31.21X4	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus	ICD-10-CM	Diagnosis
O31.21X5	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
O31.21X9	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, other fetus	ICD-10-CM	Diagnosis
O31.22X0	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.22X1	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1	ICD-10-CM	Diagnosis
O31.22X2	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2	ICD-10-CM	Diagnosis
O31.22X3	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3	ICD-10-CM	Diagnosis
O31.22X4	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 4	ICD-10-CM	Diagnosis
O31.22X5	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 5	ICD-10-CM	Diagnosis
O31.22X9	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, other fetus	ICD-10-CM	Diagnosis
O31.23X0	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.23X1	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 1	ICD-10-CM	Diagnosis
O31.23X2	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 2	ICD-10-CM	Diagnosis
O31.23X3	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 3	ICD-10-CM	Diagnosis
O31.23X4	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 4	ICD-10-CM	Diagnosis
O31.23X5	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 5	ICD-10-CM	Diagnosis
O31.23X9	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, other fetus	ICD-10-CM	Diagnosis
O31.31X0	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.31X1	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 1	ICD-10-CM	Diagnosis
O31.31X2	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 2	ICD-10-CM	Diagnosis
O31.31X3	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 3	ICD-10-CM	Diagnosis
O31.31X4	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 4	ICD-10-CM	Diagnosis
O31.31X5	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 5	ICD-10-CM	Diagnosis
O31.31X9	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, other fetus	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O31.32X0	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.32X1	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 1	ICD-10-CM	Diagnosis
O31.32X2	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 2	ICD-10-CM	Diagnosis
O31.32X3	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 3	ICD-10-CM	Diagnosis
O31.32X4	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 4	ICD-10-CM	Diagnosis
O31.32X5	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 5	ICD-10-CM	Diagnosis
O31.32X9	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, other fetus	ICD-10-CM	Diagnosis
O31.33X0	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.33X1	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 1	ICD-10-CM	Diagnosis
O31.33X2	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 2	ICD-10-CM	Diagnosis
O31.33X3	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 3	ICD-10-CM	Diagnosis
O31.33X4	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 4	ICD-10-CM	Diagnosis
O31.33X5	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 5	ICD-10-CM	Diagnosis
O31.33X9	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, other fetus	ICD-10-CM	Diagnosis
O31.8X10	Other complications specific to multiple gestation, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.8X11	Other complications specific to multiple gestation, first trimester, fetus 1	ICD-10-CM	Diagnosis
O31.8X12	Other complications specific to multiple gestation, first trimester, fetus 2	ICD-10-CM	Diagnosis
O31.8X13	Other complications specific to multiple gestation, first trimester, fetus 3	ICD-10-CM	Diagnosis
O31.8X14	Other complications specific to multiple gestation, first trimester, fetus 4	ICD-10-CM	Diagnosis
O31.8X15	Other complications specific to multiple gestation, first trimester, fetus 5	ICD-10-CM	Diagnosis
O31.8X19	Other complications specific to multiple gestation, first trimester, other fetus	ICD-10-CM	Diagnosis
O31.8X20	Other complications specific to multiple gestation, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.8X21	Other complications specific to multiple gestation, second trimester, fetus 1	ICD-10-CM	Diagnosis
O31.8X22	Other complications specific to multiple gestation, second trimester, fetus 2	ICD-10-CM	Diagnosis
O31.8X23	Other complications specific to multiple gestation, second trimester, fetus 3	ICD-10-CM	Diagnosis
O31.8X24	Other complications specific to multiple gestation, second trimester, fetus 4	ICD-10-CM	Diagnosis
O31.8X25	Other complications specific to multiple gestation, second trimester, fetus 5	ICD-10-CM	Diagnosis
O31.8X29	Other complications specific to multiple gestation, second trimester, other fetus	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
O31.8X30	Other complications specific to multiple gestation, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.8X31	Other complications specific to multiple gestation, third trimester, fetus 1	ICD-10-CM	Diagnosis
O31.8X32	Other complications specific to multiple gestation, third trimester, fetus 2	ICD-10-CM	Diagnosis
O31.8X33	Other complications specific to multiple gestation, third trimester, fetus 3	ICD-10-CM	Diagnosis
O31.8X34	Other complications specific to multiple gestation, third trimester, fetus 4	ICD-10-CM	Diagnosis
O31.8X35	Other complications specific to multiple gestation, third trimester, fetus 5	ICD-10-CM	Diagnosis
O31.8X39	Other complications specific to multiple gestation, third trimester, other fetus	ICD-10-CM	Diagnosis
O34.01	Maternal care for unspecified congenital malformation of uterus, first trimester	ICD-10-CM	Diagnosis
O34.02	Maternal care for unspecified congenital malformation of uterus, second trimester	ICD-10-CM	Diagnosis
O34.03	Maternal care for unspecified congenital malformation of uterus, third trimester	ICD-10-CM	Diagnosis
O34.11	Maternal care for benign tumor of corpus uteri, first trimester	ICD-10-CM	Diagnosis
O34.12	Maternal care for benign tumor of corpus uteri, second trimester	ICD-10-CM	Diagnosis
O34.13	Maternal care for benign tumor of corpus uteri, third trimester	ICD-10-CM	Diagnosis
O34.31	Maternal care for cervical incompetence, first trimester	ICD-10-CM	Diagnosis
O34.32	Maternal care for cervical incompetence, second trimester	ICD-10-CM	Diagnosis
O34.33	Maternal care for cervical incompetence, third trimester	ICD-10-CM	Diagnosis
O34.41	Maternal care for other abnormalities of cervix, first trimester	ICD-10-CM	Diagnosis
O34.42	Maternal care for other abnormalities of cervix, second trimester	ICD-10-CM	Diagnosis
O34.43	Maternal care for other abnormalities of cervix, third trimester	ICD-10-CM	Diagnosis
O34.511	Maternal care for incarceration of gravid uterus, first trimester	ICD-10-CM	Diagnosis
O34.512	Maternal care for incarceration of gravid uterus, second trimester	ICD-10-CM	Diagnosis
O34.513	Maternal care for incarceration of gravid uterus, third trimester	ICD-10-CM	Diagnosis
O34.521	Maternal care for prolapse of gravid uterus, first trimester	ICD-10-CM	Diagnosis
O34.522	Maternal care for prolapse of gravid uterus, second trimester	ICD-10-CM	Diagnosis
O34.523	Maternal care for prolapse of gravid uterus, third trimester	ICD-10-CM	Diagnosis
O34.531	Maternal care for retroversion of gravid uterus, first trimester	ICD-10-CM	Diagnosis
O34.532	Maternal care for retroversion of gravid uterus, second trimester	ICD-10-CM	Diagnosis
O34.533	Maternal care for retroversion of gravid uterus, third trimester	ICD-10-CM	Diagnosis
O34.591	Maternal care for other abnormalities of gravid uterus, first trimester	ICD-10-CM	Diagnosis
O34.592	Maternal care for other abnormalities of gravid uterus, second trimester	ICD-10-CM	Diagnosis
O34.593	Maternal care for other abnormalities of gravid uterus, third trimester	ICD-10-CM	Diagnosis
O34.61	Maternal care for abnormality of vagina, first trimester	ICD-10-CM	Diagnosis
O34.62	Maternal care for abnormality of vagina, second trimester	ICD-10-CM	Diagnosis
O34.63	Maternal care for abnormality of vagina, third trimester	ICD-10-CM	Diagnosis
O34.71	Maternal care for abnormality of vulva and perineum, first trimester	ICD-10-CM	Diagnosis
O34.72	Maternal care for abnormality of vulva and perineum, second trimester	ICD-10-CM	Diagnosis
O34.73	Maternal care for abnormality of vulva and perineum, third trimester	ICD-10-CM	Diagnosis
O34.81	Maternal care for other abnormalities of pelvic organs, first trimester	ICD-10-CM	Diagnosis
O34.82	Maternal care for other abnormalities of pelvic organs, second trimester	ICD-10-CM	Diagnosis
O34.83	Maternal care for other abnormalities of pelvic organs, third trimester	ICD-10-CM	Diagnosis
O34.91	Maternal care for abnormality of pelvic organ, unspecified, first trimester	ICD-10-CM	Diagnosis
O34.92	Maternal care for abnormality of pelvic organ, unspecified, second trimester	ICD-10-CM	Diagnosis
O34.93	Maternal care for abnormality of pelvic organ, unspecified, third trimester	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O36.0110	Maternal care for anti-D [Rh] antibodies, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.0111	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.0112	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.0113	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.0114	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.0115	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.0119	Maternal care for anti-D [Rh] antibodies, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.0120	Maternal care for anti-D [Rh] antibodies, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.0121	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.0122	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.0123	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.0124	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.0125	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.0129	Maternal care for anti-D [Rh] antibodies, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.0130	Maternal care for anti-D [Rh] antibodies, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.0131	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.0132	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.0133	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.0134	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.0135	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.0139	Maternal care for anti-D [Rh] antibodies, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.0910	Maternal care for other rhesus isoimmunization, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.0911	Maternal care for other rhesus isoimmunization, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.0912	Maternal care for other rhesus isoimmunization, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.0913	Maternal care for other rhesus isoimmunization, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.0914	Maternal care for other rhesus isoimmunization, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.0915	Maternal care for other rhesus isoimmunization, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.0919	Maternal care for other rhesus isoimmunization, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.0920	Maternal care for other rhesus isoimmunization, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.0921	Maternal care for other rhesus isoimmunization, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.0922	Maternal care for other rhesus isoimmunization, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.0923	Maternal care for other rhesus isoimmunization, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.0924	Maternal care for other rhesus isoimmunization, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.0925	Maternal care for other rhesus isoimmunization, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.0929	Maternal care for other rhesus isoimmunization, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.0930	Maternal care for other rhesus isoimmunization, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.0931	Maternal care for other rhesus isoimmunization, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.0932	Maternal care for other rhesus isoimmunization, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.0933	Maternal care for other rhesus isoimmunization, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.0934	Maternal care for other rhesus isoimmunization, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.0935	Maternal care for other rhesus isoimmunization, third trimester, fetus 5	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O36.0939	Maternal care for other rhesus isoimmunization, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.1110	Maternal care for Anti-A sensitization, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.1111	Maternal care for Anti-A sensitization, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.1112	Maternal care for Anti-A sensitization, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.1113	Maternal care for Anti-A sensitization, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.1114	Maternal care for Anti-A sensitization, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.1115	Maternal care for Anti-A sensitization, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.1119	Maternal care for Anti-A sensitization, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.1120	Maternal care for Anti-A sensitization, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.1121	Maternal care for Anti-A sensitization, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.1122	Maternal care for Anti-A sensitization, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.1123	Maternal care for Anti-A sensitization, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.1124	Maternal care for Anti-A sensitization, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.1125	Maternal care for Anti-A sensitization, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.1129	Maternal care for Anti-A sensitization, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.1130	Maternal care for Anti-A sensitization, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.1131	Maternal care for Anti-A sensitization, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.1132	Maternal care for Anti-A sensitization, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.1133	Maternal care for Anti-A sensitization, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.1134	Maternal care for Anti-A sensitization, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.1135	Maternal care for Anti-A sensitization, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.1139	Maternal care for Anti-A sensitization, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.1910	Maternal care for other isoimmunization, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.1911	Maternal care for other isoimmunization, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.1912	Maternal care for other isoimmunization, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.1913	Maternal care for other isoimmunization, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.1914	Maternal care for other isoimmunization, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.1915	Maternal care for other isoimmunization, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.1919	Maternal care for other isoimmunization, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.1920	Maternal care for other isoimmunization, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.1921	Maternal care for other isoimmunization, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.1922	Maternal care for other isoimmunization, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.1923	Maternal care for other isoimmunization, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.1924	Maternal care for other isoimmunization, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.1925	Maternal care for other isoimmunization, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.1929	Maternal care for other isoimmunization, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.1930	Maternal care for other isoimmunization, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.1931	Maternal care for other isoimmunization, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.1932	Maternal care for other isoimmunization, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.1933	Maternal care for other isoimmunization, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.1934	Maternal care for other isoimmunization, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.1935	Maternal care for other isoimmunization, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.1939	Maternal care for other isoimmunization, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.21X0	Maternal care for hydrops fetalis, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O36.21X1	Maternal care for hydrops fetalis, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.21X2	Maternal care for hydrops fetalis, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.21X3	Maternal care for hydrops fetalis, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.21X4	Maternal care for hydrops fetalis, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.21X5	Maternal care for hydrops fetalis, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.21X9	Maternal care for hydrops fetalis, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.22X0	Maternal care for hydrops fetalis, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.22X1	Maternal care for hydrops fetalis, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.22X2	Maternal care for hydrops fetalis, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.22X3	Maternal care for hydrops fetalis, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.22X4	Maternal care for hydrops fetalis, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.22X5	Maternal care for hydrops fetalis, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.22X9	Maternal care for hydrops fetalis, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.23X0	Maternal care for hydrops fetalis, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.23X1	Maternal care for hydrops fetalis, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.23X2	Maternal care for hydrops fetalis, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.23X3	Maternal care for hydrops fetalis, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.23X4	Maternal care for hydrops fetalis, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.23X5	Maternal care for hydrops fetalis, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.23X9	Maternal care for hydrops fetalis, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.5110	Maternal care for known or suspected placental insufficiency, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.5111	Maternal care for known or suspected placental insufficiency, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.5112	Maternal care for known or suspected placental insufficiency, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.5113	Maternal care for known or suspected placental insufficiency, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.5114	Maternal care for known or suspected placental insufficiency, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.5115	Maternal care for known or suspected placental insufficiency, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.5119	Maternal care for known or suspected placental insufficiency, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.5120	Maternal care for known or suspected placental insufficiency, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.5121	Maternal care for known or suspected placental insufficiency, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.5122	Maternal care for known or suspected placental insufficiency, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.5123	Maternal care for known or suspected placental insufficiency, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.5124	Maternal care for known or suspected placental insufficiency, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.5125	Maternal care for known or suspected placental insufficiency, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.5129	Maternal care for known or suspected placental insufficiency, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.5130	Maternal care for known or suspected placental insufficiency, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.5131	Maternal care for known or suspected placental insufficiency, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.5132	Maternal care for known or suspected placental insufficiency, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.5133	Maternal care for known or suspected placental insufficiency, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.5134	Maternal care for known or suspected placental insufficiency, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.5135	Maternal care for known or suspected placental insufficiency, third trimester, fetus 5	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O36.5139	Maternal care for known or suspected placental insufficiency, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.5910	Maternal care for other known or suspected poor fetal growth, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.5911	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.5912	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.5913	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.5914	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.5915	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.5919	Maternal care for other known or suspected poor fetal growth, first trimester, other	ICD-10-CM	Diagnosis
O36.5920	Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.5921	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.5922	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.5923	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.5924	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.5925	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.5929	Maternal care for other known or suspected poor fetal growth, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.5930	Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.5931	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.5932	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.5933	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.5934	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.5935	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.5939	Maternal care for other known or suspected poor fetal growth, third trimester, other	ICD-10-CM	Diagnosis
O36.61X0	Maternal care for excessive fetal growth, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.61X1	Maternal care for excessive fetal growth, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.61X2	Maternal care for excessive fetal growth, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.61X3	Maternal care for excessive fetal growth, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.61X4	Maternal care for excessive fetal growth, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.61X5	Maternal care for excessive fetal growth, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.61X9	Maternal care for excessive fetal growth, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.62X0	Maternal care for excessive fetal growth, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.62X1	Maternal care for excessive fetal growth, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.62X2	Maternal care for excessive fetal growth, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.62X3	Maternal care for excessive fetal growth, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.62X4	Maternal care for excessive fetal growth, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.62X5	Maternal care for excessive fetal growth, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.62X9	Maternal care for excessive fetal growth, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.63X0	Maternal care for excessive fetal growth, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.63X1	Maternal care for excessive fetal growth, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.63X2	Maternal care for excessive fetal growth, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.63X3	Maternal care for excessive fetal growth, third trimester, fetus 3	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
O36.63X4	Maternal care for excessive fetal growth, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.63X5	Maternal care for excessive fetal growth, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.63X9	Maternal care for excessive fetal growth, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.71X0	Maternal care for viable fetus in abdominal pregnancy, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.71X1	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.71X2	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.71X3	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.71X4	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.71X5	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.71X9	Maternal care for viable fetus in abdominal pregnancy, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.72X0	Maternal care for viable fetus in abdominal pregnancy, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.72X1	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.72X2	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.72X3	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.72X4	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.72X5	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.72X9	Maternal care for viable fetus in abdominal pregnancy, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.73X0	Maternal care for viable fetus in abdominal pregnancy, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.73X1	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.73X2	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.73X3	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.73X4	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.73X5	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.73X9	Maternal care for viable fetus in abdominal pregnancy, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.8120	Decreased fetal movements, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8121	Decreased fetal movements, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8122	Decreased fetal movements, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8123	Decreased fetal movements, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8124	Decreased fetal movements, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8125	Decreased fetal movements, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8129	Decreased fetal movements, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.8130	Decreased fetal movements, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8131	Decreased fetal movements, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8132	Decreased fetal movements, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8133	Decreased fetal movements, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8134	Decreased fetal movements, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8135	Decreased fetal movements, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8139	Decreased fetal movements, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.8210	Fetal anemia and thrombocytopenia, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8211	Fetal anemia and thrombocytopenia, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8212	Fetal anemia and thrombocytopenia, first trimester, fetus 2	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O36.8213	Fetal anemia and thrombocytopenia, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8214	Fetal anemia and thrombocytopenia, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8215	Fetal anemia and thrombocytopenia, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8219	Fetal anemia and thrombocytopenia, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.8220	Fetal anemia and thrombocytopenia, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8221	Fetal anemia and thrombocytopenia, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8222	Fetal anemia and thrombocytopenia, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8223	Fetal anemia and thrombocytopenia, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8224	Fetal anemia and thrombocytopenia, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8225	Fetal anemia and thrombocytopenia, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8229	Fetal anemia and thrombocytopenia, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.8230	Fetal anemia and thrombocytopenia, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8231	Fetal anemia and thrombocytopenia, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8232	Fetal anemia and thrombocytopenia, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8233	Fetal anemia and thrombocytopenia, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8234	Fetal anemia and thrombocytopenia, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8235	Fetal anemia and thrombocytopenia, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8239	Fetal anemia and thrombocytopenia, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.8310	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8311	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8312	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8313	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8314	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8315	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8320	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8321	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8322	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8323	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8324	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8325	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.8330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O36.8334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.8910	Maternal care for other specified fetal problems, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8911	Maternal care for other specified fetal problems, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8912	Maternal care for other specified fetal problems, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8913	Maternal care for other specified fetal problems, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8914	Maternal care for other specified fetal problems, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8915	Maternal care for other specified fetal problems, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8919	Maternal care for other specified fetal problems, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.8920	Maternal care for other specified fetal problems, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8921	Maternal care for other specified fetal problems, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8922	Maternal care for other specified fetal problems, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8923	Maternal care for other specified fetal problems, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8924	Maternal care for other specified fetal problems, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8925	Maternal care for other specified fetal problems, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8929	Maternal care for other specified fetal problems, second trimester, other fetus	ICD-10-CM	Diagnosis
O36.8930	Maternal care for other specified fetal problems, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.8931	Maternal care for other specified fetal problems, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.8932	Maternal care for other specified fetal problems, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.8933	Maternal care for other specified fetal problems, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.8934	Maternal care for other specified fetal problems, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.8935	Maternal care for other specified fetal problems, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.8939	Maternal care for other specified fetal problems, third trimester, other fetus	ICD-10-CM	Diagnosis
O36.91X0	Maternal care for fetal problem, unspecified, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.91X1	Maternal care for fetal problem, unspecified, first trimester, fetus 1	ICD-10-CM	Diagnosis
O36.91X2	Maternal care for fetal problem, unspecified, first trimester, fetus 2	ICD-10-CM	Diagnosis
O36.91X3	Maternal care for fetal problem, unspecified, first trimester, fetus 3	ICD-10-CM	Diagnosis
O36.91X4	Maternal care for fetal problem, unspecified, first trimester, fetus 4	ICD-10-CM	Diagnosis
O36.91X5	Maternal care for fetal problem, unspecified, first trimester, fetus 5	ICD-10-CM	Diagnosis
O36.91X9	Maternal care for fetal problem, unspecified, first trimester, other fetus	ICD-10-CM	Diagnosis
O36.92X0	Maternal care for fetal problem, unspecified, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.92X1	Maternal care for fetal problem, unspecified, second trimester, fetus 1	ICD-10-CM	Diagnosis
O36.92X2	Maternal care for fetal problem, unspecified, second trimester, fetus 2	ICD-10-CM	Diagnosis
O36.92X3	Maternal care for fetal problem, unspecified, second trimester, fetus 3	ICD-10-CM	Diagnosis
O36.92X4	Maternal care for fetal problem, unspecified, second trimester, fetus 4	ICD-10-CM	Diagnosis
O36.92X5	Maternal care for fetal problem, unspecified, second trimester, fetus 5	ICD-10-CM	Diagnosis
O36.92X9	Maternal care for fetal problem, unspecified, second trimester, other fetus	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
