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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

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

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_wp212

Request ID: cder_mpl1r_wp212

Request Description: In this report, we examined counts of individuals with sodium glucose co-transporter 2 inhibitor (SGLT-2i) and sitagliptin dispensings in the Sentinel Distributed Database (SDD) along with baseline conditions and other medication use.

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 10.3.2.

Data Source: We distributed this request to six "claims only" Sentinel Data Partners, including Medicare/CMS data containing both fee-for-service medical coverage and Part D drug coverage, on September 21, 2021; no integrated delivery systems were included. The study period included data from March 1, 2013 through June 30, 2018. Please see Appendix A for the dates of available data for each Data Partner.

Study Design: We identified individuals with dispensings for SGLT-2is, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, and sitagliptin who were 20 years of age or older. Separate incident and prevalence cohorts were examined for each exposure. For all SGLT-2i cohorts we excluded patients with evidence of a same-day dispensing of any dipeptidyl peptidase 4 inhibitors (DPP-4i), including combination products of DPP-4i and SGLT-2i. For the sitagliptin cohorts, we excluded patients with evidence of a same-day dispensing of any SGLT-2i, including combination SGLT-2i/DPP-4i products. This is a Type 1 analysis in the Query Request Package (QRP) documentation.

Exposures of Interest: We defined the six exposures of interest as any SGLT-2i, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, and sitagliptin using outpatient dispensing data via National Drug Codes (NDCs). Combination SGLT-2i/DPP-4i medications were not included in any of the exposure definitions. Only the first qualifying dispensing (index) was included; cohort re-entry was not allowed. Please see Appendix B for a list of generic and brand names of medical products used to define exposures in this request. Incident and prevalent cohorts were examined separately for each exposure of interest. For the six prevalent cohorts, we required no washout. For incident cohorts, we included a 365-day washout for the index drug of interest, including any SGLT-2i/DPP-4i combination products. For example, for the incident dapagliflozin cohorts, we did not include combination dapagliflozin/saxagliptin medications in our index definition, however these medications were included in the washout definition for incident cohorts. Please see Appendix C for a list of generic and brand names of medical products used to define incidence washout in this request.

Cohort Eligibility Criteria: We required members to be enrolled in health plans with both medical and drug coverage for the 365 days prior to their index date; gaps in coverage up to 45 days were allowed and treated as continuous enrollment. The following age groups were included: 20-44, 45-64, and 65+ years. For all cohorts, we excluded patients with evidence of a day's supply for the comparator drug class on the index date. For any SGLT-2i, canagliflozin, dapagliflozin, empagliflozin and ertugliflozin cohorts, we excluded patients with any DPP-4is (including combination SGLT-2i/DPP-4i medications) on the day of index. For the sitagliptin cohorts, we excluded patients with any SGLT-2is (including combination SGLT-2i/DPP-4i medications) on the day of index. Please see Appendix D for the list of generic and brand names of medical products used to define exclusion criteria in this request.

Overview for Request: cder_mpl1r_wp212

Baseline Characteristics: We assessed the following characteristics on the date of index dispensing: age, year of dispensing, sex, race, and Hispanic ethnicity. We also assessed the following characteristics in 365-days prior to and including index date: Charlson/Elixhauser combined comorbidity score, health service and drug utilization, diabetes complication (defined as either renal, neurologic, ocular, or peripheral vascular complications), stroke, malignancy, acute myocardial infarction, hypertension and hypertensive disorders, hypercholesterolemia and hyperlipidemia, alcohol consumption, chronic kidney disease, tobacco use (defined as either a claims diagnosis or procedure code indicating tobacco use, or a smoking cessation medication), occurrence of a hemoglobin A1c lab, occurrence of a creatinine lab, BMI (defined in categories of less than 19, 19-24, 25-29, 30-39, 40-69, 70+) and obesity. During this same period, we assessed evidence of use of glucagon-like peptide-1 analogues (GLP-1s), thiazolidinediones, sulfonylureas, biguanides, short/rapid-acting insulins, and long/intermediate-acting insulins based on days supply from outpatient dispensings. We also assessed evidence of use of any SGLT-2is and DPP-4is in the year prior to but not including index date. We defined baseline conditions using International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Ninth Revision, Procedure Coding System (ICD-9-PCS) codes, International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) codes, Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), and Healthcare Common Procedure Coding System, Level II (HCPCS) Codes. We defined medications using NDC codes. Please see Appendix E for a list of generic and brand name medical products and Appendix F for a list of codes used to define baseline characteristics in this request.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*all terms may not be used in this report

Table 1a. Aggregated Baseline Table for Incident SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018

Characteristic	Incident SGLT-2 Inhibitors		Incident Canagliflozin		Incident Dapagliflozin		Incident Empagliflozin		Incident Ertugliflozin		Incident Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Number of episodes	605,302		348,998		144,307		203,673		165		891,350	
Number of unique patients	605,302		348,998		144,307		203,673		165		891,350	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age	61.7	10.4	62	10.5	60.3	10.3	61.8	9.8	57.7	9.2	67.8	11.5
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age (Years)												
20-44	58,390	9.6%	32,697	9.4%	15,726	10.9%	17,944	8.8%	22	13.3%	50,395	5.7%
45-64	274,010	45.3%	153,390	44.0%	72,456	50.2%	96,705	47.5%	101	61.2%	256,070	28.7%
65+	272,902	45.1%	162,911	46.7%	56,125	38.9%	89,024	43.7%	42	25.5%	584,885	65.6%
Sex												
Female	285,172	47.1%	167,336	47.9%	69,201	48.0%	89,802	44.1%	72	43.6%	467,792	52.5%
Male	320,130	52.9%	181,662	52.1%	75,106	52.0%	113,871	55.9%	93	56.4%	423,558	47.5%
Race categories ¹												
Unknown	254,006	42.0%	132,099	37.9%	68,964	47.8%	101,871	50.0%	98	59.4%	230,763	25.9%
American Indian or Alaska Native	2,095	0.3%	1,244	0.4%	463	0.3%	661	0.3%	0	0.0%	3,751	0.4%
Asian	13,197	2.2%	7,788	2.2%	3,733	2.6%	3,670	1.8%	*****	*****	27,484	3.1%
Black or African American	42,349	7.0%	26,159	7.5%	9,803	6.8%	11,248	5.5%	*****	*****	103,724	11.6%
Native Hawaiian or Other Pacific Islander	658	0.1%	368	0.1%	100	0.1%	255	0.1%	0	0.0%	1,245	0.1%
White	292,997	48.4%	181,340	52.0%	61,244	42.4%	85,968	42.2%	50	30.3%	524,383	58.8%
Hispanic Origin	18,246	3.0%	10,698	3.1%	5,345	3.7%	4,560	2.2%	*****	*****	34,436	3.9%
Year of index date												
2013	19,606	3.2%	19,606	5.6%	0	0.0%	0	0.0%	0	0.0%	127,799	14.3%
2014	95,163	15.7%	72,164	20.7%	21,826	15.1%	2,946	1.4%	0	0.0%	175,171	19.7%
2015	144,520	23.9%	108,395	31.1%	26,329	18.2%	17,396	8.5%	0	0.0%	172,491	19.4%
2016	130,810	21.6%	79,825	22.9%	29,389	20.4%	43,093	21.2%	0	0.0%	175,350	19.7%
2017	144,409	23.9%	50,708	14.5%	37,893	26.3%	92,802	45.6%	0	0.0%	163,590	18.4%
2018	70,794	11.7%	18,300	5.2%	28,870	20.0%	47,436	23.3%	165	100.0%	76,949	8.6%

Table 1a. Aggregated Baseline Table for Incident SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018

Recorded History of:	Incident SGLT-2 Inhibitors		Incident Canagliflozin		Incident Dapagliflozin		Incident Empagliflozin		Incident Ertugliflozin		Incident Sitagliptin	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Charlson/Elixhauser Combined Comorbidity	1.5	2.2	1.4	2.2	1.4	2.1	1.7	2.2	1.3	2.1	2.5	3.1
GLP-1 Analogs	114,881	19.0%	64,408	18.5%	30,908	21.4%	46,834	23.0%	44	26.7%	34,592	3.9%
Thiazolidinediones	62,876	10.4%	38,395	11.0%	14,999	10.4%	19,935	9.8%	14	8.5%	68,713	7.7%
Sulfonylureas	258,097	42.6%	156,618	44.9%	57,112	39.6%	80,920	39.7%	54	32.7%	396,261	44.5%
Biguanides	487,632	80.6%	279,649	80.1%	116,983	81.1%	165,343	81.2%	135	81.8%	681,145	76.4%
Short/Rapid-Acting Insulins	91,695	15.1%	55,859	16.0%	19,698	13.7%	30,966	15.2%	22	13.3%	84,701	9.5%
Long/Intermediate-Acting Insulins	185,358	30.6%	111,628	32.0%	41,826	29.0%	63,571	31.2%	44	26.7%	179,490	20.1%
Diabetes Complication	289,321	47.8%	170,595	48.9%	65,823	45.6%	98,306	48.3%	62	37.6%	490,799	55.1%
Stroke	20,081	3.3%	11,810	3.4%	4,248	2.9%	6,707	3.3%	*****	*****	61,150	6.9%
Malignancy	100,359	16.6%	58,894	16.9%	21,915	15.2%	34,379	16.9%	21	12.7%	177,128	19.9%
Acute Myocardial Infarction	11,496	1.9%	5,993	1.7%	2,282	1.6%	4,866	2.4%	*****	*****	30,426	3.4%
Hypertension/ Hypertensive Disorders	516,861	85.4%	299,662	85.9%	121,789	84.4%	173,885	85.4%	139	84.2%	787,592	88.4%
Hypercholesterolemia/ Hyperlipidemia	514,983	85.1%	298,342	85.5%	121,614	84.3%	175,147	86.0%	139	84.2%	747,598	83.9%
Alcohol Consumption	10,271	1.7%	5,798	1.7%	2,442	1.7%	3,458	1.7%	*****	0.6%	18,747	2.1%
Chronic Kidney Disease	66,084	10.9%	38,389	11.0%	13,321	9.2%	23,997	11.8%	*****	4.2%	196,708	22.1%
Presence of a Hemoglobin A1c Laboratory Claim	583,143	96.3%	336,857	96.5%	138,688	96.1%	196,061	96.3%	161	97.6%	847,867	95.1%
Presence of a Creatinine Laboratory Claim	558,588	92.3%	323,714	92.8%	131,691	91.3%	187,639	92.1%	156	94.5%	828,910	93.0%
BMI Categories												
BMI < 19	961	0.20%	471	0.10%	256	0.20%	374	0.20%	0	0.00%	3,829	0.40%
19 <= BMI < 25	7,298	1.20%	3,615	1.00%	1,888	1.30%	3,148	1.50%	*****	*****	17,480	2.00%
25 <= BMI < 30	28,107	4.60%	13,677	3.90%	7,381	5.10%	12,725	6.20%	*****	*****	46,388	5.20%
30 <= BMI < 40	82,994	13.70%	41,619	11.90%	21,337	14.80%	36,025	17.70%	32	19.40%	100,333	11.30%
40 <= BMI <= 69	50,043	8.30%	26,552	7.60%	12,381	8.60%	19,548	9.60%	14	8.50%	53,806	6.00%
BMI >= 70	947	0.20%	557	0.20%	227	0.20%	297	0.10%	0	0.00%	1,339	0.20%
Obesity Diagnosis ³	248,853	41.1%	137,881	39.50%	60,092	41.60%	92,116	45.20%	70	42.40%	285,063	32.00%
Presence of a Smoking Code	112,011	18.5%	62,588	17.90%	25,774	17.90%	40,364	19.80%	31	18.80%	191,152	21.40%
SGLT-2is	0	0.0%	14,664	4.20%	26,237	18.20%	41,838	20.50%	62	37.60%	18,735	2.1%
DPP-4is	205,702	34.0%	123,052	35.30%	49,830	34.5%	64,740	31.8%	49	29.7%	65,197	7.3%

Table 1a. Aggregated Baseline Table for Incident SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018

	Incident SGLT-2 Inhibitors		Incident Canagliflozin		Incident Dapagliflozin		Incident Empagliflozin		Incident Ertugliflozin		Incident Sitagliptin	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Health Service Utilization Intensity:												
Mean number of ambulatory encounters	19.2	16.3	19.6	16.6	18.7	16.3	19.2	16.1	17.3	14.2	21.6	22.2
Mean number of emergency room encounters	0.5	1.6	0.6	1.7	0.5	1.5	0.5	1.5	0.4	0.8	0.7	1.8
Mean number of inpatient hospital encounters	0.2	0.6	0.2	0.6	0.2	0.5	0.2	0.6	0.1	0.3	0.4	1
Mean number of non-acute institutional	0	0.3	0	0.3	0	0.3	0	0.2	0	0	0.1	0.6
Mean number of other ambulatory encounters	4.5	9.2	4.6	9.7	4.3	8.7	4.4	8.5	2.8	3.2	8.6	18.1
Drug Utilization Intensity:												
Mean number of unique drug classes	10.7	5.5	10.9	5.6	10.6	5.6	10.6	5.4	10	4.9	11.2	5.7
Mean number of generics	13.4	6.6	13.7	6.7	13.5	6.7	13.4	6.4	12.8	6	13.6	6.7
Mean number of filled prescriptions	53.5	39.6	55.9	41.4	53.7	40.1	52.6	37.4	47.5	31.8	54.2	41.7

¹Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

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

³Obesity diagnosis and BMI categories ≥ 30 are not mutually exclusive.

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

Table 1b. Aggregated Baseline Table for Prevalent SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018

Characteristic	Prevalent SGLT-2 Inhibitors		Prevalent Canagliflozin		Prevalent Dapagliflozin		Prevalent Empagliflozin		Prevalent Ertugliflozin		Prevalent Sitagliptin	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Number of episodes	771,776		448,186		174,507		237,907		168		1,729,340	
Number of unique patients	771,776		448,186		174,507		237,907		168		1,729,340	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age	61.2	10.1	61.6	10.2	60	10.1	61.3	9.7	57.6	9.2	67.8	11.1
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age (Years)												
20-44	75,780	9.8%	42,399	9.5%	19,201	11.0%	21,776	9.2%	22	13.1%	84,332	4.9%
45-64	358,362	46.4%	200,982	44.8%	88,551	50.7%	115,693	48.6%	104	61.9%	489,911	28.3%
65+	337,634	43.7%	204,805	45.7%	66,755	38.3%	100,438	42.2%	42	25.0%	1,155,097	66.8%
Sex												
Female	354,652	46.0%	208,893	46.6%	82,033	47.0%	103,652	43.6%	72	42.9%	888,305	51.4%
Male	417,124	54.0%	239,293	53.4%	92,474	53.0%	134,255	56.4%	96	57.1%	841,035	48.6%
Race categories ¹												
Unknown	340,411	44.1%	179,535	40.1%	85,256	48.9%	122,636	51.5%	101	60.1%	466,810	27.0%
American Indian or Alaska Native	2,525	0.3%	1,499	0.3%	543	0.3%	745	0.3%	0	0.0%	7,018	0.4%
Asian	16,514	2.1%	9,809	2.2%	4,464	2.6%	4,238	1.8%	*****	*****	59,280	3.4%
Black or African American	51,389	6.7%	31,864	7.1%	11,462	6.6%	12,831	5.4%	*****	*****	190,213	11.0%
Native Hawaiian or Other Pacific Islander	869	0.1%	517	0.1%	125	0.1%	293	0.1%	0	0.0%	2,385	0.1%
White	360,068	46.7%	224,962	50.2%	72,657	41.6%	97,164	40.8%	50	29.8%	1,003,634	58.0%
Hispanic Origin	23,071	3.0%	13,523	3.0%	6,422	3.7%	5,396	2.3%	*****	*****	67,061	3.9%
Year of index date												
2013	20,326	2.6%	20,326	4.5%	0	0.0%	0	0.0%	0	0.0%	617,877	35.7%
2014	106,531	13.8%	82,305	18.4%	22,892	13.1%	2,989	1.3%	0	0.0%	295,431	17.1%
2015	173,419	22.5%	130,024	29.0%	31,450	18.0%	19,101	8.0%	0	0.0%	237,997	13.8%
2016	172,896	22.4%	107,962	24.1%	36,107	20.7%	48,688	20.5%	0	0.0%	238,384	13.8%
2017	195,436	25.3%	77,190	17.2%	47,924	27.5%	107,075	45.0%	0	0.0%	226,173	13.1%
2018	103,168	13.4%	30,379	6.8%	36,134	20.7%	60,054	25.2%	168	100.0%	113,478	6.6%

Table 1b. Aggregated Baseline Table for Prevalent SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018

Recorded History of:	Prevalent SGLT-2 Inhibitors		Prevalent Canagliflozin		Prevalent Dapagliflozin		Prevalent Empagliflozin		Prevalent Ertugliflozin		Prevalent Sitagliptin	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	1.4	2.2	1.4	2.2	1.4	2.1	1.7	2.2	1.3	2	2.2	2.9
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
GLP-1 Analogs	152,620	19.8%	85,647	19.1%	38,009	21.8%	55,599	23.4%	45	26.8%	62,985	3.6%
Thiazolidinediones	80,620	10.4%	49,230	11.0%	18,252	10.5%	23,306	9.8%	14	8.3%	168,485	9.7%
Sulfonylureas	322,322	41.8%	196,133	43.8%	68,185	39.1%	93,411	39.3%	55	32.7%	783,830	45.3%
Biguanides	622,982	80.7%	359,699	80.3%	141,915	81.3%	193,355	81.3%	137	81.5%	1,293,121	74.8%
Short/Rapid-Acting Insulins	114,017	14.8%	69,460	15.5%	23,248	13.3%	35,813	15.1%	22	13.1%	153,891	8.9%
Long/Intermediate-Acting Insulins	236,027	30.6%	142,317	31.8%	50,422	28.9%	74,230	31.2%	45	26.8%	368,876	21.3%
Diabetes Complication	361,998	46.9%	214,728	47.9%	78,229	44.8%	113,411	47.7%	63	37.5%	938,492	54.3%
Stroke	24,076	3.1%	14,225	3.2%	4,912	2.8%	7,588	3.2%	*****	*****	103,814	6.0%
Malignancy	123,699	16.0%	73,376	16.4%	25,805	14.8%	39,063	16.4%	21	12.5%	339,786	19.6%
Acute Myocardial Infarction	13,883	1.8%	7,302	1.6%	2,705	1.6%	5,490	2.3%	*****	*****	49,010	2.8%
Hypertension/ Hypertensive Disorders	654,389	84.8%	381,953	85.2%	146,456	83.9%	202,101	84.9%	140	83.3%	1,526,672	88.3%
Hypercholesterolemia/ Hyperlipidemia	655,919	85.0%	382,657	85.4%	146,804	84.1%	204,220	85.8%	141	83.9%	1,461,680	84.5%
Alcohol Consumption	12,769	1.7%	7,220	1.6%	2,887	1.7%	4,066	1.7%	*****	*****	30,338	1.8%
Chronic Kidney Disease	79,890	10.4%	46,878	10.5%	15,407	8.8%	27,063	11.4%	*****	*****	355,853	20.6%
Presence of a Hemoglobin A1c Laboratory Claim	742,591	96.2%	431,815	96.3%	167,534	96.0%	228,970	96.2%	164	97.6%	1,634,408	94.5%
Presence of a Creatinine Laboratory Claim	709,792	92.0%	413,977	92.4%	158,848	91.0%	218,823	92.0%	159	94.60%	1,593,590	92.2%
BMI Categories												
BMI < 19	1,182	0.20%	603	0.10%	294	0.20%	424	0.20%	0	0.00%	5,142	0.30%
19 <= BMI < 25	9,390	1.20%	4,790	1.10%	2,242	1.30%	3,695	1.60%	*****	*****	25,256	1.50%
25 <= BMI < 30	36,761	4.80%	18,308	4.10%	9,039	5.20%	14,954	6.30%	*****	*****	69,308	4.00%
30 <= BMI < 40	107,252	13.90%	54,750	12.20%	25,859	14.80%	42,207	17.70%	34	20.20%	154,324	8.90%
40 <= BMI <= 69	62,954	8.20%	33,734	7.50%	14,739	8.40%	22,736	9.60%	14	8.30%	84,906	4.90%
BMI >= 70	1,136	0.10%	669	0.10%	260	0.10%	335	0.10%	0	0.00%	1,993	0.10%
Obesity Diagnosis ³	316,030	40.9%	176,488	39.4%	72,152	41.3%	107,513	45.2%	72	42.9%	492,853	28.5%
Presence of a Smoking Code	138,620	18.0%	77,992	17.4%	30,502	17.5%	46,490	19.5%	31	18.5%	312,709	18.1%
SGLT-2is	168,819	21.9%	114,537	25.6%	56,658	32.5%	76,155	32.0%	65	38.7%	48,512	2.8%
DPP-4is	266,360	34.5%	158,577	35.4%	60,715	34.8%	78,190	32.9%	52	31.0%	932,977	53.9%

Table 1b. Aggregated Baseline Table for Prevalent SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018

	Prevalent SGLT-2 Inhibitors		Prevalent Canagliflozin		Prevalent Dapagliflozin		Prevalent Empagliflozin		Prevalent Ertugliflozin		Prevalent Sitagliptin	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Health Service Utilization Intensity:												
Mean number of ambulatory encounters	18.7	16	18.9	16.2	18.2	16	18.8	15.9	17.1	14.2	21.2	22
Mean number of emergency room encounters	0.5	1.5	0.5	1.6	0.5	1.5	0.5	1.4	0.4	0.7	0.6	1.6
Mean number of inpatient hospital encounters	0.2	0.6	0.2	0.6	0.2	0.5	0.2	0.6	0.1	0.3	0.3	0.9
Mean number of non-acute institutional encounters	0	0.3	0	0.3	0	0.2	0	0.2	0	0	0.1	0.5
Mean number of other ambulatory encounters	4.3	8.8	4.4	9.3	4.1	8.4	4.3	8.3	2.7	3.2	7.6	16.8
Drug Utilization Intensity:												
Mean number of unique drug classes	10.5	5.5	10.7	5.5	10.5	5.5	10.5	5.4	9.9	5	11	5.6
Mean number of generics	13.2	6.5	13.4	6.6	13.2	6.6	13.3	6.4	12.7	6	13.3	6.6
Mean number of filled prescriptions	53.7	39	55.7	40.5	53.6	39.5	52.9	37.2	47.3	31.8	57.6	42.5

¹Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

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

³Obesity diagnosis and BMI categories ≥ 30 are not mutually exclusive.

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

Table 2. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018

	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident Cohorts										
Incident SGLT-2 Inhibitors	605,302	605,302	609,950	611,597	24,473,491	25,761,862	387,693,030	83,508,571	77,314,900,424	211,676,661.0
Incident Canagliflozin	348,998	348,998	349,668	350,832	14,073,576	15,006,217	267,972,545	83,579,474	77,472,556,151	212,108,298.8
Incident Dapagliflozin	144,307	144,307	144,542	144,688	5,811,804	6,031,150	78,134,709	83,642,542	77,713,396,039	212,767,682.5
Incident Empagliflozin	203,673	203,673	203,936	204,459	8,602,363	8,963,359	77,571,066	83,634,444	77,709,497,113	212,757,007.8
Incident Ertugliflozin	165	165	165	165	4,502	4,946	7,562	83,671,834	77,808,676,435	213,028,546.0
Incident Sitagliptin	891,350	891,350	894,479	895,852	37,820,860	42,751,082	676,407,127	82,983,526	76,061,103,561	208,243,952.3
Prevalent Cohorts										
Prevalent SGLT-2 Inhibitors	771,776	771,776	778,383	780,180	32,215,190	34,060,276	471,273,159	83,671,837	77,337,986,494	211,739,867.2
Prevalent Canagliflozin	448,186	448,186	449,092	450,339	18,742,005	20,064,466	325,750,493	83,671,837	77,482,982,619	212,136,845.0
Prevalent Dapagliflozin	174,507	174,507	174,836	174,994	7,178,021	7,480,804	91,538,456	83,671,837	77,717,369,821	212,778,562.1
Prevalent Empagliflozin	237,907	237,907	238,255	238,826	10,134,306	10,570,011	88,204,239	83,671,837	77,720,988,610	212,788,469.8
Prevalent Ertugliflozin	168	168	168	168	4,579	5,023	7,642	83,671,837	77,808,677,366	213,028,548.6
Prevalent Sitagliptin	1,729,340	1,729,340	1,735,887	1,737,871	82,754,415	98,609,226	1,609,215,478	83,638,385	76,007,356,183	208,096,800.0

¹Adjusted Dispensings contains outpatient pharmacy dispensings, but counts multiple dispensings that occur on the same day as one dispensing

²Raw Dispensing counts contains all outpatient pharmacy dispensings, even if multiple dispensings occur on the same day

³Eligible Members, Member-Days, and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

Table 3. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident SGLT-2 Inhibitors										
2013	19,606	19,606	19,606	19,662	706,611	710,551	22,184,679	38,684,461	10,567,613,842	28,932,549.9
2014	95,163	95,163	95,445	95,729	3,678,022	3,731,932	100,437,222	44,080,536	13,994,586,876	38,315,090.7
2015	144,520	144,520	145,364	145,765	5,757,124	6,111,906	127,661,083	45,812,767	14,607,893,624	39,994,233.1
2016	130,810	130,810	131,853	132,179	5,396,759	5,760,368	81,893,832	51,710,906	15,155,053,177	41,492,274.3
2017	144,409	144,409	146,118	146,517	6,257,432	6,641,900	49,289,624	48,103,035	15,346,586,220	42,016,663.2
2018	70,794	70,794	71,564	71,745	2,677,543	2,805,205	6,226,590	44,800,865	7,643,166,685	20,925,849.9
Incident Canagliflozin										
2013	19,606	19,606	19,606	19,662	706,611	710,551	22,184,679	38,684,461	10,567,613,842	28,932,549.9
2014	72,164	72,164	72,208	72,469	2,830,684	2,878,530	77,795,073	44,081,767	13,997,735,834	38,323,712.1
2015	108,395	108,395	108,629	108,993	4,368,445	4,695,683	97,012,621	45,843,199	14,624,245,928	40,039,003.2
2016	79,825	79,825	80,030	80,269	3,293,285	3,571,420	50,610,497	51,797,523	15,188,695,409	41,584,381.7
2017	50,708	50,708	50,866	51,049	2,155,470	2,372,426	18,649,473	48,240,079	15,407,511,978	42,183,468.8
2018	18,300	18,300	18,329	18,390	719,081	777,608	1,720,202	45,026,940	7,686,753,160	21,045,183.2
Incident Dapagliflozin										
2013	0	0	0	0	0	0	0	38,685,172	10,569,796,840	28,938,526.6
2014	21,826	21,826	21,830	21,847	800,122	806,912	21,686,395	44,109,977	14,014,946,210	38,370,831.5
2015	26,329	26,329	26,366	26,389	995,116	1,032,662	22,403,375	45,930,021	14,668,728,920	40,160,791.0
2016	29,389	29,389	29,454	29,490	1,217,710	1,281,308	18,608,434	51,984,657	15,257,738,766	41,773,412.1
2017	37,893	37,893	37,975	38,025	1,626,590	1,698,920	12,737,160	48,446,575	15,482,539,422	42,388,882.7
2018	28,870	28,870	28,917	28,937	1,172,266	1,211,348	2,699,345	45,217,374	7,719,645,881	21,135,238.6
Incident Empagliflozin										
2013	0	0	0	0	0	0	0	38,685,172	10,569,796,840	28,938,526.6
2014	2,946	2,946	2,946	2,952	108,575	108,596	2,744,805	44,111,129	14,017,963,313	38,379,091.9
2015	17,396	17,396	17,398	17,422	687,696	692,112	14,754,674	45,952,346	14,677,781,193	40,185,574.8
2016	43,093	43,093	43,129	43,218	1,813,535	1,889,518	25,864,602	52,006,938	15,263,366,262	41,788,819.3
2017	92,802	92,802	92,946	93,206	4,156,779	4,360,611	29,942,885	48,444,074	15,473,000,148	42,362,765.6
2018	47,436	47,436	47,517	47,661	1,835,778	1,912,522	4,264,100	45,156,979	7,707,589,357	21,102,229.6

Table 3. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident Ertugliflozin										
2013	0	0	0	0	0	0	0	38,685,172	10,569,796,840	28,938,526.6
2014	0	0	0	0	0	0	0	44,111,174	14,018,132,193	38,379,554.3
2015	0	0	0	0	0	0	0	45,957,257	14,682,480,813	40,198,441.7
2016	0	0	0	0	0	0	0	52,043,909	15,280,964,129	41,836,999.7
2017	0	0	0	0	0	0	0	48,525,727	15,515,836,152	42,480,044.2
2018	165	165	165	165	4,502	4,946	7,562	45,326,747	7,741,466,308	21,194,979.6
Incident Sitagliptin										
2013	127,799	127,799	128,261	128,386	5,075,996	5,795,408	159,797,331	38,118,531	10,375,682,297	28,407,069.9
2014	175,171	175,171	175,858	176,142	7,304,058	8,341,134	190,461,965	43,469,189	13,748,299,766	37,640,793.3
2015	172,491	172,491	173,079	173,391	7,356,780	8,342,481	152,200,891	45,221,282	14,369,529,058	39,341,626.4
2016	175,350	175,350	175,915	176,219	7,718,530	8,686,492	110,803,411	51,142,872	14,919,552,107	40,847,507.5
2017	163,590	163,590	164,166	164,411	7,351,902	8,222,264	56,196,332	47,591,470	15,115,577,911	41,384,196.9
2018	76,949	76,949	77,200	77,303	3,013,594	3,363,302	6,947,197	44,301,302	7,532,462,422	20,622,758.2
Prevalent SGLT-2 Inhibitors										
2013	20,326	20,326	20,326	20,383	731,066	735,141	22,900,957	38,685,172	10,567,678,299	28,932,726.3
2014	106,531	106,531	106,851	107,143	4,200,647	4,260,991	112,349,007	44,093,318	13,995,970,428	38,318,878.7
2015	173,419	173,419	174,459	174,882	7,017,094	7,425,490	151,684,620	45,846,960	14,611,959,144	40,005,363.8
2016	172,896	172,896	174,361	174,724	7,304,892	7,811,666	107,168,143	51,793,214	15,162,165,604	41,511,747.0
2017	195,436	195,436	197,911	198,357	8,764,569	9,367,913	67,319,558	48,161,214	15,353,552,231	42,035,735.1
2018	103,168	103,168	104,475	104,691	4,196,922	4,459,074	9,850,874	44,842,436	7,646,660,788	20,935,416.3
Prevalent Canagliflozin										
2013	20,326	20,326	20,326	20,383	731,066	735,141	22,900,957	38,685,172	10,567,678,299	28,932,726.3
2014	82,305	82,305	82,355	82,624	3,309,603	3,363,695	88,610,752	44,093,318	13,999,027,824	38,327,249.3
2015	130,024	130,024	130,322	130,702	5,339,617	5,714,086	115,221,474	45,868,375	14,627,014,617	40,046,583.5
2016	107,962	107,962	108,229	108,496	4,593,240	4,986,755	67,585,321	51,849,388	15,192,870,750	41,595,813.1
2017	77,190	77,190	77,434	77,631	3,465,713	3,829,773	28,325,392	48,264,472	15,409,425,421	42,188,707.5
2018	30,379	30,379	30,426	30,503	1,302,766	1,435,016	3,106,597	45,034,031	7,686,965,708	21,045,765.1

Table 3. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Prevalent Dapagliflozin										
2013	0	0	0	0	0	0	0	38,685,172	10,569,796,840	28,938,526.6
2014	22,892	22,892	22,897	22,914	837,270	844,218	22,626,069	44,111,174	14,015,063,941	38,371,153.8
2015	31,450	31,450	31,503	31,530	1,197,842	1,240,835	26,530,500	45,937,057	14,669,667,748	40,163,361.4
2016	36,107	36,107	36,191	36,229	1,509,729	1,590,084	22,605,325	51,999,383	15,258,873,151	41,776,517.9
2017	47,924	47,924	48,048	48,102	2,123,022	2,231,164	16,289,503	48,457,236	15,483,684,168	42,392,016.9
2018	36,134	36,134	36,197	36,219	1,510,158	1,574,503	3,487,059	45,225,683	7,720,283,973	21,136,985.6
Prevalent Empagliflozin										
2013	0	0	0	0	0	0	0	38,685,172	10,569,796,840	28,938,526.6
2014	2,989	2,989	2,989	2,995	109,807	109,828	2,774,405	44,111,174	14,017,968,528	38,379,106.2
2015	19,101	19,101	19,103	19,127	753,081	757,691	16,091,674	45,954,551	14,678,482,360	40,187,494.5
2016	48,688	48,688	48,733	48,825	2,049,894	2,131,951	29,054,293	52,024,558	15,266,343,444	41,796,970.4
2017	107,075	107,075	107,266	107,554	4,830,249	5,067,593	34,631,893	48,466,889	15,477,743,898	42,375,753.3
2018	60,054	60,054	60,164	60,325	2,391,275	2,502,949	5,651,974	45,183,044	7,710,653,540	21,110,618.9
Prevalent Ertugliflozin										
2013	0	0	0	0	0	0	0	38,685,172	10,569,796,840	28,938,526.6
2014	0	0	0	0	0	0	0	44,111,174	14,018,132,193	38,379,554.3
2015	0	0	0	0	0	0	0	45,957,257	14,682,480,813	40,198,441.7
2016	0	0	0	0	0	0	0	52,043,909	15,280,964,129	41,836,999.7
2017	0	0	0	0	0	0	0	48,525,727	15,515,836,152	42,480,044.2
2018	168	168	168	168	4,579	5,023	7,642	45,326,750	7,741,467,239	21,194,982.2
Prevalent Sitagliptin										
2013	617,877	617,877	620,385	620,860	29,395,814	35,763,604	826,338,060	38,684,964	10,429,223,538	28,553,657.9
2014	295,431	295,431	296,666	297,096	15,150,744	18,210,444	328,479,564	43,551,843	13,757,058,917	37,664,774.6
2015	237,997	237,997	238,826	239,189	11,059,916	13,052,061	211,854,362	45,195,246	14,350,683,210	39,290,029.3
2016	238,384	238,384	239,189	239,518	11,232,770	13,105,130	151,792,621	51,118,210	14,886,380,664	40,756,689.0
2017	226,173	226,173	226,972	227,241	10,951,627	12,696,691	79,646,720	47,501,663	15,073,554,262	41,269,142.4
2018	113,478	113,478	113,849	113,967	4,963,544	5,781,296	11,104,151	44,195,324	7,510,455,592	20,562,506.8

¹Adjusted Dispensings contains outpatient pharmacy dispensings, but counts multiple dispensings that occur on the same day as one dispensing

²Raw Dispensing counts contains all outpatient pharmacy dispensings, even if multiple dispensings occur on the same day

³Eligible Members, Member-Days, and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

Table 4. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Sex

Sex	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident SGLT-2 Inhibitors										
Female	285,172	285,172	287,487	288,209	11,264,525	11,824,274	185,569,897	44,553,709	42,437,428,964	116,187,348.3
Male	320,130	320,130	322,463	323,388	13,208,966	13,937,588	202,123,133	38,954,862	34,877,471,460	95,489,312.7
Incident Canagliflozin										
Female	167,336	167,336	167,663	168,198	6,591,818	7,005,552	130,019,330	44,583,160	42,509,476,062	116,384,602.5
Male	181,662	181,662	182,005	182,634	7,481,758	8,000,665	137,953,215	38,996,314	34,963,080,089	95,723,696.3
Incident Dapagliflozin										
Female	69,201	69,201	69,331	69,396	2,726,778	2,822,723	37,388,279	44,608,540	42,624,139,546	116,698,534.0
Male	75,106	75,106	75,211	75,292	3,085,026	3,208,426	40,746,430	39,034,002	35,089,256,493	96,069,148.5
Incident Empagliflozin										
Female	89,802	89,802	89,923	90,118	3,674,835	3,816,217	34,648,222	44,605,562	42,625,095,440	116,701,151.1
Male	113,871	113,871	114,013	114,341	4,927,528	5,147,142	42,922,844	39,028,882	35,084,401,673	96,055,856.7
Incident Ertugliflozin										
Female	72	72	72	72	2,018	2,218	3,379	44,620,898	42,669,082,915	116,821,582.2
Male	93	93	93	93	2,484	2,728	4,183	39,050,936	35,139,593,520	96,206,963.8
Incident Sitagliptin										
Female	467,792	467,792	469,535	470,220	19,357,231	21,670,926	359,402,054	44,288,122	41,779,377,333	114,385,701.1
Male	423,558	423,558	424,944	425,632	18,463,629	21,080,156	317,005,073	38,695,404	34,281,726,228	93,858,251.1
Prevalent SGLT-2 Inhibitors										
Female	354,652	354,652	357,795	358,581	14,412,620	15,194,931	221,541,722	44,620,899	42,447,764,305	116,215,644.9
Male	417,124	417,124	420,588	421,599	17,802,570	18,865,344	249,731,437	39,050,938	34,890,222,189	95,524,222.3
Prevalent Canagliflozin										
Female	208,893	208,893	209,327	209,896	8,492,383	9,063,382	154,934,715	44,620,899	42,514,134,926	116,397,357.8
Male	239,293	239,293	239,765	240,443	10,249,622	11,001,084	170,815,778	39,050,938	34,968,847,693	95,739,487.2
Prevalent Dapagliflozin										
Female	82,033	82,033	82,211	82,280	3,296,896	3,423,668	43,240,991	44,620,899	42,625,953,135	116,703,499.3
Male	92,474	92,474	92,625	92,714	3,881,125	4,057,136	48,297,465	39,050,938	35,091,416,686	96,075,062.8
Prevalent Empagliflozin										
Female	103,652	103,652	103,806	104,018	4,279,638	4,450,287	39,054,096	44,620,899	42,630,253,634	116,715,273.5
Male	134,255	134,255	134,449	134,808	5,854,668	6,119,724	49,150,143	39,050,938	35,090,734,976	96,073,196.4

Table 4. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Sex

Sex	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Prevalent Ertugliflozin										
Female	72	72	72	72	2,018	2,218	3,379	44,620,899	42,669,083,326	116,821,583.4
Male	96	96	96	96	2,561	2,805	4,263	39,050,938	35,139,594,040	96,206,965.2
Prevalent Sitagliptin										
Female	888,305	888,305	891,831	892,831	41,123,417	48,438,534	840,629,215	44,608,180	41,746,453,015	114,295,559.2
Male	841,035	841,035	844,056	845,040	41,630,998	50,170,692	768,586,263	39,030,205	34,260,903,168	93,801,240.7

¹Adjusted Dispensings contains outpatient pharmacy dispensings, but counts multiple dispensings that occur on the same day as one dispensing

²Raw Dispensing counts contains all outpatient pharmacy dispensings, even if multiple dispensings occur on the same day

³Eligible Members, Member-Days, and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

Table 5. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group

Age Group	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident SGLT-2 Inhibitors										
20-44	58,390	58,390	58,928	59,106	2,054,571	2,225,312	35,447,122	29,537,977	19,296,979,901	52,832,251.6
45-64	274,010	274,010	276,168	276,995	10,371,430	11,007,426	170,092,223	26,153,879	21,070,672,857	57,688,358.3
65+	272,902	272,902	274,854	275,496	12,047,490	12,529,123	182,153,685	32,520,889	36,947,247,666	101,156,051.1
Incident Canagliflozin										
20-44	32,697	32,697	32,774	32,888	1,144,567	1,261,828	23,140,919	29,546,211	19,311,563,841	52,872,180.3
45-64	153,390	153,390	153,686	154,268	5,773,507	6,216,387	112,262,409	26,198,578	21,148,447,761	57,901,294.3
65+	162,911	162,911	163,208	163,676	7,155,502	7,528,002	132,569,217	32,553,720	37,012,544,549	101,334,824.2
Incident Dapagliflozin										
20-44	15,726	15,726	15,764	15,785	558,269	593,167	8,723,802	29,552,631	19,326,854,290	52,914,043.2
45-64	72,456	72,456	72,580	72,655	2,799,012	2,927,108	40,117,802	26,235,699	21,240,170,534	58,152,417.6
65+	56,125	56,125	56,198	56,248	2,454,523	2,510,875	29,293,105	32,592,200	37,146,371,215	101,701,221.7
Incident Empagliflozin										
20-44	17,944	17,944	17,983	18,041	649,863	694,680	6,819,051	29,551,850	19,327,759,636	52,916,521.9
45-64	96,705	96,705	96,842	97,136	3,832,036	4,031,972	37,216,834	26,230,898	21,240,690,556	58,153,841.4
65+	89,024	89,024	89,111	89,282	4,120,464	4,236,708	33,535,181	32,589,554	37,141,046,921	101,686,644.5
Incident Ertugliflozin										
20-44	22	22	22	22	505	567	1,029	29,556,184	19,336,057,036	52,939,239.0
45-64	101	101	101	101	2,836	3,073	4,766	26,254,784	21,289,000,875	58,286,107.8
65+	42	42	42	42	1,161	1,306	1,767	32,607,950	37,183,618,524	101,803,199.2
Incident Sitagliptin										
20-44	50,395	50,395	50,638	50,725	1,846,644	2,244,502	36,385,583	29,521,580	19,264,106,413	52,742,248.9
45-64	256,070	256,070	257,048	257,492	10,191,091	11,961,403	184,847,211	26,012,814	20,804,698,294	56,960,159.6
65+	584,885	584,885	586,793	587,635	25,783,125	28,545,177	455,174,333	32,100,065	35,992,298,854	98,541,543.7
Prevalent SGLT-2 Inhibitors										
20-44	75,780	75,780	76,520	76,722	2,730,547	2,972,575	43,676,503	29,556,184	19,299,514,893	52,839,192.0
45-64	358,362	358,362	361,616	362,538	13,997,838	14,920,654	210,712,063	26,239,546	21,081,467,935	57,717,913.6
65+	337,634	337,634	340,247	340,920	15,486,805	16,167,046	216,884,593	32,582,762	36,957,003,666	101,182,761.6