O36.93X0	Maternal care for fetal problem, unspecified, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.93X1	Maternal care for fetal problem, unspecified, third trimester, fetus 1	ICD-10-CM	Diagnosis
O36.93X2	Maternal care for fetal problem, unspecified, third trimester, fetus 2	ICD-10-CM	Diagnosis
O36.93X3	Maternal care for fetal problem, unspecified, third trimester, fetus 3	ICD-10-CM	Diagnosis
O36.93X4	Maternal care for fetal problem, unspecified, third trimester, fetus 4	ICD-10-CM	Diagnosis
O36.93X5	Maternal care for fetal problem, unspecified, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.93X9	Maternal care for fetal problem, unspecified, third trimester, other fetus	ICD-10-CM	Diagnosis
O40.1XX0	Polyhydramnios, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O40.1XX1	Polyhydramnios, first trimester, fetus 1	ICD-10-CM	Diagnosis
O40.1XX2	Polyhydramnios, first trimester, fetus 2	ICD-10-CM	Diagnosis
O40.1XX3	Polyhydramnios, first trimester, fetus 3	ICD-10-CM	Diagnosis
O40.1XX4	Polyhydramnios, first trimester, fetus 4	ICD-10-CM	Diagnosis
O40.1XX5	Polyhydramnios, first trimester, fetus 5	ICD-10-CM	Diagnosis
O40.1XX9	Polyhydramnios, first trimester, other fetus	ICD-10-CM	Diagnosis
O40.2XX0	Polyhydramnios, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O40.2XX1	Polyhydramnios, second trimester, fetus 1	ICD-10-CM	Diagnosis
O40.2XX2	Polyhydramnios, second trimester, fetus 2	ICD-10-CM	Diagnosis
O40.2XX3	Polyhydramnios, second trimester, fetus 3	ICD-10-CM	Diagnosis
O40.2XX4	Polyhydramnios, second trimester, fetus 4	ICD-10-CM	Diagnosis
O40.2XX5	Polyhydramnios, second trimester, fetus 5	ICD-10-CM	Diagnosis
O40.2XX9	Polyhydramnios, second trimester, other fetus	ICD-10-CM	Diagnosis
O40.3XX0	Polyhydramnios, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O40.3XX1	Polyhydramnios, third trimester, fetus 1	ICD-10-CM	Diagnosis
O40.3XX2	Polyhydramnios, third trimester, fetus 2	ICD-10-CM	Diagnosis
O40.3XX3	Polyhydramnios, third trimester, fetus 3	ICD-10-CM	Diagnosis
O40.3XX4	Polyhydramnios, third trimester, fetus 4	ICD-10-CM	Diagnosis
O40.3XX5	Polyhydramnios, third trimester, fetus 5	ICD-10-CM	Diagnosis
O40.3XX9	Polyhydramnios, third trimester, other fetus	ICD-10-CM	Diagnosis
O41.01X0	Oligohydramnios, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.01X1	Oligohydramnios, first trimester, fetus 1	ICD-10-CM	Diagnosis
O41.01X2	Oligohydramnios, first trimester, fetus 2	ICD-10-CM	Diagnosis
O41.01X3	Oligohydramnios, first trimester, fetus 3	ICD-10-CM	Diagnosis
O41.01X4	Oligohydramnios, first trimester, fetus 4	ICD-10-CM	Diagnosis
O41.01X5	Oligohydramnios, first trimester, fetus 5	ICD-10-CM	Diagnosis
O41.01X9	Oligohydramnios, first trimester, other fetus	ICD-10-CM	Diagnosis
O41.02X0	Oligohydramnios, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.02X1	Oligohydramnios, second trimester, fetus 1	ICD-10-CM	Diagnosis
O41.02X2	Oligohydramnios, second trimester, fetus 2	ICD-10-CM	Diagnosis
O41.02X3	Oligohydramnios, second trimester, fetus 3	ICD-10-CM	Diagnosis
O41.02X4	Oligohydramnios, second trimester, fetus 4	ICD-10-CM	Diagnosis
O41.02X5	Oligohydramnios, second trimester, fetus 5	ICD-10-CM	Diagnosis
O41.02X9	Oligohydramnios, second trimester, other fetus	ICD-10-CM	Diagnosis
O41.03X0	Oligohydramnios, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O41.03X1	Oligohydramnios, third trimester, fetus 1	ICD-10-CM	Diagnosis
O41.03X2	Oligohydramnios, third trimester, fetus 2	ICD-10-CM	Diagnosis
O41.03X3	Oligohydramnios, third trimester, fetus 3	ICD-10-CM	Diagnosis
O41.03X4	Oligohydramnios, third trimester, fetus 4	ICD-10-CM	Diagnosis
O41.03X5	Oligohydramnios, third trimester, fetus 5	ICD-10-CM	Diagnosis
O41.03X9	Oligohydramnios, third trimester, other fetus	ICD-10-CM	Diagnosis
O41.1010	Infection of amniotic sac and membranes, unspecified, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.1011	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 1	ICD-10-CM	Diagnosis
O41.1012	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 2	ICD-10-CM	Diagnosis
O41.1013	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 3	ICD-10-CM	Diagnosis
O41.1014	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 4	ICD-10-CM	Diagnosis
O41.1015	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 5	ICD-10-CM	Diagnosis
O41.1019	Infection of amniotic sac and membranes, unspecified, first trimester, other fetus	ICD-10-CM	Diagnosis
O41.1020	Infection of amniotic sac and membranes, unspecified, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.1021	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 1	ICD-10-CM	Diagnosis
O41.1022	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 2	ICD-10-CM	Diagnosis
O41.1023	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 3	ICD-10-CM	Diagnosis
O41.1024	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 4	ICD-10-CM	Diagnosis
O41.1025	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5	ICD-10-CM	Diagnosis
O41.1029	Infection of amniotic sac and membranes, unspecified, second trimester, other fetus	ICD-10-CM	Diagnosis
O41.1030	Infection of amniotic sac and membranes, unspecified, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.1031	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 1	ICD-10-CM	Diagnosis
O41.1032	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 2	ICD-10-CM	Diagnosis
O41.1033	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 3	ICD-10-CM	Diagnosis
O41.1034	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 4	ICD-10-CM	Diagnosis
O41.1035	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 5	ICD-10-CM	Diagnosis
O41.1039	Infection of amniotic sac and membranes, unspecified, third trimester, other fetus	ICD-10-CM	Diagnosis
O41.1210	Chorioamnionitis, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.1211	Chorioamnionitis, first trimester, fetus 1	ICD-10-CM	Diagnosis
O41.1212	Chorioamnionitis, first trimester, fetus 2	ICD-10-CM	Diagnosis
O41.1213	Chorioamnionitis, first trimester, fetus 3	ICD-10-CM	Diagnosis
O41.1214	Chorioamnionitis, first trimester, fetus 4	ICD-10-CM	Diagnosis
O41.1215	Chorioamnionitis, first trimester, fetus 5	ICD-10-CM	Diagnosis
O41.1219	Chorioamnionitis, first trimester, other fetus	ICD-10-CM	Diagnosis
O41.1220	Chorioamnionitis, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.1221	Chorioamnionitis, second trimester, fetus 1	ICD-10-CM	Diagnosis
O41.1222	Chorioamnionitis, second trimester, fetus 2	ICD-10-CM	Diagnosis
O41.1223	Chorioamnionitis, second trimester, fetus 3	ICD-10-CM	Diagnosis
O41.1224	Chorioamnionitis, second trimester, fetus 4	ICD-10-CM	Diagnosis
O41.1225	Chorioamnionitis, second trimester, fetus 5	ICD-10-CM	Diagnosis
O41.1229	Chorioamnionitis, second trimester, other fetus	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O41.1230	Chorioamnionitis, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.1231	Chorioamnionitis, third trimester, fetus 1	ICD-10-CM	Diagnosis
O41.1232	Chorioamnionitis, third trimester, fetus 2	ICD-10-CM	Diagnosis
O41.1233	Chorioamnionitis, third trimester, fetus 3	ICD-10-CM	Diagnosis
O41.1234	Chorioamnionitis, third trimester, fetus 4	ICD-10-CM	Diagnosis
O41.1235	Chorioamnionitis, third trimester, fetus 5	ICD-10-CM	Diagnosis
O41.1239	Chorioamnionitis, third trimester, other fetus	ICD-10-CM	Diagnosis
O41.1410	Placentitis, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.1411	Placentitis, first trimester, fetus 1	ICD-10-CM	Diagnosis
O41.1412	Placentitis, first trimester, fetus 2	ICD-10-CM	Diagnosis
O41.1413	Placentitis, first trimester, fetus 3	ICD-10-CM	Diagnosis
O41.1414	Placentitis, first trimester, fetus 4	ICD-10-CM	Diagnosis
O41.1415	Placentitis, first trimester, fetus 5	ICD-10-CM	Diagnosis
O41.1419	Placentitis, first trimester, other fetus	ICD-10-CM	Diagnosis
O41.1420	Placentitis, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.1421	Placentitis, second trimester, fetus 1	ICD-10-CM	Diagnosis
O41.1422	Placentitis, second trimester, fetus 2	ICD-10-CM	Diagnosis
O41.1423	Placentitis, second trimester, fetus 3	ICD-10-CM	Diagnosis
O41.1424	Placentitis, second trimester, fetus 4	ICD-10-CM	Diagnosis
O41.1425	Placentitis, second trimester, fetus 5	ICD-10-CM	Diagnosis
O41.1429	Placentitis, second trimester, other fetus	ICD-10-CM	Diagnosis
O41.1430	Placentitis, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.1431	Placentitis, third trimester, fetus 1	ICD-10-CM	Diagnosis
O41.1432	Placentitis, third trimester, fetus 2	ICD-10-CM	Diagnosis
O41.1433	Placentitis, third trimester, fetus 3	ICD-10-CM	Diagnosis
O41.1434	Placentitis, third trimester, fetus 4	ICD-10-CM	Diagnosis
O41.1435	Placentitis, third trimester, fetus 5	ICD-10-CM	Diagnosis
O41.1439	Placentitis, third trimester, other fetus	ICD-10-CM	Diagnosis
O41.8X10	Other specified disorders of amniotic fluid and membranes, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.8X11	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 1	ICD-10-CM	Diagnosis
O41.8X12	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 2	ICD-10-CM	Diagnosis
O41.8X13	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 3	ICD-10-CM	Diagnosis
O41.8X14	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 4	ICD-10-CM	Diagnosis
O41.8X15	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 5	ICD-10-CM	Diagnosis
O41.8X19	Other specified disorders of amniotic fluid and membranes, first trimester, other fetus	ICD-10-CM	Diagnosis
O41.8X20	Other specified disorders of amniotic fluid and membranes, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.8X21	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 1	ICD-10-CM	Diagnosis
O41.8X22	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 2	ICD-10-CM	Diagnosis
O41.8X23	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 3	ICD-10-CM	Diagnosis
O41.8X24	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 4	ICD-10-CM	Diagnosis
O41.8X25	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 5	ICD-10-CM	Diagnosis
O41.8X29	Other specified disorders of amniotic fluid and membranes, second trimester, other fetus	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O41.8X30	Other specified disorders of amniotic fluid and membranes, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.8X31	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 1	ICD-10-CM	Diagnosis
O41.8X32	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 2	ICD-10-CM	Diagnosis
O41.8X33	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 3	ICD-10-CM	Diagnosis
O41.8X34	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 4	ICD-10-CM	Diagnosis
O41.8X35	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 5	ICD-10-CM	Diagnosis
O41.8X39	Other specified disorders of amniotic fluid and membranes, third trimester, other fetus	ICD-10-CM	Diagnosis
O41.91X0	Disorder of amniotic fluid and membranes, unspecified, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.91X1	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 1	ICD-10-CM	Diagnosis
O41.91X2	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 2	ICD-10-CM	Diagnosis
O41.91X3	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 3	ICD-10-CM	Diagnosis
O41.91X4	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 4	ICD-10-CM	Diagnosis
O41.91X5	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 5	ICD-10-CM	Diagnosis
O41.91X9	Disorder of amniotic fluid and membranes, unspecified, first trimester, other fetus	ICD-10-CM	Diagnosis
O41.92X0	Disorder of amniotic fluid and membranes, unspecified, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.92X1	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 1	ICD-10-CM	Diagnosis
O41.92X2	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 2	ICD-10-CM	Diagnosis
O41.92X3	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 3	ICD-10-CM	Diagnosis
O41.92X4	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 4	ICD-10-CM	Diagnosis
O41.92X5	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 5	ICD-10-CM	Diagnosis
O41.92X9	Disorder of amniotic fluid and membranes, unspecified, second trimester, other fetus	ICD-10-CM	Diagnosis
O41.93X0	Disorder of amniotic fluid and membranes, unspecified, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O41.93X1	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 1	ICD-10-CM	Diagnosis
O41.93X2	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 2	ICD-10-CM	Diagnosis
O41.93X3	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 3	ICD-10-CM	Diagnosis
O41.93X4	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 4	ICD-10-CM	Diagnosis
O41.93X5	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 5	ICD-10-CM	Diagnosis
O41.93X9	Disorder of amniotic fluid and membranes, unspecified, third trimester, other fetus	ICD-10-CM	Diagnosis
O42.011	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, first trimester	ICD-10-CM	Diagnosis
O42.012	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, second trimester	ICD-10-CM	Diagnosis
O42.013	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester	ICD-10-CM	Diagnosis
O42.019	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified trimester	ICD-10-CM	Diagnosis
O42.02	Full-term premature rupture of membranes, onset of labor within 24 hours of rupture	ICD-10-CM	Diagnosis
O42.111	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, first trimester	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O42.112	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, second trimester	ICD-10-CM	Diagnosis
O42.113	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester	ICD-10-CM	Diagnosis
O42.119	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified trimester	ICD-10-CM	Diagnosis
O42.12	Full-term premature rupture of membranes, onset of labor more than 24 hours following rupture	ICD-10-CM	Diagnosis
O42.911	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, first trimester	ICD-10-CM	Diagnosis
O42.912	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester	ICD-10-CM	Diagnosis
O42.913	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester	ICD-10-CM	Diagnosis
O42.919	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified trimester	ICD-10-CM	Diagnosis
O42.92	Full-term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor	ICD-10-CM	Diagnosis
O43.011	Fetomaternal placental transfusion syndrome, first trimester	ICD-10-CM	Diagnosis
O43.012	Fetomaternal placental transfusion syndrome, second trimester	ICD-10-CM	Diagnosis
O43.013	Fetomaternal placental transfusion syndrome, third trimester	ICD-10-CM	Diagnosis
O43.021	Fetus-to-fetus placental transfusion syndrome, first trimester	ICD-10-CM	Diagnosis
O43.022	Fetus-to-fetus placental transfusion syndrome, second trimester	ICD-10-CM	Diagnosis
O43.023	Fetus-to-fetus placental transfusion syndrome, third trimester	ICD-10-CM	Diagnosis
O43.101	Malformation of placenta, unspecified, first trimester	ICD-10-CM	Diagnosis
O43.102	Malformation of placenta, unspecified, second trimester	ICD-10-CM	Diagnosis
O43.103	Malformation of placenta, unspecified, third trimester	ICD-10-CM	Diagnosis
O43.111	Circumvallate placenta, first trimester	ICD-10-CM	Diagnosis
O43.112	Circumvallate placenta, second trimester	ICD-10-CM	Diagnosis
O43.113	Circumvallate placenta, third trimester	ICD-10-CM	Diagnosis
O43.121	Velamentous insertion of umbilical cord, first trimester	ICD-10-CM	Diagnosis
O43.122	Velamentous insertion of umbilical cord, second trimester	ICD-10-CM	Diagnosis
O43.123	Velamentous insertion of umbilical cord, third trimester	ICD-10-CM	Diagnosis
O43.191	Other malformation of placenta, first trimester	ICD-10-CM	Diagnosis
O43.192	Other malformation of placenta, second trimester	ICD-10-CM	Diagnosis
O43.193	Other malformation of placenta, third trimester	ICD-10-CM	Diagnosis
O43.211	Placenta accreta, first trimester	ICD-10-CM	Diagnosis
O43.212	Placenta accreta, second trimester	ICD-10-CM	Diagnosis
O43.213	Placenta accreta, third trimester	ICD-10-CM	Diagnosis
O43.221	Placenta increta, first trimester	ICD-10-CM	Diagnosis
O43.222	Placenta increta, second trimester	ICD-10-CM	Diagnosis
O43.223	Placenta increta, third trimester	ICD-10-CM	Diagnosis
O43.231	Placenta percreta, first trimester	ICD-10-CM	Diagnosis
O43.232	Placenta percreta, second trimester	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
O43.233	Placenta percreta, third trimester	ICD-10-CM	Diagnosis
O43.811	Placental infarction, first trimester	ICD-10-CM	Diagnosis
O43.812	Placental infarction, second trimester	ICD-10-CM	Diagnosis
O43.813	Placental infarction, third trimester	ICD-10-CM	Diagnosis
O43.891	Other placental disorders, first trimester	ICD-10-CM	Diagnosis
O43.892	Other placental disorders, second trimester	ICD-10-CM	Diagnosis
O43.893	Other placental disorders, third trimester	ICD-10-CM	Diagnosis
O43.91	Unspecified placental disorder, first trimester	ICD-10-CM	Diagnosis
O43.92	Unspecified placental disorder, second trimester	ICD-10-CM	Diagnosis
O43.93	Unspecified placental disorder, third trimester	ICD-10-CM	Diagnosis
O44.01	Complete placenta previa NOS or without hemorrhage, first trimester	ICD-10-CM	Diagnosis
O44.02	Complete placenta previa NOS or without hemorrhage, second trimester	ICD-10-CM	Diagnosis
O44.03	Complete placenta previa NOS or without hemorrhage, third trimester	ICD-10-CM	Diagnosis
O44.11	Complete placenta previa with hemorrhage, first trimester	ICD-10-CM	Diagnosis
O44.12	Complete placenta previa with hemorrhage, second trimester	ICD-10-CM	Diagnosis
O44.13	Complete placenta previa with hemorrhage, third trimester	ICD-10-CM	Diagnosis
O44.21	Partial placenta previa NOS or without hemorrhage, first trimester	ICD-10-CM	Diagnosis
O44.22	Partial placenta previa NOS or without hemorrhage, second trimester	ICD-10-CM	Diagnosis
O44.23	Partial placenta previa NOS or without hemorrhage, third trimester	ICD-10-CM	Diagnosis
O44.31	Partial placenta previa with hemorrhage, first trimester	ICD-10-CM	Diagnosis
O44.32	Partial placenta previa with hemorrhage, second trimester	ICD-10-CM	Diagnosis
O44.33	Partial placenta previa with hemorrhage, third trimester	ICD-10-CM	Diagnosis
O44.41	Low lying placenta NOS or without hemorrhage, first trimester	ICD-10-CM	Diagnosis
O44.42	Low lying placenta NOS or without hemorrhage, second trimester	ICD-10-CM	Diagnosis
O44.43	Low lying placenta NOS or without hemorrhage, third trimester	ICD-10-CM	Diagnosis
O44.51	Low lying placenta with hemorrhage, first trimester	ICD-10-CM	Diagnosis
O44.52	Low lying placenta with hemorrhage, second trimester	ICD-10-CM	Diagnosis
O44.53	Low lying placenta with hemorrhage, third trimester	ICD-10-CM	Diagnosis
O45.001	Premature separation of placenta with coagulation defect, unspecified, first trimester	ICD-10-CM	Diagnosis
O45.002	Premature separation of placenta with coagulation defect, unspecified, second trimester	ICD-10-CM	Diagnosis
O45.003	Premature separation of placenta with coagulation defect, unspecified, third trimester	ICD-10-CM	Diagnosis
O45.011	Premature separation of placenta with afibrinogenemia, first trimester	ICD-10-CM	Diagnosis
O45.012	Premature separation of placenta with afibrinogenemia, second trimester	ICD-10-CM	Diagnosis
O45.013	Premature separation of placenta with afibrinogenemia, third trimester	ICD-10-CM	Diagnosis
O45.021	Premature separation of placenta with disseminated intravascular coagulation, first trimester	ICD-10-CM	Diagnosis
O45.022	Premature separation of placenta with disseminated intravascular coagulation, second trimester	ICD-10-CM	Diagnosis
O45.023	Premature separation of placenta with disseminated intravascular coagulation, third trimester	ICD-10-CM	Diagnosis
O45.091	Premature separation of placenta with other coagulation defect, first trimester	ICD-10-CM	Diagnosis
O45.092	Premature separation of placenta with other coagulation defect, second trimester	ICD-10-CM	Diagnosis
O45.093	Premature separation of placenta with other coagulation defect, third trimester	ICD-10-CM	Diagnosis
O45.8X1	Other premature separation of placenta, first trimester	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O45.8X2	Other premature separation of placenta, second trimester	ICD-10-CM	Diagnosis
O45.8X3	Other premature separation of placenta, third trimester	ICD-10-CM	Diagnosis
O45.91	Premature separation of placenta, unspecified, first trimester	ICD-10-CM	Diagnosis
O45.92	Premature separation of placenta, unspecified, second trimester	ICD-10-CM	Diagnosis
O45.93	Premature separation of placenta, unspecified, third trimester	ICD-10-CM	Diagnosis
O46.001	Antepartum hemorrhage with coagulation defect, unspecified, first trimester	ICD-10-CM	Diagnosis
O46.002	Antepartum hemorrhage with coagulation defect, unspecified, second trimester	ICD-10-CM	Diagnosis
O46.003	Antepartum hemorrhage with coagulation defect, unspecified, third trimester	ICD-10-CM	Diagnosis
O46.011	Antepartum hemorrhage with afibrinogenemia, first trimester	ICD-10-CM	Diagnosis
O46.012	Antepartum hemorrhage with afibrinogenemia, second trimester	ICD-10-CM	Diagnosis
O46.013	Antepartum hemorrhage with afibrinogenemia, third trimester	ICD-10-CM	Diagnosis
O46.021	Antepartum hemorrhage with disseminated intravascular coagulation, first trimester	ICD-10-CM	Diagnosis
O46.022	Antepartum hemorrhage with disseminated intravascular coagulation, second trimester	ICD-10-CM	Diagnosis
O46.023	Antepartum hemorrhage with disseminated intravascular coagulation, third trimester	ICD-10-CM	Diagnosis
O46.091	Antepartum hemorrhage with other coagulation defect, first trimester	ICD-10-CM	Diagnosis
O46.092	Antepartum hemorrhage with other coagulation defect, second trimester	ICD-10-CM	Diagnosis
O46.093	Antepartum hemorrhage with other coagulation defect, third trimester	ICD-10-CM	Diagnosis
O46.8X1	Other antepartum hemorrhage, first trimester	ICD-10-CM	Diagnosis
O46.8X2	Other antepartum hemorrhage, second trimester	ICD-10-CM	Diagnosis
O46.8X3	Other antepartum hemorrhage, third trimester	ICD-10-CM	Diagnosis
O46.91	Antepartum hemorrhage, unspecified, first trimester	ICD-10-CM	Diagnosis
O46.92	Antepartum hemorrhage, unspecified, second trimester	ICD-10-CM	Diagnosis
O46.93	Antepartum hemorrhage, unspecified, third trimester	ICD-10-CM	Diagnosis
O47.02	False labor before 37 completed weeks of gestation, second trimester	ICD-10-CM	Diagnosis
O47.03	False labor before 37 completed weeks of gestation, third trimester	ICD-10-CM	Diagnosis
O47.1	False labor at or after 37 completed weeks of gestation	ICD-10-CM	Diagnosis
O48.0	Post-term pregnancy	ICD-10-CM	Diagnosis
O48.1	Prolonged pregnancy	ICD-10-CM	Diagnosis
O60.02	Preterm labor without delivery, second trimester	ICD-10-CM	Diagnosis
O60.03	Preterm labor without delivery, third trimester	ICD-10-CM	Diagnosis
O60.10X0	Preterm labor with preterm delivery, unspecified trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O71.02	Rupture of uterus before onset of labor, second trimester	ICD-10-CM	Diagnosis
O71.03	Rupture of uterus before onset of labor, third trimester	ICD-10-CM	Diagnosis
O75.82	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section	ICD-10-CM	Diagnosis
O88.011	Air embolism in pregnancy, first trimester	ICD-10-CM	Diagnosis
O88.012	Air embolism in pregnancy, second trimester	ICD-10-CM	Diagnosis
O88.013	Air embolism in pregnancy, third trimester	ICD-10-CM	Diagnosis
O88.111	Amniotic fluid embolism in pregnancy, first trimester	ICD-10-CM	Diagnosis
O88.112	Amniotic fluid embolism in pregnancy, second trimester	ICD-10-CM	Diagnosis
O88.113	Amniotic fluid embolism in pregnancy, third trimester	ICD-10-CM	Diagnosis
O88.211	Thromboembolism in pregnancy, first trimester	ICD-10-CM	Diagnosis
O88.212	Thromboembolism in pregnancy, second trimester	ICD-10-CM	Diagnosis
O88.213	Thromboembolism in pregnancy, third trimester	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O88.311	Pyemic and septic embolism in pregnancy, first trimester	ICD-10-CM	Diagnosis
O88.312	Pyemic and septic embolism in pregnancy, second trimester	ICD-10-CM	Diagnosis
O88.313	Pyemic and septic embolism in pregnancy, third trimester	ICD-10-CM	Diagnosis
O88.811	Other embolism in pregnancy, first trimester	ICD-10-CM	Diagnosis
O88.812	Other embolism in pregnancy, second trimester	ICD-10-CM	Diagnosis
O88.813	Other embolism in pregnancy, third trimester	ICD-10-CM	Diagnosis
O91.011	Infection of nipple associated with pregnancy, first trimester	ICD-10-CM	Diagnosis
O91.012	Infection of nipple associated with pregnancy, second trimester	ICD-10-CM	Diagnosis
O91.013	Infection of nipple associated with pregnancy, third trimester	ICD-10-CM	Diagnosis
O91.111	Abscess of breast associated with pregnancy, first trimester	ICD-10-CM	Diagnosis
O91.112	Abscess of breast associated with pregnancy, second trimester	ICD-10-CM	Diagnosis
O91.113	Abscess of breast associated with pregnancy, third trimester	ICD-10-CM	Diagnosis
O91.211	Nonpurulent mastitis associated with pregnancy, first trimester	ICD-10-CM	Diagnosis
O91.212	Nonpurulent mastitis associated with pregnancy, second trimester	ICD-10-CM	Diagnosis
O91.213	Nonpurulent mastitis associated with pregnancy, third trimester	ICD-10-CM	Diagnosis
O92.011	Retracted nipple associated with pregnancy, first trimester	ICD-10-CM	Diagnosis
O92.012	Retracted nipple associated with pregnancy, second trimester	ICD-10-CM	Diagnosis
O92.013	Retracted nipple associated with pregnancy, third trimester	ICD-10-CM	Diagnosis
O92.111	Cracked nipple associated with pregnancy, first trimester	ICD-10-CM	Diagnosis
O92.112	Cracked nipple associated with pregnancy, second trimester	ICD-10-CM	Diagnosis
O92.113	Cracked nipple associated with pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.011	Tuberculosis complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.012	Tuberculosis complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.013	Tuberculosis complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.111	Syphilis complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.112	Syphilis complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.113	Syphilis complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.211	Gonorrhea complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.212	Gonorrhea complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.213	Gonorrhea complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.311	Other infections with a predominantly sexual mode of transmission complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.312	Other infections with a predominantly sexual mode of transmission complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.313	Other infections with a predominantly sexual mode of transmission complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.411	Viral hepatitis complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.412	Viral hepatitis complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.413	Viral hepatitis complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.511	Other viral diseases complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.512	Other viral diseases complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.513	Other viral diseases complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.611	Protozoal diseases complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.612	Protozoal diseases complicating pregnancy, second trimester	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
O98.613	Protozoal diseases complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.811	Other maternal infectious and parasitic diseases complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.812	Other maternal infectious and parasitic diseases complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.813	Other maternal infectious and parasitic diseases complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.911	Unspecified maternal infectious and parasitic disease complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.912	Unspecified maternal infectious and parasitic disease complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.913	Unspecified maternal infectious and parasitic disease complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.011	Anemia complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.012	Anemia complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.013	Anemia complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.111	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.112	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.113	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.211	Obesity complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.212	Obesity complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.213	Obesity complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.311	Alcohol use complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.312	Alcohol use complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.313	Alcohol use complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.321	Drug use complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.322	Drug use complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.323	Drug use complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.331	Smoking (tobacco) complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.332	Smoking (tobacco) complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.333	Smoking (tobacco) complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.341	Other mental disorders complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.342	Other mental disorders complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.343	Other mental disorders complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.351	Diseases of the nervous system complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.352	Diseases of the nervous system complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.353	Diseases of the nervous system complicating pregnancy, third trimester	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
O99.411	Diseases of the circulatory system complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.412	Diseases of the circulatory system complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.413	Diseases of the circulatory system complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.511	Diseases of the respiratory system complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.512	Diseases of the respiratory system complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.513	Diseases of the respiratory system complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.611	Diseases of the digestive system complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.612	Diseases of the digestive system complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.613	Diseases of the digestive system complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.711	Diseases of the skin and subcutaneous tissue complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.712	Diseases of the skin and subcutaneous tissue complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.713	Diseases of the skin and subcutaneous tissue complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O99.841	Bariatric surgery status complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O99.842	Bariatric surgery status complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O99.843	Bariatric surgery status complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O9A.111	Malignant neoplasm complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O9A.112	Malignant neoplasm complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O9A.113	Malignant neoplasm complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O9A.211	Injury, poisoning and certain other consequences of external causes complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O9A.212	Injury, poisoning and certain other consequences of external causes complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O9A.213	Injury, poisoning and certain other consequences of external causes complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O9A.311	Physical abuse complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O9A.312	Physical abuse complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O9A.313	Physical abuse complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O9A.411	Sexual abuse complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O9A.412	Sexual abuse complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O9A.413	Sexual abuse complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O9A.511	Psychological abuse complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O9A.512	Psychological abuse complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O9A.513	Psychological abuse complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
P07.00	Extremely low birth weight newborn, unspecified weight	ICD-10-CM	Diagnosis
P07.01	Extremely low birth weight newborn, less than 500 grams	ICD-10-CM	Diagnosis
P07.02	Extremely low birth weight newborn, 500-749 grams	ICD-10-CM	Diagnosis
P07.03	Extremely low birth weight newborn, 750-999 grams	ICD-10-CM	Diagnosis
P07.10	Other low birth weight newborn, unspecified weight	ICD-10-CM	Diagnosis
P07.14	Other low birth weight newborn, 1000-1249 grams	ICD-10-CM	Diagnosis
P07.15	Other low birth weight newborn, 1250-1499 grams	ICD-10-CM	Diagnosis
P07.16	Other low birth weight newborn, 1500-1749 grams	ICD-10-CM	Diagnosis
P07.17	Other low birth weight newborn, 1750-1999 grams	ICD-10-CM	Diagnosis
P07.18	Other low birth weight newborn, 2000-2499 grams	ICD-10-CM	Diagnosis
P07.20	Extreme immaturity of newborn, unspecified weeks of gestation	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
P07.21	Extreme immaturity of newborn, gestational age less than 23 completed weeks	ICD-10-CM	Diagnosis
P07.22	Extreme immaturity of newborn, gestational age 23 completed weeks	ICD-10-CM	Diagnosis
P07.23	Extreme immaturity of newborn, gestational age 24 completed weeks	ICD-10-CM	Diagnosis
P07.24	Extreme immaturity of newborn, gestational age 25 completed weeks	ICD-10-CM	Diagnosis
P07.25	Extreme immaturity of newborn, gestational age 26 completed weeks	ICD-10-CM	Diagnosis