Table 5. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group

Age Group	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Prevalent Canagliflozin										
20-44	42,399	42,399	42,512	42,638	1,518,850	1,682,822	28,349,394	29,556,184	19,312,697,892	52,875,285.1
45-64	200,982	200,982	201,413	202,049	7,813,555	8,448,490	138,532,241	26,244,920	21,152,942,898	57,913,601.4
65+	204,805	204,805	205,167	205,652	9,409,600	9,933,154	158,868,858	32,590,735	37,017,341,829	101,347,958.5
Prevalent Dapagliflozin										
20-44	19,201	19,201	19,249	19,272	693,691	740,763	10,304,226	29,556,184	19,327,323,003	52,915,326.5
45-64	88,551	88,551	88,729	88,809	3,481,988	3,656,092	47,453,906	26,251,270	21,241,944,618	58,157,274.8
65+	66,755	66,755	66,858	66,913	3,002,342	3,083,949	33,780,324	32,602,793	37,148,102,200	101,705,960.8
Prevalent Empagliflozin										
20-44	21,776	21,776	21,833	21,902	797,700	853,774	8,037,907	29,556,184	19,328,980,139	52,919,863.5
45-64	115,693	115,693	115,883	116,205	4,639,126	4,882,819	43,093,501	26,251,786	21,246,568,371	58,169,933.9
65+	100,438	100,438	100,539	100,719	4,697,480	4,833,419	37,072,831	32,602,985	37,145,440,100	101,698,672.4
Prevalent Ertugliflozin										
20-44	22	22	22	22	505	567	1,029	29,556,184	19,336,057,229	52,939,239.5
45-64	104	104	104	104	2,913	3,150	4,846	26,254,787	21,289,001,479	58,286,109.5
65+	42	42	42	42	1,161	1,306	1,767	32,607,950	37,183,618,658	101,803,199.6
Prevalent Sitagliptin										
20-44	84,332	84,332	84,707	84,821	3,282,893	4,175,810	69,432,020	29,553,034	19,265,223,455	52,745,307.2
45-64	489,911	489,911	491,751	492,382	21,591,652	26,876,971	415,348,729	26,211,027	20,801,205,750	56,950,597.5
65+	1,155,097	1,155,097	1,159,429	1,160,668	57,879,870	67,556,445	1,124,434,729	32,524,559	35,940,926,978	98,400,895.2

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³Eligible Members, Member-Days, and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

Table 6. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Sex and Age Group

Sex	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident SGLT-2 Inhibitors										
<i>Aged 20-44</i>										
Female	28,012	28,012	28,302	28,381	978,801	1,052,142	17,318,651	14,764,360	9,668,624,611	26,471,251.5
Male	30,378	30,378	30,626	30,725	1,075,770	1,173,171	18,128,471	14,773,617	9,628,355,290	26,361,000.1
<i>Aged 45-64</i>										
Female	125,037	125,037	126,102	126,464	4,667,322	4,936,359	79,116,906	13,369,423	10,794,521,311	29,553,788.7
Male	148,973	148,973	150,066	150,531	5,704,108	6,071,067	90,975,317	12,784,456	10,276,151,546	28,134,569.6
<i>Aged 65+</i>										
Female	132,123	132,123	133,083	133,364	5,618,402	5,835,773	89,134,340	18,823,530	21,974,283,042	60,162,308.1
Male	140,779	140,779	141,771	142,132	6,429,088	6,693,350	93,019,345	13,697,359	14,972,964,624	40,993,743.0
Incident Canagliflozin										
<i>Aged 20-44</i>										
Female	15,820	15,820	15,860	15,914	549,835	601,630	11,354,406	14,767,976	9,675,586,971	26,490,313.4
Male	16,877	16,877	16,914	16,974	594,732	660,198	11,786,513	14,778,235	9,635,976,870	26,381,866.9
<i>Aged 45-64</i>										
Female	71,177	71,177	71,313	71,580	2,641,922	2,831,457	52,994,737	13,387,916	10,829,130,303	29,648,542.9
Male	82,213	82,213	82,373	82,688	3,131,585	3,384,931	59,267,672	12,810,662	10,319,317,458	28,252,751.4
<i>Aged 65+</i>										
Female	80,339	80,339	80,490	80,704	3,400,061	3,572,466	65,670,187	18,837,470	22,004,758,788	60,245,746.2
Male	82,572	82,572	82,718	82,972	3,755,441	3,955,536	66,899,030	13,716,250	15,007,785,761	41,089,078.1
Incident Dapagliflozin										
<i>Aged 20-44</i>										
Female	7,681	7,681	7,702	7,710	271,931	287,126	4,317,682	14,770,701	9,682,909,842	26,510,362.3
Male	8,045	8,045	8,062	8,075	286,338	306,041	4,406,120	14,781,930	9,643,944,448	26,403,680.9
<i>Aged 45-64</i>										
Female	33,544	33,544	33,612	33,643	1,271,723	1,325,922	18,517,597	13,403,513	10,871,923,116	29,765,703.3
Male	38,912	38,912	38,968	39,012	1,527,289	1,601,187	21,600,205	12,832,186	10,368,247,418	28,386,714.4
<i>Aged 65+</i>										
Female	27,976	27,976	28,017	28,043	1,183,124	1,209,676	14,553,000	18,853,358	22,069,306,588	60,422,468.4
Male	28,149	28,149	28,181	28,205	1,271,399	1,301,199	14,740,105	13,738,842	15,077,064,627	41,278,753.3

Table 6. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Sex and Age Group

Sex	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident Empagliflozin										
<i>Aged 20-44</i>										
Female	8,342	8,342	8,367	8,391	297,533	315,326	3,231,344	14,770,368	9,683,570,609	26,512,171.4
Male	9,602	9,602	9,616	9,650	352,330	379,354	3,587,707	14,781,482	9,644,189,027	26,404,350.5
<i>Aged 45-64</i>										
Female	41,666	41,666	41,720	41,832	1,617,892	1,696,471	16,284,449	13,401,790	10,873,198,198	29,769,194.2
Male	55,039	55,039	55,122	55,304	2,214,144	2,335,501	20,932,385	12,829,108	10,367,492,358	28,384,647.1
<i>Aged 65+</i>										
Female	39,794	39,794	39,836	39,895	1,759,410	1,804,421	15,132,429	18,852,674	22,068,326,633	60,419,785.4
Male	49,230	49,230	49,275	49,387	2,361,054	2,432,287	18,402,752	13,736,880	15,072,720,288	41,266,859.1
Incident Ertugliflozin										
<i>Aged 20-44</i>										
Female	*****	*****	*****	*****	196	196	427	14,772,268	9,687,441,169	26,522,768.4
Male	*****	*****	*****	*****	309	371	602	14,783,916	9,648,615,867	26,416,470.5
<i>Aged 45-64</i>										
Female	44	44	44	44	1,322	1,497	2,194	13,411,562	10,894,186,266	29,826,656.4
Male	57	57	57	57	1,514	1,576	2,572	12,843,222	10,394,814,609	28,459,451.4
<i>Aged 65+</i>										
Female	*****	*****	*****	*****	500	525	758	18,860,273	22,087,455,480	60,472,157.4
Male	*****	*****	*****	*****	661	781	1,009	13,747,677	15,096,163,044	41,331,041.9
Incident Sitagliptin										
<i>Aged 20-44</i>										
Female	24,001	24,001	24,134	24,168	874,857	1,043,441	17,499,279	14,757,887	9,654,349,116	26,432,167.3
Male	26,394	26,394	26,504	26,557	971,787	1,201,061	18,886,304	14,763,693	9,609,757,297	26,310,081.6
<i>Aged 45-64</i>										
Female	122,833	122,833	123,338	123,550	4,850,005	5,626,773	89,990,362	13,305,910	10,672,126,238	29,218,689.2
Male	133,237	133,237	133,710	133,942	5,341,086	6,334,630	94,856,849	12,706,904	10,132,572,056	27,741,470.4
<i>Aged 65+</i>										
Female	320,958	320,958	322,063	322,502	13,632,369	15,000,712	251,912,413	18,601,654	21,452,901,979	58,734,844.6
Male	263,927	263,927	264,730	265,133	12,150,756	13,544,465	203,261,920	13,498,411	14,539,396,875	39,806,699.2

Table 6. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Sex and Age Group

Sex	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Prevalent SGLT-2 Inhibitors										
<i>Aged 20-44</i>										
Female	35,445	35,445	35,843	35,932	1,262,422	1,365,989	20,938,406	14,772,268	9,669,788,882	26,474,439.1
Male	40,335	40,335	40,677	40,790	1,468,125	1,606,587	22,738,097	14,783,916	9,629,726,011	26,364,752.9
<i>Aged 45-64</i>										
Female	159,822	159,822	161,327	161,733	6,138,150	6,518,941	96,529,687	13,404,557	10,799,168,078	29,566,510.8
Male	198,540	198,540	200,289	200,805	7,859,688	8,401,714	114,182,376	12,834,989	10,282,299,857	28,151,402.8
<i>Aged 65+</i>										
Female	159,385	159,385	160,625	160,916	7,012,048	7,310,002	104,073,629	18,848,666	21,978,807,345	60,174,695.0
Male	178,249	178,249	179,622	180,004	8,474,757	8,857,044	112,810,964	13,734,096	14,978,196,321	41,008,066.6
Prevalent Canagliflozin										
<i>Aged 20-44</i>										
Female	19,981	19,981	20,041	20,100	706,199	777,485	13,651,737	14,772,268	9,676,099,636	26,491,717.0
Male	22,418	22,418	22,471	22,538	812,651	905,337	14,697,657	14,783,916	9,636,598,256	26,383,568.1
<i>Aged 45-64</i>										
Female	91,059	91,059	91,256	91,548	3,481,989	3,747,587	64,352,769	13,406,994	10,831,068,742	29,653,850.1
Male	109,923	109,923	110,157	110,501	4,331,566	4,700,903	74,179,472	12,837,926	10,321,874,156	28,259,751.3
<i>Aged 65+</i>										
Female	97,853	97,853	98,030	98,248	4,304,195	4,538,310	76,930,209	18,852,194	22,006,966,548	60,251,790.7
Male	106,952	106,952	107,137	107,404	5,105,405	5,394,844	81,938,649	13,738,541	15,010,375,281	41,096,167.8
Prevalent Dapagliflozin										
<i>Aged 20-44</i>										
Female	9,166	9,166	9,192	9,202	329,229	349,051	5,024,287	14,772,268	9,683,136,638	26,510,983.3
Male	10,035	10,035	10,057	10,070	364,462	391,712	5,279,939	14,783,916	9,644,186,365	26,404,343.2
<i>Aged 45-64</i>										
Female	40,226	40,226	40,324	40,356	1,549,368	1,620,564	21,670,944	13,409,930	10,872,675,373	29,767,762.8
Male	48,325	48,325	48,405	48,453	1,932,620	2,035,529	25,782,962	12,841,340	10,369,269,245	28,389,512.0
<i>Aged 65+</i>										
Female	32,641	32,641	32,695	32,722	1,418,299	1,454,053	16,545,760	18,857,899	22,070,141,124	60,424,753.2
Male	34,114	34,114	34,163	34,191	1,584,043	1,629,896	17,234,564	13,744,894	15,077,961,076	41,281,207.6

Table 6. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Sex and Age Group

Sex	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Prevalent Empagliflozin										
<i>Aged 20-44</i>										
Female	9,959	9,959	9,995	10,023	359,116	382,314	3,737,385	14,772,268	9,684,139,370	26,513,728.6
Male	11,817	11,817	11,838	11,879	438,584	471,460	4,300,522	14,783,916	9,644,840,769	26,406,134.9
<i>Aged 45-64</i>										
Female	49,190	49,190	49,263	49,385	1,932,854	2,027,443	18,694,325	13,410,220	10,875,747,755	29,776,174.6
Male	66,503	66,503	66,620	66,820	2,706,272	2,855,376	24,399,176	12,841,566	10,370,820,616	28,393,759.4
<i>Aged 65+</i>										
Female	44,503	44,503	44,548	44,610	1,987,668	2,040,530	16,622,386	18,858,196	22,070,366,509	60,425,370.3
Male	55,935	55,935	55,991	56,109	2,709,812	2,792,888	20,450,445	13,744,789	15,075,073,591	41,273,302.1
Prevalent Ertugliflozin										
<i>Aged 20-44</i>										
Female	*****	*****	*****	*****	196	196	427	14,772,268	9,687,441,271	26,522,768.7
Male	*****	*****	*****	*****	309	371	602	14,783,916	9,648,615,958	26,416,470.8
<i>Aged 45-64</i>										
Female	44	44	44	44	1,322	1,497	2,194	13,411,563	10,894,186,508	29,826,657.1
Male	60	60	60	60	1,591	1,653	2,652	12,843,224	10,394,814,971	28,459,452.4
<i>Aged 65+</i>										
Female	*****	*****	*****	*****	500	525	758	18,860,273	22,087,455,547	60,472,157.6
Male	*****	*****	*****	*****	661	781	1,009	13,747,677	15,096,163,111	41,331,042.1
Prevalent Sitagliptin										
<i>Aged 20-44</i>										
Female	38,581	38,581	38,785	38,829	1,478,592	1,838,135	32,205,816	14,771,019	9,654,749,776	26,433,264.3
Male	45,751	45,751	45,922	45,992	1,804,301	2,337,675	37,226,204	14,782,015	9,610,473,679	26,312,042.9
<i>Aged 45-64</i>										
Female	228,579	228,579	229,507	229,805	9,918,771	12,180,265	197,171,620	13,393,465	10,669,646,405	29,211,899.8
Male	261,332	261,332	262,244	262,577	11,672,881	14,696,706	218,177,109	12,817,562	10,131,559,345	27,738,697.7
<i>Aged 65+</i>										
Female	621,145	621,145	623,539	624,197	29,726,054	34,420,135	611,251,779	18,820,299	21,422,056,834	58,650,395.2
Male	533,952	533,952	535,890	536,471	28,153,816	33,136,311	513,182,950	13,704,260	14,518,870,144	39,750,500.1

¹Adjusted Dispensings contains outpatient pharmacy dispensings, but counts multiple dispensings that occur on the same day as one dispensing

²Raw Dispensing counts contains all outpatient pharmacy dispensings, even if multiple dispensings occur on the same day

³Eligible Members, Member-Days, and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

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

Table 7. Summary of SGLT-2 Inhibitors and Sitagliptinin the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group and Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident SGLT-2 Inhibitors										
<i>Aged 20-44 years</i>										
2013	2,124	2,124	2,124	2,132	67,875	68,206	2,075,260	10,969,863	2,706,718,337	7,410,590.9
2014	9,790	9,790	9,817	9,839	332,931	340,510	9,386,231	12,402,352	3,499,461,450	9,581,003.3
2015	14,400	14,400	14,481	14,526	498,192	544,331	11,766,572	12,888,092	3,677,327,478	10,067,973.9
2016	12,692	12,692	12,815	12,850	451,659	499,961	7,398,923	14,863,051	3,748,999,197	10,264,200.4
2017	12,994	12,994	13,192	13,237	485,845	534,873	4,260,662	13,344,929	3,792,204,551	10,382,490.2
2018	6,390	6,390	6,499	6,522	218,069	237,432	559,474	11,560,804	1,872,268,888	5,125,992.8
<i>Aged 45-64 years</i>										
2013	10,722	10,722	10,722	10,757	366,859	368,964	10,901,040	11,340,578	3,008,128,739	8,235,807.6
2014	46,845	46,845	46,978	47,116	1,698,329	1,727,536	45,685,717	12,700,967	3,863,630,498	10,578,043.8
2015	67,063	67,063	67,419	67,606	2,494,638	2,670,179	55,732,456	13,083,561	4,012,026,927	10,984,331.1
2016	58,311	58,311	58,778	58,941	2,242,777	2,417,601	34,755,263	14,830,207	4,110,435,865	11,253,760.1
2017	62,016	62,016	62,850	63,052	2,523,951	2,714,364	20,476,769	13,350,652	4,089,402,410	11,196,173.6
2018	29,053	29,053	29,421	29,523	1,044,876	1,108,782	2,540,978	11,888,325	1,987,048,418	5,440,242.1
<i>Aged 65+ years</i>										
2013	6,760	6,760	6,760	6,773	271,877	273,381	9,208,379	17,000,532	4,852,766,766	13,286,151.3
2014	38,528	38,528	38,650	38,774	1,646,762	1,663,886	45,365,274	19,811,875	6,631,494,928	18,156,043.6
2015	63,057	63,057	63,464	63,633	2,764,294	2,897,396	60,162,055	20,728,755	6,918,539,219	18,941,928.0
2016	59,807	59,807	60,260	60,388	2,702,323	2,842,806	39,739,646	22,916,690	7,295,618,115	19,974,313.8
2017	69,399	69,399	70,076	70,228	3,247,636	3,392,664	24,552,193	22,282,235	7,464,979,259	20,437,999.3
2018	35,351	35,351	35,644	35,700	1,414,598	1,458,991	3,126,138	21,763,440	3,783,849,379	10,359,615.0
Incident Canagliflozin										
<i>Aged 20-44 years</i>										
2013	2,124	2,124	2,124	2,132	67,875	68,206	2,075,260	10,969,863	2,706,718,337	7,410,590.9
2014	6,749	6,749	6,755	6,775	232,174	238,540	6,630,520	12,402,584	3,499,864,745	9,582,107.4
2015	10,142	10,142	10,170	10,209	354,241	394,697	8,401,040	12,892,175	3,679,266,144	10,073,281.7
2016	7,294	7,294	7,320	7,340	258,653	292,444	4,269,809	14,872,990	3,752,422,074	10,273,571.7
2017	4,565	4,565	4,577	4,595	166,993	194,601	1,594,308	13,358,390	3,797,573,686	10,397,190.1
2018	1,823	1,823	1,828	1,837	64,631	73,340	169,982	11,579,437	1,875,718,855	5,135,438.3

Table 7. Summary of SGLT-2 Inhibitors and Sitagliptinin the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group and Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
<i>Aged 45-64 years</i>										
2013	10,722	10,722	10,722	10,757	366,859	368,964	10,901,040	11,340,578	3,008,128,739	8,235,807.6
2014	33,486	33,486	33,514	33,640	1,232,817	1,258,444	33,323,172	12,701,859	3,865,432,643	10,582,977.8
2015	47,806	47,806	47,907	48,075	1,800,794	1,959,556	40,234,648	13,101,980	4,021,134,538	11,009,266.4
2016	33,161	33,161	33,238	33,361	1,266,288	1,392,502	19,857,555	14,879,539	4,127,926,145	11,301,645.8
2017	20,327	20,327	20,405	20,502	804,712	905,664	7,191,403	13,423,269	4,119,049,022	11,277,341.6
2018	7,888	7,888	7,900	7,933	302,037	331,258	754,591	11,994,783	2,006,776,674	5,494,255.1
<i>Aged 65+ years</i>										
2013	6,760	6,760	6,760	6,773	271,877	273,381	9,208,379	17,000,532	4,852,766,766	13,286,151.3
2014	31,929	31,929	31,939	32,054	1,365,693	1,381,546	37,841,381	19,812,315	6,632,438,446	18,158,626.8
2015	50,447	50,447	50,552	50,709	2,213,410	2,341,430	48,376,933	20,738,316	6,923,845,246	18,956,455.2
2016	39,370	39,370	39,472	39,568	1,768,344	1,886,474	26,483,133	22,947,248	7,308,347,190	20,009,164.1
2017	25,816	25,816	25,884	25,952	1,183,765	1,272,161	9,863,762	22,338,708	7,490,889,270	20,508,937.1
2018	8,589	8,589	8,601	8,620	352,413	373,010	795,629	21,868,023	3,804,257,631	10,415,489.7
Incident Dapagliflozin										
<i>Aged 20-44 years</i>										
2013	0	0	0	0	0	0	0	10,969,971	2,706,956,653	7,411,243.4
2014	2,855	2,855	2,855	2,857	93,886	95,254	2,609,710	12,405,470	3,501,295,523	9,586,024.7
2015	3,305	3,305	3,312	3,315	111,520	118,282	2,631,050	12,899,043	3,682,494,936	10,082,121.7
2016	3,347	3,347	3,357	3,366	120,645	131,860	2,018,869	14,886,833	3,756,942,227	10,285,947.2
2017	3,722	3,722	3,734	3,739	142,693	152,460	1,235,187	13,371,651	3,801,851,354	10,408,901.7
2018	2,497	2,497	2,506	2,508	89,525	95,311	228,986	11,589,218	1,877,313,597	5,139,804.5
<i>Aged 45-64 years</i>										
2013	0	0	0	0	0	0	0	11,341,080	3,009,346,191	8,239,140.8
2014	12,517	12,517	12,521	12,528	435,312	439,088	11,669,842	12,716,796	3,873,275,470	10,604,450.3
2015	14,548	14,548	14,566	14,582	524,410	547,861	11,828,087	13,141,389	4,039,702,030	11,060,101.4
2016	15,538	15,538	15,580	15,594	621,456	660,436	9,698,566	14,959,508	4,154,701,607	11,374,953.1
2017	17,404	17,404	17,446	17,471	718,003	760,605	5,723,353	13,502,524	4,145,629,558	11,350,115.1
2018	12,449	12,449	12,467	12,480	499,831	519,119	1,197,954	12,059,412	2,017,515,678	5,523,656.9