P07.26	Extreme immaturity of newborn, gestational age 27 completed weeks	ICD-10-CM	Diagnosis
P07.30	Preterm newborn, unspecified weeks of gestation	ICD-10-CM	Diagnosis
P07.31	Preterm newborn, gestational age 28 completed weeks	ICD-10-CM	Diagnosis
P07.32	Preterm newborn, gestational age 29 completed weeks	ICD-10-CM	Diagnosis
P07.33	Preterm newborn, gestational age 30 completed weeks	ICD-10-CM	Diagnosis
P07.34	Preterm newborn, gestational age 31 completed weeks	ICD-10-CM	Diagnosis
P07.35	Preterm newborn, gestational age 32 completed weeks	ICD-10-CM	Diagnosis
P07.36	Preterm newborn, gestational age 33 completed weeks	ICD-10-CM	Diagnosis
P07.37	Preterm newborn, gestational age 34 completed weeks	ICD-10-CM	Diagnosis
P07.38	Preterm newborn, gestational age 35 completed weeks	ICD-10-CM	Diagnosis
P07.39	Preterm newborn, gestational age 36 completed weeks	ICD-10-CM	Diagnosis
P08.22	Prolonged gestation of newborn	ICD-10-CM	Diagnosis
Z34.01	Encounter for supervision of normal first pregnancy, first trimester	ICD-10-CM	Diagnosis
Z34.02	Encounter for supervision of normal first pregnancy, second trimester	ICD-10-CM	Diagnosis
Z34.03	Encounter for supervision of normal first pregnancy, third trimester	ICD-10-CM	Diagnosis
Z34.81	Encounter for supervision of other normal pregnancy, first trimester	ICD-10-CM	Diagnosis
Z34.82	Encounter for supervision of other normal pregnancy, second trimester	ICD-10-CM	Diagnosis
Z34.83	Encounter for supervision of other normal pregnancy, third trimester	ICD-10-CM	Diagnosis
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester	ICD-10-CM	Diagnosis
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester	ICD-10-CM	Diagnosis
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester	ICD-10-CM	Diagnosis
Z3A.01	Less than 8 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.08	8 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.09	9 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.10	10 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.11	11 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.12	12 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.13	13 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.14	14 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.15	15 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.16	16 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.17	17 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.18	18 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.19	19 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.20	20 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.21	21 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.22	22 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.23	23 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.24	24 weeks gestation of pregnancy	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
Z3A.25	25 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.26	26 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.27	27 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.28	28 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.29	29 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.30	30 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.31	31 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.32	32 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.33	33 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.34	34 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.35	35 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.36	36 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.37	37 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.38	38 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.39	39 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.40	40 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.41	41 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.42	42 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
Z3A.49	Greater than 42 weeks gestation of pregnancy	ICD-10-CM	Diagnosis
58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL	CPT-4	Procedure
58322	ARTIFICIAL INSEMINATION	CPT-4	Procedure
58974	TRANSFER OF EMBRYO	CPT-4	Procedure
58976	Gamete, zygote, or embryo intrafallopian transfer	CPT-4	Procedure
59015	Chorionic villus sampling, any method	CPT-4	Procedure
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	CPT-4	Procedure
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation	CPT-4	Procedure
76805	Complete Ultrasounds (Maternal and Fetal Evaluation); Second and Third Trimesters (Single or First Gestation)	CPT-4	Procedure
76810	Complete Ultrasounds (Maternal and Fetal Evaluation); Second and Third Trimesters (Each Additional Gestation)	CPT-4	Procedure
76811	Detailed fetal anatomic examination (single or first gestation)	CPT-4	Procedure
76812	Detailed fetal anatomic examination (Each additional Gestation)	CPT-4	Procedure
76813	Nuchal Translucency Measurement (Single or First Gestation)	CPT-4	Procedure
76814	Nuchal Translucency Measurement (Each Additional Gestation)	CPT-4	Procedure
81420	Fetal aneuploidy genomic sequence analysis, cell-free fetal DNA	CPT-4	Procedure
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma algorithm reported as a risk score for each trisomy	CPT-4	Procedure
82106	Alpha-fetoprotein, amniotic	CPT-4	Procedure
82677	Assay of estriol	CPT-4	Procedure
82950	Glucose; post glucose dose (includes glucose)	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	CPT-4	Procedure
82952	Glucose tolerance test, additional beyond 3 specimens	CPT-4	Procedure
84163	PAPP-A serum test	CPT-4	Procedure
86336	Inhibin A	CPT-4	Procedure
87081	Group B streptococcus screening (genital)	CPT-4	Procedure
S4011	IN VITRO FERTILIZATION;	HCPCS	Procedure
S4013	COMPLETE CYCLE GIFT CASE RATE	HCPCS	Procedure
S4014	COMPLETE CYCLE ZIFT CASE RATE	HCPCS	Procedure
S4015	COMPLETE IVF CYCLE CASE RATE NOS	HCPCS	Procedure
S4016	FROZEN IVF CYCLE CASE RATE	HCPCS	Procedure
S4035	STIMULATED INTRAUTERINE INSEMINATION (IUI), CASE RATE	HCPCS	Procedure
S4037	Cryopreserved embryo transfer, case rate	HCPCS	Procedure
O10.02	Pre-existing essential hypertension complicating childbirth	ICD-10-CM	Diagnosis
O10.12	Pre-existing hypertensive heart disease complicating childbirth	ICD-10-CM	Diagnosis
O10.22	Pre-existing hypertensive chronic kidney disease complicating childbirth	ICD-10-CM	Diagnosis
O10.32	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth	ICD-10-CM	Diagnosis
O10.42	Pre-existing secondary hypertension complicating childbirth	ICD-10-CM	Diagnosis
O10.92	Unspecified pre-existing hypertension complicating childbirth	ICD-10-CM	Diagnosis
O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth	ICD-10-CM	Diagnosis
O12.04	Gestational edema, complicating childbirth	ICD-10-CM	Diagnosis
O12.14	Gestational proteinuria, complicating childbirth	ICD-10-CM	Diagnosis
O12.24	Gestational edema with proteinuria, complicating childbirth	ICD-10-CM	Diagnosis
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth	ICD-10-CM	Diagnosis
O14.04	Mild to moderate pre-eclampsia, complicating childbirth	ICD-10-CM	Diagnosis
O14.14	Severe pre-eclampsia complicating childbirth	ICD-10-CM	Diagnosis
O14.24	HELLP syndrome, complicating childbirth	ICD-10-CM	Diagnosis
O14.94	Unspecified pre-eclampsia, complicating childbirth	ICD-10-CM	Diagnosis
O16.4	Unspecified maternal hypertension, complicating childbirth	ICD-10-CM	Diagnosis
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth	ICD-10-CM	Diagnosis
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth	ICD-10-CM	Diagnosis
O24.32	Unspecified pre-existing diabetes mellitus in childbirth	ICD-10-CM	Diagnosis
O24.420	Gestational diabetes mellitus in childbirth, diet controlled	ICD-10-CM	Diagnosis
O24.424	Gestational diabetes mellitus in childbirth, insulin controlled	ICD-10-CM	Diagnosis
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs	ICD-10-CM	Diagnosis
O24.429	Gestational diabetes mellitus in childbirth, unspecified control	ICD-10-CM	Diagnosis
O24.82	Other pre-existing diabetes mellitus in childbirth	ICD-10-CM	Diagnosis
O24.92	Unspecified diabetes mellitus in childbirth	ICD-10-CM	Diagnosis
O25.2	Malnutrition in childbirth	ICD-10-CM	Diagnosis
O26.62	Liver and biliary tract disorders in childbirth	ICD-10-CM	Diagnosis
O26.72	Subluxation of symphysis (pubis) in childbirth	ICD-10-CM	Diagnosis
O60.12X0	Preterm labor second trimester with preterm delivery second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O60.12X1	Preterm labor second trimester with preterm delivery second trimester, fetus 1	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
O60.12X2	Preterm labor second trimester with preterm delivery second trimester, fetus 2	ICD-10-CM	Diagnosis
O60.12X3	Preterm labor second trimester with preterm delivery second trimester, fetus 3	ICD-10-CM	Diagnosis
O60.12X4	Preterm labor second trimester with preterm delivery second trimester, fetus 4	ICD-10-CM	Diagnosis
O60.12X5	Preterm labor second trimester with preterm delivery second trimester, fetus 5	ICD-10-CM	Diagnosis
O60.12X9	Preterm labor second trimester with preterm delivery second trimester, other fetus	ICD-10-CM	Diagnosis
O60.13X0	Preterm labor second trimester with preterm delivery third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O60.13X1	Preterm labor second trimester with preterm delivery third trimester, fetus 1	ICD-10-CM	Diagnosis
O60.13X2	Preterm labor second trimester with preterm delivery third trimester, fetus 2	ICD-10-CM	Diagnosis
O60.13X3	Preterm labor second trimester with preterm delivery third trimester, fetus 3	ICD-10-CM	Diagnosis
O60.13X4	Preterm labor second trimester with preterm delivery third trimester, fetus 4	ICD-10-CM	Diagnosis
O60.13X5	Preterm labor second trimester with preterm delivery third trimester, fetus 5	ICD-10-CM	Diagnosis
O60.13X9	Preterm labor second trimester with preterm delivery third trimester, other fetus	ICD-10-CM	Diagnosis
O60.14X0	Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O60.14X1	Preterm labor third trimester with preterm delivery third trimester, fetus 1	ICD-10-CM	Diagnosis
O60.14X2	Preterm labor third trimester with preterm delivery third trimester, fetus 2	ICD-10-CM	Diagnosis
O60.14X3	Preterm labor third trimester with preterm delivery third trimester, fetus 3	ICD-10-CM	Diagnosis
O60.14X4	Preterm labor third trimester with preterm delivery third trimester, fetus 4	ICD-10-CM	Diagnosis
O60.14X5	Preterm labor third trimester with preterm delivery third trimester, fetus 5	ICD-10-CM	Diagnosis
O60.14X9	Preterm labor third trimester with preterm delivery third trimester, other fetus	ICD-10-CM	Diagnosis
O60.22X0	Term delivery with preterm labor, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O60.22X1	Term delivery with preterm labor, second trimester, fetus 1	ICD-10-CM	Diagnosis
O60.22X2	Term delivery with preterm labor, second trimester, fetus 2	ICD-10-CM	Diagnosis
O60.22X3	Term delivery with preterm labor, second trimester, fetus 3	ICD-10-CM	Diagnosis
O60.22X4	Term delivery with preterm labor, second trimester, fetus 4	ICD-10-CM	Diagnosis
O60.22X5	Term delivery with preterm labor, second trimester, fetus 5	ICD-10-CM	Diagnosis
O60.22X9	Term delivery with preterm labor, second trimester, other fetus	ICD-10-CM	Diagnosis
O60.23X0	Term delivery with preterm labor, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O60.23X1	Term delivery with preterm labor, third trimester, fetus 1	ICD-10-CM	Diagnosis
O60.23X2	Term delivery with preterm labor, third trimester, fetus 2	ICD-10-CM	Diagnosis
O60.23X3	Term delivery with preterm labor, third trimester, fetus 3	ICD-10-CM	Diagnosis
O60.23X4	Term delivery with preterm labor, third trimester, fetus 4	ICD-10-CM	Diagnosis
O60.23X5	Term delivery with preterm labor, third trimester, fetus 5	ICD-10-CM	Diagnosis
O60.23X9	Term delivery with preterm labor, third trimester, other fetus	ICD-10-CM	Diagnosis
O63.2	Delayed delivery of second twin, triplet, etc.	ICD-10-CM	Diagnosis
O67.0	Intrapartum hemorrhage with coagulation defect	ICD-10-CM	Diagnosis
O67.8	Other intrapartum hemorrhage	ICD-10-CM	Diagnosis
O67.9	Intrapartum hemorrhage, unspecified	ICD-10-CM	Diagnosis
O68	Labor and delivery complicated by abnormality of fetal acid-base balance	ICD-10-CM	Diagnosis
O69.0XX0	Labor and delivery complicated by prolapse of cord, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.0XX1	Labor and delivery complicated by prolapse of cord, fetus 1	ICD-10-CM	Diagnosis
O69.0XX2	Labor and delivery complicated by prolapse of cord, fetus 2	ICD-10-CM	Diagnosis
O69.0XX3	Labor and delivery complicated by prolapse of cord, fetus 3	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
O69.0XX4	Labor and delivery complicated by prolapse of cord, fetus 4	ICD-10-CM	Diagnosis
O69.0XX5	Labor and delivery complicated by prolapse of cord, fetus 5	ICD-10-CM	Diagnosis
O69.0XX9	Labor and delivery complicated by prolapse of cord, other fetus	ICD-10-CM	Diagnosis
O69.1XX0	Labor and delivery complicated by cord around neck, with compression, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.1XX1	Labor and delivery complicated by cord around neck, with compression, fetus 1	ICD-10-CM	Diagnosis
O69.1XX2	Labor and delivery complicated by cord around neck, with compression, fetus 2	ICD-10-CM	Diagnosis
O69.1XX3	Labor and delivery complicated by cord around neck, with compression, fetus 3	ICD-10-CM	Diagnosis
O69.1XX4	Labor and delivery complicated by cord around neck, with compression, fetus 4	ICD-10-CM	Diagnosis
O69.1XX5	Labor and delivery complicated by cord around neck, with compression, fetus 5	ICD-10-CM	Diagnosis
O69.1XX9	Labor and delivery complicated by cord around neck, with compression, other fetus	ICD-10-CM	Diagnosis
O69.2XX0	Labor and delivery complicated by other cord entanglement, with compression, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.2XX1	Labor and delivery complicated by other cord entanglement, with compression, fetus 1	ICD-10-CM	Diagnosis
O69.2XX2	Labor and delivery complicated by other cord entanglement, with compression, fetus 2	ICD-10-CM	Diagnosis
O69.2XX3	Labor and delivery complicated by other cord entanglement, with compression, fetus 3	ICD-10-CM	Diagnosis
O69.2XX4	Labor and delivery complicated by other cord entanglement, with compression, fetus 4	ICD-10-CM	Diagnosis
O69.2XX5	Labor and delivery complicated by other cord entanglement, with compression, fetus 5	ICD-10-CM	Diagnosis
O69.2XX9	Labor and delivery complicated by other cord entanglement, with compression, other fetus	ICD-10-CM	Diagnosis
O69.3XX0	Labor and delivery complicated by short cord, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.3XX1	Labor and delivery complicated by short cord, fetus 1	ICD-10-CM	Diagnosis
O69.3XX2	Labor and delivery complicated by short cord, fetus 2	ICD-10-CM	Diagnosis
O69.3XX3	Labor and delivery complicated by short cord, fetus 3	ICD-10-CM	Diagnosis
O69.3XX4	Labor and delivery complicated by short cord, fetus 4	ICD-10-CM	Diagnosis
O69.3XX5	Labor and delivery complicated by short cord, fetus 5	ICD-10-CM	Diagnosis
O69.3XX9	Labor and delivery complicated by short cord, other fetus	ICD-10-CM	Diagnosis
O69.4XX0	Labor and delivery complicated by vasa previa, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.4XX1	Labor and delivery complicated by vasa previa, fetus 1	ICD-10-CM	Diagnosis
O69.4XX2	Labor and delivery complicated by vasa previa, fetus 2	ICD-10-CM	Diagnosis
O69.4XX3	Labor and delivery complicated by vasa previa, fetus 3	ICD-10-CM	Diagnosis
O69.4XX4	Labor and delivery complicated by vasa previa, fetus 4	ICD-10-CM	Diagnosis
O69.4XX5	Labor and delivery complicated by vasa previa, fetus 5	ICD-10-CM	Diagnosis
O69.4XX9	Labor and delivery complicated by vasa previa, other fetus	ICD-10-CM	Diagnosis
O69.5XX0	Labor and delivery complicated by vascular lesion of cord, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.5XX1	Labor and delivery complicated by vascular lesion of cord, fetus 1	ICD-10-CM	Diagnosis
O69.5XX2	Labor and delivery complicated by vascular lesion of cord, fetus 2	ICD-10-CM	Diagnosis
O69.5XX3	Labor and delivery complicated by vascular lesion of cord, fetus 3	ICD-10-CM	Diagnosis
O69.5XX4	Labor and delivery complicated by vascular lesion of cord, fetus 4	ICD-10-CM	Diagnosis
O69.5XX5	Labor and delivery complicated by vascular lesion of cord, fetus 5	ICD-10-CM	Diagnosis
O69.5XX9	Labor and delivery complicated by vascular lesion of cord, other fetus	ICD-10-CM	Diagnosis
O69.81X0	Labor and delivery complicated by cord around neck, without compression, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.81X1	Labor and delivery complicated by cord around neck, without compression, fetus 1	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
O69.81X2	Labor and delivery complicated by cord around neck, without compression, fetus 2	ICD-10-CM	Diagnosis
O69.81X3	Labor and delivery complicated by cord around neck, without compression, fetus 3	ICD-10-CM	Diagnosis
O69.81X4	Labor and delivery complicated by cord around neck, without compression, fetus 4	ICD-10-CM	Diagnosis
O69.81X5	Labor and delivery complicated by cord around neck, without compression, fetus 5	ICD-10-CM	Diagnosis
O69.81X9	Labor and delivery complicated by cord around neck, without compression, other fetus	ICD-10-CM	Diagnosis
O69.82X0	Labor and delivery complicated by other cord entanglement, without compression, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.82X1	Labor and delivery complicated by other cord entanglement, without compression, fetus	ICD-10-CM	Diagnosis
O69.82X2	Labor and delivery complicated by other cord entanglement, without compression, fetus	ICD-10-CM	Diagnosis
O69.82X3	Labor and delivery complicated by other cord entanglement, without compression, fetus	ICD-10-CM	Diagnosis
O69.82X4	Labor and delivery complicated by other cord entanglement, without compression, fetus	ICD-10-CM	Diagnosis
O69.82X5	Labor and delivery complicated by other cord entanglement, without compression, fetus	ICD-10-CM	Diagnosis
O69.82X9	Labor and delivery complicated by other cord entanglement, without compression, other fetus	ICD-10-CM	Diagnosis
O69.89X0	Labor and delivery complicated by other cord complications, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.89X1	Labor and delivery complicated by other cord complications, fetus 1	ICD-10-CM	Diagnosis
O69.89X2	Labor and delivery complicated by other cord complications, fetus 2	ICD-10-CM	Diagnosis
O69.89X3	Labor and delivery complicated by other cord complications, fetus 3	ICD-10-CM	Diagnosis
O69.89X4	Labor and delivery complicated by other cord complications, fetus 4	ICD-10-CM	Diagnosis
O69.89X5	Labor and delivery complicated by other cord complications, fetus 5	ICD-10-CM	Diagnosis
O69.89X9	Labor and delivery complicated by other cord complications, other fetus	ICD-10-CM	Diagnosis
O69.9XX0	Labor and delivery complicated by cord complication, unspecified, not applicable or unspecified	ICD-10-CM	Diagnosis
O69.9XX1	Labor and delivery complicated by cord complication, unspecified, fetus 1	ICD-10-CM	Diagnosis
O69.9XX2	Labor and delivery complicated by cord complication, unspecified, fetus 2	ICD-10-CM	Diagnosis
O69.9XX3	Labor and delivery complicated by cord complication, unspecified, fetus 3	ICD-10-CM	Diagnosis
O69.9XX4	Labor and delivery complicated by cord complication, unspecified, fetus 4	ICD-10-CM	Diagnosis
O69.9XX5	Labor and delivery complicated by cord complication, unspecified, fetus 5	ICD-10-CM	Diagnosis
O69.9XX9	Labor and delivery complicated by cord complication, unspecified, other fetus	ICD-10-CM	Diagnosis
O70.0	First degree perineal laceration during delivery	ICD-10-CM	Diagnosis
O70.1	Second degree perineal laceration during delivery	ICD-10-CM	Diagnosis
O70.20	Third degree perineal laceration during delivery, unspecified	ICD-10-CM	Diagnosis
O70.21	Third degree perineal laceration during delivery, IIIa	ICD-10-CM	Diagnosis
O70.22	Third degree perineal laceration during delivery, IIIb	ICD-10-CM	Diagnosis
O70.23	Third degree perineal laceration during delivery, IIIc	ICD-10-CM	Diagnosis
O70.3	Fourth degree perineal laceration during delivery	ICD-10-CM	Diagnosis
O70.4	Anal sphincter tear complicating delivery, not associated with third degree laceration	ICD-10-CM	Diagnosis
O70.9	Perineal laceration during delivery, unspecified	ICD-10-CM	Diagnosis
O74.0	Aspiration pneumonitis due to anesthesia during labor and delivery	ICD-10-CM	Diagnosis
O74.1	Other pulmonary complications of anesthesia during labor and delivery	ICD-10-CM	Diagnosis
O74.2	Cardiac complications of anesthesia during labor and delivery	ICD-10-CM	Diagnosis
O74.3	Central nervous system complications of anesthesia during labor and delivery	ICD-10-CM	Diagnosis
O74.4	Toxic reaction to local anesthesia during labor and delivery	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
O74.5	Spinal and epidural anesthesia-induced headache during labor and delivery	ICD-10-CM	Diagnosis
O74.6	Other complications of spinal and epidural anesthesia during labor and delivery	ICD-10-CM	Diagnosis
O74.7	Failed or difficult intubation for anesthesia during labor and delivery	ICD-10-CM	Diagnosis
O74.8	Other complications of anesthesia during labor and delivery	ICD-10-CM	Diagnosis
O74.9	Complication of anesthesia during labor and delivery, unspecified	ICD-10-CM	Diagnosis
O75.0	Maternal distress during labor and delivery	ICD-10-CM	Diagnosis
O75.1	Shock during or following labor and delivery	ICD-10-CM	Diagnosis
O75.5	Delayed delivery after artificial rupture of membranes	ICD-10-CM	Diagnosis
O75.81	Maternal exhaustion complicating labor and delivery	ICD-10-CM	Diagnosis
O75.82	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section	ICD-10-CM	Diagnosis
O75.89	Other specified complications of labor and delivery	ICD-10-CM	Diagnosis
O75.9	Complication of labor and delivery, unspecified	ICD-10-CM	Diagnosis
O76	Abnormality in fetal heart rate and rhythm complicating labor and delivery	ICD-10-CM	Diagnosis
O77.0	Labor and delivery complicated by meconium in amniotic fluid	ICD-10-CM	Diagnosis
O77.8	Labor and delivery complicated by other evidence of fetal stress	ICD-10-CM	Diagnosis
O77.9	Labor and delivery complicated by fetal stress, unspecified	ICD-10-CM	Diagnosis
O80	Encounter for full-term uncomplicated delivery	ICD-10-CM	Diagnosis
O82	Encounter for cesarean delivery without indication	ICD-10-CM	Diagnosis
O88.02	Air embolism in childbirth	ICD-10-CM	Diagnosis
O88.12	Amniotic fluid embolism in childbirth	ICD-10-CM	Diagnosis
O88.22	Thromboembolism in childbirth	ICD-10-CM	Diagnosis
O88.32	Pyemic and septic embolism in childbirth	ICD-10-CM	Diagnosis
O88.82	Other embolism in childbirth	ICD-10-CM	Diagnosis
O98.02	Tuberculosis complicating childbirth	ICD-10-CM	Diagnosis
O98.12	Syphilis complicating childbirth	ICD-10-CM	Diagnosis
O98.22	Gonorrhea complicating childbirth	ICD-10-CM	Diagnosis
O98.32	Other infections with a predominantly sexual mode of transmission complicating childbirth	ICD-10-CM	Diagnosis
O98.42	Viral hepatitis complicating childbirth	ICD-10-CM	Diagnosis
O98.52	Other viral diseases complicating childbirth	ICD-10-CM	Diagnosis
O98.62	Protozoal diseases complicating childbirth	ICD-10-CM	Diagnosis
O98.72	Human immunodeficiency virus [HIV] disease complicating childbirth	ICD-10-CM	Diagnosis
O98.82	Other maternal infectious and parasitic diseases complicating childbirth	ICD-10-CM	Diagnosis
O98.92	Unspecified maternal infectious and parasitic disease complicating childbirth	ICD-10-CM	Diagnosis
O99.02	Anemia complicating childbirth	ICD-10-CM	Diagnosis
O99.12	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth	ICD-10-CM	Diagnosis
O99.214	Obesity complicating childbirth	ICD-10-CM	Diagnosis
O99.284	Endocrine, nutritional and metabolic diseases complicating childbirth	ICD-10-CM	Diagnosis
O99.314	Alcohol use complicating childbirth	ICD-10-CM	Diagnosis
O99.324	Drug use complicating childbirth	ICD-10-CM	Diagnosis
O99.334	Smoking (tobacco) complicating childbirth	ICD-10-CM	Diagnosis
O99.344	Other mental disorders complicating childbirth	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O99.354	Diseases of the nervous system complicating childbirth	ICD-10-CM	Diagnosis
O99.42	Diseases of the circulatory system complicating childbirth	ICD-10-CM	Diagnosis
O99.52	Diseases of the respiratory system complicating childbirth	ICD-10-CM	Diagnosis
O99.62	Diseases of the digestive system complicating childbirth	ICD-10-CM	Diagnosis
O99.72	Diseases of the skin and subcutaneous tissue complicating childbirth	ICD-10-CM	Diagnosis
O99.814	Abnormal glucose complicating childbirth	ICD-10-CM	Diagnosis
O99.824	Streptococcus B carrier state complicating childbirth	ICD-10-CM	Diagnosis
O99.834	Other infection carrier state complicating childbirth	ICD-10-CM	Diagnosis
O99.844	Bariatric surgery status complicating childbirth	ICD-10-CM	Diagnosis
O9A.12	Malignant neoplasm complicating childbirth	ICD-10-CM	Diagnosis
O9A.22	Injury, poisoning and certain other consequences of external causes complicating childbirth	ICD-10-CM	Diagnosis
O9A.32	Physical abuse complicating childbirth	ICD-10-CM	Diagnosis
O9A.42	Sexual abuse complicating childbirth	ICD-10-CM	Diagnosis
O9A.52	Psychological abuse complicating childbirth	ICD-10-CM	Diagnosis
P03.0	Newborn affected by breech delivery and extraction	ICD-10-CM	Diagnosis
P03.2	Newborn affected by forceps delivery	ICD-10-CM	Diagnosis
P03.3	Newborn affected by delivery by vacuum extractor [ventouse]	ICD-10-CM	Diagnosis
P03.4	Newborn affected by Cesarean delivery	ICD-10-CM	Diagnosis
P03.5	Newborn affected by precipitate delivery	ICD-10-CM	Diagnosis
P07.00	Extremely low birth weight newborn, unspecified weight	ICD-10-CM	Diagnosis
P07.01	Extremely low birth weight newborn, less than 500 grams	ICD-10-CM	Diagnosis
P07.02	Extremely low birth weight newborn, 500-749 grams	ICD-10-CM	Diagnosis
P07.03	Extremely low birth weight newborn, 750-999 grams	ICD-10-CM	Diagnosis
P07.10	Other low birth weight newborn, unspecified weight	ICD-10-CM	Diagnosis
P07.14	Other low birth weight newborn, 1000-1249 grams	ICD-10-CM	Diagnosis
P07.15	Other low birth weight newborn, 1250-1499 grams	ICD-10-CM	Diagnosis
P07.16	Other low birth weight newborn, 1500-1749 grams	ICD-10-CM	Diagnosis
P07.17	Other low birth weight newborn, 1750-1999 grams	ICD-10-CM	Diagnosis
P07.18	Other low birth weight newborn, 2000-2499 grams	ICD-10-CM	Diagnosis
P07.20	Extreme immaturity of newborn, unspecified weeks of gestation	ICD-10-CM	Diagnosis
P07.21	Extreme immaturity of newborn, gestational age less than 23 completed weeks	ICD-10-CM	Diagnosis
P07.22	Extreme immaturity of newborn, gestational age 23 completed weeks	ICD-10-CM	Diagnosis
P07.23	Extreme immaturity of newborn, gestational age 24 completed weeks	ICD-10-CM	Diagnosis
P07.24	Extreme immaturity of newborn, gestational age 25 completed weeks	ICD-10-CM	Diagnosis
P07.25	Extreme immaturity of newborn, gestational age 26 completed weeks	ICD-10-CM	Diagnosis
P07.26	Extreme immaturity of newborn, gestational age 27 completed weeks	ICD-10-CM	Diagnosis
P07.30	Preterm newborn, unspecified weeks of gestation	ICD-10-CM	Diagnosis
P07.31	Preterm newborn, gestational age 28 completed weeks	ICD-10-CM	Diagnosis
P07.32	Preterm newborn, gestational age 29 completed weeks	ICD-10-CM	Diagnosis
P07.33	Preterm newborn, gestational age 30 completed weeks	ICD-10-CM	Diagnosis
P07.34	Preterm newborn, gestational age 31 completed weeks	ICD-10-CM	Diagnosis
P07.35	Preterm newborn, gestational age 32 completed weeks	ICD-10-CM	Diagnosis
P07.36	Preterm newborn, gestational age 33 completed weeks	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
P07.37	Preterm newborn, gestational age 34 completed weeks	ICD-10-CM	Diagnosis
P07.38	Preterm newborn, gestational age 35 completed weeks	ICD-10-CM	Diagnosis
P07.39	Preterm newborn, gestational age 36 completed weeks	ICD-10-CM	Diagnosis
P08.21	Post-term newborn	ICD-10-CM	Diagnosis
P08.22	Prolonged gestation of newborn	ICD-10-CM	Diagnosis
Z37.0	Single live birth	ICD-10-CM	Diagnosis
Z37.2	Twins, both liveborn	ICD-10-CM	Diagnosis
Z37.50	Multiple births, unspecified, all liveborn	ICD-10-CM	Diagnosis
Z37.51	Triplets, all liveborn	ICD-10-CM	Diagnosis
Z37.52	Quadruplets, all liveborn	ICD-10-CM	Diagnosis
Z37.53	Quintuplets, all liveborn	ICD-10-CM	Diagnosis
Z37.54	Sextuplets, all liveborn	ICD-10-CM	Diagnosis
Z37.59	Other multiple births, all liveborn	ICD-10-CM	Diagnosis
Z37.9	Outcome of delivery, unspecified	ICD-10-CM	Diagnosis
Z38.00	Single liveborn infant, delivered vaginally	ICD-10-CM	Diagnosis
Z38.01	Single liveborn infant, delivered by cesarean	ICD-10-CM	Diagnosis
Z38.1	Single liveborn infant, born outside hospital	ICD-10-CM	Diagnosis
Z38.2	Single liveborn infant, unspecified as to place of birth	ICD-10-CM	Diagnosis
Z38.30	Twin liveborn infant, delivered vaginally	ICD-10-CM	Diagnosis
Z38.31	Twin liveborn infant, delivered by cesarean	ICD-10-CM	Diagnosis
Z38.4	Twin liveborn infant, born outside hospital	ICD-10-CM	Diagnosis
Z38.5	Twin liveborn infant, unspecified as to place of birth	ICD-10-CM	Diagnosis
Z38.61	Triplet liveborn infant, delivered vaginally	ICD-10-CM	Diagnosis
Z38.62	Triplet liveborn infant, delivered by cesarean	ICD-10-CM	Diagnosis
Z38.63	Quadruplet liveborn infant, delivered vaginally	ICD-10-CM	Diagnosis
Z38.64	Quadruplet liveborn infant, delivered by cesarean	ICD-10-CM	Diagnosis
Z38.65	Quintuplet liveborn infant, delivered vaginally	ICD-10-CM	Diagnosis
Z38.66	Quintuplet liveborn infant, delivered by cesarean	ICD-10-CM	Diagnosis
Z38.68	Other multiple liveborn infant, delivered vaginally	ICD-10-CM	Diagnosis
Z38.69	Other multiple liveborn infant, delivered by cesarean	ICD-10-CM	Diagnosis
Z38.7	Other multiple liveborn infant, born outside hospital	ICD-10-CM	Diagnosis
Z38.8	Other multiple liveborn infant, unspecified as to place of birth	ICD-10-CM	Diagnosis
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	CPT-4	Procedure
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	CPT-4	Procedure
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	CPT-4	Procedure
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	CPT-4	Procedure
59514	Cesarean delivery only;	CPT-4	Procedure
59515	Cesarean delivery only; including postpartum care	CPT-4	Procedure
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	CPT-4	Procedure
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	CPT-4	Procedure
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	CPT-4	Procedure
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	CPT-4	Procedure
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	CPT-4	Procedure
0W8NXZZ	Division of Female Perineum, External Approach	ICD-10-PCS	Procedure
10900ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Open Approach	ICD-10-PCS	Procedure
10903ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approach	ICD-10-PCS	Procedure
10904ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
10907ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10908ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
10D00Z0	Extraction of Products of Conception, High, Open Approach	ICD-10-PCS	Procedure
10D00Z1	Extraction of Products of Conception, Low, Open Approach	ICD-10-PCS	Procedure
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach	ICD-10-PCS	Procedure
10D07Z3	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10D07Z4	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10D07Z5	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10D07Z6	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10D07Z7	Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10D07Z8	Extraction of Products of Conception, Other, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10E0XZZ	Delivery of Products of Conception, External Approach	ICD-10-PCS	Procedure
10S07ZZ	Reposition Products of Conception, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
000	Ectopic pregnancy	ICD-10-CM	Diagnosis
000.0	Abdominal pregnancy	ICD-10-CM	Diagnosis
000.00	Abdominal pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.01	Abdominal pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
000.1	Tubal pregnancy	ICD-10-CM	Diagnosis
000.10	Tubal pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.101	Right tubal pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.102	Left tubal pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.109	Unspecified tubal pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.11	Tubal pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
000.111	Right tubal pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
000.112	Left tubal pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
000.119	Unspecified tubal pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
000.2	Ovarian pregnancy	ICD-10-CM	Diagnosis
000.20	Ovarian pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.201	Right ovarian pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.202	Left ovarian pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.209	Unspecified ovarian pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.21	Ovarian pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
000.211	Right ovarian pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
000.212	Left ovarian pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
000.219	Unspecified ovarian pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
000.8	Other ectopic pregnancy	ICD-10-CM	Diagnosis
000.80	Other ectopic pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.81	Other ectopic pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
000.9	Ectopic pregnancy, unspecified	ICD-10-CM	Diagnosis
000.90	Unspecified ectopic pregnancy without intrauterine pregnancy	ICD-10-CM	Diagnosis
000.91	Unspecified ectopic pregnancy with intrauterine pregnancy	ICD-10-CM	Diagnosis
001	Hydatidiform mole	ICD-10-CM	Diagnosis
001.0	Classical hydatidiform mole	ICD-10-CM	Diagnosis
001.1	Incomplete and partial hydatidiform mole	ICD-10-CM	Diagnosis
001.9	Hydatidiform mole, unspecified	ICD-10-CM	Diagnosis
002.0	Blighted ovum and nonhydatidiform mole	ICD-10-CM	Diagnosis
002.1	Missed abortion	ICD-10-CM	Diagnosis
002.89	Other abnormal products of conception	ICD-10-CM	Diagnosis