Table 7. Summary of SGLT-2 Inhibitors and Sitagliptinin the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group and Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
<i>Aged 65+ years</i>										
2013	0	0	0	0	0	0	0	17,000,851	4,853,493,996	13,288,142.4
2014	6,454	6,454	6,454	6,462	270,924	272,570	7,406,843	19,824,235	6,640,375,217	18,180,356.5
2015	8,476	8,476	8,488	8,492	359,186	366,519	7,944,238	20,782,571	6,946,531,954	19,018,568.0
2016	10,504	10,504	10,517	10,530	475,609	489,013	6,890,999	23,045,948	7,346,094,932	20,112,511.8
2017	16,767	16,767	16,795	16,815	765,894	785,856	5,778,620	22,458,214	7,535,058,510	20,629,865.9
2018	13,924	13,924	13,944	13,949	582,910	596,918	1,272,405	21,986,231	3,824,816,606	10,471,777.2
Incident Empagliflozin										
<i>Aged 20-44 years</i>										
2013	0	0	0	0	0	0	0	10,969,971	2,706,956,653	7,411,243.4
2014	382	382	382	382	12,657	12,642	324,695	12,405,687	3,501,674,776	9,587,063.0
2015	1,762	1,762	1,763	1,767	59,993	60,809	1,383,027	12,901,868	3,683,594,080	10,085,131.0
2016	4,186	4,186	4,192	4,200	153,512	163,965	2,372,759	14,889,457	3,757,684,016	10,287,978.1
2017	7,691	7,691	7,707	7,737	289,842	313,679	2,390,745	13,371,562	3,801,294,202	10,407,376.3
2018	3,923	3,923	3,939	3,955	133,859	143,585	347,825	11,585,183	1,876,555,909	5,137,730.1
<i>Aged 45-64 years</i>										
2013	0	0	0	0	0	0	0	11,341,080	3,009,346,191	8,239,140.8
2014	1,843	1,843	1,843	1,848	63,425	63,506	1,647,762	12,717,629	3,874,971,160	10,609,092.8
2015	8,850	8,850	8,850	8,860	323,919	326,507	7,072,099	13,154,491	4,044,808,367	11,074,081.8
2016	22,882	22,882	22,901	22,953	913,485	958,448	13,146,608	14,972,321	4,158,160,245	11,384,422.3
2017	42,903	42,903	42,982	43,124	1,800,383	1,911,949	13,555,600	13,500,265	4,141,217,630	11,338,035.9
2018	20,227	20,227	20,266	20,351	730,824	771,562	1,794,765	12,031,067	2,012,186,963	5,509,067.7
<i>Aged 65+ years</i>										
2013	0	0	0	0	0	0	0	17,000,851	4,853,493,996	13,288,142.4
2014	721	721	721	722	32,493	32,448	772,348	19,824,660	6,641,317,377	18,182,936.0
2015	6,784	6,784	6,785	6,795	303,784	304,796	6,299,548	20,789,887	6,949,378,746	19,026,362.1
2016	16,025	16,025	16,036	16,065	746,538	767,105	10,345,235	23,053,417	7,347,522,001	20,116,418.9
2017	42,208	42,208	42,257	42,345	2,066,554	2,134,983	13,996,540	22,457,090	7,530,488,316	20,617,353.4
2018	23,286	23,286	23,312	23,355	971,095	997,376	2,121,510	21,957,183	3,818,846,485	10,455,431.9

Table 7. Summary of SGLT-2 Inhibitors and Sitagliptinin the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group and Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident Ertugliflozin										
<i>Aged 20-44 years</i>										
2013	0	0	0	0	0	0	0	10,969,971	2,706,956,653	7,411,243.4
2014	0	0	0	0	0	0	0	12,405,696	3,501,697,669	9,587,125.7
2015	0	0	0	0	0	0	0	12,902,573	3,684,121,687	10,086,575.5
2016	0	0	0	0	0	0	0	14,893,568	3,759,338,013	10,292,506.5
2017	0	0	0	0	0	0	0	13,379,379	3,804,858,691	10,417,135.4
2018	22	22	22	22	505	567	1,029	11,598,427	1,879,084,323	5,144,652.5
<i>Aged 45-64 years</i>										
2013	0	0	0	0	0	0	0	11,341,080	3,009,346,191	8,239,140.8
2014	0	0	0	0	0	0	0	12,717,669	3,875,080,085	10,609,391.1
2015	0	0	0	0	0	0	0	13,157,655	4,047,385,477	11,081,137.5
2016	0	0	0	0	0	0	0	14,993,280	4,167,190,742	11,409,146.5
2017	0	0	0	0	0	0	0	13,544,595	4,162,292,271	11,395,735.2
2018	101	101	101	101	2,836	3,073	4,766	12,111,934	2,027,706,109	5,551,556.8
<i>Aged 65+ years</i>										
2013	0	0	0	0	0	0	0	17,000,851	4,853,493,996	13,288,142.4
2014	0	0	0	0	0	0	0	19,824,674	6,641,354,439	18,183,037.5
2015	0	0	0	0	0	0	0	20,791,387	6,950,973,649	19,030,728.7
2016	0	0	0	0	0	0	0	23,067,005	7,354,435,374	20,135,346.7
2017	0	0	0	0	0	0	0	22,490,562	7,548,685,190	20,667,173.7
2018	42	42	42	42	1,161	1,306	1,767	22,035,689	3,834,675,876	10,498,770.4
Incident Sitagliptin										
<i>Aged 20-44 years</i>										
2013	7,574	7,574	7,606	7,614	262,302	327,747	8,841,372	10,946,770	2,699,110,570	7,389,762.0
2014	10,563	10,563	10,619	10,634	383,345	473,489	10,769,529	12,381,162	3,491,119,578	9,558,164.5
2015	9,318	9,318	9,361	9,374	340,703	414,438	7,785,018	12,873,435	3,670,798,717	10,050,099.2
2016	9,309	9,309	9,352	9,370	347,295	418,691	5,577,685	14,857,360	3,744,318,083	10,251,384.2
2017	9,178	9,178	9,223	9,245	354,511	422,698	3,007,146	13,343,410	3,788,248,748	10,371,659.8
2018	4,453	4,453	4,477	4,488	158,488	187,440	404,833	11,559,993	1,870,510,717	5,121,179.2

Table 7. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group and Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
<i>Aged 45-64 years</i>										
2013	36,754	36,754	36,884	36,921	1,378,223	1,640,393	42,712,635	11,184,022	2,957,246,051	8,096,498.4
2014	51,408	51,408	51,630	51,708	2,021,835	2,407,907	52,986,157	12,547,179	3,804,586,790	10,416,390.9
2015	48,735	48,735	48,935	49,027	1,952,896	2,299,648	41,128,094	12,958,830	3,959,677,045	10,841,004.9
2016	49,407	49,407	49,588	49,695	2,020,238	2,358,336	30,065,036	14,743,606	4,065,825,988	11,131,624.9
2017	47,849	47,849	48,017	48,110	2,004,410	2,317,504	15,984,542	13,291,492	4,048,551,091	11,084,328.8
2018	21,917	21,917	21,994	22,031	813,489	937,616	1,970,747	11,838,729	1,968,811,329	5,390,311.6
<i>Aged 65+ years</i>										
2013	83,471	83,471	83,771	83,851	3,435,471	3,827,269	108,243,324	16,603,272	4,719,325,676	12,920,809.5
2014	113,200	113,200	113,609	113,800	4,898,878	5,459,738	126,706,279	19,362,385	6,452,593,398	17,666,237.9
2015	114,438	114,438	114,783	114,990	5,063,181	5,628,395	103,287,779	20,265,919	6,739,053,296	18,450,522.4
2016	116,634	116,634	116,975	117,154	5,350,997	5,909,466	75,160,690	22,431,597	7,109,408,036	19,464,498.4
2017	106,563	106,563	106,926	107,056	4,992,981	5,482,063	37,204,644	21,823,430	7,278,778,072	19,928,208.3
2018	50,579	50,579	50,729	50,784	2,041,617	2,238,246	4,571,617	21,310,504	3,693,140,376	10,111,267.3
Prevalent SGLT-2 Inhibitors										
<i>Aged 20-44 years</i>										
2013	2,224	2,224	2,224	2,232	70,927	71,288	2,171,001	10,969,971	2,706,726,116	7,410,612.2
2014	11,126	11,126	11,160	11,184	382,048	390,181	10,551,398	12,403,907	3,499,613,248	9,581,418.9
2015	17,867	17,867	17,971	18,019	626,504	680,016	14,328,057	12,892,462	3,677,818,495	10,069,318.3
2016	17,060	17,060	17,224	17,265	614,750	682,536	9,763,749	14,872,340	3,749,765,937	10,266,299.6
2017	18,222	18,222	18,496	18,547	703,452	780,692	5,989,604	13,351,505	3,792,974,206	10,384,597.4
2018	9,281	9,281	9,445	9,475	332,866	367,863	872,694	11,564,933	1,872,616,891	5,126,945.6
<i>Aged 45-64 years</i>										
2013	11,163	11,163	11,163	11,199	381,251	383,431	11,283,664	11,340,986	3,008,165,013	8,235,906.9
2014	52,567	52,567	52,723	52,866	1,935,161	1,967,205	51,269,661	12,707,323	3,864,231,363	10,579,688.9
2015	82,819	82,819	83,298	83,500	3,136,007	3,341,244	67,992,058	13,102,058	4,014,001,180	10,989,736.3
2016	79,857	79,857	80,591	80,776	3,133,785	3,380,705	46,734,962	14,874,308	4,113,815,559	11,263,013.2
2017	87,083	87,083	88,316	88,548	3,666,961	3,968,663	29,079,117	13,379,959	4,092,626,695	11,205,001.2
2018	44,873	44,873	45,525	45,649	1,744,673	1,879,406	4,352,601	11,908,705	1,988,628,125	5,444,567.1

Table 7. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group and Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
<i>Aged 65+ years</i>										
2013	6,939	6,939	6,939	6,952	278,888	280,422	9,446,292	17,000,734	4,852,787,170	13,286,207.2
2014	42,838	42,838	42,968	43,093	1,883,438	1,903,605	50,527,948	19,816,851	6,632,125,817	18,157,770.9
2015	72,733	72,733	73,190	73,363	3,254,583	3,404,230	69,364,505	20,740,470	6,920,139,469	18,946,309.3
2016	75,979	75,979	76,546	76,683	3,556,357	3,748,425	50,669,432	22,946,203	7,298,584,108	19,982,434.2
2017	90,131	90,131	91,099	91,262	4,394,156	4,618,558	32,250,837	22,305,104	7,467,951,330	20,446,136.4
2018	49,014	49,014	49,505	49,567	2,119,383	2,211,806	4,625,579	21,780,737	3,785,415,772	10,363,903.6
Prevalent Canagliflozin										
<i>Aged 20-44 years</i>										
2013	2,224	2,224	2,224	2,232	70,927	71,288	2,171,001	10,969,971	2,706,726,116	7,410,612.2
2014	7,857	7,857	7,865	7,887	273,818	280,648	7,617,792	12,403,907	3,500,002,082	9,582,483.5
2015	12,532	12,532	12,569	12,609	444,779	491,796	10,171,571	12,895,105	3,679,557,452	10,074,079.3
2016	9,978	9,978	10,010	10,034	358,462	406,589	5,699,538	14,878,321	3,752,819,060	10,274,658.6
2017	6,990	6,990	7,015	7,033	266,468	311,268	2,407,370	13,361,103	3,797,819,166	10,397,862.2
2018	2,818	2,818	2,829	2,843	104,396	121,233	282,122	11,580,343	1,875,774,016	5,135,589.4
<i>Aged 45-64 years</i>										
2013	11,163	11,163	11,163	11,199	381,251	383,431	11,283,664	11,340,986	3,008,165,013	8,235,906.9
2014	38,480	38,480	38,510	38,641	1,444,906	1,473,332	38,283,018	12,707,497	3,865,980,130	10,584,476.7
2015	59,040	59,040	59,184	59,364	2,271,719	2,455,714	49,008,473	13,114,938	4,022,373,359	11,012,658.1
2016	46,508	46,508	46,620	46,757	1,819,875	2,002,399	27,148,710	14,905,753	4,129,855,162	11,306,927.2
2017	32,374	32,374	32,499	32,607	1,346,148	1,518,181	11,410,681	13,434,439	4,119,748,160	11,279,255.7
2018	13,417	13,417	13,437	13,481	549,656	615,433	1,397,695	11,997,934	2,006,821,074	5,494,376.7
<i>Aged 65+ years</i>										
2013	6,939	6,939	6,939	6,952	278,888	280,422	9,446,292	17,000,734	4,852,787,170	13,286,207.2
2014	35,968	35,968	35,980	36,096	1,590,879	1,609,715	42,709,942	19,817,010	6,633,045,612	18,160,289.1
2015	58,452	58,452	58,569	58,729	2,623,119	2,766,576	56,041,430	20,747,858	6,925,083,806	18,959,846.1
2016	51,476	51,476	51,599	51,705	2,414,903	2,577,767	34,737,073	22,967,879	7,310,196,528	20,014,227.3
2017	37,826	37,826	37,920	37,991	1,853,097	2,000,324	14,507,341	22,349,335	7,491,858,095	20,511,589.6
2018	14,144	14,144	14,160	14,179	648,714	698,350	1,426,780	21,871,052	3,804,370,618	10,415,799.1

Table 7. Summary of SGLT-2 Inhibitors and Sitagliptinin the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group and Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Prevalent Dapagliflozin										
<i>Aged 20-44 years</i>										
2013	0	0	0	0	0	0	0	10,969,971	2,706,956,653	7,411,243.4
2014	3,057	3,057	3,057	3,059	100,332	101,730	2,765,332	12,405,696	3,501,313,018	9,586,072.6
2015	4,045	4,045	4,054	4,059	137,339	144,948	3,175,926	12,900,111	3,682,635,462	10,082,506.4
2016	4,143	4,143	4,154	4,163	150,308	164,823	2,452,597	14,888,709	3,757,075,745	10,286,312.8
2017	4,812	4,812	4,829	4,834	190,215	205,088	1,611,690	13,372,861	3,801,972,378	10,409,233.1
2018	3,144	3,144	3,155	3,157	115,497	124,174	298,681	11,589,979	1,877,369,747	5,139,958.2
<i>Aged 45-64 years</i>										
2013	0	0	0	0	0	0	0	11,341,080	3,009,346,191	8,239,140.8
2014	13,155	13,155	13,160	13,167	456,637	460,451	12,207,074	12,717,496	3,873,342,017	10,604,632.5
2015	17,759	17,759	17,789	17,806	644,206	671,337	14,320,496	13,145,736	4,040,225,198	11,061,533.7
2016	19,320	19,320	19,374	19,390	775,693	823,835	11,839,851	14,968,019	4,155,262,796	11,376,489.5
2017	22,423	22,423	22,485	22,512	952,740	1,015,653	7,497,447	13,507,393	4,146,053,967	11,351,277.1
2018	15,894	15,894	15,921	15,934	652,712	684,817	1,589,038	12,062,821	2,017,714,449	5,524,201.1
<i>Aged 65+ years</i>										
2013	0	0	0	0	0	0	0	17,000,851	4,853,493,996	13,288,142.4
2014	6,680	6,680	6,680	6,688	280,301	282,037	7,653,663	19,824,513	6,640,408,906	18,180,448.8
2015	9,646	9,646	9,660	9,665	416,297	424,550	9,034,078	20,784,287	6,946,807,088	19,019,321.3
2016	12,644	12,644	12,663	12,676	583,728	601,427	8,312,877	23,050,398	7,346,534,610	20,113,715.6
2017	20,689	20,689	20,734	20,756	980,067	1,010,424	7,180,366	22,462,877	7,535,657,823	20,631,506.7
2018	17,096	17,096	17,121	17,128	741,949	765,512	1,599,340	21,990,392	3,825,199,777	10,472,826.2
Prevalent Empagliflozin										
<i>Aged 20-44 years</i>										
2013	0	0	0	0	0	0	0	10,969,971	2,706,956,653	7,411,243.4
2014	388	388	388	388	12,837	12,822	330,158	12,405,696	3,501,675,994	9,587,066.4
2015	2,036	2,036	2,037	2,041	69,366	70,241	1,587,712	12,902,251	3,683,694,723	10,085,406.5
2016	4,868	4,868	4,876	4,886	178,224	189,648	2,736,305	14,891,738	3,758,027,654	10,288,919.0
2017	9,351	9,351	9,376	9,413	357,977	387,637	2,908,716	13,374,276	3,801,792,706	10,408,741.2
2018	5,133	5,133	5,156	5,174	179,296	193,426	475,016	11,587,693	1,876,832,409	5,138,487.1

Table 7. Summary of SGLT-2 Inhibitors and Sitagliptinin the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group and Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
<i>Aged 45-64 years</i>										
2013	0	0	0	0	0	0	0	11,341,080	3,009,346,191	8,239,140.8
2014	1,875	1,875	1,875	1,880	64,327	64,408	1,668,945	12,717,661	3,874,974,394	10,609,101.7
2015	9,883	9,883	9,883	9,893	362,328	365,021	7,853,225	13,155,789	4,045,217,727	11,075,202.5
2016	26,079	26,079	26,103	26,156	1,038,527	1,087,260	14,870,224	14,982,788	4,159,751,414	11,388,778.7
2017	50,918	50,918	51,027	51,185	2,161,105	2,291,226	16,152,767	13,513,076	4,143,640,912	11,344,670.5
2018	26,938	26,938	26,995	27,091	1,012,839	1,074,904	2,548,340	12,044,368	2,013,637,733	5,513,039.7
<i>Aged 65+ years</i>										
2013	0	0	0	0	0	0	0	17,000,851	4,853,493,996	13,288,142.4
2014	726	726	726	727	32,643	32,598	775,302	19,824,665	6,641,318,140	18,182,938.1
2015	7,182	7,182	7,183	7,193	321,387	322,429	6,650,737	20,790,485	6,949,569,910	19,026,885.4
2016	17,741	17,741	17,754	17,783	833,143	855,043	11,447,764	23,058,584	7,348,564,376	20,119,272.8
2017	46,806	46,806	46,863	46,956	2,311,167	2,388,730	15,570,410	22,464,834	7,532,310,280	20,622,341.6
2018	27,983	27,983	28,013	28,060	1,199,140	1,234,619	2,628,618	21,967,675	3,820,183,398	10,459,092.1
Prevalent Ertugliflozin										
<i>Aged 20-44 years</i>										
2013	0	0	0	0	0	0	0	10,969,971	2,706,956,653	7,411,243.4
2014	0	0	0	0	0	0	0	12,405,696	3,501,697,669	9,587,125.7
2015	0	0	0	0	0	0	0	12,902,573	3,684,121,687	10,086,575.5
2016	0	0	0	0	0	0	0	14,893,568	3,759,338,013	10,292,506.5
2017	0	0	0	0	0	0	0	13,379,379	3,804,858,691	10,417,135.4
2018	22	22	22	22	505	567	1,029	11,598,427	1,879,084,516	5,144,653.0
<i>Aged 45-64 years</i>										
2013	0	0	0	0	0	0	0	11,341,080	3,009,346,191	8,239,140.8
2014	0	0	0	0	0	0	0	12,717,669	3,875,080,085	10,609,391.1
2015	0	0	0	0	0	0	0	13,157,655	4,047,385,477	11,081,137.5
2016	0	0	0	0	0	0	0	14,993,280	4,167,190,742	11,409,146.5
2017	0	0	0	0	0	0	0	13,544,595	4,162,292,271	11,395,735.2
2018	104	104	104	104	2,913	3,150	4,846	12,111,937	2,027,706,713	5,551,558.4

Table 7. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Age Group and Year

Year	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
<i>Aged 65+ years</i>										
2013	0	0	0	0	0	0	0	17,000,851	4,853,493,996	13,288,142.4
2014	0	0	0	0	0	0	0	19,824,674	6,641,354,439	18,183,037.5
2015	0	0	0	0	0	0	0	20,791,387	6,950,973,649	19,030,728.7
2016	0	0	0	0	0	0	0	23,067,005	7,354,435,374	20,135,346.7
2017	0	0	0	0	0	0	0	22,490,562	7,548,685,190	20,667,173.7
2018	42	42	42	42	1,161	1,306	1,767	22,035,689	3,834,676,010	10,498,770.7
Prevalent Sitagliptin										
<i>Aged 20-44 years</i>										
2013	25,934	25,934	26,039	26,061	1,012,219	1,339,358	32,039,514	10,969,954	2,701,620,068	7,396,632.6
2014	14,798	14,798	14,869	14,887	579,831	747,027	14,985,082	12,384,823	3,491,543,874	9,559,326.1
2015	12,611	12,611	12,661	12,676	481,572	608,483	10,351,007	12,874,793	3,670,533,825	10,049,373.9
2016	12,414	12,414	12,465	12,487	475,827	586,801	7,372,776	14,859,413	3,743,675,050	10,249,623.7
2017	12,352	12,352	12,411	12,433	500,433	613,838	4,090,965	13,343,745	3,787,617,758	10,369,932.3
2018	6,223	6,223	6,262	6,277	233,011	280,304	592,676	11,559,629	1,870,232,880	5,120,418.6
<i>Aged 45-64 years</i>										
2013	166,377	166,377	166,989	167,121	7,304,882	9,403,958	202,508,556	11,338,828	2,972,436,767	8,138,088.3
2014	82,556	82,556	82,896	83,015	3,828,252	4,828,115	85,682,972	12,571,523	3,807,073,242	10,423,198.5
2015	70,445	70,445	70,718	70,834	3,070,539	3,780,319	58,866,604	12,962,273	3,956,605,466	10,832,595.4
2016	69,574	69,574	69,837	69,954	3,008,286	3,632,322	42,108,677	14,748,300	4,059,166,524	11,113,392.3
2017	67,691	67,691	67,929	68,032	3,020,078	3,606,506	22,952,144	13,280,325	4,040,854,054	11,063,255.5
2018	33,268	33,268	33,382	33,426	1,359,615	1,625,751	3,229,776	11,823,845	1,965,069,697	5,380,067.6
<i>Aged 65+ years</i>										
2013	425,566	425,566	427,357	427,678	21,078,713	25,020,288	591,789,990	16,994,886	4,755,166,703	13,018,936.9
2014	198,077	198,077	198,901	199,194	10,742,661	12,635,302	227,811,510	19,417,654	6,458,441,801	17,682,250.0
2015	154,941	154,941	155,447	155,679	7,507,805	8,663,259	142,636,751	20,234,319	6,723,543,919	18,408,060.0
2016	156,396	156,396	156,887	157,077	7,748,657	8,886,007	102,311,168	22,398,561	7,083,539,090	19,393,673.1
2017	146,130	146,130	146,632	146,776	7,431,116	8,476,347	52,603,611	21,742,552	7,245,082,450	19,835,954.7
2018	73,987	73,987	74,205	74,264	3,370,918	3,875,242	7,281,699	21,218,847	3,675,153,015	10,062,020.6

¹Adjusted Dispensings contains outpatient pharmacy dispensings, but counts multiple dispensings that occur on the same day as one dispensing

²Raw Dispensing counts contains all outpatient pharmacy dispensings, even if multiple dispensings occur on the same day

³Eligible Members, Member-Days, and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

Table 8. Summary of SGLT-2 Inhibitors and Sitagliptinin the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Race

Race	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident SGLT-2 Inhibitors										
American Indian or Alaska Native	2,095	2,095	2,111	2,127	77,866	80,513	1,339,277	215,184	238,195,266	652,143.1
Asian	13,197	13,197	13,316	13,325	578,500	605,246	8,431,573	1,091,021	1,082,649,749	2,964,133.5
Black or African American	42,349	42,349	42,692	42,768	1,686,942	1,779,297	26,950,023	4,429,905	4,739,606,484	12,976,335.3
Native Hawaiian or Other Pacific Islander	658	658	660	661	29,083	30,681	380,120	71,380	68,804,285	188,375.9
Unknown	254,006	254,006	255,929	256,688	9,600,400	10,244,898	150,026,387	46,072,369	34,140,972,565	93,472,888.6
White	292,997	292,997	295,242	296,028	12,500,700	13,021,227	200,565,650	31,628,712	37,044,672,075	101,422,784.6
Incident Canagliflozin										
American Indian or Alaska Native	1,244	1,244	1,244	1,254	45,132	47,354	993,155	215,358	238,634,054	653,344.4
Asian	7,788	7,788	7,805	7,814	337,159	356,273	6,058,471	1,092,278	1,085,773,374	2,972,685.5
Black or African American	26,159	26,159	26,214	26,277	1,027,707	1,099,915	19,888,455	4,433,349	4,748,699,333	13,001,230.2
Native Hawaiian or Other Pacific Islander	368	368	368	369	16,188	17,170	259,339	71,460	68,967,412	188,822.5
Unknown	132,099	132,099	132,370	132,839	4,969,516	5,403,029	91,796,941	46,113,669	34,220,859,852	93,691,608.1
White	181,340	181,340	181,667	182,279	7,677,874	8,082,477	148,976,184	31,653,360	37,109,622,126	101,600,608.1
Incident Dapagliflozin										
American Indian or Alaska Native	463	463	464	465	18,718	19,207	234,420	215,509	239,524,477	655,782.3
Asian	3,733	3,733	3,743	3,743	162,286	166,716	1,766,791	1,093,363	1,091,162,820	2,987,441.0
Black or African American	9,803	9,803	9,821	9,826	384,705	398,919	4,737,129	4,436,684	4,767,165,093	13,051,786.7
Native Hawaiian or Other Pacific Islander	100	100	100	100	4,285	4,593	47,316	71,581	69,260,787	189,625.7
Unknown	68,964	68,964	69,075	69,153	2,669,056	2,801,889	38,928,527	46,144,240	34,294,935,515	93,894,416.2
White	61,244	61,244	61,339	61,401	2,572,754	2,639,826	32,420,526	31,681,165	37,251,347,347	101,988,630.7
Incident Empagliflozin										
American Indian or Alaska Native	661	661	662	667	24,838	25,372	218,528	215,485	239,538,829	655,821.6
Asian	3,670	3,670	3,678	3,679	169,675	176,333	1,373,009	1,093,388	1,091,610,913	2,988,667.8
Black or African American	11,248	11,248	11,264	11,276	474,304	490,712	4,113,019	4,436,520	4,767,495,190	13,052,690.5
Native Hawaiian or Other Pacific Islander	255	255	255	255	12,102	12,620	93,978	71,557	69,193,794	189,442.3
Unknown	101,871	101,871	102,020	102,358	4,041,581	4,264,932	39,055,907	46,137,555	34,291,854,963	93,885,982.1
White	85,968	85,968	86,057	86,224	3,879,863	3,993,392	32,716,625	31,679,939	37,249,803,424	101,984,403.6

Table 8. Summary of SGLT-2 Inhibitors and Sitagliptinin the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Race

Race	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident Ertugliflozin										
American Indian or Alaska Native	0	0	0	0	0	0	0	215,584	239,805,607	656,552.0
Asian	*****	*****	*****	*****	200	232	243	1,093,994	1,093,383,452	2,993,520.7
Black or African American	*****	*****	*****	*****	179	209	312	4,438,312	4,772,835,997	13,067,312.8
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	71,609	69,320,073	189,788.0
Unknown	98	98	98	98	2,708	3,055	4,860	46,159,775	34,343,146,303	94,026,410.1
White	50	50	50	50	1,415	1,450	2,147	31,692,560	37,290,185,003	102,094,962.4
Incident Sitagliptin										
American Indian or Alaska Native	3,751	3,751	3,766	3,771	144,395	163,683	3,117,120	213,514	232,719,252	637,150.6
Asian	27,484	27,484	27,607	27,620	1,283,713	1,452,143	21,813,513	1,068,156	1,032,678,592	2,827,319.9
Black or African American	103,724	103,724	104,077	104,206	4,134,225	4,632,795	78,738,878	4,371,693	4,594,214,483	12,578,273.7
Native Hawaiian or Other Pacific Islander	1,245	1,245	1,251	1,251	62,479	71,298	907,375	70,604	67,215,226	184,025.3
Unknown	230,763	230,763	231,657	232,180	9,510,609	11,293,066	153,281,574	45,935,639	33,882,206,662	92,764,426.2
White	524,383	524,383	526,121	526,824	22,685,439	25,138,097	418,548,667	31,323,920	36,252,069,346	99,252,756.6
Prevalent SGLT-2 Inhibitors										
American Indian or Alaska Native	2,525	2,525	2,550	2,568	96,767	100,658	1,547,173	215,584	238,262,280	652,326.6
Asian	16,514	16,514	16,691	16,701	741,788	780,019	10,019,182	1,093,994	1,083,360,607	2,966,079.7
Black or African American	51,389	51,389	51,833	51,910	2,097,974	2,219,885	31,504,475	4,438,312	4,741,330,135	12,981,054.4
Native Hawaiian or Other Pacific Islander	869	869	872	873	40,103	42,485	472,266	71,609	68,848,778	188,497.7
Unknown	340,411	340,411	343,482	344,355	13,282,062	14,233,932	191,468,082	46,159,778	34,151,748,148	93,502,390.5
White	360,068	360,068	362,955	363,773	15,956,496	16,683,298	236,261,981	31,692,560	37,054,436,546	101,449,518.3
Prevalent Canagliflozin										
American Indian or Alaska Native	1,499	1,499	1,501	1,511	56,335	59,348	1,138,005	215,584	238,669,012	653,440.1
Asian	9,809	9,809	9,834	9,843	438,331	466,175	7,177,075	1,093,994	1,086,190,779	2,973,828.3
Black or African American	31,864	31,864	31,928	31,992	1,289,111	1,383,523	23,255,026	4,438,312	4,749,552,813	13,003,566.9
Native Hawaiian or Other Pacific Islander	517	517	517	518	24,025	25,401	333,645	71,609	68,986,582	188,875.0
Unknown	179,535	179,535	179,941	180,473	6,977,002	7,611,208	117,980,915	46,159,778	34,225,004,795	93,702,956.3
White	224,962	224,962	225,371	226,002	9,957,201	10,518,813	175,865,827	31,692,560	37,114,578,638	101,614,178.3

Table 8. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Race

Race	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Prevalent Dapagliflozin										
American Indian or Alaska Native	543	543	544	545	22,520	23,279	269,546	215,584	239,537,156	655,817.0
Asian	4,464	4,464	4,478	4,478	196,763	202,904	2,055,449	1,093,994	1,091,337,232	2,987,918.5
Black or African American	11,462	11,462	11,485	11,490	456,529	473,712	5,392,108	4,438,312	4,767,453,244	13,052,575.6
Native Hawaiian or Other Pacific Islander	125	125	125	125	5,597	5,995	54,826	71,609	69,265,577	189,638.8
Unknown	85,256	85,256	85,426	85,510	3,358,782	3,543,051	46,510,445	46,159,778	34,296,709,505	93,899,273.1
White	72,657	72,657	72,778	72,846	3,137,830	3,231,863	37,256,082	31,692,560	37,253,067,107	101,993,339.1
Prevalent Empagliflozin										
American Indian or Alaska Native	745	745	746	753	27,974	28,571	239,301	215,584	239,568,227	655,902.1
Asian	4,238	4,238	4,247	4,249	195,533	203,172	1,545,490	1,093,994	1,091,850,456	2,989,323.6
Black or African American	12,831	12,831	12,850	12,862	545,479	565,425	4,600,239	4,438,312	4,768,262,345	13,054,790.8
Native Hawaiian or Other Pacific Islander	293	293	293	293	13,999	14,817	105,395	71,609	69,215,325	189,501.2
Unknown	122,636	122,636	122,854	123,234	4,917,307	5,190,433	45,458,656	46,159,778	34,297,961,242	93,902,700.2
White	97,164	97,164	97,265	97,435	4,434,014	4,567,594	36,255,158	31,692,560	37,254,131,015	101,996,251.9
Prevalent Ertugliflozin										
American Indian or Alaska Native	0	0	0	0	0	0	0	215,584	239,805,607	656,552.0
Asian	*****	*****	*****	*****	200	232	243	1,093,994	1,093,383,452	2,993,520.7
Black or African American	*****	*****	*****	*****	179	209	312	4,438,312	4,772,836,028	13,067,312.9
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	71,609	69,320,073	189,788.0
Unknown	101	101	101	101	2,785	3,132	4,940	46,159,778	34,343,146,734	94,026,411.3
White	50	50	50	50	1,415	1,450	2,147	31,692,560	37,290,185,472	102,094,963.6
Prevalent Sitagliptin										
American Indian or Alaska Native	7,018	7,018	7,039	7,045	281,505	329,888	7,210,748	215,520	232,074,593	635,385.6
Asian	59,280	59,280	59,604	59,642	2,925,009	3,472,006	58,199,805	1,093,272	1,030,902,248	2,822,456.5
Black or African American	190,213	190,213	190,890	191,073	8,261,232	9,648,036	174,545,276	4,437,281	4,587,796,698	12,560,702.8
Native Hawaiian or Other Pacific Islander	2,385	2,385	2,398	2,398	132,784	157,056	1,947,943	71,574	67,193,089	183,964.7
Unknown	466,810	466,810	468,647	469,385	21,739,379	27,333,967	368,275,655	46,140,159	33,881,786,306	92,763,275.3
White	1,003,634	1,003,634	1,007,309	1,008,328	49,414,506	57,668,274	999,036,051	31,680,579	36,207,603,249	99,131,015.1

¹Adjusted Dispensings contains outpatient pharmacy dispensings, but counts multiple dispensings that occur on the same day as one dispensing

²Raw Dispensing counts contains all outpatient pharmacy dispensings, even if multiple dispensings occur on the same day

³Eligible Members, Member-Days, and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

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

Table 9. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Hispanic Origin

Hispanic	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Incident SGLT-2 Inhibitors										
Hispanic Origin	18,246	18,246	18,376	18,401	737,846	786,631	11,109,319	1,392,672	1,304,983,131	3,572,849.1
Not Hispanic Origin	321,697	321,697	324,259	325,095	13,680,019	14,250,362	219,697,903	33,021,382	39,785,262,656	108,926,112.7
Unknown	265,359	265,359	267,315	268,101	10,055,626	10,724,869	156,885,808	49,094,517	36,224,654,637	99,177,699.2
Incident Canagliflozin										
Hispanic Origin	10,698	10,698	10,723	10,741	428,836	464,587	7,804,644	1,394,609	1,309,342,070	3,584,783.2
Not Hispanic Origin	200,075	200,075	200,444	201,100	8,416,894	8,864,442	164,406,682	33,045,857	39,854,365,255	109,115,305.3
Unknown	138,225	138,225	138,501	138,991	5,227,846	5,677,188	95,761,219	49,139,008	36,308,848,826	99,408,210.3
Incident Dapagliflozin										
Hispanic Origin	5,345	5,345	5,360	5,365	220,119	231,068	2,540,430	1,395,911	1,316,068,752	3,603,199.9
Not Hispanic Origin	66,761	66,761	66,869	66,934	2,803,310	2,873,003	34,692,207	33,073,704	40,011,346,416	109,545,096.3
Unknown	72,201	72,201	72,313	72,389	2,788,375	2,927,079	40,902,072	49,172,927	36,385,980,871	99,619,386.4
Incident Empagliflozin										
Hispanic Origin	4,560	4,560	4,569	4,574	189,262	197,965	1,646,549	1,396,042	1,316,942,569	3,605,592.2
Not Hispanic Origin	93,671	93,671	93,772	93,942	4,215,585	4,334,672	35,432,328	33,072,014	40,009,173,161	109,539,146.2
Unknown	105,442	105,442	105,595	105,943	4,197,516	4,430,722	40,492,189	49,166,388	36,383,381,383	99,612,269.4
Incident Ertugliflozin										
Hispanic Origin	*****	*****	*****	*****	176	206	234	1,396,941	1,319,156,876	3,611,654.7
Not Hispanic Origin	*****	*****	*****	*****	944	974	1,407	33,084,744	40,052,627,487	109,658,117.7
Unknown	125	125	125	125	3,382	3,766	5,921	49,190,149	36,436,892,072	99,758,773.6
Incident Sitagliptin										
Hispanic Origin	34,436	34,436	34,550	34,572	1,472,590	1,684,319	26,014,071	1,371,132	1,254,944,876	3,435,851.8
Not Hispanic Origin	632,472	632,472	634,596	635,433	27,081,732	30,000,783	504,893,225	32,657,611	38,826,649,842	106,301,573.8
Unknown	224,442	224,442	225,333	225,847	9,266,538	11,065,981	145,499,831	48,954,783	35,979,508,843	98,506,526.6
Prevalent SGLT-2 Inhibitors										
Hispanic Origin	23,071	23,071	23,263	23,293	950,850	1,021,224	13,306,930	1,396,941	1,305,808,388	3,575,108.5
Not Hispanic Origin	390,192	390,192	393,428	394,293	17,196,552	17,969,791	257,092,147	33,084,744	39,795,997,333	108,955,502.6
Unknown	358,513	358,513	361,692	362,594	14,067,788	15,069,261	200,874,082	49,190,152	36,236,180,773	99,209,256.1

Table 9. Summary of SGLT-2 Inhibitors and Sitagliptin in the Sentinel Distributed Database between March 1, 2013 and June 30, 2018, by Hispanic Origin

Hispanic	New Users	New Episodes	Adjusted Dispensings ¹	Raw Dispensings ²	Days Supplied	Amount Supplied	Time to Data End (Days)	Eligible Members ³	Eligible Member-Days ³	Eligible Member-Years ³
Prevalent Canagliflozin										
Hispanic Origin	13,523	13,523	13,561	13,582	553,957	605,001	9,325,940	1,396,941	1,309,774,659	3,585,967.6
Not Hispanic Origin	245,015	245,015	245,465	246,136	10,751,994	11,356,117	192,896,226	33,084,744	39,859,925,563	109,130,528.6
Unknown	189,648	189,648	190,066	190,621	7,436,054	8,103,348	123,528,327	49,190,152	36,313,282,397	99,420,348.8
Prevalent Dapagliflozin										
Hispanic Origin	6,422	6,422	6,445	6,452	266,224	281,467	2,909,881	1,396,941	1,316,255,125	3,603,710.1
Not Hispanic Origin	78,060	78,060	78,191	78,261	3,361,103	3,455,019	39,496,553	33,084,744	40,013,271,920	109,550,368.0
Unknown	90,025	90,025	90,200	90,281	3,550,694	3,744,318	49,132,022	49,190,152	36,387,842,776	99,624,484.0
Prevalent Empagliflozin										
Hispanic Origin	5,396	5,396	5,407	5,412	225,951	236,184	1,906,599	1,396,941	1,317,261,732	3,606,466.1
Not Hispanic Origin	105,192	105,192	105,308	105,484	4,785,358	4,924,267	39,102,040	33,084,744	40,013,745,243	109,551,663.9
Unknown	127,319	127,319	127,540	127,930	5,122,997	5,409,560	47,195,600	49,190,152	36,389,981,635	99,630,339.9
Prevalent Ertugliflozin										
Hispanic Origin	*****	*****	*****	*****	176	206	234	1,396,941	1,319,156,876	3,611,654.7
Not Hispanic Origin	*****	*****	*****	*****	944	974	1,407	33,084,744	40,052,627,832	109,658,118.6
Unknown	128	128	128	128	3,459	3,843	6,001	49,190,152	36,436,892,658	99,758,775.2
Prevalent Sitagliptin										
Hispanic Origin	67,061	67,061	67,354	67,392	2,978,956	3,541,107	60,354,719	1,396,330	1,253,084,491	3,430,758.4
Not Hispanic Origin	1,197,420	1,197,420	1,201,853	1,203,068	57,640,303	67,040,302	1,191,708,640	33,073,467	38,772,966,787	106,154,597.6
Unknown	464,859	464,859	466,680	467,411	22,135,156	28,027,818	357,152,119	49,168,588	35,981,304,905	98,511,444.0

¹Adjusted Dispensings contains outpatient pharmacy dispensings, but counts multiple dispensings that occur on the same day as one dispensing

²Raw Dispensing counts contains all outpatient pharmacy dispensings, even if multiple dispensings occur on the same day

³Eligible Members, Member-Days, and Member-Years are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period

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

Appendix A. Dates of Available Data for Each Data Partner (DP) as of Request Distribution Date (September 21, 2021)

Masked ID	DP Start Date	DP End Date
DP01	01/01/2008	12/31/2020
DP02	01/01/2007	02/28/2021
DP03	01/01/2006	08/31/2020
DP04	01/01/2008	12/31/2020
DP05	01/01/2000	12/31/2019
DP06	01/01/2010	12/31/2020

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

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

Generic Name	Brand Name
SGLT-2 Inhibitors	
canagliflozin	Invokana
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
dapagliflozin propanediol	Farxiga
dapagliflozin propanediol/metformin HCl	Xigduo XR
empagliflozin	Jardiance
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
ertugliflozin pidolate	Steglatro
ertugliflozin pidolate/metformin HCl	Segluromet
Canagliflozin	
canagliflozin	Invokana
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
Dapagliflozin	
dapagliflozin propanediol	Farxiga
dapagliflozin propanediol/metformin HCl	Xigduo XR
dapagliflozin propanediol/saxagliptin HCl	Qtern
Empagliflozin	
empagliflozin	Jardiance
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
Ertugliflozin	
ertugliflozin pidolate	Steglatro
ertugliflozin pidolate/metformin HCl	Segluromet
Sitagliptin	
sitagliptin phosphate	Januvia
sitagliptin phosphate/metformin HCl	Janumet
sitagliptin phosphate/metformin HCl	Janumet XR
sitagliptin phosphate/simvastatin	Juvisync