002.9	Abnormal product of conception, unspecified	ICD-10-CM	Diagnosis
003	Spontaneous abortion	ICD-10-CM	Diagnosis
003.0	Genital tract and pelvic infection following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.1	Delayed or excessive hemorrhage following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.2	Embolism following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.30	Unspecified complication following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.31	Shock following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.32	Renal failure following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.33	Metabolic disorder following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.34	Damage to pelvic organs following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.35	Other venous complications following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.36	Cardiac arrest following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.37	Sepsis following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.38	Urinary tract infection following incomplete spontaneous abortion	ICD-10-CM	Diagnosis
003.39	Incomplete spontaneous abortion with other complications	ICD-10-CM	Diagnosis
003.4	Incomplete spontaneous abortion without complication	ICD-10-CM	Diagnosis
003.5	Genital tract and pelvic infection following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.6	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.7	Embolism following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.80	Unspecified complication following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
003.81	Shock following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.82	Renal failure following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.83	Metabolic disorder following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.84	Damage to pelvic organs following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.85	Other venous complications following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.86	Cardiac arrest following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.87	Sepsis following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.88	Urinary tract infection following complete or unspecified spontaneous abortion	ICD-10-CM	Diagnosis
003.89	Complete or unspecified spontaneous abortion with other complications	ICD-10-CM	Diagnosis
003.9	Complete or unspecified spontaneous abortion without complication	ICD-10-CM	Diagnosis
004	Complications following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.5	Genital tract and pelvic infection following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.6	Delayed or excessive hemorrhage following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.7	Embolism following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.8	(Induced) termination of pregnancy with other and unspecified complications	ICD-10-CM	Diagnosis
004.80	(Induced) termination of pregnancy with unspecified complications	ICD-10-CM	Diagnosis
004.81	Shock following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.82	Renal failure following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.83	Metabolic disorder following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.84	Damage to pelvic organs following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.85	Other venous complications following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.86	Cardiac arrest following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.87	Sepsis following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.88	Urinary tract infection following (induced) termination of pregnancy	ICD-10-CM	Diagnosis
004.89	(Induced) termination of pregnancy with other complications	ICD-10-CM	Diagnosis
008.0	Genital tract and pelvic infection following ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.1	Delayed or excessive hemorrhage following ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.2	Embolism following ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.3	Shock following ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.4	Renal failure following ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.5	Metabolic disorders following an ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.6	Damage to pelvic organs and tissues following an ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.7	Other venous complications following an ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.81	Cardiac arrest following an ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.82	Sepsis following ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.83	Urinary tract infection following an ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.89	Other complications following an ectopic and molar pregnancy	ICD-10-CM	Diagnosis
008.9	Unspecified complication following an ectopic and molar pregnancy	ICD-10-CM	Diagnosis
031.00X0	Papyraceous fetus, unspecified trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
031.00X1	Papyraceous fetus, unspecified trimester, fetus 1	ICD-10-CM	Diagnosis
031.00X2	Papyraceous fetus, unspecified trimester, fetus 2	ICD-10-CM	Diagnosis
031.00X3	Papyraceous fetus, unspecified trimester, fetus 3	ICD-10-CM	Diagnosis
031.00X4	Papyraceous fetus, unspecified trimester, fetus 4	ICD-10-CM	Diagnosis
031.00X5	Papyraceous fetus, unspecified trimester, fetus 5	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
O31.00X9	Papyraceous fetus, unspecified trimester, other fetus	ICD-10-CM	Diagnosis
O31.02X0	Papyraceous fetus, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.02X1	Papyraceous fetus, second trimester, fetus 1	ICD-10-CM	Diagnosis
O31.02X2	Papyraceous fetus, second trimester, fetus 2	ICD-10-CM	Diagnosis
O31.02X3	Papyraceous fetus, second trimester, fetus 3	ICD-10-CM	Diagnosis
O31.02X4	Papyraceous fetus, second trimester, fetus 4	ICD-10-CM	Diagnosis
O31.02X5	Papyraceous fetus, second trimester, fetus 5	ICD-10-CM	Diagnosis
O31.02X9	Papyraceous fetus, second trimester, other fetus	ICD-10-CM	Diagnosis
O31.03X0	Papyraceous fetus, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.03X1	Papyraceous fetus, third trimester, fetus 1	ICD-10-CM	Diagnosis
O31.03X2	Papyraceous fetus, third trimester, fetus 2	ICD-10-CM	Diagnosis
O31.03X3	Papyraceous fetus, third trimester, fetus 3	ICD-10-CM	Diagnosis
O31.03X4	Papyraceous fetus, third trimester, fetus 4	ICD-10-CM	Diagnosis
O31.03X5	Papyraceous fetus, third trimester, fetus 5	ICD-10-CM	Diagnosis
O31.03X9	Papyraceous fetus, third trimester, other fetus	ICD-10-CM	Diagnosis
O31.10X0	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.10X1	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 1	ICD-10-CM	Diagnosis
O31.10X2	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 2	ICD-10-CM	Diagnosis
O31.10X3	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 3	ICD-10-CM	Diagnosis
O31.10X4	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 4	ICD-10-CM	Diagnosis
O31.10X5	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 5	ICD-10-CM	Diagnosis
O31.10X9	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, other fetus	ICD-10-CM	Diagnosis
O31.11X0	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.11X1	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1	ICD-10-CM	Diagnosis
O31.11X2	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2	ICD-10-CM	Diagnosis
O31.11X3	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3	ICD-10-CM	Diagnosis
O31.11X4	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4	ICD-10-CM	Diagnosis
O31.11X5	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5	ICD-10-CM	Diagnosis
O31.11X9	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O31.12X0	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.12X1	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1	ICD-10-CM	Diagnosis
O31.12X2	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2	ICD-10-CM	Diagnosis
O31.12X3	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3	ICD-10-CM	Diagnosis
O31.12X4	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4	ICD-10-CM	Diagnosis
O31.12X5	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5	ICD-10-CM	Diagnosis
O31.12X9	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus	ICD-10-CM	Diagnosis
O31.13X0	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.13X1	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1	ICD-10-CM	Diagnosis
O31.13X2	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2	ICD-10-CM	Diagnosis
O31.13X3	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3	ICD-10-CM	Diagnosis
O31.13X4	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 4	ICD-10-CM	Diagnosis
O31.13X5	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 5	ICD-10-CM	Diagnosis
O31.13X9	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus	ICD-10-CM	Diagnosis
O31.2	Continuing pregnancy after intrauterine death of one fetus or more	ICD-10-CM	Diagnosis
O31.20X0	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.20X1	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 1	ICD-10-CM	Diagnosis
O31.20X2	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 2	ICD-10-CM	Diagnosis
O31.20X3	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 3	ICD-10-CM	Diagnosis
O31.20X4	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 4	ICD-10-CM	Diagnosis
O31.20X5	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 5	ICD-10-CM	Diagnosis
O31.20X9	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, other fetus	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
O31.22X0	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O31.22X1	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1	ICD-10-CM	Diagnosis
O31.22X2	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2	ICD-10-CM	Diagnosis
O31.22X3	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3	ICD-10-CM	Diagnosis
O31.22X4	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 4	ICD-10-CM	Diagnosis
O31.22X5	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 5	ICD-10-CM	Diagnosis
O31.22X9	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, other fetus	ICD-10-CM	Diagnosis
O31.23X1	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 1	ICD-10-CM	Diagnosis
O31.23X2	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 2	ICD-10-CM	Diagnosis
O31.23X3	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 3	ICD-10-CM	Diagnosis
O31.23X4	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 4	ICD-10-CM	Diagnosis
O31.23X5	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 5	ICD-10-CM	Diagnosis
O36.4	Maternal care for intrauterine death	ICD-10-CM	Diagnosis
O36.4XX0	Maternal care for intrauterine death, not applicable or unspecified	ICD-10-CM	Diagnosis
O36.4XX1	Maternal care for intrauterine death, fetus 1	ICD-10-CM	Diagnosis
O36.4XX2	Maternal care for intrauterine death, fetus 2	ICD-10-CM	Diagnosis
O36.4XX3	Maternal care for intrauterine death, fetus 3	ICD-10-CM	Diagnosis
O36.4XX4	Maternal care for intrauterine death, fetus 4	ICD-10-CM	Diagnosis
O36.4XX5	Maternal care for intrauterine death, fetus 5	ICD-10-CM	Diagnosis
O36.4XX9	Maternal care for intrauterine death, other fetus	ICD-10-CM	Diagnosis
O60.10X1	Preterm labor with preterm delivery, unspecified trimester, fetus 1	ICD-10-CM	Diagnosis
O60.10X2	Preterm labor with preterm delivery, unspecified trimester, fetus 2	ICD-10-CM	Diagnosis
O60.10X3	Preterm labor with preterm delivery, unspecified trimester, fetus 3	ICD-10-CM	Diagnosis
O60.10X4	Preterm labor with preterm delivery, unspecified trimester, fetus 4	ICD-10-CM	Diagnosis
O60.10X5	Preterm labor with preterm delivery, unspecified trimester, fetus 5	ICD-10-CM	Diagnosis
O60.10X9	Preterm labor with preterm delivery, unspecified trimester, other fetus	ICD-10-CM	Diagnosis
O60.20X0	Term delivery with preterm labor, unspecified trimester, not applicable or unspecified	ICD-10-CM	Diagnosis
O60.20X1	Term delivery with preterm labor, unspecified trimester, fetus 1	ICD-10-CM	Diagnosis
O60.20X2	Term delivery with preterm labor, unspecified trimester, fetus 2	ICD-10-CM	Diagnosis
O60.20X3	Term delivery with preterm labor, unspecified trimester, fetus 3	ICD-10-CM	Diagnosis
O60.20X4	Term delivery with preterm labor, unspecified trimester, fetus 4	ICD-10-CM	Diagnosis
O60.20X5	Term delivery with preterm labor, unspecified trimester, fetus 5	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
O60.20X9	Term delivery with preterm labor, unspecified trimester, other fetus	ICD-10-CM	Diagnosis
P95	Stillbirth	ICD-10-CM	Diagnosis
Z33.2	Encounter for elective termination of pregnancy	ICD-10-CM	Diagnosis
Z37.1	Single stillbirth	ICD-10-CM	Diagnosis
Z37.3	Twins, one liveborn and one stillborn	ICD-10-CM	Diagnosis
Z37.4	Twins, both stillborn	ICD-10-CM	Diagnosis
Z37.60	Multiple births, unspecified, some liveborn	ICD-10-CM	Diagnosis
Z37.61	Triplets, some liveborn	ICD-10-CM	Diagnosis
Z37.62	Quadruplets, some liveborn	ICD-10-CM	Diagnosis
Z37.63	Quintuplets, some liveborn	ICD-10-CM	Diagnosis
Z37.64	Sextuplets, some liveborn	ICD-10-CM	Diagnosis
Z37.69	Other multiple births, some liveborn	ICD-10-CM	Diagnosis
Z37.7	Other multiple births, all stillborn	ICD-10-CM	Diagnosis
88016	Necropsy (autopsy), gross examination only; macerated stillborn	CPT-4	Procedure
01965	Anesthesia for incomplete or missed abortion procedures	CPT-4	Procedure
59812	Treatment of incomplete abortion, any trimester, completed surgically	CPT-4	Procedure
59820	Treatment of incomplete abortion completed surgically, first trimester	CPT-4	Procedure
59821	Treatment of incomplete abortion completed surgically, second trimester	CPT-4	Procedure
59830	Treatment of septic abortion, completed surgically	CPT-4	Procedure
01964	ANESTHESIA FOR ABORTION PROCEDURES	CPT-4	Procedure
01966	Anesthesia for induced abortion procedures	CPT-4	Procedure
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	CPT-4	Procedure
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	CPT-4	Procedure
59850	INDUCED ABORTION, BY ONE OR MORE INTRAAMNIOTIC INJECTIONS	CPT-4	Procedure
59851	INDUCED ABORTION, BY ONE OR MORE INTRAAMNIOTIC INJECTIONS, WITH DILATION AND CURETTAGE AND/OR EVACUATION	CPT-4	Procedure
59852	INDUCED ABORTION, BY ONE OR MORE INTRAAMNIOTIC INJECTIONS, WITH	CPT-4	Procedure
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	CPT-4	Procedure
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES, WITH DILATION AND CURETTAGE AND/OR EVACUATION	CPT-4	Procedure
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES, WITH HYSTEROTOMY	CPT-4	Procedure
S0190	Mifepristone, oral, 200 mg	HCPCS	Procedure
S0191	Misoprostol, oral, 200 mcg	HCPCS	Procedure
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	HCPCS	Procedure
S2260	Induced abortion, 17 to 24 weeks	HCPCS	Procedure
S2265	Induced abortion, 25 to 28 weeks	HCPCS	Procedure
S2266	Induced abortion, 29 to 31 weeks	HCPCS	Procedure
S2267	Induced abortion, 32 weeks or greater	HCPCS	Procedure
S2262	Abortion for maternal indication, 25 weeks or greater	HCPCS	Procedure
59100	Surgical treatment of ectopic pregnancy: tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	CPT-4	Procedure
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	CPT-4	Procedure
59125	Surgical Treatment Of Ectopic Pregnancy	CPT-4	Procedure
59126	Surgical Treatment Of Ectopic Pregnancy	CPT-4	Procedure
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	CPT-4	Procedure
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	CPT-4	Procedure
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	CPT-4	Procedure
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	CPT-4	Procedure
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	CPT-4	Procedure
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	CPT-4	Procedure
59870	Evacuation and curettage of uterus for hydatidiform mole	CPT-4	Procedure
66.02	Salpingostomy	ICD-9-CM	Procedure
66.62	Salpingectomy with removal of tubal pregnancy	ICD-9-CM	Procedure
69.01	Dilation and curettage for termination of pregnancy	ICD-9-CM	Procedure
69.51	Aspiration curettage of uterus for termination of pregnancy	ICD-9-CM	Procedure
69.93	Insertion of laminaria	ICD-9-CM	Procedure
72.79	Other vacuum extraction	ICD-9-CM	Procedure
73.8	Operations on fetus to facilitate delivery	ICD-9-CM	Procedure
74.3	Removal of extratubal ectopic pregnancy	ICD-9-CM	Procedure
74.91	Hysterotomy to terminate pregnancy	ICD-9-CM	Procedure
75.0	Intra-amniotic injection for abortion	ICD-9-CM	Procedure
96.49	Other genitourinary instillation	ICD-9-CM	Procedure
10A00ZZ	Abortion of Products of Conception, Open Approach	ICD-10-PCS	Procedure
10A03ZZ	Abortion of Products of Conception, Percutaneous Approach	ICD-10-PCS	Procedure
10A04ZZ	Abortion of Products of Conception, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
10A07Z6	Abortion of Products of Conception, Vacuum, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10A07ZW	Abortion of Products of Conception, Laminaria, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10A07ZX	Abortion of Products of Conception, Abortifacient, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10A07ZZ	Abortion of Products of Conception, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10A08ZZ	Abortion of Products of Conception, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
10D27ZZ	Extraction of Products of Conception, Ectopic, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10D28ZZ	Extraction of Products of Conception, Ectopic, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
10T20ZZ	Resection of Products of Conception, Ectopic, Open Approach	ICD-10-PCS	Procedure
10T23ZZ	Resection of Products of Conception, Ectopic, Percutaneous Approach	ICD-10-PCS	Procedure
10T24ZZ	Resection of Products of Conception, Ectopic, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
10T27ZZ	Resection of Products of Conception, Ectopic, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
10T28ZZ	Resection of Products of Conception, Ectopic, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
<b>Malignancy</b>			
C15.3	Malignant neoplasm of upper third of esophagus	ICD-10-CM	Diagnosis
C15.4	Malignant neoplasm of middle third of esophagus	ICD-10-CM	Diagnosis
C15.5	Malignant neoplasm of lower third of esophagus	ICD-10-CM	Diagnosis
C15.8	Malignant neoplasm of overlapping sites of esophagus	ICD-10-CM	Diagnosis
C15.9	Malignant neoplasm of esophagus, unspecified	ICD-10-CM	Diagnosis
C18.0	Malignant neoplasm of cecum	ICD-10-CM	Diagnosis
C18.1	Malignant neoplasm of appendix	ICD-10-CM	Diagnosis
C18.2	Malignant neoplasm of ascending colon	ICD-10-CM	Diagnosis
C18.3	Malignant neoplasm of hepatic flexure	ICD-10-CM	Diagnosis
C18.4	Malignant neoplasm of transverse colon	ICD-10-CM	Diagnosis
C18.5	Malignant neoplasm of splenic flexure	ICD-10-CM	Diagnosis
C18.6	Malignant neoplasm of descending colon	ICD-10-CM	Diagnosis
C18.7	Malignant neoplasm of sigmoid colon	ICD-10-CM	Diagnosis
C18.8	Malignant neoplasm of overlapping sites of colon	ICD-10-CM	Diagnosis
C18.9	Malignant neoplasm of colon, unspecified	ICD-10-CM	Diagnosis
C19	Malignant neoplasm of rectosigmoid junction	ICD-10-CM	Diagnosis
C20	Malignant neoplasm of rectum	ICD-10-CM	Diagnosis
C21.0	Malignant neoplasm of anus, unspecified	ICD-10-CM	Diagnosis
C21.1	Malignant neoplasm of anal canal	ICD-10-CM	Diagnosis
C21.2	Malignant neoplasm of cloacogenic zone	ICD-10-CM	Diagnosis
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	ICD-10-CM	Diagnosis
C22.3	Angiosarcoma of liver	ICD-10-CM	Diagnosis
C22.4	Other sarcomas of liver	ICD-10-CM	Diagnosis
C22.7	Other specified carcinomas of liver	ICD-10-CM	Diagnosis
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	ICD-10-CM	Diagnosis
C25.0	Malignant neoplasm of head of pancreas	ICD-10-CM	Diagnosis
C25.1	Malignant neoplasm of body of pancreas	ICD-10-CM	Diagnosis
C25.2	Malignant neoplasm of tail of pancreas	ICD-10-CM	Diagnosis
C25.3	Malignant neoplasm of pancreatic duct	ICD-10-CM	Diagnosis
C25.4	Malignant neoplasm of endocrine pancreas	ICD-10-CM	Diagnosis
C25.7	Malignant neoplasm of other parts of pancreas	ICD-10-CM	Diagnosis
C25.8	Malignant neoplasm of overlapping sites of pancreas	ICD-10-CM	Diagnosis
C25.9	Malignant neoplasm of pancreas, unspecified	ICD-10-CM	Diagnosis
C34.00	Malignant neoplasm of unspecified main bronchus	ICD-10-CM	Diagnosis
C34.01	Malignant neoplasm of right main bronchus	ICD-10-CM	Diagnosis
C34.02	Malignant neoplasm of left main bronchus	ICD-10-CM	Diagnosis
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	ICD-10-CM	Diagnosis
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	ICD-10-CM	Diagnosis
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	ICD-10-CM	Diagnosis
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	ICD-10-CM	Diagnosis
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	ICD-10-CM	Diagnosis
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	ICD-10-CM	Diagnosis
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	ICD-10-CM	Diagnosis
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	ICD-10-CM	Diagnosis
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	ICD-10-CM	Diagnosis
C43.0	Malignant melanoma of lip	ICD-10-CM	Diagnosis
C43.10	Malignant melanoma of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C43.11	Malignant melanoma of right eyelid, including canthus	ICD-10-CM	Diagnosis
C43.12	Malignant melanoma of left eyelid, including canthus	ICD-10-CM	Diagnosis
C43.20	Malignant melanoma of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C43.21	Malignant melanoma of right ear and external auricular canal	ICD-10-CM	Diagnosis
C43.22	Malignant melanoma of left ear and external auricular canal	ICD-10-CM	Diagnosis
C43.30	Malignant melanoma of unspecified part of face	ICD-10-CM	Diagnosis
C43.31	Malignant melanoma of nose	ICD-10-CM	Diagnosis
C43.39	Malignant melanoma of other parts of face	ICD-10-CM	Diagnosis
C43.4	Malignant melanoma of scalp and neck	ICD-10-CM	Diagnosis
C43.51	Malignant melanoma of anal skin	ICD-10-CM	Diagnosis
C43.52	Malignant melanoma of skin of breast	ICD-10-CM	Diagnosis
C43.59	Malignant melanoma of other part of trunk	ICD-10-CM	Diagnosis
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.61	Malignant melanoma of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.62	Malignant melanoma of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.70	Malignant melanoma of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C43.71	Malignant melanoma of right lower limb, including hip	ICD-10-CM	Diagnosis
C43.72	Malignant melanoma of left lower limb, including hip	ICD-10-CM	Diagnosis
C43.8	Malignant melanoma of overlapping sites of skin	ICD-10-CM	Diagnosis
C43.9	Malignant melanoma of skin, unspecified	ICD-10-CM	Diagnosis
C50.011	Malignant neoplasm of nipple and areola, right female breast	ICD-10-CM	Diagnosis
C50.012	Malignant neoplasm of nipple and areola, left female breast	ICD-10-CM	Diagnosis
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	ICD-10-CM	Diagnosis
C50.021	Malignant neoplasm of nipple and areola, right male breast	ICD-10-CM	Diagnosis
C50.022	Malignant neoplasm of nipple and areola, left male breast	ICD-10-CM	Diagnosis
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	ICD-10-CM	Diagnosis
C50.111	Malignant neoplasm of central portion of right female breast	ICD-10-CM	Diagnosis
C50.112	Malignant neoplasm of central portion of left female breast	ICD-10-CM	Diagnosis
C50.119	Malignant neoplasm of central portion of unspecified female breast	ICD-10-CM	Diagnosis
C50.121	Malignant neoplasm of central portion of right male breast	ICD-10-CM	Diagnosis
C50.122	Malignant neoplasm of central portion of left male breast	ICD-10-CM	Diagnosis
C50.129	Malignant neoplasm of central portion of unspecified male breast	ICD-10-CM	Diagnosis
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	ICD-10-CM	Diagnosis
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	ICD-10-CM	Diagnosis
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	ICD-10-CM	Diagnosis
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	ICD-10-CM	Diagnosis
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	ICD-10-CM	Diagnosis
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	ICD-10-CM	Diagnosis
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	ICD-10-CM	Diagnosis
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	ICD-10-CM	Diagnosis
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	ICD-10-CM	Diagnosis
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	ICD-10-CM	Diagnosis
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	ICD-10-CM	Diagnosis
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	ICD-10-CM	Diagnosis
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	ICD-10-CM	Diagnosis
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	ICD-10-CM	Diagnosis
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	ICD-10-CM	Diagnosis
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.611	Malignant neoplasm of axillary tail of right female breast	ICD-10-CM	Diagnosis
C50.612	Malignant neoplasm of axillary tail of left female breast	ICD-10-CM	Diagnosis
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	ICD-10-CM	Diagnosis
C50.621	Malignant neoplasm of axillary tail of right male breast	ICD-10-CM	Diagnosis
C50.622	Malignant neoplasm of axillary tail of left male breast	ICD-10-CM	Diagnosis
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	ICD-10-CM	Diagnosis
C50.811	Malignant neoplasm of overlapping sites of right female breast	ICD-10-CM	Diagnosis
C50.812	Malignant neoplasm of overlapping sites of left female breast	ICD-10-CM	Diagnosis
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	ICD-10-CM	Diagnosis
C50.821	Malignant neoplasm of overlapping sites of right male breast	ICD-10-CM	Diagnosis
C50.822	Malignant neoplasm of overlapping sites of left male breast	ICD-10-CM	Diagnosis
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	ICD-10-CM	Diagnosis
C50.911	Malignant neoplasm of unspecified site of right female breast	ICD-10-CM	Diagnosis
C50.912	Malignant neoplasm of unspecified site of left female breast	ICD-10-CM	Diagnosis
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	ICD-10-CM	Diagnosis
C50.921	Malignant neoplasm of unspecified site of right male breast	ICD-10-CM	Diagnosis
C50.922	Malignant neoplasm of unspecified site of left male breast	ICD-10-CM	Diagnosis
C50.929	Malignant neoplasm of unspecified site of unspecified male breast	ICD-10-CM	Diagnosis
C53.0	Malignant neoplasm of endocervix	ICD-10-CM	Diagnosis
C53.1	Malignant neoplasm of exocervix	ICD-10-CM	Diagnosis
C53.8	Malignant neoplasm of overlapping sites of cervix uteri	ICD-10-CM	Diagnosis
C53.9	Malignant neoplasm of cervix uteri, unspecified	ICD-10-CM	Diagnosis
C54.0	Malignant neoplasm of isthmus uteri	ICD-10-CM	Diagnosis
C54.1	Malignant neoplasm of endometrium	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
C54.2	Malignant neoplasm of myometrium	ICD-10-CM	Diagnosis
C54.3	Malignant neoplasm of fundus uteri	ICD-10-CM	Diagnosis
C54.8	Malignant neoplasm of overlapping sites of corpus uteri	ICD-10-CM	Diagnosis
C54.9	Malignant neoplasm of corpus uteri, unspecified	ICD-10-CM	Diagnosis
C55	Malignant neoplasm of uterus, part unspecified	ICD-10-CM	Diagnosis
C61	Malignant neoplasm of prostate	ICD-10-CM	Diagnosis
C64.1	Malignant neoplasm of right kidney, except renal pelvis	ICD-10-CM	Diagnosis
C64.2	Malignant neoplasm of left kidney, except renal pelvis	ICD-10-CM	Diagnosis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	ICD-10-CM	Diagnosis
C65.1	Malignant neoplasm of right renal pelvis	ICD-10-CM	Diagnosis
C65.2	Malignant neoplasm of left renal pelvis	ICD-10-CM	Diagnosis
C65.9	Malignant neoplasm of unspecified renal pelvis	ICD-10-CM	Diagnosis
C67.0	Malignant neoplasm of trigone of bladder	ICD-10-CM	Diagnosis
C67.1	Malignant neoplasm of dome of bladder	ICD-10-CM	Diagnosis
C67.2	Malignant neoplasm of lateral wall of bladder	ICD-10-CM	Diagnosis
C67.3	Malignant neoplasm of anterior wall of bladder	ICD-10-CM	Diagnosis
C67.4	Malignant neoplasm of posterior wall of bladder	ICD-10-CM	Diagnosis
C67.5	Malignant neoplasm of bladder neck	ICD-10-CM	Diagnosis
C67.6	Malignant neoplasm of ureteric orifice	ICD-10-CM	Diagnosis
C67.7	Malignant neoplasm of urachus	ICD-10-CM	Diagnosis
C67.8	Malignant neoplasm of overlapping sites of bladder	ICD-10-CM	Diagnosis
C67.9	Malignant neoplasm of bladder, unspecified	ICD-10-CM	Diagnosis
C73	Malignant neoplasm of thyroid gland	ICD-10-CM	Diagnosis
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.01	Malignant neoplasm of cortex of right adrenal gland	ICD-10-CM	Diagnosis
C74.02	Malignant neoplasm of cortex of left adrenal gland	ICD-10-CM	Diagnosis
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.11	Malignant neoplasm of medulla of right adrenal gland	ICD-10-CM	Diagnosis
C74.12	Malignant neoplasm of medulla of left adrenal gland	ICD-10-CM	Diagnosis
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	ICD-10-CM	Diagnosis
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	ICD-10-CM	Diagnosis
C75.0	Malignant neoplasm of parathyroid gland	ICD-10-CM	Diagnosis
C75.1	Malignant neoplasm of pituitary gland	ICD-10-CM	Diagnosis
C75.2	Malignant neoplasm of craniopharyngeal duct	ICD-10-CM	Diagnosis
C75.3	Malignant neoplasm of pineal gland	ICD-10-CM	Diagnosis
C75.4	Malignant neoplasm of carotid body	ICD-10-CM	Diagnosis
C75.5	Malignant neoplasm of aortic body and other paraganglia	ICD-10-CM	Diagnosis
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	ICD-10-CM	Diagnosis
C75.9	Malignant neoplasm of endocrine gland, unspecified	ICD-10-CM	Diagnosis
C82.00	Follicular lymphoma grade I, unspecified site	ICD-10-CM	Diagnosis
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.07	Follicular lymphoma grade I, spleen	ICD-10-CM	Diagnosis
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.10	Follicular lymphoma grade II, unspecified site	ICD-10-CM	Diagnosis
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.17	Follicular lymphoma grade II, spleen	ICD-10-CM	Diagnosis
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	ICD-10-CM	Diagnosis
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.27	Follicular lymphoma grade III, unspecified, spleen	ICD-10-CM	Diagnosis
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.30	Follicular lymphoma grade IIIa, unspecified site	ICD-10-CM	Diagnosis
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.37	Follicular lymphoma grade IIIa, spleen	ICD-10-CM	Diagnosis
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.40	Follicular lymphoma grade IIIb, unspecified site	ICD-10-CM	Diagnosis
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
C82.47	Follicular lymphoma grade IIIb, spleen	ICD-10-CM	Diagnosis
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.50	Diffuse follicle center lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.57	Diffuse follicle center lymphoma, spleen	ICD-10-CM	Diagnosis
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.60	Cutaneous follicle center lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.67	Cutaneous follicle center lymphoma, spleen	ICD-10-CM	Diagnosis
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.80	Other types of follicular lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.87	Other types of follicular lymphoma, spleen	ICD-10-CM	Diagnosis
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.90	Follicular lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.97	Follicular lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.00	Small cell B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.07	Small cell B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.10	Mantle cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.17	Mantle cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.19	Mantle cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.30	Diffuse large B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.37	Diffuse large B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.57	Lymphoblastic (diffuse) lymphoma, spleen	ICD-10-CM	Diagnosis
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.70	Burkitt lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.72	Burkitt lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.76	Burkitt lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.77	Burkitt lymphoma, spleen	ICD-10-CM	Diagnosis
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.79	Burkitt lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.80	Other non-follicular lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.87	Other non-follicular lymphoma, spleen	ICD-10-CM	Diagnosis
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.00	Mycosis fungoides, unspecified site	ICD-10-CM	Diagnosis
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.02	Mycosis fungoides, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.06	Mycosis fungoides, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.07	Mycosis fungoides, spleen	ICD-10-CM	Diagnosis
C84.08	Mycosis fungoides, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.09	Mycosis fungoides, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.10	Sezary disease, unspecified site	ICD-10-CM	Diagnosis
C84.11	Sezary disease, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.12	Sezary disease, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.13	Sezary disease, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.14	Sezary disease, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.16	Sezary disease, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.17	Sezary disease, spleen	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
C84.18	Sezary disease, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.19	Sezary disease, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	ICD-10-CM	Diagnosis
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	ICD-10-CM	Diagnosis
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	ICD-10-CM	Diagnosis
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	ICD-10-CM	Diagnosis
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	ICD-10-CM	Diagnosis
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	ICD-10-CM	Diagnosis
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis



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

Code	Description	Code Type	Code Category
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	ICD-10-CM	Diagnosis
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.Z7	Other mature T/NK-cell lymphomas, spleen	ICD-10-CM	Diagnosis
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.10	Unspecified B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.17	Unspecified B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis



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Code	Description	Code Type	Code Category
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C86.0	Extranodal NK/T-cell lymphoma, nasal type	ICD-10-CM	Diagnosis
C86.1	Hepatosplenic T-cell lymphoma	ICD-10-CM	Diagnosis
C86.2	Enteropathy-type (intestinal) T-cell lymphoma	ICD-10-CM	Diagnosis
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	ICD-10-CM	Diagnosis
C86.4	Blastic NK-cell lymphoma	ICD-10-CM	Diagnosis
C86.5	Angioimmunoblastic T-cell lymphoma	ICD-10-CM	Diagnosis
C86.6	Primary cutaneous CD30-positive T-cell proliferations	ICD-10-CM	Diagnosis
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	ICD-10-CM	Diagnosis
C90.10	Plasma cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C90.11	Plasma cell leukemia in remission	ICD-10-CM	Diagnosis
C91.00	Acute lymphoblastic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C91.01	Acute lymphoblastic leukemia, in remission	ICD-10-CM	Diagnosis
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	ICD-10-CM	Diagnosis
C91.11	Chronic lymphocytic leukemia of B-cell type in remission	ICD-10-CM	Diagnosis
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission	ICD-10-CM	Diagnosis
C91.31	Prolymphocytic leukemia of B-cell type, in remission	ICD-10-CM	Diagnosis
C91.40	Hairy cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C91.41	Hairy cell leukemia, in remission	ICD-10-CM	Diagnosis
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	ICD-10-CM	Diagnosis
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	ICD-10-CM	Diagnosis
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission	ICD-10-CM	Diagnosis
C91.61	Prolymphocytic leukemia of T-cell type, in remission	ICD-10-CM	Diagnosis
C91.90	Lymphoid leukemia, unspecified not having achieved remission	ICD-10-CM	Diagnosis
C91.91	Lymphoid leukemia, unspecified, in remission	ICD-10-CM	Diagnosis
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission	ICD-10-CM	Diagnosis
C91.A1	Mature B-cell leukemia Burkitt-type, in remission	ICD-10-CM	Diagnosis
C91.20	Other lymphoid leukemia not having achieved remission	ICD-10-CM	Diagnosis
C91.21	Other lymphoid leukemia, in remission	ICD-10-CM	Diagnosis
C92.00	Acute myeloblastic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C92.01	Acute myeloblastic leukemia, in remission	ICD-10-CM	Diagnosis
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	ICD-10-CM	Diagnosis
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission	ICD-10-CM	Diagnosis
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	ICD-10-CM	Diagnosis
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
C92.30	Myeloid sarcoma, not having achieved remission	ICD-10-CM	Diagnosis
C92.31	Myeloid sarcoma, in remission	ICD-10-CM	Diagnosis
C92.40	Acute promyelocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C92.41	Acute promyelocytic leukemia, in remission	ICD-10-CM	Diagnosis
C92.50	Acute myelomonocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C92.51	Acute myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	ICD-10-CM	Diagnosis
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	ICD-10-CM	Diagnosis
C92.90	Myeloid leukemia, unspecified, not having achieved remission	ICD-10-CM	Diagnosis
C92.91	Myeloid leukemia, unspecified in remission	ICD-10-CM	Diagnosis
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	ICD-10-CM	Diagnosis
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	ICD-10-CM	Diagnosis
C92.Z0	Other myeloid leukemia not having achieved remission	ICD-10-CM	Diagnosis
C92.Z1	Other myeloid leukemia, in remission	ICD-10-CM	Diagnosis
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.01	Acute monoblastic/monocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.10	Chronic myelomonocytic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C93.11	Chronic myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.31	Juvenile myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.90	Monocytic leukemia, unspecified, not having achieved remission	ICD-10-CM	Diagnosis
C93.91	Monocytic leukemia, unspecified in remission	ICD-10-CM	Diagnosis
C93.Z0	Other monocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.Z1	Other monocytic leukemia, in remission	ICD-10-CM	Diagnosis
C94.00	Acute erythroid leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C94.01	Acute erythroid leukemia, in remission	ICD-10-CM	Diagnosis
C94.20	Acute megakaryoblastic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C94.21	Acute megakaryoblastic leukemia, in remission	ICD-10-CM	Diagnosis
C94.30	Mast cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C94.31	Mast cell leukemia, in remission	ICD-10-CM	Diagnosis
C94.80	Other specified leukemias not having achieved remission	ICD-10-CM	Diagnosis
C94.81	Other specified leukemias, in remission	ICD-10-CM	Diagnosis
C95.00	Acute leukemia of unspecified cell type not having achieved remission	ICD-10-CM	Diagnosis
C95.01	Acute leukemia of unspecified cell type, in remission	ICD-10-CM	Diagnosis
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	ICD-10-CM	Diagnosis
C95.11	Chronic leukemia of unspecified cell type, in remission	ICD-10-CM	Diagnosis
C95.90	Leukemia, unspecified not having achieved remission	ICD-10-CM	Diagnosis
C95.91	Leukemia, unspecified, in remission	ICD-10-CM	Diagnosis
C96.4	Sarcoma of dendritic cells (accessory cells)	ICD-10-CM	Diagnosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	ICD-10-CM	Diagnosis
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	ICD-10-CM	Diagnosis
D03.0	Melanoma in situ of lip	ICD-10-CM	Diagnosis
D03.10	Melanoma in situ of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
D03.11	Melanoma in situ of right eyelid, including canthus	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D03.12	Melanoma in situ of left eyelid, including canthus	ICD-10-CM	Diagnosis
D03.20	Melanoma in situ of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
D03.21	Melanoma in situ of right ear and external auricular canal	ICD-10-CM	Diagnosis
D03.22	Melanoma in situ of left ear and external auricular canal	ICD-10-CM	Diagnosis
D03.30	Melanoma in situ of unspecified part of face	ICD-10-CM	Diagnosis
D03.39	Melanoma in situ of other parts of face	ICD-10-CM	Diagnosis
D03.4	Melanoma in situ of scalp and neck	ICD-10-CM	Diagnosis
D03.51	Melanoma in situ of anal skin	ICD-10-CM	Diagnosis
D03.52	Melanoma in situ of breast (skin) (soft tissue)	ICD-10-CM	Diagnosis
D03.59	Melanoma in situ of other part of trunk	ICD-10-CM	Diagnosis
D03.60	Melanoma in situ of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.61	Melanoma in situ of right upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.62	Melanoma in situ of left upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.70	Melanoma in situ of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
D03.71	Melanoma in situ of right lower limb, including hip	ICD-10-CM	Diagnosis
D03.72	Melanoma in situ of left lower limb, including hip	ICD-10-CM	Diagnosis
D03.8	Melanoma in situ of other sites	ICD-10-CM	Diagnosis
D03.9	Melanoma in situ, unspecified	ICD-10-CM	Diagnosis
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	CPT-3	Procedure
0182T	High dose rate electronic brachytherapy, per fraction	CPT-3	Procedure
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	CPT-3	Procedure
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	CPT-3	Procedure
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	CPT-4	Procedure
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	CPT-4	Procedure
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	CPT-4	Procedure
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	CPT-4	Procedure
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	CPT-4	Procedure
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	CPT-4	Procedure

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Code	Description	Code Type	Code Category
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	CPT-4	Procedure
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	CPT-4	Procedure
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	CPT-4	Procedure
51720	Bladder instillation of anticarcinogenic agent (including retention time)	CPT-4	Procedure
53220	Excision or fulguration of carcinoma of urethra	CPT-4	Procedure
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	CPT-4	Procedure
55862	EXPOS PROSTATE-INSRT RADIOACT; W/LYMPH NODE BX	CPT-4	Procedure
55865	EXPOSURE PROSTATE-INSRT RADIOACT; W/BILAT LYMPH	CPT-4	Procedure
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	CPT-4	Procedure
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	CPT-4	Procedure
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	CPT-4	Procedure
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	CPT-4	Procedure
58240	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	CPT-4	Procedure
58346	Insertion of Heyman capsules for clinical brachytherapy	CPT-4	Procedure
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	CPT-4	Procedure
58950	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	CPT-4	Procedure
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	CPT-4	Procedure
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	CPT-4	Procedure
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	CPT-4	Procedure
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	CPT-4	Procedure

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Code	Description	Code Type	Code Category
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	CPT-4	Procedure
58960	Laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal malignancy (second look), with or with omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	CPT-4	Procedure
60252	THYROIDECTOMY TOT/SUBTL-MALIG; W/LTD NECK DISSEC	CPT-4	Procedure
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	CPT-4	Procedure
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	CPT-4	Procedure
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	CPT-4	Procedure
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions	CPT-4	Procedure
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	CPT-4	Procedure
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	CPT-4	Procedure
76950	Ultrasonic guidance for placement of radiation therapy fields	CPT-4	Procedure
76960	Ultrasonic guidance for placement of radiation therapy fields, except for B-scan echography	CPT-4	Procedure
76965	Ultrasonic guidance for interstitial radioelement application	CPT-4	Procedure
77014	Computed tomography guidance for placement of radiation therapy fields	CPT-4	Procedure
77261	Therapeutic radiology treatment planning; simple	CPT-4	Procedure
77262	Therapeutic radiology treatment planning; intermediate	CPT-4	Procedure
77263	Therapeutic radiology treatment planning; complex	CPT-4	Procedure
77280	Therapeutic radiology simulation-aided field setting; simple	CPT-4	Procedure
77285	Therapeutic radiology simulation-aided field setting; intermediate	CPT-4	Procedure
77290	Therapeutic radiology simulation-aided field setting; complex	CPT-4	Procedure
77295	THERAP RAD SIMULATION-AIDED FIELD SETTING; 3-D	CPT-4	Procedure
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	CPT-4	Procedure
77300	Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, as required during course of treatment, only when prescribed by the treating physician	CPT-4	Procedure
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	CPT-4	Procedure
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	CPT-4	Procedure
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	CPT-4	Procedure
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	CPT-4	Procedure



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

Code	Description	Code Type	Code Category
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)	CPT-4	Procedure
77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	CPT-4	Procedure
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	CPT-4	Procedure
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	CPT-4	Procedure
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	CPT-4	Procedure
77321	Special teletherapy port plan, particles, hemibody, total body	CPT-4	Procedure
77326	Brachytherapy isodose calculation; simple (calculation made from single plane, one to four sources/ ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	CPT-4	Procedure
77327	Brachytherapy isodose calculation; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	CPT-4	Procedure
77328	Brachytherapy isodose calculation; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	CPT-4	Procedure
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	CPT-4	Procedure
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	CPT-4	Procedure
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	CPT-4	Procedure
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	CPT-4	Procedure
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	CPT-4	Procedure
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	CPT-4	Procedure
77370	Special medical radiation physics consultation	CPT-4	Procedure
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	CPT-4	Procedure
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	CPT-4	Procedure
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	CPT-4	Procedure
77380	Proton beam delivery to a single treatment area, single port, custom block, with or without compensation, with treatment set-up and verification images	CPT-4	Procedure



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Code	Description	Code Type	Code Category
77381	Proton beam treatment to one or two treatment areas, two or more ports, two or more custom blocks, and two or more compensators, with treatment set-up and verification images	CPT-4	Procedure
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	CPT-4	Procedure
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	CPT-4	Procedure
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	CPT-4	Procedure
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	CPT-4	Procedure
77401	Radiation treatment delivery, superficial and/or ortho voltage	CPT-4	Procedure
77402	Radiation treatment delivery, => 1 MeV; simple	CPT-4	Procedure
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	CPT-4	Procedure
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	CPT-4	Procedure
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	CPT-4	Procedure
77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV	CPT-4	Procedure
77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	CPT-4	Procedure
77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	CPT-4	Procedure
77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater	CPT-4	Procedure
77412	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); up to 5 MeV	CPT-4	Procedure
77413	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 6-10 MeV	CPT-4	Procedure
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	CPT-4	Procedure
77416	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 20 MeV or greater	CPT-4	Procedure
77417	Therapeutic radiology port film(s)	CPT-4	Procedure
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	CPT-4	Procedure
77419	Weekly radiation therapy management; conformal	CPT-4	Procedure
77420	WK RAD THERAP MGMT; SIMPL	CPT-4	Procedure

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Code	Description	Code Type	Code Category
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	CPT-4	Procedure
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	CPT-4	Procedure
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	CPT-4	Procedure
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	CPT-4	Procedure
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	CPT-4	Procedure
77427	Radiation treatment management, 5 treatments	CPT-4	Procedure
77430	WK RAD THERAP MGMT; COMPLX	CPT-4	Procedure
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	CPT-4	Procedure
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	CPT-4	Procedure
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	CPT-4	Procedure
77469	Intraoperative radiation treatment management	CPT-4	Procedure
77470	Special treatment procedure (eg, total body irradiation, hemibody irradiation, per oral, vaginal cone irradiation)	CPT-4	Procedure
77499	Unlisted procedure, therapeutic radiology treatment management	CPT-4	Procedure
77520	Proton treatment delivery; simple, without compensation	CPT-4	Procedure
77522	Proton treatment delivery; simple, with compensation	CPT-4	Procedure
77523	Proton treatment delivery; intermediate	CPT-4	Procedure
77525	Proton treatment delivery; complex	CPT-4	Procedure
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	CPT-4	Procedure
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	CPT-4	Procedure
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	CPT-4	Procedure
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	CPT-4	Procedure
77620	Hyperthermia generated by intracavitary probe(s)	CPT-4	Procedure
77750	Infusion or instillation of radioelement solution	CPT-4	Procedure
77761	Intracavitary radioelement application; simple	CPT-4	Procedure
77762	Intracavitary radiation source application; intermediate	CPT-4	Procedure
77763	Intracavitary radioelement application; complex	CPT-4	Procedure
77776	Interstitial radiation source application; simple	CPT-4	Procedure
77777	Interstitial radioelement application; intermediate	CPT-4	Procedure
77778	Interstitial radioelement application; complex	CPT-4	Procedure
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	CPT-4	Procedure
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	CPT-4	Procedure
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	CPT-4	Procedure
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	CPT-4	Procedure
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	CPT-4	Procedure
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	CPT-4	Procedure
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	CPT-4	Procedure
77789	Surface application of radioelement	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
77790	Supervision, handling, loading of radioelement	CPT-4	Procedure
77799	Unlisted procedure, clinical brachytherapy	CPT-4	Procedure
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	CPT-4	Procedure
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	CPT-4	Procedure
78018	Thyroid carcinoma metastases imaging; whole body	CPT-4	Procedure
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	CPT-4	Procedure
79200	Intracavitary radioactive colloid therapy	CPT-4	Procedure
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	CPT-4	Procedure
79440	INTRA-ARTICULAR RADIOPHARM THERAP	CPT-4	Procedure
79999	Radiopharmaceutical therapy, unlisted procedure	CPT-4	Procedure
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	CPT-4	Procedure
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	CPT-4	Procedure
96400	Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia	CPT-4	Procedure
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	CPT-4	Procedure
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	CPT-4	Procedure
96405	Chemotherapy administration, intralesional; up to and including 7 lesions	CPT-4	Procedure
96406	Chemotherapy administration, intralesional; more than 7 lesions	CPT-4	Procedure
96408	Chemotherapy administration, intravenous; push technique	CPT-4	Procedure
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	CPT-4	Procedure
96410	Chemotherapy administration, intravenous; infusion technique, up to one hour	CPT-4	Procedure
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	CPT-4	Procedure
96412	Chemotherapy administration, intravenous; infusion technique, one to 8 hours, each additional hour (List separately in addition to code for primary procedure)	CPT-4	Procedure
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	CPT-4	Procedure
96414	Chemotherapy administration, intravenous; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	CPT-4	Procedure
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	CPT-4	Procedure
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	CPT-4	Procedure
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	CPT-4	Procedure
96420	CHEMOTX ADMIN INTRA-ART; PUSH TECH	CPT-4	Procedure
96422	CHEMOTX ADMIN INTRA-ART; INFUSION TECH TO 1 HR	CPT-4	Procedure

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

Code	Description	Code Type	Code Category
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour up to 8 hours (List separately in addition to code for primary procedure)	CPT-4	Procedure
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	CPT-4	Procedure
96440	CHEMOTX-PLEURAL CAVITY-REQ & INCL THORACENTESIS	CPT-4	Procedure
96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis	CPT-4	Procedure
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	CPT-4	Procedure
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	CPT-4	Procedure
96520	Refilling and maintenance of portable pump	CPT-4	Procedure
96521	Refilling and maintenance of portable pump	CPT-4	Procedure
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	CPT-4	Procedure
96523	Irrigation of implanted venous access device for drug delivery systems	CPT-4	Procedure
96530	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	CPT-4	Procedure
96542	CHEMOTX INJ SUBARACH/INTRAVENTRIC-1/MX AGENTS	CPT-4	Procedure
96545	Provision of chemotherapy agent	CPT-4	Procedure
96549	UNLISTED CHEMOTX PROC	CPT-4	Procedure
99555	Home infusion for chemotherapy, per visit	CPT-4	Procedure
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	HCPCS	Procedure
A4650	Implantable radiation dosimeter, each	HCPCS	Procedure
C8953	Chemotherapy administration, intravenous; push technique	HCPCS	Procedure
C8954	Chemotherapy administration, intravenous; infusion technique, up to one hour	HCPCS	Procedure
C8955	Chemotherapy administration, intravenous; infusion technique, each additional hour (List separately in addition to C8954)	HCPCS	Procedure
C9021	Injection, obinutuzumab, 10 mg	HCPCS	Procedure
C9025	Injection, ramucirumab, 5 mg	HCPCS	Procedure
C9131	Injection, ado-trastuzumab emtansine, 1 mg	HCPCS	Procedure
C9259	Injection, pralatrexate, 1 mg	HCPCS	Procedure
C9260	Injection, ofatumumab, 10 mg	HCPCS	Procedure
C9262	Fludarabine phosphate, oral, 1 mg	HCPCS	Procedure
C9265	Injection, romidepsin, 1 mg	HCPCS	Procedure
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	HCPCS	Procedure
C9276	Injection, cabazitaxel, 1 mg	HCPCS	Procedure
C9280	Injection, eribulin mesylate, 1 mg	HCPCS	Procedure
C9284	Injection, ipilimumab, 1 mg	HCPCS	Procedure
C9287	Injection, brentuximab vedotin, 1 mg	HCPCS	Procedure
C9289	Injection, asparaginase Erwinia chrysanthemi, 1,000 IU	HCPCS	Procedure
C9292	Injection, pertuzumab, 10 mg	HCPCS	Procedure
C9295	Injection, carfilzomib, 1 mg	HCPCS	Procedure

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Code	Description	Code Type	Code Category
C9296	Injection, ziv-aflibercept, 1 mg	HCPCS	Procedure
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	HCPCS	Procedure
C9414	Etoposide; oral, 50 mg, brand name	HCPCS	Procedure
C9415	Doxorubicin HCl, 10 mg, brand name	HCPCS	Procedure
C9416	BCG (intravesical) per instillation, brand name	HCPCS	Procedure
C9417	Bleomycin sulfate, 15 units, brand name	HCPCS	Procedure
C9418	Cisplatin, powder or solution, per 10 mg, brand name	HCPCS	Procedure
C9419	Injection, cladribine, per 1 mg, brand name	HCPCS	Procedure
C9420	Cyclophosphamide, 100 mg, brand name	HCPCS	Procedure
C9421	Cyclophosphamide, lyophilized, 100 mg, brand name	HCPCS	Procedure
C9422	Cytarabine, 100 mg, brand name	HCPCS	Procedure
C9423	Dacarbazine, 100 mg, brand name	HCPCS	Procedure
C9424	Daunorubicin, 10 mg	HCPCS	Procedure
C9425	Etoposide, 10 mg, brand name	HCPCS	Procedure
C9426	Floxuridine, 500 mg, brand name	HCPCS	Procedure
C9427	Ifosfamide, 1 gm, brand name	HCPCS	Procedure
C9428	Mesna, 200 mg, brand name	HCPCS	Procedure
C9429	Idarubicin HCl, 5 mg, brand name	HCPCS	Procedure
C9430	Leuprolide acetate, per 1 mg, brand name	HCPCS	Procedure
C9431	Paclitaxel, 30 mg, brand name	HCPCS	Procedure
C9432	Mitomycin, 5 mg, brand name	HCPCS	Procedure
C9433	Thiotepa, 15 mg, brand name	HCPCS	Procedure
C9434	Supply of radiopharmaceutical diagnostic imaging agent, Gallium Ga 67, per mci, brand name	HCPCS	Procedure
C9435	Injection, gonadorelin HCl, brand name, per 100 mcg	HCPCS	Procedure
C9436	Azathioprine, parenteral, brand name, per 100 mg	HCPCS	Procedure
C9437	Carmustine, brand name, 100 mg	HCPCS	Procedure
C9442	Injection, belinostat, 10 mg	HCPCS	Procedure
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	HCPCS	Procedure
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	HCPCS	Procedure
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple	HCPCS	Procedure
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	HCPCS	Procedure
D5983	radiation carrier	HCPCS	Procedure
D5984	radiation shield	HCPCS	Procedure
D5985	radiation cone locator	HCPCS	Procedure
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	HCPCS	Procedure
G0210	PET imaging whole body; diagnosis; lung cancer, nonsmall cell	HCPCS	Procedure
G0211	PET imaging whole body; initial staging; lung cancer; nonsmall cell	HCPCS	Procedure
G0212	PET imaging whole body; restaging; lung cancer; nonsmall	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G0215	PET imaging whole body; restaging; colorectal cancer	HCPCS	Procedure
G0223	PET imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers	HCPCS	Procedure
G0224	PET imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers	HCPCS	Procedure
G0225	PET imaging whole body or regional; restaging; head and neck cancer, excluding thyroid and CNS cancers	HCPCS	Procedure
G0226	PET imaging whole body; diagnosis; esophageal cancer	HCPCS	Procedure
G0227	PET imaging whole body; initial staging; esophageal cancer	HCPCS	Procedure
G0228	PET imaging whole body; restaging; esophageal cancer	HCPCS	Procedure
G0231	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	HCPCS	Procedure
G0233	PET, whole body, for recurrence of melanoma; gamma cameras only	HCPCS	Procedure
G0234	PET, regional or whole body, for solitary pulmonary nodule following CT or for initial staging of pathologically diagnosed nonsmall cell lung cancer; gamma cameras only	HCPCS	Procedure
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	HCPCS	Procedure
G0253	PET imaging for breast cancer, full and partial-ring PET scanners only, staging/restaging of local regional recurrence or distant metastases (i.e., staging/restaging after or prior to course of treatment)	HCPCS	Procedure
G0254	PET imaging for breast cancer, full and partial ring PET scanners only, evaluation of response to treatment, performed during course of treatment	HCPCS	Procedure
G0292	Administration(s) of experimental drug(s) only in a medicare qualifying clinical trial (includes administration for chemotherapy and other types of therapy via infusion and/or other than infusion), per day	HCPCS	Procedure
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	HCPCS	Procedure
G0355	Chemotherapy administration, subcutaneous or intramuscular nonhormonal antineoplastic	HCPCS	Procedure
G0359	Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug	HCPCS	Procedure
G0361	Initiation of prolonged chemotherapy infusion (more than eight hours), requiring use of a portable or implantable pump	HCPCS	Procedure
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	HCPCS	Procedure
G0464	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)	HCPCS	Procedure
G6001	Ultrasonic guidance for placement of radiation therapy fields	HCPCS	Procedure
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	HCPCS	Procedure
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	HCPCS	Procedure
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	HCPCS	Procedure



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Code	Description	Code Type	Code Category
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	HCPCS	Procedure
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	HCPCS	Procedure
G6007	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	HCPCS	Procedure
G6008	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	HCPCS	Procedure
G6009	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	HCPCS	Procedure
G6010	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	HCPCS	Procedure
G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	HCPCS	Procedure
G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	HCPCS	Procedure
G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	HCPCS	Procedure
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	HCPCS	Procedure
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	HCPCS	Procedure
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	HCPCS	Procedure
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	HCPCS	Procedure
G8371	Chemotherapy documented as not received or prescribed for Stage III colon cancer patients	HCPCS	Procedure
G8372	Chemotherapy documented as received or prescribed for Stage III colon cancer patients	HCPCS	Procedure
G8373	Chemotherapy plan documented prior to chemotherapy administration	HCPCS	Procedure
G8374	Chemotherapy plan not documented prior to chemotherapy administration	HCPCS	Procedure
G8376	Clinician documentation that breast cancer patient was not eligible for tamoxifen or aromatase inhibitor therapy measure	HCPCS	Procedure
G8377	Clinician documentation that colon cancer patient is not eligible for chemotherapy measure	HCPCS	Procedure
G8379	Documentation of radiation therapy recommended within 12 months of first office visit	HCPCS	Procedure
G8380	For patients with ER or PR positive, Stage IC-III breast cancer, clinician did not document that the patient received or was prescribed tamoxifen or aromatase inhibitor	HCPCS	Procedure
G8381	For patients with ER or PR positive, Stage IC-III breast cancer, clinician documented or prescribed that the patient is receiving tamoxifen or aromatase inhibitor	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G8389	Myelodysplastic syndrome (MDS) patients with no documentation of iron stores prior to receiving erythropoietin therapy	HCPCS	Procedure
G8464	Clinician documented that prostate cancer patient is not an eligible candidate for adjuvant hormonal therapy; low or intermediate risk of recurrence or risk of recurrence not determined	HCPCS	Procedure
G8465	High or very high risk of recurrence of prostate cancer	HCPCS	Procedure
G8518	Clinical stage prior to surgery for lung cancer and esophageal cancer resection was recorded	HCPCS	Procedure
G8519	Clinician documented that patient was not eligible for clinical stage prior to surgery for lung cancer and esophageal cancer resection measure	HCPCS	Procedure
G8520	Clinician stage prior to surgery for lung cancer and esophageal cancer resection was not recorded, reason not specified	HCPCS	Procedure
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	HCPCS	Procedure
G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0	HCPCS	Procedure
G8927	Adjuvant chemotherapy referred, prescribed or previously received for AJCC stage III, colon cancer	HCPCS	Procedure
G8944	AJCC melanoma cancer stage 0 through IIC melanoma	HCPCS	Procedure
G9021	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 1: not at all (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9022	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 2: a little (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9023	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 3: quite a bit (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9024	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 4: very much (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9025	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 1: not at all (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9026	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 2: a little (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9027	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 3: quite a bit (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9028	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 4: very much (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9029	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration; assessment Level 1: not at all (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9030	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration; assessment Level 2: a little (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9031	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment Level 3: quite a bit (for use in a Medicare approved demonstration project)	HCPCS	Procedure
G9032	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment Level 4: very much (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer-directed therapy or managing consequences of cancer-directed therapy (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer-directed therapy is being administered or arranged at present; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board-approved clinical trial (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9063	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage I (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9064	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage II (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9065	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage III a (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9066	Oncology; disease status; limited to nonsmall cell lung cancer; Stage III B-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9067	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall cell; extensive Stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage I or Stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage I, or Stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage IIIA-IIIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage IIIA-IIIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9076	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, under evaluation, presurgical or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2c and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3b-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9081	Oncology; disease status; prostate cancer, limited to adenocarcinoma, non-castrate, incompletely castrate; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9082	Oncology; disease status; prostate cancer, limited to adenocarcinoma; castrate; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure



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Code	Description	Code Type	Code Category
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage IA- B (Grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage IA- B (Grade 2-3); or Stage IC (all grades); or Stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage III- IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and /or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, Stage I (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; Stage II or higher (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on antiandrogen therapy or postorchiectomy); clinical metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9134	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9135	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9136	Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9138	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or nonresponse to therapy, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
J0207	Injection, amifostine, 500 mg	HCPCS	Procedure
J1260	Injection, dolasetron mesylate, 10 mg	HCPCS	Procedure
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	HCPCS	Procedure
J8510	Busulfan; oral, 2 mg	HCPCS	Procedure
J8520	Capecitabine, oral, 150 mg	HCPCS	Procedure
J8521	Capecitabine, oral, 500 mg	HCPCS	Procedure
J8530	Cyclophosphamide, oral, 25 mg	HCPCS	Procedure
J8560	Etoposide, oral, 50 mg	HCPCS	Procedure
J8562	Fludarabine phosphate, oral, 10 mg	HCPCS	Procedure
J8597	Antiemetic drug, oral, not otherwise specified	HCPCS	Procedure
J8600	Melphalan, oral 2 mg	HCPCS	Procedure

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Code	Description	Code Type	Code Category
J8610	Methotrexate, oral, 2.5 mg	HCPCS	Procedure
J8700	Temozolomide, oral, 5 mg	HCPCS	Procedure
J8705	Topotecan, oral, 0.25 mg	HCPCS	Procedure
J8999	Prescription drug, oral, chemotherapeutic, nos	HCPCS	Procedure
J9000	Injection, doxorubicin HCl, 10 mg	HCPCS	Procedure
J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	HCPCS	Procedure
J9015	Injection, aldesleukin, per single use vial	HCPCS	Procedure
J9017	Injection, arsenic trioxide, 1 mg	HCPCS	Procedure
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	HCPCS	Procedure
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	HCPCS	Procedure
J9025	Injection, azacitidine, 1 mg	HCPCS	Procedure
J9031	BCG (intravesical) per instillation	HCPCS	Procedure
J9033	Injection, bendamustine HCl (Treanda), 1 mg	HCPCS	Procedure
J9040	Injection, bleomycin sulfate, 15 units	HCPCS	Procedure
J9042	Injection, brentuximab vedotin, 1 mg	HCPCS	Procedure
J9043	Injection, cabazitaxel, 1 mg	HCPCS	Procedure
J9045	Injection, carboplatin, 50 mg	HCPCS	Procedure
J9047	Injection, carfilzomib, 1 mg	HCPCS	Procedure
J9050	Injection, carmustine, 100 mg	HCPCS	Procedure
J9060	Injection, cisplatin, powder or solution, 10 mg	HCPCS	Procedure
J9062	Cisplatin, 50 mg	HCPCS	Procedure
J9065	Injection, cladribine, per 1 mg	HCPCS	Procedure
J9070	Cyclophosphamide, 100 mg	HCPCS	Procedure
J9080	Cyclophosphamide, 200 mg	HCPCS	Procedure
J9090	Cyclophosphamide, 500 mg	HCPCS	Procedure
J9091	Cyclophosphamide, 1 g	HCPCS	Procedure
J9092	Cyclophosphamide, 2 g	HCPCS	Procedure
J9093	Cyclophosphamide, lyophilized, 100 mg	HCPCS	Procedure
J9094	Cyclophosphamide, lyophilized, 200 mg	HCPCS	Procedure
J9095	Cyclophosphamide, lyophilized, 500 mg	HCPCS	Procedure
J9096	Cyclophosphamide, lyophilized, 1 g	HCPCS	Procedure
J9097	Cyclophosphamide, lyophilized, 2 g	HCPCS	Procedure
J9100	Cytarabine, 100 mg	HCPCS	Procedure
J9110	Injection, cytarabine, 500 mg	HCPCS	Procedure
J9120	Injection, dactinomycin, 0.5 mg	HCPCS	Procedure
J9130	Dacarbazine, 100 mg	HCPCS	Procedure
J9140	Dacarbazine, 200 mg	HCPCS	Procedure
J9150	Injection, daunorubicin, 10 mg	HCPCS	Procedure
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	HCPCS	Procedure
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	HCPCS	Procedure
J9179	Injection, eribulin mesylate, 0.1 mg	HCPCS	Procedure
J9181	Injection, etoposide, 10 mg	HCPCS	Procedure
J9185	Injection, fludarabine phosphate, 50 mg	HCPCS	Procedure
J9190	Injection, fluorouracil, 500 mg	HCPCS	Procedure

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

Code	Description	Code Type	Code Category
J9200	Floxuridine, 500 mg	HCPCS	Procedure
J9201	Injection, gemcitabine HCl, not otherwise specified, 200 mg	HCPCS	Procedure
J9202	Goserelin acetate implant, per 3.6 mg	HCPCS	Procedure
J9206	Injection, irinotecan, 20 mg	HCPCS	Procedure
J9207	Injection, ixabepilone, 1 mg	HCPCS	Procedure
J9208	Injection, ifosfamide, 1 g	HCPCS	Procedure
J9209	Injection, mesna, 200 mg	HCPCS	Procedure
J9211	Idarubicin HCl, 5 mg	HCPCS	Procedure
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	HCPCS	Procedure
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	HCPCS	Procedure
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	HCPCS	Procedure
J9216	Injection, interferon, gamma 1-b, 3 million units	HCPCS	Procedure
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	HCPCS	Procedure
J9218	Leuprolide acetate, per 1 mg	HCPCS	Procedure
J9219	Leuprolide acetate implant, 65 mg	HCPCS	Procedure
J9225	Histrelin implant (Vantas), 50 mg	HCPCS	Procedure
J9226	Histrelin implant (Supprelin LA), 50 mg	HCPCS	Procedure
J9228	Injection, ipilimumab, 1 mg	HCPCS	Procedure
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	HCPCS	Procedure
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	HCPCS	Procedure
J9250	Methotrexate sodium, 5 mg	HCPCS	Procedure
J9260	Methotrexate sodium, 50 mg	HCPCS	Procedure
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	HCPCS	Procedure
J9263	Injection, oxaliplatin, 0.5 mg	HCPCS	Procedure
J9265	Injection, paclitaxel, 30 mg	HCPCS	Procedure
J9266	Injection, pegaspargase, per single dose vial	HCPCS	Procedure
J9267	Injection, paclitaxel, 1 mg	HCPCS	Procedure
J9268	Pentostatin, per 10 mg	HCPCS	Procedure
J9270	Plicamycin, 2.5 mg	HCPCS	Procedure
J9280	Mitomycin, 5 mg	HCPCS	Procedure
J9290	Mitomycin, 20 mg	HCPCS	Procedure
J9291	Mitomycin, 40 mg	HCPCS	Procedure
J9293	Injection, mitoxantrone HCl, per 5 mg	HCPCS	Procedure
J9300	Injection, gemtuzumab ozogamicin, 5 mg	HCPCS	Procedure
J9301	Injection, obinutuzumab, 10 mg	HCPCS	Procedure
J9302	Injection, ofatumumab, 10 mg	HCPCS	Procedure
J9303	Injection, panitumumab, 10 mg	HCPCS	Procedure
J9306	Injection, pertuzumab, 1 mg	HCPCS	Procedure
J9310	Injection, rituximab, 100 mg	HCPCS	Procedure
J9315	Injection, romidepsin, 1 mg	HCPCS	Procedure
J9320	Streptozocin, 1 g	HCPCS	Procedure
J9328	Injection, temozolomide, 1 mg	HCPCS	Procedure
J9330	Injection, temsirolimus, 1 mg	HCPCS	Procedure
J9340	Thiotepa, 15 mg	HCPCS	Procedure

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

Code	Description	Code Type	Code Category
J9350	Injection, topotecan, 4 mg	HCPCS	Procedure
J9351	Injection, topotecan, 0.1 mg	HCPCS	Procedure
J9354	Injection, ado-trastuzumab emtansine, 1 mg	HCPCS	Procedure
J9360	Injection, vinblastine sulfate, 1 mg	HCPCS	Procedure
J9370	Vincristine sulfate, 1 mg	HCPCS	Procedure
J9371	Injection, vincristine sulfate liposome, 1 mg	HCPCS	Procedure
J9375	Vincristine sulfate, 2 mg	HCPCS	Procedure
J9380	Vincristine sulfate, 5 mg	HCPCS	Procedure
J9390	Vinorelbine tartrate, per 10 mg	HCPCS	Procedure
J9600	Porfimer sodium, 75 mg	HCPCS	Procedure
J9999	Not otherwise classified, antineoplastic drugs	HCPCS	Procedure
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	HCPCS	Procedure
Q0084	Chemotherapy administration by infusion technique only, per visit	HCPCS	Procedure
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit	HCPCS	Procedure
Q0161	Chlorpromazine HCl, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0162	Ondansetron 1 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0163	Diphenhydramine HCl, 50 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0165	Prochlorperazine maleate, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0166	Granisetron HCl, 1 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	HCPCS	Procedure
Q0167	Dronabinol, 2.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0168	Dronabinol, 5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0169	Promethazine HCl, 12.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure



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

Code	Description	Code Type	Code Category
Q0170	Promethazine HCl, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0171	Chlorpromazine HCl, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0172	Chlorpromazine HCl, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0173	Trimethobenzamide HCl, 250 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0175	Perphenazine, 4 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0176	Perphenazine, 8 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	HCPCS	Procedure
Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0178	Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0179	Ondansetron HCl 8 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0180	Dolasetron mesylate, 100 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	HCPCS	Procedure
Q0181	Unspecified oral dosage form, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period	HCPCS	Procedure
Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	HCPCS	Procedure
Q2017	Injection, teniposide, 50 mg	HCPCS	Procedure
Q2025	Fludarabine phosphate, oral, 1 mg	HCPCS	Procedure
Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	HCPCS	Procedure
Q2049	Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg	HCPCS	Procedure

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

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
Q2050	Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg	HCPCS	Procedure
Q3001	Radioelements for brachytherapy, any type, each	HCPCS	Procedure

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

Brand Name	Generic Name
	Prior Antiretroviral Use
abacavir	abacavir sulfate
Ziagen	abacavir sulfate
Triumeq	abacavir sulfate/dolutegravir sodium/lamivudine
Triumeq PD	abacavir sulfate/dolutegravir sodium/lamivudine
abacavir-lamivudine	abacavir sulfate/lamivudine
Epzicom	abacavir sulfate/lamivudine
Trizivir	abacavir sulfate/lamivudine/zidovudine
abacavir-lamivudine-zidovudine	abacavir sulfate/lamivudine/zidovudine
Reyataz	atazanavir sulfate
atazanavir	atazanavir sulfate
Evotaz	atazanavir sulfate/cobicistat
Biktarvy	bictegravir sodium/emtricitabine/tenofovir alafenamide fumarate
cabotegravir	cabotegravir
Apretude	cabotegravir
Vocabria	cabotegravir sodium
Cabenuva	cabotegravir/rilpivirine
darunavir	darunavir
Prezista	darunavir
Symtuza	darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide
Prezcobix	darunavir ethanolate/cobicistat
Rescriptor	delavirdine mesylate
Videx 2 gram Pediatric	didanosine
Videx 4 gram Pediatric	didanosine
Videx EC	didanosine
didanosine	didanosine
Tivicay	dolutegravir sodium
Tivicay PD	dolutegravir sodium
Dovato	dolutegravir sodium/lamivudine
Juluca	dolutegravir sodium/rilpivirine HCl
Pifeltro	doravirine
Delstrigo	doravirine/lamivudine/tenofovir disoproxil fumarate
Sustiva	efavirenz
efavirenz	efavirenz
efavirenz-emtricitabine-tenofovir	efavirenz/emtricitabine/tenofovir disoproxil fumarate
Atripla	efavirenz/emtricitabine/tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil	efavirenz/lamivudine/tenofovir disoproxil fumarate
Symfi Lo	efavirenz/lamivudine/tenofovir disoproxil fumarate
Symfi	efavirenz/lamivudine/tenofovir disoproxil fumarate
Genvoya	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide
Stribild	elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil
Emtriva	emtricitabine
emtricitabine	emtricitabine
Odefsey	emtricitabine/rilpivirine HCl/tenofovir alafenamide fumarate
Complera	emtricitabine/rilpivirine HCl/tenofovir disoproxil fumarate
Descovy	emtricitabine/tenofovir alafenamide fumarate
emtricitabine-tenofovir (TDF)	emtricitabine/tenofovir disoproxil fumarate
Truvada	emtricitabine/tenofovir disoproxil fumarate
Fuzeon	enfuvirtide
etravirine	etravirine

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

Brand Name	Generic Name
Intelence	etravirine
fosamprenavir	fosamprenavir calcium
Lexiva	fosamprenavir calcium
Rukobia	fostemsavir tromethamine
Trogarzo	ibalizumab-uiyk
Crixivan	indinavir sulfate
lamivudine	lamivudine
Epivir	lamivudine
Cimduo	lamivudine/tenofovir disoproxil fumarate
Temixys	lamivudine/tenofovir disoproxil fumarate
lamivudine-zidovudine	lamivudine/zidovudine
Combivir	lamivudine/zidovudine
Sunlenca	lenacapavir sodium
Kaletra	lopinavir/ritonavir
lopinavir-ritonavir	lopinavir/ritonavir
maraviroc	maraviroc
Selzentry	maraviroc
Viracept	nelfinavir mesylate
nevirapine	nevirapine
Viramune	nevirapine
Viramune XR	nevirapine
Paxlovid	nirmatrelvir/ritonavir
Technivie	ombitasvir/paritaprevir/ritonavir
Viekira XR	ombitasvir/paritaprevir/ritonavir/dasabuvir sodium
Viekira Pak	ombitasvir/paritaprevir/ritonavir/dasabuvir sodium
Isentress	raltegravir potassium
Isentress HD	raltegravir potassium
rilpivirine	rilpivirine
Edurant	rilpivirine HCl
ritonavir	ritonavir
Norvir	ritonavir
Invirase	saquinavir mesylate
Zerit	stavudine
stavudine	stavudine
tenofovir disoproxil fumarate	tenofovir disoproxil fumarate
Viread	tenofovir disoproxil fumarate
Aptivus	tipranavir
Aptivus (with vitamin E)	tipranavir/vitamin E TPGS
zidovudine	zidovudine
Retrovir	zidovudine