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

Generic Name	Brand Name
SGLT-2 Inhibitors	
canagliflozin	Invokana
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
dapagliflozin propanediol	Farxiga
dapagliflozin propanediol/metformin HCl	Xigduo XR
empagliflozin	Jardiance
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
ertugliflozin pidolate	Steglatro
ertugliflozin pidolate/metformin HCl	Segluromet
Canagliflozin	
canagliflozin	Invokana
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
Dapagliflozin	
dapagliflozin propanediol	Farxiga
dapagliflozin propanediol/metformin HCl	Xigduo XR
dapagliflozin propanediol/saxagliptin HCl	Qtern
Empagliflozin	
empagliflozin	Jardiance
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
Ertugliflozin	
ertugliflozin pidolate	Steglatro
ertugliflozin pidolate/metformin HCl	Segluromet
Sitagliptin	
sitagliptin phosphate	Januvia
sitagliptin phosphate/metformin HCl	Janumet
sitagliptin phosphate/metformin HCl	Janumet XR
sitagliptin phosphate/simvastatin	Juvisync

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

Generic Name	Brand Name
DPP-4 Inhibitors	
alogliptin benzoate	Nesina
alogliptin benzoate	alogliptin
alogliptin benzoate/metformin HCl	Kazano
alogliptin benzoate/metformin HCl	alogliptin-metformin
alogliptin benzoate/pioglitazone HCl	Oseni
alogliptin benzoate/pioglitazone HCl	alogliptin-pioglitazone
dapagliflozin propanediol/saxagliptin HCl	Qtern
empagliflozin/linagliptin	Glyxambi
ertugliflozin pidolate/sitagliptin phosphate	Steglujan
linagliptin	Tradjenta
linagliptin/metformin HCl	Jentaduetto
linagliptin/metformin HCl	Jentaduetto XR
saxagliptin HCl	Onglyza
saxagliptin HCl/metformin HCl	Kombiglyze XR
sitagliptin phosphate	Januvia
sitagliptin phosphate/metformin HCl	Janumet
sitagliptin phosphate/metformin HCl	Janumet XR
sitagliptin phosphate/simvastatin	Juvisync
SGLT-2 Inhibitors	
canagliflozin	Invokana
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
dapagliflozin propanediol	Farxiga
dapagliflozin propanediol/metformin HCl	Xigduo XR
dapagliflozin propanediol/saxagliptin HCl	Qtern
empagliflozin	Jardiance
empagliflozin/linagliptin	Glyxambi
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
ertugliflozin pidolate	Steglatro
ertugliflozin pidolate/metformin HCl	Segluromet
ertugliflozin pidolate/sitagliptin phosphate	Steglujan

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

Generic Name	Brand Name
GLP-1 Analogs	
albiglutide	Tanzeum
dulaglutide	Trulicity
exenatide	Byetta
exenatide microspheres	Bydureon
exenatide microspheres	Bydureon BCise
insulin degludec/liraglutide	Xultophy 100/3.6
insulin glargine,human recombinant analog/lixisenatide	Soliqua 100/33
liraglutide	Victoza 2-Pak
liraglutide	Victoza 3-Pak
lixisenatide	Adlyxin
semaglutide	Ozempic
semaglutide	Rybelsus
Thiazolidinediones	
alogliptin benzoate/pioglitazone HCl	Oseni
alogliptin benzoate/pioglitazone HCl	alogliptin-pioglitazone
pioglitazone HCl	Actos
pioglitazone HCl	pioglitazone
pioglitazone HCl/glimepiride	DUETACT
pioglitazone HCl/glimepiride	pioglitazone-glimepiride
pioglitazone HCl/metformin HCl	Actoplus MET
pioglitazone HCl/metformin HCl	Actoplus Met XR
pioglitazone HCl/metformin HCl	pioglitazone-metformin
rosiglitazone maleate	Avandia
rosiglitazone maleate/glimepiride	Avandaryl
rosiglitazone maleate/metformin HCl	Avandamet
Sulfonylureas	
chlorpropamide	chlorpropamide
glimepiride	Amaryl
glimepiride	glimepiride
glipizide	Glucotrol
glipizide	Glucotrol XL
glipizide	glipizide
glipizide	glipizide (bulk)
glipizide/metformin HCl	glipizide-metformin
glyburide	Diabeta
glyburide	glyburide
glyburide	glyburide (bulk)
glyburide,micronized	Glynase
glyburide,micronized	glyburide micronized
glyburide/metformin HCl	Glucovance
glyburide/metformin HCl	glyburide-metformin
pioglitazone HCl/glimepiride	DUETACT
pioglitazone HCl/glimepiride	pioglitazone-glimepiride
rosiglitazone maleate/glimepiride	Avandaryl
tolazamide	tolazamide

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

Generic Name	Brand Name
tolbutamide	tolbutamide
Biguanides	
alogliptin benzoate/metformin HCl	Kazano
alogliptin benzoate/metformin HCl	alogliptin-metformin
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
dapagliflozin propanediol/metformin HCl	Xigduo XR
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
ertugliflozin pidolate/metformin HCl	Segluromet
glipizide/metformin HCl	glipizide-metformin
glyburide/metformin HCl	Glucovance
glyburide/metformin HCl	glyburide-metformin
linagliptin/metformin HCl	Jentadueto
linagliptin/metformin HCl	Jentadueto XR
metformin HCl	Fortamet
metformin HCl	Glucophage
metformin HCl	Glucophage XR
metformin HCl	Glumetza
metformin HCl	Riomet
metformin HCl	metformin
metformin HCl	metformin (bulk)
metformin HCl/blood sugar diagnostic	DM2
pioglitazone HCl/metformin HCl	Actoplus MET
pioglitazone HCl/metformin HCl	Actoplus Met XR
pioglitazone HCl/metformin HCl	pioglitazone-metformin
repaglinide/metformin HCl	Prandimet
repaglinide/metformin HCl	repaglinide-metformin
rosiglitazone maleate/metformin HCl	Avandamet
saxagliptin HCl/metformin HCl	Kombiglyze XR
sitagliptin phosphate/metformin HCl	Janumet
sitagliptin phosphate/metformin HCl	Janumet XR
Short/Rapid-Acting Insulins	
insulin aspart	Novolog Flexpen U-100 Insulin
insulin aspart	Novolog PenFill U-100 Insulin
insulin aspart	Novolog U-100 Insulin aspart
insulin aspart (niacinamide)	Fiasp FlexTouch U-100 Insulin
insulin aspart (niacinamide)	Fiasp Penfill U-100 Insulin
insulin aspart (niacinamide)	Fiasp U-100 Insulin
insulin glulisine	Apidra SoloStar U-100 Insulin
insulin glulisine	Apidra U-100 Insulin
insulin lispro	Admelog SoloStar U-100 Insulin
insulin lispro	Admelog U-100 Insulin lispro
insulin lispro	Humalog Junior KwikPen U-100
insulin lispro	Humalog KwikPen Insulin
insulin lispro	Humalog U-100 Insulin

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

Generic Name	Brand Name
insulin lispro	insulin lispro
insulin regular, human	Humulin R Regular U-100 Insulin
insulin regular, human	Humulin R U-500 (Conc) Insulin
insulin regular, human	Humulin R U-500 (Conc) Kwikpen
insulin regular, human	Novolin R Regular U-100 Insulin
insulin regular, human in 0.9 % sodium chloride	Myxredlin
Long/Intermediate-Acting Insulins	
insulin NPH human isophane	Humulin N NPH Insulin KwikPen
insulin NPH human isophane	Humulin N NPH U-100 Insulin
insulin NPH human isophane	Humulin N Pen
insulin NPH human isophane	Novolin N NPH U-100 Insulin
insulin NPH human isophane/insulin regular, human	Humulin 70/30 Insulin Pen
insulin NPH human isophane/insulin regular, human	Humulin 70/30 U-100 Insulin
insulin NPH human isophane/insulin regular, human	Humulin 70/30 U-100 KwikPen
insulin NPH human isophane/insulin regular, human	Novolin 70-30 FlexPen U-100
insulin NPH human isophane/insulin regular, human	Novolin 70/30 U-100 Insulin
insulin aspart protamine human/insulin aspart	Novolog Mix 70-30 U-100 Insulin
insulin aspart protamine human/insulin aspart	Novolog Mix 70-30 FlexPen U-100
insulin degludec	Tresiba FlexTouch U-100
insulin degludec	Tresiba FlexTouch U-200
insulin degludec	Tresiba U-100 Insulin
insulin degludec/liraglutide	Xultophy 100/3.6
insulin detemir	Levemir FlexTouch U-100 Insulin
insulin detemir	Levemir Flexpen
insulin detemir	Levemir U-100 Insulin
insulin glargine, human recombinant analog	Basaglar KwikPen U-100 Insulin
insulin glargine, human recombinant analog	Lantus Solostar U-100 Insulin
insulin glargine, human recombinant analog	Lantus U-100 Insulin
insulin glargine, human recombinant analog	Toujeo Max U-300 SoloStar
insulin glargine, human recombinant analog	Toujeo SoloStar U-300 Insulin
insulin glargine, human recombinant analog/lixisenatide	Soliqua 100/33
insulin lispro protamine and insulin lispro	Humalog Mix 50-50 Insulin U-100
insulin lispro protamine and insulin lispro	Humalog Mix 50-50 KwikPen
insulin lispro protamine and insulin lispro	Humalog Mix 75-25 KwikPen
insulin lispro protamine and insulin lispro	Humalog Mix 75-25 (U-100) Insulin
DPP-4 Inhibitors	
alogliptin benzoate	Nesina
alogliptin benzoate	alogliptin
alogliptin benzoate/metformin HCl	Kazano
alogliptin benzoate/metformin HCl	alogliptin-metformin
alogliptin benzoate/pioglitazone HCl	Oseni
alogliptin benzoate/pioglitazone HCl	alogliptin-pioglitazone
dapagliflozin propanediol/saxagliptin HCl	Qtern
empagliflozin/linagliptin	Glyxambi
ertugliflozin pidolate/sitagliptin phosphate	Steglujan
linagliptin	Tradjenta

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

Generic Name	Brand Name
linagliptin/metformin HCl	Jentadueto
linagliptin/metformin HCl	Jentadueto XR
saxagliptin HCl	Onglyza
saxagliptin HCl/metformin HCl	Kombiglyze XR
sitagliptin phosphate	Januvia
sitagliptin phosphate/metformin HCl	Janumet
sitagliptin phosphate/metformin HCl	Janumet XR
sitagliptin phosphate/simvastatin	Juvisync
SGLT-2 Inhibitors	
canagliflozin	Invokana
canagliflozin/metformin HCl	Invokamet
canagliflozin/metformin HCl	Invokamet XR
dapagliflozin propanediol	Farxiga
dapagliflozin propanediol/metformin HCl	Xigduo XR
dapagliflozin propanediol/saxagliptin HCl	Qtern
empagliflozin	Jardiance
empagliflozin/linagliptin	Glyxambi
empagliflozin/metformin HCl	Synjardy
empagliflozin/metformin HCl	Synjardy XR
ertugliflozin pidolate	Steglatro
ertugliflozin pidolate/metformin HCl	Segluromet
ertugliflozin pidolate/sitagliptin phosphate	Steglujan
Smoking Cessation Medications	
nicotine	Nicotrol NS
bupropion HCl	Buproban
bupropion HCl	Zyban
bupropion HCl	bupropion HCl (smoking deter)
nicotine	Nicotrol
nicotine	nicotine
nicotine	Nicoderm CQ
nicotine	NTS Step 1
nicotine	NTS Step 3
nicotine	NTS Step 2
nicotine	Habitrol
nicotine bitartrate	Nicotine Tartrate
nicotine polacrilex	Thrive Nicotine
nicotine polacrilex	nicotine (polacrilex)
nicotine polacrilex	Nicorette
nicotine polacrilex	Nicorette Refill
nicotine polacrilex	Commit
nicotine polacrilex	Nicorette Starter Kit
nicotine polacrilex	Nicorelief
nicotine polacrilex	Stop Smoking Aid
nicotine polacrilex	nicotine polacrilex (bulk)
nicotine polacrilex	Quit 2
nicotine polacrilex	Quit 4
silver nitrate	silver nitrate (bulk)
varenicline tartrate	Chantix
varenicline tartrate	Chantix Continuing Month Box
varenicline tartrate	Chantix Continuing Month Pak
varenicline tartrate	Chantix Starting Month Box
varenicline tartrate	Chantix Starting Month Pak
cder_mpl1r_wp212	