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code Type	Code Category
<b>Low CD4+ Cell Count (CD4+ Count &lt;500 or &lt;15% CD4+ Cells)</b>			
3492F	History of nadir CD4+ cell count <350 cells/mm <sup>3</sup>	CPT-2	Procedure
3494F	CD4+ cell count <200 cells/mm	CPT-2	Procedure
3495F	CD4+ cell count 200-499 cells/mm (HIV)	CPT-2	Procedure
3497F	CD4+ cell percentage <15% HIV	CPT-2	Procedure
<b>B20 HIV Diagnosis Code</b>			
B20	Human immunodeficiency virus [HIV] disease	ICD-10-CM	Diagnosis
<b>Opportunistic Infections, Definition A</b>			
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	ICD-10-CM	Diagnosis
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	ICD-10-CM	Diagnosis
86625	Antibody; Campylobacter	ICD-10-CM	Diagnosis
86771	Antibody; Shigella	ICD-10-CM	Diagnosis
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	ICD-10-CM	Diagnosis
90396	Varicella-zoster immune globulin, human, for intramuscular use	ICD-10-CM	Diagnosis
0012F	Community-acquired bacterial pneumonia assessment (includes all of the following components) (CAP): Co-morbid conditions assessed (1026F) Vital signs recorded (2010F) Mental status assessed (2014F) Hydration status assessed (2018F)	ICD-10-CM	Diagnosis
4150F	Patient receiving antiviral treatment for Hepatitis C (HEP-C)	ICD-10-CM	Diagnosis
A01.03	Typhoid pneumonia	ICD-10-CM	Diagnosis
A02.22	Salmonella pneumonia	ICD-10-CM	Diagnosis
A03.0	Shigellosis due to Shigella dysenteriae	ICD-10-CM	Diagnosis
A03.1	Shigellosis due to Shigella flexneri	ICD-10-CM	Diagnosis
A03.2	Shigellosis due to Shigella boydii	ICD-10-CM	Diagnosis
A03.3	Shigellosis due to Shigella sonnei	ICD-10-CM	Diagnosis
A04.5	Campylobacter enteritis	ICD-10-CM	Diagnosis
A07.2	Cryptosporidiosis	ICD-10-CM	Diagnosis
A07.3	Isosporiasis	ICD-10-CM	Diagnosis
A07.8	Other specified protozoal intestinal diseases	ICD-10-CM	Diagnosis
A15.0	Tuberculosis of lung	ICD-10-CM	Diagnosis
A15.4	Tuberculosis of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
A15.5	Tuberculosis of larynx, trachea and bronchus	ICD-10-CM	Diagnosis
A15.6	Tuberculous pleurisy	ICD-10-CM	Diagnosis
A15.7	Primary respiratory tuberculosis	ICD-10-CM	Diagnosis
A15.8	Other respiratory tuberculosis	ICD-10-CM	Diagnosis
A15.9	Respiratory tuberculosis unspecified	ICD-10-CM	Diagnosis
A17.0	Tuberculous meningitis	ICD-10-CM	Diagnosis
A17.1	Meningeal tuberculoma	ICD-10-CM	Diagnosis
A17.8	Other tuberculosis of nervous system	ICD-10-CM	Diagnosis
A17.81	Tuberculoma of brain and spinal cord	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
A17.82	Tuberculous meningoencephalitis	ICD-10-CM	Diagnosis
A17.83	Tuberculous neuritis	ICD-10-CM	Diagnosis
A17.89	Other tuberculosis of nervous system	ICD-10-CM	Diagnosis
A17.9	Tuberculosis of nervous system, unspecified	ICD-10-CM	Diagnosis
A18.0	Tuberculosis of bones and joints	ICD-10-CM	Diagnosis
A18.01	Tuberculosis of spine	ICD-10-CM	Diagnosis
A18.02	Tuberculous arthritis of other joints	ICD-10-CM	Diagnosis
A18.03	Tuberculosis of other bones	ICD-10-CM	Diagnosis
A18.09	Other musculoskeletal tuberculosis	ICD-10-CM	Diagnosis
A18.1	Tuberculosis of genitourinary system	ICD-10-CM	Diagnosis
A18.10	Tuberculosis of genitourinary system, unspecified	ICD-10-CM	Diagnosis
A18.11	Tuberculosis of kidney and ureter	ICD-10-CM	Diagnosis
A18.12	Tuberculosis of bladder	ICD-10-CM	Diagnosis
A18.13	Tuberculosis of other urinary organs	ICD-10-CM	Diagnosis
A18.14	Tuberculosis of prostate	ICD-10-CM	Diagnosis
A18.15	Tuberculosis of other male genital organs	ICD-10-CM	Diagnosis
A18.16	Tuberculosis of cervix	ICD-10-CM	Diagnosis
A18.17	Tuberculous female pelvic inflammatory disease	ICD-10-CM	Diagnosis
A18.18	Tuberculosis of other female genital organs	ICD-10-CM	Diagnosis
A18.2	Tuberculous peripheral lymphadenopathy	ICD-10-CM	Diagnosis
A18.3	Tuberculosis of intestines, peritoneum and mesenteric glands	ICD-10-CM	Diagnosis
A18.31	Tuberculous peritonitis	ICD-10-CM	Diagnosis
A18.32	Tuberculous enteritis	ICD-10-CM	Diagnosis
A18.39	Retroperitoneal tuberculosis	ICD-10-CM	Diagnosis
A18.4	Tuberculosis of skin and subcutaneous tissue	ICD-10-CM	Diagnosis
A18.5	Tuberculosis of eye	ICD-10-CM	Diagnosis
A18.50	Tuberculosis of eye, unspecified	ICD-10-CM	Diagnosis
A18.51	Tuberculous episcleritis	ICD-10-CM	Diagnosis
A18.52	Tuberculous keratitis	ICD-10-CM	Diagnosis
A18.53	Tuberculous chorioretinitis	ICD-10-CM	Diagnosis
A18.54	Tuberculous iridocyclitis	ICD-10-CM	Diagnosis
A18.59	Other tuberculosis of eye	ICD-10-CM	Diagnosis
A18.6	Tuberculosis of (inner) (middle) ear	ICD-10-CM	Diagnosis
A18.7	Tuberculosis of adrenal glands	ICD-10-CM	Diagnosis
A18.8	Tuberculosis of other specified organs	ICD-10-CM	Diagnosis
A18.81	Tuberculosis of thyroid gland	ICD-10-CM	Diagnosis
A18.82	Tuberculosis of other endocrine glands	ICD-10-CM	Diagnosis
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified	ICD-10-CM	Diagnosis
A18.84	Tuberculosis of heart	ICD-10-CM	Diagnosis
A18.85	Tuberculosis of spleen	ICD-10-CM	Diagnosis
A18.89	Tuberculosis of other sites	ICD-10-CM	Diagnosis
A19.0	Acute miliary tuberculosis of a single specified site	ICD-10-CM	Diagnosis
A19.1	Acute miliary tuberculosis of multiple sites	ICD-10-CM	Diagnosis



**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
A19.2	Acute miliary tuberculosis, unspecified	ICD-10-CM	Diagnosis
A19.8	Other miliary tuberculosis	ICD-10-CM	Diagnosis
A19.9	Miliary tuberculosis, unspecified	ICD-10-CM	Diagnosis
A28.1	Cat-scratch disease	ICD-10-CM	Diagnosis
A31.0	Pulmonary mycobacterial infection	ICD-10-CM	Diagnosis
A31.2	Disseminated mycobacterium avium-intracellulare complex (DMAC)	ICD-10-CM	Diagnosis
A37.01	Whooping cough due to Bordetella pertussis with pneumonia	ICD-10-CM	Diagnosis
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia	ICD-10-CM	Diagnosis
A37.81	Whooping cough due to other Bordetella species with pneumonia	ICD-10-CM	Diagnosis
A37.91	Whooping cough, unspecified species with pneumonia	ICD-10-CM	Diagnosis
A50.32	Late congenital syphilitic chorioretinitis	ICD-10-CM	Diagnosis
A51	Early syphilis	ICD-10-CM	Diagnosis
A51.0	Primary genital syphilis	ICD-10-CM	Diagnosis
A51.1	Primary anal syphilis	ICD-10-CM	Diagnosis
A51.2	Primary syphilis of other sites	ICD-10-CM	Diagnosis
A51.3	Secondary syphilis of skin and mucous membranes	ICD-10-CM	Diagnosis
A51.39	Other secondary syphilis of skin	ICD-10-CM	Diagnosis
A51.4	Other secondary syphilis	ICD-10-CM	Diagnosis
A51.5	Early syphilis, latent	ICD-10-CM	Diagnosis
A51.9	Early syphilis, unspecified	ICD-10-CM	Diagnosis
A52	Late syphilis	ICD-10-CM	Diagnosis
A52.0	Cardiovascular and cerebrovascular syphilis	ICD-10-CM	Diagnosis
A52.00	Cardiovascular syphilis, unspecified	ICD-10-CM	Diagnosis
A52.05	Other cerebrovascular syphilis	ICD-10-CM	Diagnosis
A52.09	Other cardiovascular syphilis	ICD-10-CM	Diagnosis
A52.1	Symptomatic neurosyphilis	ICD-10-CM	Diagnosis
A52.10	Symptomatic neurosyphilis, unspecified	ICD-10-CM	Diagnosis
A52.12	Other cerebrospinal syphilis	ICD-10-CM	Diagnosis
A52.19	Other symptomatic neurosyphilis	ICD-10-CM	Diagnosis
A52.2	Asymptomatic neurosyphilis	ICD-10-CM	Diagnosis
A52.3	Neurosyphilis, unspecified	ICD-10-CM	Diagnosis
A52.7	Other symptomatic late syphilis	ICD-10-CM	Diagnosis
A52.72	Syphilis of lung and bronchus	ICD-10-CM	Diagnosis
A52.73	Symptomatic late syphilis of other respiratory organs	ICD-10-CM	Diagnosis
A52.74	Syphilis of liver and other viscera	ICD-10-CM	Diagnosis
A52.75	Syphilis of kidney and ureter	ICD-10-CM	Diagnosis
A52.76	Other genitourinary symptomatic late syphilis	ICD-10-CM	Diagnosis
A52.77	Syphilis of bone and joint	ICD-10-CM	Diagnosis
A52.78	Syphilis of other musculoskeletal tissue	ICD-10-CM	Diagnosis
A52.79	Other symptomatic late syphilis	ICD-10-CM	Diagnosis
A52.8	Late syphilis, latent	ICD-10-CM	Diagnosis
A52.9	Late syphilis, unspecified	ICD-10-CM	Diagnosis
A53	Other and unspecified syphilis	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
A53.0	Latent syphilis, unspecified as early or late	ICD-10-CM	Diagnosis
A53.9	Syphilis, unspecified	ICD-10-CM	Diagnosis
A60	Anogenital herpesviral [herpes simplex] infections	ICD-10-CM	Diagnosis
A65	Nonvenereal syphilis	ICD-10-CM	Diagnosis
A79.0	Trench fever	ICD-10-CM	Diagnosis
A81.2	Progressive multifocal leukoencephalopathy	ICD-10-CM	Diagnosis
B00	Herpesviral [herpes simplex] infections	ICD-10-CM	Diagnosis
B00.82	Herpes simplex myelitis	ICD-10-CM	Diagnosis
B01	Varicella [chickenpox]	ICD-10-CM	Diagnosis
B01.2	Varicella pneumonia	ICD-10-CM	Diagnosis
B02	Zoster [herpes zoster]	ICD-10-CM	Diagnosis
B02.0	Zoster encephalitis	ICD-10-CM	Diagnosis
B02.1	Zoster meningitis	ICD-10-CM	Diagnosis
B02.2	Zoster with other nervous system involvement	ICD-10-CM	Diagnosis
B02.21	Postherpetic geniculate ganglionitis	ICD-10-CM	Diagnosis
B02.22	Postherpetic trigeminal neuralgia	ICD-10-CM	Diagnosis
B02.23	Postherpetic polyneuropathy	ICD-10-CM	Diagnosis
B02.24	Postherpetic myelitis	ICD-10-CM	Diagnosis
B02.29	Other postherpetic nervous system involvement	ICD-10-CM	Diagnosis
B02.3	Zoster ocular disease	ICD-10-CM	Diagnosis
B02.30	Zoster ocular disease, unspecified	ICD-10-CM	Diagnosis
B02.31	Zoster conjunctivitis	ICD-10-CM	Diagnosis
B02.32	Zoster iridocyclitis	ICD-10-CM	Diagnosis
B02.33	Zoster keratitis	ICD-10-CM	Diagnosis
B02.34	Zoster scleritis	ICD-10-CM	Diagnosis
B02.39	Other herpes zoster eye disease	ICD-10-CM	Diagnosis
B02.7	Disseminated zoster	ICD-10-CM	Diagnosis
B02.8	Zoster with other complications	ICD-10-CM	Diagnosis
B02.9	Zoster without complications	ICD-10-CM	Diagnosis
B04	Monkeypox	ICD-10-CM	Diagnosis
B05.2	Measles complicated by pneumonia	ICD-10-CM	Diagnosis
B06.81	Rubella pneumonia	ICD-10-CM	Diagnosis
B10	Other human herpesviruses	ICD-10-CM	Diagnosis
B10.0	Other human herpesvirus encephalitis	ICD-10-CM	Diagnosis
B10.09	Other human herpesvirus encephalitis	ICD-10-CM	Diagnosis
B10.8	Other human herpesvirus infection	ICD-10-CM	Diagnosis
B10.89	Other human herpesvirus infection	ICD-10-CM	Diagnosis
B16	Acute hepatitis B	ICD-10-CM	Diagnosis
B16.0	Acute hepatitis B with delta-agent with hepatic coma	ICD-10-CM	Diagnosis
B16.1	Acute hepatitis B with delta-agent without hepatic coma	ICD-10-CM	Diagnosis
B16.2	Acute hepatitis B without delta-agent with hepatic coma	ICD-10-CM	Diagnosis
B16.9	Acute hepatitis B without delta-agent and without hepatic coma	ICD-10-CM	Diagnosis
B17.0	Acute delta-(super) infection of hepatitis B carrier	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
B17.1	Acute hepatitis C	ICD-10-CM	Diagnosis
B17.10	Acute hepatitis C without hepatic coma	ICD-10-CM	Diagnosis
B17.11	Acute hepatitis C with hepatic coma	ICD-10-CM	Diagnosis
B18.0	Chronic viral hepatitis B with delta-agent	ICD-10-CM	Diagnosis
B18.1	Chronic viral hepatitis B without delta-agent	ICD-10-CM	Diagnosis
B18.2	Chronic viral hepatitis C	ICD-10-CM	Diagnosis
B19.1	Unspecified viral hepatitis B	ICD-10-CM	Diagnosis
B19.10	Unspecified viral hepatitis B without hepatic coma	ICD-10-CM	Diagnosis
B19.11	Unspecified viral hepatitis B with hepatic coma	ICD-10-CM	Diagnosis
B19.2	Unspecified viral hepatitis C	ICD-10-CM	Diagnosis
B19.20	Unspecified viral hepatitis C without hepatic coma	ICD-10-CM	Diagnosis
B19.21	Unspecified viral hepatitis C with hepatic coma	ICD-10-CM	Diagnosis
B25.0	Cytomegaloviral pneumonitis	ICD-10-CM	Diagnosis
B25.1	Cytomegaloviral hepatitis	ICD-10-CM	Diagnosis
B25.2	Cytomegaloviral pancreatitis	ICD-10-CM	Diagnosis
B25.8	Other cytomegaloviral diseases	ICD-10-CM	Diagnosis
B25.9	Cytomegaloviral disease, unspecified	ICD-10-CM	Diagnosis
B37.0	Candidal stomatitis	ICD-10-CM	Diagnosis
B37.1	Pulmonary candidiasis	ICD-10-CM	Diagnosis
B37.7	Candidal sepsis	ICD-10-CM	Diagnosis
B37.81	Candidal esophagitis	ICD-10-CM	Diagnosis
B38	Coccidioidomycosis	ICD-10-CM	Diagnosis
B38.0	Acute pulmonary coccidioidomycosis	ICD-10-CM	Diagnosis
B38.1	Chronic pulmonary coccidioidomycosis	ICD-10-CM	Diagnosis
B38.2	Pulmonary coccidioidomycosis, unspecified	ICD-10-CM	Diagnosis
B38.3	Cutaneous coccidioidomycosis	ICD-10-CM	Diagnosis
B38.4	Coccidioidomycosis meningitis	ICD-10-CM	Diagnosis
B38.7	Disseminated coccidioidomycosis	ICD-10-CM	Diagnosis
B38.8	Other forms of coccidioidomycosis	ICD-10-CM	Diagnosis
B38.81	Prostatic coccidioidomycosis	ICD-10-CM	Diagnosis
B38.89	Other forms of coccidioidomycosis	ICD-10-CM	Diagnosis
B38.9	Coccidioidomycosis, unspecified	ICD-10-CM	Diagnosis
B39	Histoplasmosis	ICD-10-CM	Diagnosis
B39.0	Acute pulmonary histoplasmosis capsulati	ICD-10-CM	Diagnosis
B39.1	Chronic pulmonary histoplasmosis capsulati	ICD-10-CM	Diagnosis
B39.2	Pulmonary histoplasmosis capsulati, unspecified	ICD-10-CM	Diagnosis
B39.3	Disseminated histoplasmosis capsulati	ICD-10-CM	Diagnosis
B39.4	Histoplasmosis capsulati, unspecified	ICD-10-CM	Diagnosis
B39.5	Histoplasmosis duboisii	ICD-10-CM	Diagnosis
B39.9	Histoplasmosis, unspecified	ICD-10-CM	Diagnosis
B44.0	Invasive pulmonary aspergillosis	ICD-10-CM	Diagnosis
B44.1	Other pulmonary aspergillosis	ICD-10-CM	Diagnosis
B44.2	Tonsillar aspergillosis	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
B44.7	Disseminated aspergillosis	ICD-10-CM	Diagnosis
B44.89	Other forms of aspergillosis	ICD-10-CM	Diagnosis
B44.9	Aspergillosis, unspecified	ICD-10-CM	Diagnosis
B45	Cryptococcosis	ICD-10-CM	Diagnosis
B45.0	Pulmonary cryptococcosis	ICD-10-CM	Diagnosis
B45.1	Cerebral cryptococcosis	ICD-10-CM	Diagnosis
B45.2	Cutaneous cryptococcosis	ICD-10-CM	Diagnosis
B45.3	Osseous cryptococcosis	ICD-10-CM	Diagnosis
B45.7	Disseminated cryptococcosis	ICD-10-CM	Diagnosis
B45.8	Other forms of cryptococcosis	ICD-10-CM	Diagnosis
B45.9	Cryptococcosis, unspecified	ICD-10-CM	Diagnosis
B46.0	Pulmonary mucormycosis	ICD-10-CM	Diagnosis
B46.1	Rhinocerebral mucormycosis	ICD-10-CM	Diagnosis
B46.2	Gastrointestinal mucormycosis	ICD-10-CM	Diagnosis
B46.3	Cutaneous mucormycosis	ICD-10-CM	Diagnosis
B46.4	Disseminated mucormycosis	ICD-10-CM	Diagnosis
B46.5	Mucormycosis, unspecified	ICD-10-CM	Diagnosis
B46.8	Other zygomycoses	ICD-10-CM	Diagnosis
B46.9	Zygomycosis, unspecified	ICD-10-CM	Diagnosis
B48.4	Penicilloles	ICD-10-CM	Diagnosis
B48.8	Other specified mycoses	ICD-10-CM	Diagnosis
B50	Plasmodium falciparum malaria	ICD-10-CM	Diagnosis
B50.0	Plasmodium falciparum malaria with cerebral complications	ICD-10-CM	Diagnosis
B50.8	Other severe and complicated Plasmodium falciparum malaria	ICD-10-CM	Diagnosis
B50.9	Plasmodium falciparum malaria, unspecified	ICD-10-CM	Diagnosis
B51	Plasmodium vivax malaria	ICD-10-CM	Diagnosis
B51.0	Plasmodium vivax malaria with rupture of spleen	ICD-10-CM	Diagnosis
B51.8	Plasmodium vivax malaria with other complications	ICD-10-CM	Diagnosis
B51.9	Plasmodium vivax malaria without complication	ICD-10-CM	Diagnosis
B52	Plasmodium malariae malaria	ICD-10-CM	Diagnosis
B52.0	Plasmodium malariae malaria with nephropathy	ICD-10-CM	Diagnosis
B52.8	Plasmodium malariae malaria with other complications	ICD-10-CM	Diagnosis
B52.9	Plasmodium malariae malaria without complication	ICD-10-CM	Diagnosis
B53	Other specified malaria	ICD-10-CM	Diagnosis
B53.0	Plasmodium ovale malaria	ICD-10-CM	Diagnosis
B53.1	Malaria due to simian plasmodia	ICD-10-CM	Diagnosis
B53.8	Other malaria, not elsewhere classified	ICD-10-CM	Diagnosis
B54	Unspecified malaria	ICD-10-CM	Diagnosis
B55	Leishmaniasis	ICD-10-CM	Diagnosis
B55.0	Visceral leishmaniasis	ICD-10-CM	Diagnosis
B55.1	Cutaneous leishmaniasis	ICD-10-CM	Diagnosis
B55.2	Mucocutaneous leishmaniasis	ICD-10-CM	Diagnosis
B55.9	Leishmaniasis, unspecified	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
B57	Chagas' disease	ICD-10-CM	Diagnosis
B57.0	Acute Chagas' disease with heart involvement	ICD-10-CM	Diagnosis
B57.1	Acute Chagas' disease without heart involvement	ICD-10-CM	Diagnosis
B57.2	Chagas' disease (chronic) with heart involvement	ICD-10-CM	Diagnosis
B57.3	Chagas' disease (chronic) with digestive system involvement	ICD-10-CM	Diagnosis
B57.30	Chagas' disease with digestive system involvement, unspecified	ICD-10-CM	Diagnosis
B57.31	Megaesophagus in Chagas' disease	ICD-10-CM	Diagnosis
B57.32	Megacolon in Chagas' disease	ICD-10-CM	Diagnosis
B57.39	Other digestive system involvement in Chagas' disease	ICD-10-CM	Diagnosis
B57.4	Chagas' disease (chronic) with nervous system involvement	ICD-10-CM	Diagnosis
B57.40	Chagas' disease with nervous system involvement, unspecified	ICD-10-CM	Diagnosis
B57.41	Meningitis in Chagas' disease	ICD-10-CM	Diagnosis
B57.42	Meningoencephalitis in Chagas' disease	ICD-10-CM	Diagnosis
B57.49	Other nervous system involvement in Chagas' disease	ICD-10-CM	Diagnosis
B57.5	Chagas' disease (chronic) with other organ involvement	ICD-10-CM	Diagnosis
B58	Toxoplasmosis	ICD-10-CM	Diagnosis
B58.2	Toxoplasma meningoencephalitis	ICD-10-CM	Diagnosis
B58.3	Pulmonary toxoplasmosis	ICD-10-CM	Diagnosis
B58.8	Toxoplasmosis with other organ involvement	ICD-10-CM	Diagnosis
B58.89	Toxoplasmosis with other organ involvement	ICD-10-CM	Diagnosis
B58.9	Toxoplasmosis, unspecified	ICD-10-CM	Diagnosis
B59	Pneumocystosis	ICD-10-CM	Diagnosis
B60.8	Other specified protozoal diseases	ICD-10-CM	Diagnosis
B77.81	Ascariasis pneumonia	ICD-10-CM	Diagnosis
B95.3	Streptococcus pneumoniae as the cause of diseases classified elsewhere	ICD-10-CM	Diagnosis
B96.0	Mycoplasma pneumoniae [M. pneumoniae] as the cause of diseases classified elsewhere	ICD-10-CM	Diagnosis
B96.1	Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere	ICD-10-CM	Diagnosis
B97.35	HIV 2 as the cause of diseases classified elsewhere	ICD-10-CM	Diagnosis
C46	Kaposi's sarcoma	ICD-10-CM	Diagnosis
C46.0	Kaposi's sarcoma of skin	ICD-10-CM	Diagnosis
C46.1	Kaposi's sarcoma of soft tissue	ICD-10-CM	Diagnosis
C46.2	Kaposi's sarcoma of palate	ICD-10-CM	Diagnosis
C46.3	Kaposi's sarcoma of lymph nodes	ICD-10-CM	Diagnosis
C46.4	Kaposi's sarcoma of gastrointestinal sites	ICD-10-CM	Diagnosis
C46.5	Kaposi's sarcoma of lung	ICD-10-CM	Diagnosis
C46.50	Kaposi's sarcoma of unspecified lung	ICD-10-CM	Diagnosis
C46.51	Kaposi's sarcoma of right lung	ICD-10-CM	Diagnosis
C46.52	Kaposi's sarcoma of left lung	ICD-10-CM	Diagnosis
C46.7	Kaposi's sarcoma of other sites	ICD-10-CM	Diagnosis
C46.9	Kaposi's sarcoma, unspecified	ICD-10-CM	Diagnosis
G8012	Pneumonia: patient documented to have received antibiotic within 4 hours of presentation	ICD-10-CM	Diagnosis
G8013	Pneumonia: patient not documented to have received antibiotic within 4 hours of presentation	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
G8459	Clinician documented that patient is receiving antiviral treatment for hepatitis C	ICD-10-CM	Diagnosis
G8461	Patient receiving antiviral treatment for hepatitis C during the measurement period	ICD-10-CM	Diagnosis
G8463	Patient receiving antiviral treatment for hepatitis C documented	ICD-10-CM	Diagnosis
G8546	I intend to report the community-acquired pneumonia (CAP) measures group	ICD-10-CM	Diagnosis
G8550	All quality actions for the applicable measures in the community-acquired pneumonia (CAP) measures group have been performed for this patient	ICD-10-CM	Diagnosis
G9205	Patient starting antiviral treatment for hepatitis C during the measurement period	ICD-10-CM	Diagnosis
G9206	Patient starting antiviral treatment for hepatitis C during the measurement period	ICD-10-CM	Diagnosis
G9679	Onsite acute care treatment of a nursing facility resident with pneumonia. May only be billed once per day per beneficiary	ICD-10-CM	Diagnosis
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	ICD-10-CM	Diagnosis
J09.X1	Influenza due to identified novel influenza A virus with pneumonia	ICD-10-CM	Diagnosis
J10.0	Influenza due to other identified influenza virus with pneumonia	ICD-10-CM	Diagnosis
J10.00	Influenza due to other identified influenza virus with unspecified type of pneumonia	ICD-10-CM	Diagnosis
J10.01	Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia	ICD-10-CM	Diagnosis
J10.08	Influenza due to other identified influenza virus with other specified pneumonia	ICD-10-CM	Diagnosis
J11.0	Influenza due to unidentified influenza virus with pneumonia	ICD-10-CM	Diagnosis
J11.00	Influenza due to unidentified influenza virus with unspecified type of pneumonia	ICD-10-CM	Diagnosis
J11.08	Influenza due to unidentified influenza virus with specified pneumonia	ICD-10-CM	Diagnosis
J12	Viral pneumonia, not elsewhere classified	ICD-10-CM	Diagnosis
J12.0	Adenoviral pneumonia	ICD-10-CM	Diagnosis
J12.1	Respiratory syncytial virus pneumonia	ICD-10-CM	Diagnosis
J12.2	Parainfluenza virus pneumonia	ICD-10-CM	Diagnosis
J12.3	Human metapneumovirus pneumonia	ICD-10-CM	Diagnosis
J12.8	Other viral pneumonia	ICD-10-CM	Diagnosis
J12.81	Pneumonia due to SARS-associated coronavirus	ICD-10-CM	Diagnosis
J12.82	Pneumonia due to coronavirus disease 2019	ICD-10-CM	Diagnosis
J12.89	Other viral pneumonia	ICD-10-CM	Diagnosis
J12.9	Viral pneumonia, unspecified	ICD-10-CM	Diagnosis
J13	Pneumonia due to Streptococcus pneumoniae	ICD-10-CM	Diagnosis
J14	Pneumonia due to Hemophilus influenzae	ICD-10-CM	Diagnosis
J15	Bacterial pneumonia, not elsewhere classified	ICD-10-CM	Diagnosis
J15.0	Pneumonia due to Klebsiella pneumoniae	ICD-10-CM	Diagnosis
J15.1	Pneumonia due to Pseudomonas	ICD-10-CM	Diagnosis
J15.2	Pneumonia due to staphylococcus	ICD-10-CM	Diagnosis
J15.20	Pneumonia due to staphylococcus, unspecified	ICD-10-CM	Diagnosis
J15.21	Pneumonia due to staphylococcus aureus	ICD-10-CM	Diagnosis
J15.211	Pneumonia due to Methicillin susceptible Staphylococcus aureus	ICD-10-CM	Diagnosis
J15.212	Pneumonia due to Methicillin resistant Staphylococcus aureus	ICD-10-CM	Diagnosis
J15.29	Pneumonia due to other staphylococcus	ICD-10-CM	Diagnosis
J15.3	Pneumonia due to streptococcus, group B	ICD-10-CM	Diagnosis
J15.4	Pneumonia due to other streptococci	ICD-10-CM	Diagnosis