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Diabetes Complication			
040.0	Gas gangrene	Diagnosis	ICD-10-CM
250.4	Diabetes with renal manifestations	Diagnosis	ICD-9-CM
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.5	Diabetes with ophthalmic manifestations	Diagnosis	ICD-9-CM
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.6	Diabetes with neurological manifestations	Diagnosis	ICD-9-CM
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
250.7	Diabetes with peripheral circulatory disorders	Diagnosis	ICD-9-CM
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	Diagnosis	ICD-9-CM
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	Diagnosis	ICD-9-CM
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	Diagnosis	ICD-9-CM
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	Diagnosis	ICD-9-CM
354.0	Carpal tunnel syndrome	Diagnosis	ICD-9-CM
354.1	Other lesion of median nerve	Diagnosis	ICD-9-CM
354.2	Lesion of ulnar nerve	Diagnosis	ICD-9-CM
354.3	Lesion of radial nerve	Diagnosis	ICD-9-CM
354.4	Causalgia of upper limb	Diagnosis	ICD-9-CM
354.5	Mononeuritis multiplex	Diagnosis	ICD-9-CM
354.8	Other mononeuritis of upper limb	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
354.9	Unspecified mononeuritis of upper limb	Diagnosis	ICD-9-CM
355.0	Lesion of sciatic nerve	Diagnosis	ICD-9-CM
355.1	Meralgia paresthetica	Diagnosis	ICD-9-CM
355.2	Other lesion of femoral nerve	Diagnosis	ICD-9-CM
355.3	Lesion of lateral popliteal nerve	Diagnosis	ICD-9-CM
355.4	Lesion of medial popliteal nerve	Diagnosis	ICD-9-CM
355.5	Tarsal tunnel syndrome	Diagnosis	ICD-9-CM
355.6	Lesion of plantar nerve	Diagnosis	ICD-9-CM
355.7	Other mononeuritis of lower limb	Diagnosis	ICD-9-CM
355.71	Causalgia of lower limb	Diagnosis	ICD-9-CM
355.79	Other mononeuritis of lower limb	Diagnosis	ICD-9-CM
355.8	Unspecified mononeuritis of lower limb	Diagnosis	ICD-9-CM
355.9	Mononeuritis of unspecified site	Diagnosis	ICD-9-CM
356.9	Unspecified hereditary and idiopathic peripheral neuropathy	Diagnosis	ICD-9-CM
357.2	Polyneuropathy in diabetes	Diagnosis	ICD-9-CM
358.1	Myasthenic syndromes in diseases classified elsewhere	Diagnosis	ICD-9-CM
361	Retinal detachments and defects	Diagnosis	ICD-9-CM
361.0	Retinal detachment with retinal defect	Diagnosis	ICD-9-CM
361.00	Retinal detachment with retinal defect, unspecified	Diagnosis	ICD-9-CM
361.01	Recent retinal detachment, partial, with single defect	Diagnosis	ICD-9-CM
361.02	Recent retinal detachment, partial, with multiple defects	Diagnosis	ICD-9-CM
361.03	Recent retinal detachment, partial, with giant tear	Diagnosis	ICD-9-CM
361.04	Recent retinal detachment, partial, with retinal dialysis	Diagnosis	ICD-9-CM
361.05	Recent retinal detachment, total or subtotal	Diagnosis	ICD-9-CM
361.06	Old retinal detachment, partial	Diagnosis	ICD-9-CM
361.07	Old retinal detachment, total or subtotal	Diagnosis	ICD-9-CM
361.1	Retinoschisis and retinal cysts	Diagnosis	ICD-9-CM
361.10	Unspecified retinoschisis	Diagnosis	ICD-9-CM
361.11	Flat retinoschisis	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
361.12	Bullous retinoschisis	Diagnosis	ICD-9-CM
361.13	Primary retinal cysts	Diagnosis	ICD-9-CM
361.14	Secondary retinal cysts	Diagnosis	ICD-9-CM
361.19	Other retinoschisis and retinal cysts	Diagnosis	ICD-9-CM
361.2	Serous retinal detachment	Diagnosis	ICD-9-CM
361.3	Retinal defects without detachment	Diagnosis	ICD-9-CM
361.30	Unspecified retinal defect	Diagnosis	ICD-9-CM
361.31	Round hole of retina without detachment	Diagnosis	ICD-9-CM
361.32	Horseshoe tear of retina without detachment	Diagnosis	ICD-9-CM
361.33	Multiple defects of retina without detachment	Diagnosis	ICD-9-CM
361.8	Other forms of retinal detachment	Diagnosis	ICD-9-CM
361.81	Traction detachment of retina	Diagnosis	ICD-9-CM
361.89	Other forms of retinal detachment	Diagnosis	ICD-9-CM
361.9	Unspecified retinal detachment	Diagnosis	ICD-9-CM
362.01	Background diabetic retinopathy	Diagnosis	ICD-9-CM
362.02	Proliferative diabetic retinopathy	Diagnosis	ICD-9-CM
362.1	Other background retinopathy and retinal vascular changes	Diagnosis	ICD-9-CM
362.10	Unspecified background retinopathy	Diagnosis	ICD-9-CM
362.11	Hypertensive retinopathy	Diagnosis	ICD-9-CM
362.12	Exudative retinopathy	Diagnosis	ICD-9-CM
362.13	Changes in vascular appearance of retina	Diagnosis	ICD-9-CM
362.14	Retinal microaneurysms NOS	Diagnosis	ICD-9-CM
362.15	Retinal telangiectasia	Diagnosis	ICD-9-CM
362.16	Retinal neovascularization NOS	Diagnosis	ICD-9-CM
362.17	Other intraretinal microvascular abnormalities	Diagnosis	ICD-9-CM
362.18	Retinal vasculitis	Diagnosis	ICD-9-CM
362.53	Cystoid macular degeneration of retina	Diagnosis	ICD-9-CM
362.81	Retinal hemorrhage	Diagnosis	ICD-9-CM
362.82	Retinal exudates and deposits	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
362.83	Retinal edema	Diagnosis	ICD-9-CM
369.0	Profound impairment, both eyes	Diagnosis	ICD-9-CM
369.00	Blindness of both eyes, impairment level not further specified	Diagnosis	ICD-9-CM
369.01	Better eye: total vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.02	Better eye: near-total vision impairment; lesser eye: not further specified	Diagnosis	ICD-9-CM
369.03	Better eye: near-total vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.04	Better eye: near-total vision impairment; lesser eye: near-total vision impairment	Diagnosis	ICD-9-CM
369.05	Better eye: profound vision impairment; lesser eye: not further specified	Diagnosis	ICD-9-CM
369.06	Better eye: profound vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.07	Better eye: profound vision impairment; lesser eye: near-total vision impairment	Diagnosis	ICD-9-CM
369.08	Better eye: profound vision impairment; lesser eye: profound vision impairment	Diagnosis	ICD-9-CM
369.1	Moderate or severe impairment, better eye; profound vision impairment of lesser eye	Diagnosis	ICD-9-CM
369.10	Profound, moderate or severe vision impairment, not further specified	Diagnosis	ICD-9-CM
369.11	Better eye: severe vision impairment; lesser eye: blind, not further specified	Diagnosis	ICD-9-CM
369.12	Better eye: severe vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.13	Better eye: severe vision impairment; lesser eye: near-total vision impairment	Diagnosis	ICD-9-CM
369.14	Better eye: severe vision impairment; lesser eye: profound vision impairment	Diagnosis	ICD-9-CM
369.15	Better eye: moderate vision impairment; lesser eye: blind, not further specified	Diagnosis	ICD-9-CM
369.16	Better eye: moderate vision impairment; lesser eye: total vision impairment	Diagnosis	ICD-9-CM
369.17	Better eye: moderate vision impairment; lesser eye: near-total vision impairment	Diagnosis	ICD-9-CM
369.18	Better eye: moderate vision impairment; lesser eye: profound vision impairment	Diagnosis	ICD-9-CM
369.2	Moderate or severe vision impairment, both eyes	Diagnosis	ICD-9-CM
369.20	Vision impairment, both eyes, impairment level not further specified	Diagnosis	ICD-9-CM
369.21	Better eye: severe vision impairment; lesser eye; impairment not further specified	Diagnosis	ICD-9-CM
369.22	Better eye: severe vision impairment; lesser eye: severe vision impairment	Diagnosis	ICD-9-CM
369.23	Better eye: moderate vision impairment; lesser eye: impairment not further specified	Diagnosis	ICD-9-CM
369.24	Better eye: moderate vision impairment; lesser eye: severe vision impairment	Diagnosis	ICD-9-CM
369.25	Better eye: moderate vision impairment; lesser eye: moderate vision impairment	Diagnosis	ICD-9-CM
369.3	Unqualified visual loss, both eyes	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
369.4	Legal blindness, as defined in USA	Diagnosis	ICD-9-CM
369.6	Profound vision impairment, one eye	Diagnosis	ICD-9-CM
369.60	Impairment level not further specified	Diagnosis	ICD-9-CM
369.61	One eye: total vision impairment; other eye: not specified	Diagnosis	ICD-9-CM
369.62	One eye: total vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.63	One eye: total vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.64	One eye: near-total vision impairment; other eye: vision not specified	Diagnosis	ICD-9-CM
369.65	One eye: near-total vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.66	One eye: near-total vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.67	One eye: profound vision impairment; other eye: vision not specified	Diagnosis	ICD-9-CM
369.68	One eye: profound vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.69	One eye: profound vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.7	Moderate or severe vision impairment, one eye	Diagnosis	ICD-9-CM
369.70	Low vision, one eye, not otherwise specified	Diagnosis	ICD-9-CM
369.71	One eye: severe vision impairment; other eye: vision not specified	Diagnosis	ICD-9-CM
369.72	One eye: severe vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.73	One eye: severe vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.74	One eye: moderate vision impairment; other eye: vision not specified	Diagnosis	ICD-9-CM
369.75	One eye: moderate vision impairment; other eye: near-normal vision	Diagnosis	ICD-9-CM
369.76	One eye: moderate vision impairment; other eye: normal vision	Diagnosis	ICD-9-CM
369.8	Unqualified visual loss, one eye	Diagnosis	ICD-9-CM
369.9	Unspecified visual loss	Diagnosis	ICD-9-CM
379.23	Vitreous hemorrhage	Diagnosis	ICD-9-CM
580	Acute glomerulonephritis	Diagnosis	ICD-9-CM
580.0	Acute glomerulonephritis with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
580.4	Acute glomerulonephritis with lesion of rapidly progressive glomerulonephritis	Diagnosis	ICD-9-CM
580.8	Acute glomerulonephritis with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
580.81	Acute glomerulonephritis with other specified pathological lesion in kidney in disease classified elsewhere	Diagnosis	ICD-9-CM
580.89	Other acute glomerulonephritis with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
580.9	Acute glomerulonephritis with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM
581	Nephrotic syndrome	Diagnosis	ICD-9-CM
581.0	Nephrotic syndrome with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
581.1	Nephrotic syndrome with lesion of membranous glomerulonephritis	Diagnosis	ICD-9-CM
581.2	Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis	Diagnosis	ICD-9-CM
581.3	Nephrotic syndrome with lesion of minimal change glomerulonephritis	Diagnosis	ICD-9-CM
581.8	Nephrotic syndrome with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
581.81	Nephrotic syndrome with other specified pathological lesion in kidney in diseases classified elsewhere	Diagnosis	ICD-9-CM
581.89	Other nephrotic syndrome with specified pathological lesion in kidney	Diagnosis	ICD-9-CM
581.9	Nephrotic syndrome with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM
582	Chronic glomerulonephritis	Diagnosis	ICD-9-CM
582.0	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
582.1	Chronic glomerulonephritis with lesion of membranous glomerulonephritis	Diagnosis	ICD-9-CM
582.2	Chronic glomerulonephritis with lesion of membranoproliferative glomerulonephritis	Diagnosis	ICD-9-CM
582.4	Chronic glomerulonephritis with lesion of rapidly progressive glomerulonephritis	Diagnosis	ICD-9-CM
582.8	Chronic glomerulonephritis with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM
582.81	Chronic glomerulonephritis with other specified pathological lesion in kidney in diseases classified elsewhere	Diagnosis	ICD-9-CM
582.89	Other chronic glomerulonephritis with specified pathological lesion in kidney	Diagnosis	ICD-9-CM
582.9	Chronic glomerulonephritis with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM
583	Nephritis and nephropathy, not specified as acute or chronic	Diagnosis	ICD-9-CM
583.0	Nephritis and nephropathy, not specified as acute or chronic, with lesion of proliferative glomerulonephritis	Diagnosis	ICD-9-CM
583.1	Nephritis and nephropathy, not specified as acute or chronic, with lesion of membranous glomerulonephritis	Diagnosis	ICD-9-CM
583.2	Nephritis and nephropathy, not specified as acute or chronic, with lesion of membranoproliferative glomerulonephritis	Diagnosis	ICD-9-CM
583.4	Nephritis and nephropathy, not specified as acute or chronic, with lesion of rapidly progressive glomerulonephritis	Diagnosis	ICD-9-CM
583.6	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal cortical necrosis	Diagnosis	ICD-9-CM
583.7	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal medullary necrosis	Diagnosis	ICD-9-CM
583.8	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
583.81	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney, in diseases classified elsewhere	Diagnosis	ICD-9-CM
583.89	Other nephritis and nephropathy, not specified as acute or chronic, with specified pathological lesion in kidney	Diagnosis	ICD-9-CM
583.9	Nephritis and nephropathy, not specified as acute or chronic, with unspecified pathological lesion in kidney	Diagnosis	ICD-9-CM
585	Chronic kidney disease (CKD)	Diagnosis	ICD-9-CM
585.1	Chronic kidney disease, Stage I	Diagnosis	ICD-9-CM
585.2	Chronic kidney disease, Stage II (mild)	Diagnosis	ICD-9-CM
585.3	Chronic kidney disease, Stage III (moderate)	Diagnosis	ICD-9-CM
585.4	Chronic kidney disease, Stage IV (severe)	Diagnosis	ICD-9-CM
585.5	Chronic kidney disease, Stage V	Diagnosis	ICD-9-CM
585.6	End stage renal disease	Diagnosis	ICD-9-CM
585.9	Chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
586	Unspecified renal failure	Diagnosis	ICD-9-CM
593.9	Unspecified disorder of kidney and ureter	Diagnosis	ICD-9-CM
713.5	Arthropathy associated with neurological disorders	Diagnosis	ICD-9-CM
951.0	Injury to oculomotor nerve	Diagnosis	ICD-9-CM
951.1	Injury to trochlear nerve	Diagnosis	ICD-9-CM
951.3	Injury to abducens nerve	Diagnosis	ICD-9-CM
A52.16	Charcot's arthropathy (tabetic)	Diagnosis	ICD-10-CM
B52.0	Plasmodium malariae malaria with nephropathy	Diagnosis	ICD-10-CM
D	Atherosclerosis of native arteries of right leg with ulceration of calf	Diagnosis	ICD-10-CM
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E08.359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	Diagnosis	ICD-10-CM
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer	Diagnosis	ICD-10-CM
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E09.359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10.36	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E10.621	Type 1 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E10.622	Type 1 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11.36	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E11.621	Type 2 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E11.622	Type 2 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13.36	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E13.621	Other specified diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E13.622	Other specified diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
G56.00	Carpal tunnel syndrome, unspecified upper limb	Diagnosis	ICD-10-CM
G56.01	Carpal tunnel syndrome, right upper limb	Diagnosis	ICD-10-CM
G56.02	Carpal tunnel syndrome, left upper limb	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
G56.03	Carpal tunnel syndrome, bilateral upper limbs	Diagnosis	ICD-10-CM
G56.10	Other lesions of median nerve, unspecified upper limb	Diagnosis	ICD-10-CM
G56.11	Other lesions of median nerve, right upper limb	Diagnosis	ICD-10-CM
G56.12	Other lesions of median nerve, left upper limb	Diagnosis	ICD-10-CM
G56.13	Other lesions of median nerve, bilateral upper limbs	Diagnosis	ICD-10-CM
G56.20	Lesion of ulnar nerve, unspecified upper limb	Diagnosis	ICD-10-CM
G56.21	Lesion of ulnar nerve, right upper limb	Diagnosis	ICD-10-CM
G56.22	Lesion of ulnar nerve, left upper limb	Diagnosis	ICD-10-CM
G56.23	Lesion of ulnar nerve, bilateral upper limbs	Diagnosis	ICD-10-CM
G56.30	Lesion of radial nerve, unspecified upper limb	Diagnosis	ICD-10-CM
G56.31	Lesion of radial nerve, right upper limb	Diagnosis	ICD-10-CM
G56.32	Lesion of radial nerve, left upper limb	Diagnosis	ICD-10-CM
G56.33	Lesion of radial nerve, bilateral upper limbs	Diagnosis	ICD-10-CM
G56.40	Causalgia of unspecified upper limb	Diagnosis	ICD-10-CM
G56.41	Causalgia of right upper limb	Diagnosis	ICD-10-CM
G56.42	Causalgia of left upper limb	Diagnosis	ICD-10-CM
G56.43	Causalgia of bilateral upper limbs	Diagnosis	ICD-10-CM
G56.80	Other specified mononeuropathies of unspecified upper limb	Diagnosis	ICD-10-CM
G56.81	Other specified mononeuropathies of right upper limb	Diagnosis	ICD-10-CM
G56.82	Other specified mononeuropathies of left upper limb	Diagnosis	ICD-10-CM
G56.83	Other specified mononeuropathies of bilateral upper limbs	Diagnosis	ICD-10-CM
G56.90	Unspecified mononeuropathy of unspecified upper limb	Diagnosis	ICD-10-CM
G56.91	Unspecified mononeuropathy of right upper limb	Diagnosis	ICD-10-CM
G56.92	Unspecified mononeuropathy of left upper limb	Diagnosis	ICD-10-CM
G56.93	Unspecified mononeuropathy of bilateral upper limbs	Diagnosis	ICD-10-CM
G57.00	Lesion of sciatic nerve, unspecified lower limb	Diagnosis	ICD-10-CM
G57.01	Lesion of sciatic nerve, right lower limb	Diagnosis	ICD-10-CM
G57.02	Lesion of sciatic nerve, left lower limb	Diagnosis	ICD-10-CM
G57.03	Lesion of sciatic nerve, bilateral lower limbs	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