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Code	Description	Code	
		Code Type	Category
J15.5	Pneumonia due to Escherichia coli	ICD-10-CM	Diagnosis
J15.6	Pneumonia due to other Gram-negative bacteria	ICD-10-CM	Diagnosis
J15.61	Pneumonia due to Acinetobacter baumannii	ICD-10-CM	Diagnosis
J15.69	Pneumonia due to other Gram-negative bacteria	ICD-10-CM	Diagnosis
J15.7	Pneumonia due to Mycoplasma pneumoniae	ICD-10-CM	Diagnosis
J15.8	Pneumonia due to other specified bacteria	ICD-10-CM	Diagnosis
J15.9	Unspecified bacterial pneumonia	ICD-10-CM	Diagnosis
J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	ICD-10-CM	Diagnosis
J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml	ICD-10-CM	Diagnosis
J16	Pneumonia due to other infectious organisms, not elsewhere classified	ICD-10-CM	Diagnosis
J16.0	Chlamydial pneumonia	ICD-10-CM	Diagnosis
J16.8	Pneumonia due to other specified infectious organisms	ICD-10-CM	Diagnosis
J17	Pneumonia in diseases classified elsewhere	ICD-10-CM	Diagnosis
J18	Pneumonia, unspecified organism	ICD-10-CM	Diagnosis
J18.0	Bronchopneumonia, unspecified organism	ICD-10-CM	Diagnosis
J18.1	Lobar pneumonia, unspecified organism	ICD-10-CM	Diagnosis
J18.2	Hypostatic pneumonia, unspecified organism	ICD-10-CM	Diagnosis
J18.8	Other pneumonia, unspecified organism	ICD-10-CM	Diagnosis
J18.9	Pneumonia, unspecified organism	ICD-10-CM	Diagnosis
J20.0	Acute bronchitis due to Mycoplasma pneumoniae	ICD-10-CM	Diagnosis
J82.82	Acute eosinophilic pneumonia	ICD-10-CM	Diagnosis
J84.11	Idiopathic interstitial pneumonia	ICD-10-CM	Diagnosis
J84.111	Idiopathic interstitial pneumonia, not otherwise specified	ICD-10-CM	Diagnosis
J84.116	Cryptogenic organizing pneumonia	ICD-10-CM	Diagnosis
J84.117	Desquamative interstitial pneumonia	ICD-10-CM	Diagnosis
J84.2	Lymphoid interstitial pneumonia	ICD-10-CM	Diagnosis
J85.1	Abscess of lung with pneumonia	ICD-10-CM	Diagnosis
O98.1	Syphilis complicating pregnancy, childbirth and the puerperium	ICD-10-CM	Diagnosis
O98.11	Syphilis complicating pregnancy	ICD-10-CM	Diagnosis
O98.111	Syphilis complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.112	Syphilis complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.113	Syphilis complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.119	Syphilis complicating pregnancy, unspecified trimester	ICD-10-CM	Diagnosis
O98.12	Syphilis complicating childbirth	ICD-10-CM	Diagnosis
O98.13	Syphilis complicating the puerperium	ICD-10-CM	Diagnosis
O98.4	Viral hepatitis complicating pregnancy, childbirth and the puerperium	ICD-10-CM	Diagnosis
O98.41	Viral hepatitis complicating pregnancy	ICD-10-CM	Diagnosis
O98.411	Viral hepatitis complicating pregnancy, first trimester	ICD-10-CM	Diagnosis
O98.412	Viral hepatitis complicating pregnancy, second trimester	ICD-10-CM	Diagnosis
O98.413	Viral hepatitis complicating pregnancy, third trimester	ICD-10-CM	Diagnosis
O98.419	Viral hepatitis complicating pregnancy, unspecified trimester	ICD-10-CM	Diagnosis
O98.42	Viral hepatitis complicating childbirth	ICD-10-CM	Diagnosis
O98.43	Viral hepatitis complicating the puerperium	ICD-10-CM	Diagnosis

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Code	Description	Code	
		Code Type	Category
Q4090	Injection, hepatitis B immune globulin (HepaGam B), intramuscular, 0.5 ml	ICD-10-CM	Diagnosis
R85.81	Anal high risk human papillomavirus (HPV) DNA test positive	ICD-10-CM	Diagnosis
R85.82	Anal low risk human papillomavirus (HPV) DNA test positive	ICD-10-CM	Diagnosis
R87.81	High risk human papillomavirus (HPV) DNA test positive from female genital organs	ICD-10-CM	Diagnosis
R87.810	Cervical high risk human papillomavirus (HPV) DNA test positive	ICD-10-CM	Diagnosis
R87.811	Vaginal high risk human papillomavirus (HPV) DNA test positive	ICD-10-CM	Diagnosis
R87.82	Low risk human papillomavirus (HPV) DNA test positive from female genital organs	ICD-10-CM	Diagnosis
R87.820	Cervical low risk human papillomavirus (HPV) DNA test positive	ICD-10-CM	Diagnosis
R87.821	Vaginal low risk human papillomavirus (HPV) DNA test positive	ICD-10-CM	Diagnosis
Z20.01	Contact with and (suspected) exposure to intestinal infectious diseases due to Escherichia coli (E. coli)	ICD-10-CM	Diagnosis
Z22.51	Carrier of viral hepatitis B	ICD-10-CM	Diagnosis
Z22.52	Carrier of viral hepatitis C	ICD-10-CM	Diagnosis
<b>Opportunistic Infection, Definition B</b>			
A18.53	Tuberculous chorioretinitis	ICD-10-CM	Diagnosis
A28.1	Cat-scratch disease	ICD-10-CM	Diagnosis
A50.32	Late congenital syphilitic chorioretinitis	ICD-10-CM	Diagnosis
A79.0	Trench fever	ICD-10-CM	Diagnosis
B38	Coccidioidomycosis	ICD-10-CM	Diagnosis
B38.0	Acute pulmonary coccidioidomycosis	ICD-10-CM	Diagnosis
B38.1	Chronic pulmonary coccidioidomycosis	ICD-10-CM	Diagnosis
B38.2	Pulmonary coccidioidomycosis, unspecified	ICD-10-CM	Diagnosis
B38.3	Cutaneous coccidioidomycosis	ICD-10-CM	Diagnosis
B38.4	Coccidioidomycosis meningitis	ICD-10-CM	Diagnosis
B38.7	Disseminated coccidioidomycosis	ICD-10-CM	Diagnosis
B38.8	Other forms of coccidioidomycosis	ICD-10-CM	Diagnosis
B38.81	Prostatic coccidioidomycosis	ICD-10-CM	Diagnosis
B38.89	Other forms of coccidioidomycosis	ICD-10-CM	Diagnosis
B38.9	Coccidioidomycosis, unspecified	ICD-10-CM	Diagnosis
B45	Cryptococcosis	ICD-10-CM	Diagnosis
B45.0	Pulmonary cryptococcosis	ICD-10-CM	Diagnosis
B45.1	Cerebral cryptococcosis	ICD-10-CM	Diagnosis
B45.2	Cutaneous cryptococcosis	ICD-10-CM	Diagnosis
B45.3	Osseous cryptococcosis	ICD-10-CM	Diagnosis
B45.7	Disseminated cryptococcosis	ICD-10-CM	Diagnosis
B45.8	Other forms of cryptococcosis	ICD-10-CM	Diagnosis
B45.9	Cryptococcosis, unspecified	ICD-10-CM	Diagnosis
B37.0	Candidal stomatitis	ICD-10-CM	Diagnosis
B37.81	Candidal esophagitis	ICD-10-CM	Diagnosis
A07.2	Cryptosporidiosis	ICD-10-CM	Diagnosis
A07.3	Isosporiasis	ICD-10-CM	Diagnosis
B39	Histoplasmosis	ICD-10-CM	Diagnosis
B39.0	Acute pulmonary histoplasmosis capsulati	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
B39.1	Chronic pulmonary histoplasmosis capsulati	ICD-10-CM	Diagnosis
B39.2	Pulmonary histoplasmosis capsulati, unspecified	ICD-10-CM	Diagnosis
B39.3	Disseminated histoplasmosis capsulati	ICD-10-CM	Diagnosis
B39.4	Histoplasmosis capsulati, unspecified	ICD-10-CM	Diagnosis
B39.5	Histoplasmosis duboisii	ICD-10-CM	Diagnosis
B39.9	Histoplasmosis, unspecified	ICD-10-CM	Diagnosis
A07.8	Other specified protozoal intestinal diseases	ICD-10-CM	Diagnosis
B60.8	Other specified protozoal diseases	ICD-10-CM	Diagnosis
A31.2	Disseminated mycobacterium avium-intracellulare complex (DMAC)	ICD-10-CM	Diagnosis
A15.0	Tuberculosis of lung	ICD-10-CM	Diagnosis
A15.4	Tuberculosis of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
A15.5	Tuberculosis of larynx, trachea and bronchus	ICD-10-CM	Diagnosis
A15.6	Tuberculous pleurisy	ICD-10-CM	Diagnosis
A15.7	Primary respiratory tuberculosis	ICD-10-CM	Diagnosis
A15.8	Other respiratory tuberculosis	ICD-10-CM	Diagnosis
A15.9	Respiratory tuberculosis unspecified	ICD-10-CM	Diagnosis
A17.0	Tuberculous meningitis	ICD-10-CM	Diagnosis
A17.1	Meningeal tuberculoma	ICD-10-CM	Diagnosis
A17.8	Other tuberculosis of nervous system	ICD-10-CM	Diagnosis
A17.81	Tuberculoma of brain and spinal cord	ICD-10-CM	Diagnosis
A17.82	Tuberculous meningoencephalitis	ICD-10-CM	Diagnosis
A17.83	Tuberculous neuritis	ICD-10-CM	Diagnosis
A17.89	Other tuberculosis of nervous system	ICD-10-CM	Diagnosis
A17.9	Tuberculosis of nervous system, unspecified	ICD-10-CM	Diagnosis
A18.0	Tuberculosis of bones and joints	ICD-10-CM	Diagnosis
A18.01	Tuberculosis of spine	ICD-10-CM	Diagnosis
A18.02	Tuberculous arthritis of other joints	ICD-10-CM	Diagnosis
A18.03	Tuberculosis of other bones	ICD-10-CM	Diagnosis
A18.09	Other musculoskeletal tuberculosis	ICD-10-CM	Diagnosis
A18.1	Tuberculosis of genitourinary system	ICD-10-CM	Diagnosis
A18.10	Tuberculosis of genitourinary system, unspecified	ICD-10-CM	Diagnosis
A18.11	Tuberculosis of kidney and ureter	ICD-10-CM	Diagnosis
A18.12	Tuberculosis of bladder	ICD-10-CM	Diagnosis
A18.13	Tuberculosis of other urinary organs	ICD-10-CM	Diagnosis
A18.14	Tuberculosis of prostate	ICD-10-CM	Diagnosis
A18.15	Tuberculosis of other male genital organs	ICD-10-CM	Diagnosis
A18.16	Tuberculosis of cervix	ICD-10-CM	Diagnosis
A18.17	Tuberculous female pelvic inflammatory disease	ICD-10-CM	Diagnosis
A18.18	Tuberculosis of other female genital organs	ICD-10-CM	Diagnosis
A18.2	Tuberculous peripheral lymphadenopathy	ICD-10-CM	Diagnosis
A18.3	Tuberculosis of intestines, peritoneum and mesenteric glands	ICD-10-CM	Diagnosis
A18.31	Tuberculous peritonitis	ICD-10-CM	Diagnosis
A18.32	Tuberculous enteritis	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
A18.39	Retroperitoneal tuberculosis	ICD-10-CM	Diagnosis
A18.4	Tuberculosis of skin and subcutaneous tissue	ICD-10-CM	Diagnosis
A18.5	Tuberculosis of eye	ICD-10-CM	Diagnosis
A18.50	Tuberculosis of eye, unspecified	ICD-10-CM	Diagnosis
A18.51	Tuberculous episcleritis	ICD-10-CM	Diagnosis
A18.52	Tuberculous keratitis	ICD-10-CM	Diagnosis
A18.54	Tuberculous iridocyclitis	ICD-10-CM	Diagnosis
A18.59	Other tuberculosis of eye	ICD-10-CM	Diagnosis
A18.6	Tuberculosis of (inner) (middle) ear	ICD-10-CM	Diagnosis
A18.7	Tuberculosis of adrenal glands	ICD-10-CM	Diagnosis
A18.8	Tuberculosis of other specified organs	ICD-10-CM	Diagnosis
A18.81	Tuberculosis of thyroid gland	ICD-10-CM	Diagnosis
A18.82	Tuberculosis of other endocrine glands	ICD-10-CM	Diagnosis
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified	ICD-10-CM	Diagnosis
A18.84	Tuberculosis of heart	ICD-10-CM	Diagnosis
A18.85	Tuberculosis of spleen	ICD-10-CM	Diagnosis
A18.89	Tuberculosis of other sites	ICD-10-CM	Diagnosis
A19.0	Acute miliary tuberculosis of a single specified site	ICD-10-CM	Diagnosis
A19.1	Acute miliary tuberculosis of multiple sites	ICD-10-CM	Diagnosis
A19.2	Acute miliary tuberculosis, unspecified	ICD-10-CM	Diagnosis
A19.8	Other miliary tuberculosis	ICD-10-CM	Diagnosis
A19.9	Miliary tuberculosis, unspecified	ICD-10-CM	Diagnosis
B59	Pneumocystosis	ICD-10-CM	Diagnosis
A81.2	Progressive multifocal leukoencephalopathy	ICD-10-CM	Diagnosis
B48.4	Penicillosis	ICD-10-CM	Diagnosis
B58	Toxoplasmosis	ICD-10-CM	Diagnosis
B58.3	Pulmonary toxoplasmosis	ICD-10-CM	Diagnosis
B58.8	Toxoplasmosis with other organ involvement	ICD-10-CM	Diagnosis
B58.89	Toxoplasmosis with other organ involvement	ICD-10-CM	Diagnosis
B58.9	Toxoplasmosis, unspecified	ICD-10-CM	Diagnosis
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	ICD-10-CM	Diagnosis
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	ICD-10-CM	Diagnosis
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	ICD-10-CM	Diagnosis
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	ICD-10-CM	Diagnosis
A31.0	Pulmonary mycobacterial infection	ICD-10-CM	Diagnosis
B25.0	Cytomegaloviral pneumonitis	ICD-10-CM	Diagnosis
B25.1	Cytomegaloviral hepatitis	ICD-10-CM	Diagnosis
B25.2	Cytomegaloviral pancreatitis	ICD-10-CM	Diagnosis
B25.8	Other cytomegaloviral diseases	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
B25.9	Cytomegaloviral disease, unspecified	ICD-10-CM	Diagnosis
B37.1	Pulmonary candidiasis	ICD-10-CM	Diagnosis
B37.7	Candidal sepsis	ICD-10-CM	Diagnosis
B44.0	Invasive pulmonary aspergillosis	ICD-10-CM	Diagnosis
B44.1	Other pulmonary aspergillosis	ICD-10-CM	Diagnosis
B44.2	Tonsillar aspergillosis	ICD-10-CM	Diagnosis
B44.7	Disseminated aspergillosis	ICD-10-CM	Diagnosis
B44.89	Other forms of aspergillosis	ICD-10-CM	Diagnosis
B44.9	Aspergillosis, unspecified	ICD-10-CM	Diagnosis
B46.0	Pulmonary mucormycosis	ICD-10-CM	Diagnosis
B46.1	Rhinocerebral mucormycosis	ICD-10-CM	Diagnosis
B46.2	Gastrointestinal mucormycosis	ICD-10-CM	Diagnosis
B46.3	Cutaneous mucormycosis	ICD-10-CM	Diagnosis
B46.4	Disseminated mucormycosis	ICD-10-CM	Diagnosis
B46.5	Mucormycosis, unspecified	ICD-10-CM	Diagnosis
B46.8	Other zygomycoses	ICD-10-CM	Diagnosis
B46.9	Zygomycosis, unspecified	ICD-10-CM	Diagnosis
B48.8	Other specified mycoses	ICD-10-CM	Diagnosis
B58.2	Toxoplasma meningoencephalitis	ICD-10-CM	Diagnosis
<b>Opportunistic Infection, Definition C</b>			
B58.3	Pulmonary toxoplasmosis	ICD-10-CM	Diagnosis
B37.1	Pulmonary candidiasis	ICD-10-CM	Diagnosis
B44.0	Invasive pulmonary aspergillosis	ICD-10-CM	Diagnosis
B44.1	Other pulmonary aspergillosis	ICD-10-CM	Diagnosis
B46.0	Pulmonary mucormycosis	ICD-10-CM	Diagnosis
B38	Coccidioidomycosis	ICD-10-CM	Diagnosis
B38.0	Acute pulmonary coccidioidomycosis	ICD-10-CM	Diagnosis
B38.1	Chronic pulmonary coccidioidomycosis	ICD-10-CM	Diagnosis
B38.2	Pulmonary coccidioidomycosis, unspecified	ICD-10-CM	Diagnosis
B45	Cryptococcosis	ICD-10-CM	Diagnosis
B45.0	Pulmonary cryptococcosis	ICD-10-CM	Diagnosis
A07.2	Cryptosporidiosis	ICD-10-CM	Diagnosis
B39	Histoplasmosis	ICD-10-CM	Diagnosis
B39.0	Acute pulmonary histoplasmosis capsulati	ICD-10-CM	Diagnosis
B39.1	Chronic pulmonary histoplasmosis capsulati	ICD-10-CM	Diagnosis
B39.2	Pulmonary histoplasmosis capsulati, unspecified	ICD-10-CM	Diagnosis
A31.2	Disseminated mycobacterium avium-intracellulare complex (DMAC)	ICD-10-CM	Diagnosis
B59	Pneumocystosis	ICD-10-CM	Diagnosis
A31.0	Pulmonary mycobacterial infection	ICD-10-CM	Diagnosis
B25.0	Cytomegaloviral pneumonitis	ICD-10-CM	Diagnosis
A15.0	Tuberculosis of lung	ICD-10-CM	Diagnosis
A15.4	Tuberculosis of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
A15.5	Tuberculosis of larynx, trachea and bronchus	ICD-10-CM	Diagnosis

**Appendix F. List of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis Codes), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology Category 2 (CPT-2), and Current Procedural Terminology Category 4 (CPT-4) Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code	
		Code Type	Category
A15.7	Primary respiratory tuberculosis	ICD-10-CM	Diagnosis
A15.8	Other respiratory tuberculosis	ICD-10-CM	Diagnosis
A15.9	Respiratory tuberculosis unspecified	ICD-10-CM	Diagnosis
<b>Prior Antiretroviral Use</b>			
J0739	Injection, cabotegravir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	HCPCS	Procedure
C9077	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	HCPCS	Procedure
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	HCPCS	Procedure



**Appendix G. Specifications for Type 3 Request ID: cder\_mpl1r\_wp292**

The Center for Drug Evaluation and Research (CDER) has requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool [version 13.2.1] to perform a signal identification analysis assessing the safety profile of bictegravir used to treat HIV in the Sentinel Distributed Database (SDD) using a self-controlled risk interval (SCRI) design.

**Query Period:** February 8, 2018 - July 31, 2024  
**Coverage Requirement:** Medical & Drug Coverage  
**Enrollment gap:** 45 days  
**Restrictions:** M/F/A/U  
**Age groups:** 0-11, 12-17, 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+ years old  
**Stratifications:** Prior antiretroviral use, no prior antiretroviral use  
**Envelope macro:** \*Reclassify encounters during inpatient stay as inpatient except on IP ADATE (1)  
**Freeze data:** T

**Signal Identification Parameters**

	<i>Scenario 1</i>	<i>Scenario 2</i>
<b>Group</b>	bik_tree	bik_temp
<b>Description</b>	<b>BIC/FTC/TAF Tree Analysis</b>	<b>BIC/FTC/TAF Tree Temporal Scan Analysis</b>
<b>Drug/Exposure</b>		
<b>Exposure</b>		
<b>Index Exposure:</b>	BIC/FTC/TAF	BIC/FTC/TAF
<b>Care Setting:</b>	Any	Any
<b>Principal Diagnosis Position:</b>	Any	Any
<b>Pre-Exposure Required Days:</b>	456	400
<b>Post-Exposure Required Days:</b>	28	183
<b>Incidence Criteria:</b>	BIC/FTC/TAF	BIC/FTC/TAF
<b>Care Setting:</b>	Any	Any
<b>Principal Diagnosis Position:</b>	Any	Any
<b>Create Baseline Table?</b>	Yes	Yes
<b>Washout (days):</b>	456	184
<b>Exclude evidence of days supply</b>	No, washout should look for evidence of days supplied	No, washout should look for evidence of days supplied
<b>Cohort Definition:</b>	All valid exposure episodes during query period	All valid exposure episodes during query period
<b>Censoring Criteria:</b>	*Death; *DP end date; *Query end date	*Death; *DP end date; *Query end date
<b>Inclusion/Exclusion Criteria</b>		

**Appendix G. Specifications for Type 3 Request ID: cder\_mpl1r\_wp292**

<b>Pre-existing Conditions:</b>  <b>Care Setting:</b> <b>Principal Diagnosis Position:</b> <b>Include/Exclude:</b> <b>Evaluation Period:</b> <b>Number of Instances Code Should Occur:</b> <b>Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings</b>	Exposure to contraindicated drugs (dofetilide, carbamazepine, oxcarbazepine, phenobarbital, phenytoin, Rifabutin, rifampin, Rifapentine, sucralfate)  Any Any Exclude [-456, 0] 1 No	Exposure to contraindicated drugs (dofetilide, carbamazepine, oxcarbazepine, phenobarbital, phenytoin, Rifabutin, rifampin, Rifapentine, sucralfate)  Any Any Exclude [-400, 0] 1 No
	OR	OR
<b>Pre-existing Conditions:</b> <b>Care Setting:</b> <b>Principal Diagnosis Position:</b> <b>Include/Exclude:</b> <b>Evaluation Period:</b> <b>Number of Instances Code Should Occur:</b> <b>Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings</b>	Ongoing pregnancy Any Any Exclude [-183, 28] 1 No	Ongoing pregnancy Any Any Exclude [-183, 183] 1 No
	OR	OR
<b>Pre-existing Conditions:</b> <b>Care Setting:</b> <b>Principal Diagnosis Position:</b> <b>Include/Exclude:</b> <b>Evaluation Period:</b> <b>Number of Instances Code Should Occur:</b> <b>Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings</b>	Pregnancy delivery *Some codes IP, some codes any care setting. See code list. Any Exclude [-56, 28] 1 No	Pregnancy delivery *Some codes IP, some codes any care setting. See code list. Any Exclude [0, 183] 1 No
	OR	OR
<b>Pre-existing Conditions:</b> <b>Care Setting:</b> <b>Principal Diagnosis Position:</b> <b>Include/Exclude:</b> <b>Evaluation Period:</b>	Malignancy Any Any Exclude [-456, 0]	Malignancy Any Any Exclude [-400, 0]

Appendix G. Specifications for Type 3 Request ID: cder_mpl1r_wp292				
Number of Instances Code Should Occur:	1		1	
Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	No		No	
Outcome				
Risk Window:	[1, 28]	[1, 28]	[1, 183]	[1, 183]
Control Window:	[-56, -29]	[-56, -29]	n/a	n/a
Event:	Treescan	Treescan	Treescan	Treescan
Care Setting:	IP, ED	IP, ED, AV	IP, ED	IP, ED, AV
Principal Diagnosis Position:	Any	Any	Any	Any
Tree Incidence Level	3rd Level	3rd Level	3rd Level	3rd Level
Tree Washout (days):	400	400	400	400
Care Setting:	Any	Any	Any	Any
Principal Diagnosis Position:	Any	Any	Any	Any
TreeScan Software Parameters				
Type of Scan:	Tree Only		Tree Only	
Time Precision:	n/a		n/a	
Conditional Analysis:	Total Cases		Total Cases	
Probability Model:	Bernoulli		Bernoulli	
Monte Carlo Replications	9999		9999	
Tree Level Assessment:	3, 4, 5		3, 4, 5	

<sup>1</sup>Only applicable for Type 3

Appendix G.1. Baseline Characteristics for Type 3 Request ID: cder\_mpl1r\_wp292

Characteristics									
Characteristic Number	TreeScan Strata	Characteristic	Care setting	Principal diagnosis position	Code Category	Evaluation period start	Evaluation period end	Exclude evidence of days supply if characteristic includes dispensings	Number of instances the characteristic should be found in evaluation period
<b>HIV</b>									
1	N	Severe HIV Diagnosis	Any	n/a	Diagnosis Code	-400	0	n/a	1
2	N	HIV B20 Diagnoses	Any	n/a	Diagnosis Code	-400	0	n/a	1
3	N	HIV opportunistic infections, original definition	Any	n/a	Diagnosis Code Procedure Code	-400	0	n/a	1
4	N	HIV Severity 1 - HIV associated opportunistic infections and other diseases, original definition (Char1 or [Char2 and Char3])	-	-	-	-	-	-	-
5	N	HIV opportunistic infections, expanded CDC definition	Any	n/a	Diagnosis Code Procedure Code	-400	0	n/a	1
6	N	HIV Severity 2 - HIV associated opportunistic infections and other diseases, expanded CDC definition (Char 1 or Char 2 and Char5)	-	-	-	-	-	-	-
7	N	HIV opportunistic infections, pulmonary infections	Any	n/a	Diagnosis Code Procedure Code	-400	0	n/a	1
8	Y	HIV Severity 3 - HIV associated opportunistic infections and other diseases, pulmonary infections (Char 1 or [Char 2 and Char7])	-	-	-	-	-	-	-
<b>Antiretroviral Use</b>									
7	Y	Prior antiretroviral use	Any	n/a	Drug Code Procedure Code	-400	-1	n/a	1

# Appendix H. Design Diagram for Self-Controlled Risk Interval Design with Tree-Only Temporal Scan

## An exposure-indexed self-controlled risk interval design with Tree-Temporal Scan

Question: Among a population of Biktarvy® users from February 7, 2018 until most recent data, are there any HOIs that occur more often in certain windows after initiation compared to other windows after initiation?

Cohort Entry Date  
(Biktarvy®)  
Day 0

Event Date (ED)  
Trimmed  
ICD-10-CM Tree