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Code	Description	Code Category	Code Type
G57.82	Other specified mononeuropathies of left lower limb	Diagnosis	ICD-10-CM
G57.83	Other specified mononeuropathies of bilateral lower limbs	Diagnosis	ICD-10-CM
G57.90	Unspecified mononeuropathy of unspecified lower limb	Diagnosis	ICD-10-CM
G57.91	Unspecified mononeuropathy of right lower limb	Diagnosis	ICD-10-CM
G57.92	Unspecified mononeuropathy of left lower limb	Diagnosis	ICD-10-CM
G57.93	Unspecified mononeuropathy of bilateral lower limbs	Diagnosis	ICD-10-CM
G58.0	Intercostal neuropathy	Diagnosis	ICD-10-CM
G58.7	Mononeuritis multiplex	Diagnosis	ICD-10-CM
G58.8	Other specified mononeuropathies	Diagnosis	ICD-10-CM
G58.9	Mononeuropathy, unspecified	Diagnosis	ICD-10-CM
G59	Mononeuropathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
G60.9	Hereditary and idiopathic neuropathy, unspecified	Diagnosis	ICD-10-CM
G63	Polyneuropathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
G73.3	Myasthenic syndromes in other diseases classified elsewhere	Diagnosis	ICD-10-CM
G99.0	Autonomic neuropathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
H33.001	Unspecified retinal detachment with retinal break, right eye	Diagnosis	ICD-10-CM
H33.002	Unspecified retinal detachment with retinal break, left eye	Diagnosis	ICD-10-CM
H33.003	Unspecified retinal detachment with retinal break, bilateral	Diagnosis	ICD-10-CM
H33.009	Unspecified retinal detachment with retinal break, unspecified eye	Diagnosis	ICD-10-CM
H33.011	Retinal detachment with single break, right eye	Diagnosis	ICD-10-CM
H33.012	Retinal detachment with single break, left eye	Diagnosis	ICD-10-CM
H33.013	Retinal detachment with single break, bilateral	Diagnosis	ICD-10-CM
H33.019	Retinal detachment with single break, unspecified eye	Diagnosis	ICD-10-CM
H33.021	Retinal detachment with multiple breaks, right eye	Diagnosis	ICD-10-CM
H33.022	Retinal detachment with multiple breaks, left eye	Diagnosis	ICD-10-CM
H33.023	Retinal detachment with multiple breaks, bilateral	Diagnosis	ICD-10-CM
H33.029	Retinal detachment with multiple breaks, unspecified eye	Diagnosis	ICD-10-CM
H33.031	Retinal detachment with giant retinal tear, right eye	Diagnosis	ICD-10-CM
H33.032	Retinal detachment with giant retinal tear, left eye	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
H33.033	Retinal detachment with giant retinal tear, bilateral	Diagnosis	ICD-10-CM
H33.039	Retinal detachment with giant retinal tear, unspecified eye	Diagnosis	ICD-10-CM
H33.041	Retinal detachment with retinal dialysis, right eye	Diagnosis	ICD-10-CM
H33.042	Retinal detachment with retinal dialysis, left eye	Diagnosis	ICD-10-CM
H33.043	Retinal detachment with retinal dialysis, bilateral	Diagnosis	ICD-10-CM
H33.049	Retinal detachment with retinal dialysis, unspecified eye	Diagnosis	ICD-10-CM
H33.051	Total retinal detachment, right eye	Diagnosis	ICD-10-CM
H33.052	Total retinal detachment, left eye	Diagnosis	ICD-10-CM
H33.053	Total retinal detachment, bilateral	Diagnosis	ICD-10-CM
H33.059	Total retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
H33.101	Unspecified retinoschisis, right eye	Diagnosis	ICD-10-CM
H33.102	Unspecified retinoschisis, left eye	Diagnosis	ICD-10-CM
H33.103	Unspecified retinoschisis, bilateral	Diagnosis	ICD-10-CM
H33.109	Unspecified retinoschisis, unspecified eye	Diagnosis	ICD-10-CM
H33.111	Cyst of ora serrata, right eye	Diagnosis	ICD-10-CM
H33.112	Cyst of ora serrata, left eye	Diagnosis	ICD-10-CM
H33.113	Cyst of ora serrata, bilateral	Diagnosis	ICD-10-CM
H33.119	Cyst of ora serrata, unspecified eye	Diagnosis	ICD-10-CM
H33.191	Other retinoschisis and retinal cysts, right eye	Diagnosis	ICD-10-CM
H33.192	Other retinoschisis and retinal cysts, left eye	Diagnosis	ICD-10-CM
H33.193	Other retinoschisis and retinal cysts, bilateral	Diagnosis	ICD-10-CM
H33.199	Other retinoschisis and retinal cysts, unspecified eye	Diagnosis	ICD-10-CM
H33.20	Serous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
H33.21	Serous retinal detachment, right eye	Diagnosis	ICD-10-CM
H33.22	Serous retinal detachment, left eye	Diagnosis	ICD-10-CM
H33.23	Serous retinal detachment, bilateral	Diagnosis	ICD-10-CM
H33.301	Unspecified retinal break, right eye	Diagnosis	ICD-10-CM
H33.302	Unspecified retinal break, left eye	Diagnosis	ICD-10-CM
H33.303	Unspecified retinal break, bilateral	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
H33.309	Unspecified retinal break, unspecified eye	Diagnosis	ICD-10-CM
H33.311	Horseshoe tear of retina without detachment, right eye	Diagnosis	ICD-10-CM
H33.312	Horseshoe tear of retina without detachment, left eye	Diagnosis	ICD-10-CM
H33.313	Horseshoe tear of retina without detachment, bilateral	Diagnosis	ICD-10-CM
H33.319	Horseshoe tear of retina without detachment, unspecified eye	Diagnosis	ICD-10-CM
H33.321	Round hole, right eye	Diagnosis	ICD-10-CM
H33.322	Round hole, left eye	Diagnosis	ICD-10-CM
H33.323	Round hole, bilateral	Diagnosis	ICD-10-CM
H33.329	Round hole, unspecified eye	Diagnosis	ICD-10-CM
H33.331	Multiple defects of retina without detachment, right eye	Diagnosis	ICD-10-CM
H33.332	Multiple defects of retina without detachment, left eye	Diagnosis	ICD-10-CM
H33.333	Multiple defects of retina without detachment, bilateral	Diagnosis	ICD-10-CM
H33.339	Multiple defects of retina without detachment, unspecified eye	Diagnosis	ICD-10-CM
H33.40	Traction detachment of retina, unspecified eye	Diagnosis	ICD-10-CM
H33.41	Traction detachment of retina, right eye	Diagnosis	ICD-10-CM
H33.42	Traction detachment of retina, left eye	Diagnosis	ICD-10-CM
H33.43	Traction detachment of retina, bilateral	Diagnosis	ICD-10-CM
H33.8	Other retinal detachments	Diagnosis	ICD-10-CM
H35.00	Unspecified background retinopathy	Diagnosis	ICD-10-CM
H35.011	Changes in retinal vascular appearance, right eye	Diagnosis	ICD-10-CM
H35.012	Changes in retinal vascular appearance, left eye	Diagnosis	ICD-10-CM
H35.013	Changes in retinal vascular appearance, bilateral	Diagnosis	ICD-10-CM
H35.019	Changes in retinal vascular appearance, unspecified eye	Diagnosis	ICD-10-CM
H35.021	Exudative retinopathy, right eye	Diagnosis	ICD-10-CM
H35.022	Exudative retinopathy, left eye	Diagnosis	ICD-10-CM
H35.023	Exudative retinopathy, bilateral	Diagnosis	ICD-10-CM
H35.029	Exudative retinopathy, unspecified eye	Diagnosis	ICD-10-CM
H35.031	Hypertensive retinopathy, right eye	Diagnosis	ICD-10-CM
H35.032	Hypertensive retinopathy, left eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
H35.033	Hypertensive retinopathy, bilateral	Diagnosis	ICD-10-CM
H35.039	Hypertensive retinopathy, unspecified eye	Diagnosis	ICD-10-CM
H35.041	Retinal micro-aneurysms, unspecified, right eye	Diagnosis	ICD-10-CM
H35.042	Retinal micro-aneurysms, unspecified, left eye	Diagnosis	ICD-10-CM
H35.043	Retinal micro-aneurysms, unspecified, bilateral	Diagnosis	ICD-10-CM
H35.049	Retinal micro-aneurysms, unspecified, unspecified eye	Diagnosis	ICD-10-CM
H35.051	Retinal neovascularization, unspecified, right eye	Diagnosis	ICD-10-CM
H35.052	Retinal neovascularization, unspecified, left eye	Diagnosis	ICD-10-CM
H35.053	Retinal neovascularization, unspecified, bilateral	Diagnosis	ICD-10-CM
H35.059	Retinal neovascularization, unspecified, unspecified eye	Diagnosis	ICD-10-CM
H35.061	Retinal vasculitis, right eye	Diagnosis	ICD-10-CM
H35.062	Retinal vasculitis, left eye	Diagnosis	ICD-10-CM
H35.063	Retinal vasculitis, bilateral	Diagnosis	ICD-10-CM
H35.069	Retinal vasculitis, unspecified eye	Diagnosis	ICD-10-CM
H35.071	Retinal telangiectasis, right eye	Diagnosis	ICD-10-CM
H35.072	Retinal telangiectasis, left eye	Diagnosis	ICD-10-CM
H35.073	Retinal telangiectasis, bilateral	Diagnosis	ICD-10-CM
H35.079	Retinal telangiectasis, unspecified eye	Diagnosis	ICD-10-CM
H35.09	Other intraretinal microvascular abnormalities	Diagnosis	ICD-10-CM
H35.2	Other non-diabetic proliferative retinopathy	Diagnosis	ICD-10-CM
H35.20	Other non-diabetic proliferative retinopathy, unspecified eye	Diagnosis	ICD-10-CM
H35.21	Other non-diabetic proliferative retinopathy, right eye	Diagnosis	ICD-10-CM
H35.22	Other non-diabetic proliferative retinopathy, left eye	Diagnosis	ICD-10-CM
H35.23	Other non-diabetic proliferative retinopathy, bilateral	Diagnosis	ICD-10-CM
H35.351	Cystoid macular degeneration, right eye	Diagnosis	ICD-10-CM
H35.352	Cystoid macular degeneration, left eye	Diagnosis	ICD-10-CM
H35.353	Cystoid macular degeneration, bilateral	Diagnosis	ICD-10-CM
H35.359	Cystoid macular degeneration, unspecified eye	Diagnosis	ICD-10-CM
H35.60	Retinal hemorrhage, unspecified eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
H35.61	Retinal hemorrhage, right eye	Diagnosis	ICD-10-CM
H35.62	Retinal hemorrhage, left eye	Diagnosis	ICD-10-CM
H35.63	Retinal hemorrhage, bilateral	Diagnosis	ICD-10-CM
H35.81	Retinal edema	Diagnosis	ICD-10-CM
H35.82	Retinal ischemia	Diagnosis	ICD-10-CM
H35.89	Other specified retinal disorders	Diagnosis	ICD-10-CM
H43.10	Vitreous hemorrhage, unspecified eye	Diagnosis	ICD-10-CM
H43.11	Vitreous hemorrhage, right eye	Diagnosis	ICD-10-CM
H43.12	Vitreous hemorrhage, left eye	Diagnosis	ICD-10-CM
H43.13	Vitreous hemorrhage, bilateral	Diagnosis	ICD-10-CM
H49.0	Third [oculomotor] nerve palsy	Diagnosis	ICD-10-CM
H49.00	Third [oculomotor] nerve palsy, unspecified eye	Diagnosis	ICD-10-CM
H49.01	Third [oculomotor] nerve palsy, right eye	Diagnosis	ICD-10-CM
H49.02	Third [oculomotor] nerve palsy, left eye	Diagnosis	ICD-10-CM
H49.03	Third [oculomotor] nerve palsy, bilateral	Diagnosis	ICD-10-CM
H49.1	Fourth [trochlear] nerve palsy	Diagnosis	ICD-10-CM
H49.10	Fourth [trochlear] nerve palsy, unspecified eye	Diagnosis	ICD-10-CM
H49.11	Fourth [trochlear] nerve palsy, right eye	Diagnosis	ICD-10-CM
H49.12	Fourth [trochlear] nerve palsy, left eye	Diagnosis	ICD-10-CM
H49.13	Fourth [trochlear] nerve palsy, bilateral	Diagnosis	ICD-10-CM
H49.2	Sixth [abducent] nerve palsy	Diagnosis	ICD-10-CM
H49.20	Sixth [abducent] nerve palsy, unspecified eye	Diagnosis	ICD-10-CM
H49.21	Sixth [abducent] nerve palsy, right eye	Diagnosis	ICD-10-CM
H49.22	Sixth [abducent] nerve palsy, left eye	Diagnosis	ICD-10-CM
H49.23	Sixth [abducent] nerve palsy, bilateral	Diagnosis	ICD-10-CM
H54.0	Blindness, both eyes	Diagnosis	ICD-10-CM
H54.0X33	Blindness right eye category 3, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.0X34	Blindness right eye category 3, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.0X35	Blindness right eye category 3, blindness left eye category 5	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
H54.0X43	Blindness right eye category 4, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.0X44	Blindness right eye category 4, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.0X45	Blindness right eye category 4, blindness left eye category 5	Diagnosis	ICD-10-CM
H54.0X53	Blindness right eye category 5, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.0X54	Blindness right eye category 5, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.0X55	Blindness right eye category 5, blindness left eye category 5	Diagnosis	ICD-10-CM
H54.10	Blindness, one eye, low vision other eye, unspecified eyes	Diagnosis	ICD-10-CM
H54.11	Blindness, right eye, low vision left eye	Diagnosis	ICD-10-CM
H54.1131	Blindness right eye category 3, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.1132	Blindness right eye category 3, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.1141	Blindness right eye category 4, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.1142	Blindness right eye category 4, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.1151	Blindness right eye category 5, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.1152	Blindness right eye category 5, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.12	Blindness, left eye, low vision right eye	Diagnosis	ICD-10-CM
H54.1213	Low vision right eye category 1, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.1214	Low vision right eye category 1, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.1215	Low vision right eye category 1, blindness left eye category 5	Diagnosis	ICD-10-CM
H54.1223	Low vision right eye category 2, blindness left eye category 3	Diagnosis	ICD-10-CM
H54.1224	Low vision right eye category 2, blindness left eye category 4	Diagnosis	ICD-10-CM
H54.1225	Low vision right eye category 2, blindness left eye category 5	Diagnosis	ICD-10-CM
H54.2	Low vision, both eyes	Diagnosis	ICD-10-CM
H54.2X11	Low vision right eye category 1, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.2X12	Low vision right eye category 1, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.2X21	Low vision right eye category 2, low vision left eye category 1	Diagnosis	ICD-10-CM
H54.2X22	Low vision right eye category 2, low vision left eye category 2	Diagnosis	ICD-10-CM
H54.3	Unqualified visual loss, both eyes	Diagnosis	ICD-10-CM
H54.40	Blindness, one eye, unspecified eye	Diagnosis	ICD-10-CM
H54.41	Blindness, right eye, normal vision left eye	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
H54.413A	Blindness right eye category 3, normal vision left eye	Diagnosis	ICD-10-CM
H54.414A	Blindness right eye category 4, normal vision left eye	Diagnosis	ICD-10-CM
H54.415A	Blindness right eye category 5, normal vision left eye	Diagnosis	ICD-10-CM
H54.42	Blindness, left eye, normal vision right eye	Diagnosis	ICD-10-CM
H54.42A3	Blindness left eye category 3, normal vision right eye	Diagnosis	ICD-10-CM
H54.42A4	Blindness left eye category 4, normal vision right eye	Diagnosis	ICD-10-CM
H54.42A5	Blindness left eye category 5, normal vision right eye	Diagnosis	ICD-10-CM
H54.50	Low vision, one eye, unspecified eye	Diagnosis	ICD-10-CM
H54.51	Low vision, right eye, normal vision left eye	Diagnosis	ICD-10-CM
H54.511A	Low vision right eye category 1, normal vision left eye	Diagnosis	ICD-10-CM
H54.512A	Low vision right eye category 2, normal vision left eye	Diagnosis	ICD-10-CM
H54.52	Low vision, left eye, normal vision right eye	Diagnosis	ICD-10-CM
H54.52A1	Low vision left eye category 1, normal vision right eye	Diagnosis	ICD-10-CM
H54.52A2	Low vision left eye category 2, normal vision right eye	Diagnosis	ICD-10-CM
H54.60	Unqualified visual loss, one eye, unspecified	Diagnosis	ICD-10-CM
H54.61	Unqualified visual loss, right eye, normal vision left eye	Diagnosis	ICD-10-CM
H54.62	Unqualified visual loss, left eye, normal vision right eye	Diagnosis	ICD-10-CM
H54.7	Unspecified visual loss	Diagnosis	ICD-10-CM
H54.8	Legal blindness, as defined in USA	Diagnosis	ICD-10-CM
I70.23	Atherosclerosis of native arteries of right leg with ulceration	Diagnosis	ICD-10-CM
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg	Diagnosis	ICD-10-CM
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.24	Atherosclerosis of native arteries of left leg with ulceration	Diagnosis	ICD-10-CM
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg	Diagnosis	ICD-10-CM
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	Diagnosis	ICD-10-CM
I70.26	Atherosclerosis of native arteries of extremities with gangrene	Diagnosis	ICD-10-CM
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.33	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.34	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I70.36	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.43	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.44	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.46	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.53	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.54	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.56	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.63	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.64	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.66	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I70.73	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration	Diagnosis	ICD-10-CM
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	Diagnosis	ICD-10-CM
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.74	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration	Diagnosis	ICD-10-CM
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	Diagnosis	ICD-10-CM
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	Diagnosis	ICD-10-CM
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	Diagnosis	ICD-10-CM
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	Diagnosis	ICD-10-CM
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	Diagnosis	ICD-10-CM
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	Diagnosis	ICD-10-CM
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	Diagnosis	ICD-10-CM
I70.76	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene	Diagnosis	ICD-10-CM
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	Diagnosis	ICD-10-CM
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	Diagnosis	ICD-10-CM
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	Diagnosis	ICD-10-CM
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	Diagnosis	ICD-10-CM
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	Diagnosis	ICD-10-CM
I72.4	Aneurysm of artery of lower extremity	Diagnosis	ICD-10-CM
I73.01	Raynaud's syndrome with gangrene	Diagnosis	ICD-10-CM
I73.9	Peripheral vascular disease, unspecified	Diagnosis	ICD-10-CM
I74.3	Embolism and thrombosis of arteries of the lower extremities	Diagnosis	ICD-10-CM
I74.4	Embolism and thrombosis of arteries of extremities, unspecified	Diagnosis	ICD-10-CM
I79.1	Aortitis in diseases classified elsewhere	Diagnosis	ICD-10-CM
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere	Diagnosis	ICD-10-CM
I96	Gangrene, not elsewhere classified	Diagnosis	ICD-10-CM
L97.101	Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed	Diagnosis	ICD-10-CM
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle	Diagnosis	ICD-10-CM
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone	Diagnosis	ICD-10-CM
L97.105	Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.106	Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.108	Non-pressure chronic ulcer of unspecified thigh with other specified severity	Diagnosis	ICD-10-CM
L97.109	Non-pressure chronic ulcer of unspecified thigh with unspecified severity	Diagnosis	ICD-10-CM
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle	Diagnosis	ICD-10-CM
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone	Diagnosis	ICD-10-CM
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity	Diagnosis	ICD-10-CM
L97.119	Non-pressure chronic ulcer of right thigh with unspecified severity	Diagnosis	ICD-10-CM
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed	Diagnosis	ICD-10-CM
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle	Diagnosis	ICD-10-CM
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone	Diagnosis	ICD-10-CM
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity	Diagnosis	ICD-10-CM
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity	Diagnosis	ICD-10-CM
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed	Diagnosis	ICD-10-CM
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle	Diagnosis	ICD-10-CM
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone	Diagnosis	ICD-10-CM
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.208	Non-pressure chronic ulcer of unspecified calf with other specified severity	Diagnosis	ICD-10-CM
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity	Diagnosis	ICD-10-CM
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed	Diagnosis	ICD-10-CM
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle	Diagnosis	ICD-10-CM
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone	Diagnosis	ICD-10-CM
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.218	Non-pressure chronic ulcer of right calf with other specified severity	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity	Diagnosis	ICD-10-CM
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed	Diagnosis	ICD-10-CM
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle	Diagnosis	ICD-10-CM
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone	Diagnosis	ICD-10-CM
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.228	Non-pressure chronic ulcer of left calf with other specified severity	Diagnosis	ICD-10-CM
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity	Diagnosis	ICD-10-CM
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed	Diagnosis	ICD-10-CM
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle	Diagnosis	ICD-10-CM
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone	Diagnosis	ICD-10-CM
L97.305	Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.306	Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.308	Non-pressure chronic ulcer of unspecified ankle with other specified severity	Diagnosis	ICD-10-CM
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified severity	Diagnosis	ICD-10-CM
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed	Diagnosis	ICD-10-CM
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle	Diagnosis	ICD-10-CM
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone	Diagnosis	ICD-10-CM
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity	Diagnosis	ICD-10-CM
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity	Diagnosis	ICD-10-CM
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed	Diagnosis	ICD-10-CM
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle	Diagnosis	ICD-10-CM
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity	Diagnosis	ICD-10-CM
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity	Diagnosis	ICD-10-CM
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed	Diagnosis	ICD-10-CM
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone	Diagnosis	ICD-10-CM
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.408	Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity	Diagnosis	ICD-10-CM
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity	Diagnosis	ICD-10-CM
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed	Diagnosis	ICD-10-CM
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone	Diagnosis	ICD-10-CM
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity	Diagnosis	ICD-10-CM
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity	Diagnosis	ICD-10-CM
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed	Diagnosis	ICD-10-CM
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone	Diagnosis	ICD-10-CM
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity	Diagnosis	ICD-10-CM
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity	Diagnosis	ICD-10-CM
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed	Diagnosis	ICD-10-CM
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone	Diagnosis	ICD-10-CM
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.508	Non-pressure chronic ulcer of other part of unspecified foot with other specified severity	Diagnosis	ICD-10-CM
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity	Diagnosis	ICD-10-CM
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed	Diagnosis	ICD-10-CM
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone	Diagnosis	ICD-10-CM
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity	Diagnosis	ICD-10-CM
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity	Diagnosis	ICD-10-CM
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed	Diagnosis	ICD-10-CM
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle	Diagnosis	ICD-10-CM
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone	Diagnosis	ICD-10-CM
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity	Diagnosis	ICD-10-CM
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity	Diagnosis	ICD-10-CM
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.808	Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.908	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity	Diagnosis	ICD-10-CM
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin	Diagnosis	ICD-10-CM
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed	Diagnosis	ICD-10-CM
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle	Diagnosis	ICD-10-CM
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone	Diagnosis	ICD-10-CM
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity	Diagnosis	ICD-10-CM
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity	Diagnosis	ICD-10-CM
L98.4	Non-pressure chronic ulcer of skin, not elsewhere classified	Diagnosis	ICD-10-CM
L98.41	Non-pressure chronic ulcer of buttock	Diagnosis	ICD-10-CM
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin	Diagnosis	ICD-10-CM
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed	Diagnosis	ICD-10-CM
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle	Diagnosis	ICD-10-CM
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone	Diagnosis	ICD-10-CM
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.418	Non-pressure chronic ulcer of buttock with other specified severity	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity	Diagnosis	ICD-10-CM
L98.42	Non-pressure chronic ulcer of back	Diagnosis	ICD-10-CM
L98.421	Non-pressure chronic ulcer of back limited to breakdown of skin	Diagnosis	ICD-10-CM
L98.422	Non-pressure chronic ulcer of back with fat layer exposed	Diagnosis	ICD-10-CM
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle	Diagnosis	ICD-10-CM
L98.424	Non-pressure chronic ulcer of back with necrosis of bone	Diagnosis	ICD-10-CM
L98.425	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.426	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.428	Non-pressure chronic ulcer of back with other specified severity	Diagnosis	ICD-10-CM
L98.429	Non-pressure chronic ulcer of back with unspecified severity	Diagnosis	ICD-10-CM
L98.49	Non-pressure chronic ulcer of skin of other sites	Diagnosis	ICD-10-CM
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin	Diagnosis	ICD-10-CM
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed	Diagnosis	ICD-10-CM
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle	Diagnosis	ICD-10-CM
L98.494	Non-pressure chronic ulcer of skin of other sites with necrosis of bone	Diagnosis	ICD-10-CM
L98.495	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.496	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis	Diagnosis	ICD-10-CM
L98.498	Non-pressure chronic ulcer of skin of other sites with other specified severity	Diagnosis	ICD-10-CM
L98.499	Non-pressure chronic ulcer of skin of other sites with unspecified severity	Diagnosis	ICD-10-CM
M14.60	Charcot's joint, unspecified site	Diagnosis	ICD-10-CM
M14.611	Charcot's joint, right shoulder	Diagnosis	ICD-10-CM
M14.612	Charcot's joint, left shoulder	Diagnosis	ICD-10-CM
M14.619	Charcot's joint, unspecified shoulder	Diagnosis	ICD-10-CM
M14.621	Charcot's joint, right elbow	Diagnosis	ICD-10-CM
M14.622	Charcot's joint, left elbow	Diagnosis	ICD-10-CM
M14.629	Charcot's joint, unspecified elbow	Diagnosis	ICD-10-CM
M14.631	Charcot's joint, right wrist	Diagnosis	ICD-10-CM
M14.632	Charcot's joint, left wrist	Diagnosis	ICD-10-CM
M14.639	Charcot's joint, unspecified wrist	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
M14.641	Charcot's joint, right hand	Diagnosis	ICD-10-CM
M14.642	Charcot's joint, left hand	Diagnosis	ICD-10-CM
M14.649	Charcot's joint, unspecified hand	Diagnosis	ICD-10-CM
M14.651	Charcot's joint, right hip	Diagnosis	ICD-10-CM
M14.652	Charcot's joint, left hip	Diagnosis	ICD-10-CM
M14.659	Charcot's joint, unspecified hip	Diagnosis	ICD-10-CM
M14.661	Charcot's joint, right knee	Diagnosis	ICD-10-CM
M14.662	Charcot's joint, left knee	Diagnosis	ICD-10-CM
M14.669	Charcot's joint, unspecified knee	Diagnosis	ICD-10-CM
M14.671	Charcot's joint, right ankle and foot	Diagnosis	ICD-10-CM
M14.672	Charcot's joint, left ankle and foot	Diagnosis	ICD-10-CM
M14.679	Charcot's joint, unspecified ankle and foot	Diagnosis	ICD-10-CM
M14.68	Charcot's joint, vertebrae	Diagnosis	ICD-10-CM
M14.69	Charcot's joint, multiple sites	Diagnosis	ICD-10-CM
M32.14	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M35.04	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
N00.0	Acute nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N00.1	Acute nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N00.2	Acute nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N00.3	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.4	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N00.5	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N00.6	Acute nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N00.7	Acute nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N00.8	Acute nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N00.9	Acute nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N01.0	Rapidly progressive nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N01.1	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
N01.2	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N01.3	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.4	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N01.5	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N01.6	Rapidly progressive nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N01.7	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N01.8	Rapidly progressive nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N01.9	Rapidly progressive nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N04.6	Nephrotic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N04.8	Nephrotic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N04.9	Nephrotic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N05.6	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N05.8	Unspecified nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N06.0	Isolated proteinuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N06.1	Isolated proteinuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N06.6	Isolated proteinuria with dense deposit disease	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N06.8	Isolated proteinuria with other morphologic lesion	Diagnosis	ICD-10-CM
N06.9	Isolated proteinuria with unspecified morphologic lesion	Diagnosis	ICD-10-CM
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	Diagnosis	ICD-10-CM
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	Diagnosis	ICD-10-CM
N08	Glomerular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N14.0	Analgesic nephropathy	Diagnosis	ICD-10-CM
N14.1	Nephropathy induced by other drugs, medicaments and biological substances	Diagnosis	ICD-10-CM
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance	Diagnosis	ICD-10-CM
N14.3	Nephropathy induced by heavy metals	Diagnosis	ICD-10-CM
N14.4	Toxic nephropathy, not elsewhere classified	Diagnosis	ICD-10-CM
N15.0	Balkan nephropathy	Diagnosis	ICD-10-CM
N15.8	Other specified renal tubulo-interstitial diseases	Diagnosis	ICD-10-CM
N15.9	Renal tubulo-interstitial disease, unspecified	Diagnosis	ICD-10-CM
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N17.0	Acute kidney failure with tubular necrosis	Diagnosis	ICD-10-CM
N17.1	Acute kidney failure with acute cortical necrosis	Diagnosis	ICD-10-CM
N17.2	Acute kidney failure with medullary necrosis	Diagnosis	ICD-10-CM
N17.8	Other acute kidney failure	Diagnosis	ICD-10-CM
N17.9	Acute kidney failure, unspecified	Diagnosis	ICD-10-CM
N18.1	Chronic kidney disease, stage 1	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
N18.2	Chronic kidney disease, stage 2 (mild)	Diagnosis	ICD-10-CM
N18.3	Chronic kidney disease, stage 3 (moderate)	Diagnosis	ICD-10-CM
N18.4	Chronic kidney disease, stage 4 (severe)	Diagnosis	ICD-10-CM
N18.5	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM
N18.6	End stage renal disease	Diagnosis	ICD-10-CM
N18.9	Chronic kidney disease, unspecified	Diagnosis	ICD-10-CM
N19	Unspecified kidney failure	Diagnosis	ICD-10-CM
N28.9	Disorder of kidney and ureter, unspecified	Diagnosis	ICD-10-CM
N29	Other disorders of kidney and ureter in diseases classified elsewhere	Diagnosis	ICD-10-CM
S04.10XA	Injury of oculomotor nerve, unspecified side, initial encounter	Diagnosis	ICD-10-CM
S04.11XA	Injury of oculomotor nerve, right side, initial encounter	Diagnosis	ICD-10-CM
S04.12XA	Injury of oculomotor nerve, left side, initial encounter	Diagnosis	ICD-10-CM
S04.20XA	Injury of trochlear nerve, unspecified side, initial encounter	Diagnosis	ICD-10-CM
S04.21XA	Injury of trochlear nerve, right side, initial encounter	Diagnosis	ICD-10-CM
S04.22XA	Injury of trochlear nerve, left side, initial encounter	Diagnosis	ICD-10-CM
S04.40XA	Injury of abducent nerve, unspecified side, initial encounter	Diagnosis	ICD-10-CM
S04.41XA	Injury of abducent nerve, right side, initial encounter	Diagnosis	ICD-10-CM
S04.42XA	Injury of abducent nerve, left side, initial encounter	Diagnosis	ICD-10-CM
S91.321A	Laceration with foreign body, right foot, initial encounter	Diagnosis	ICD-10-CM
S91.322A	Laceration with foreign body, left foot, initial encounter	Diagnosis	ICD-10-CM
S91.329A	Laceration with foreign body, unspecified foot, initial encounter	Diagnosis	ICD-10-CM
S91.341A	Puncture wound with foreign body, right foot, initial encounter	Diagnosis	ICD-10-CM
S91.342A	Puncture wound with foreign body, left foot, initial encounter	Diagnosis	ICD-10-CM
S91.349A	Puncture wound with foreign body, unspecified foot, initial encounter	Diagnosis	ICD-10-CM
T82.4	Mechanical complication of vascular dialysis catheter	Diagnosis	ICD-10-CM
T82.41	Breakdown (mechanical) of vascular dialysis catheter	Diagnosis	ICD-10-CM
T82.41XA	Breakdown (mechanical) of vascular dialysis catheter, initial encounter	Diagnosis	ICD-10-CM
T82.41XD	Breakdown (mechanical) of vascular dialysis catheter, subsequent encounter	Diagnosis	ICD-10-CM
T82.41XS	Breakdown (mechanical) of vascular dialysis catheter, sequela	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
T82.42	Displacement of vascular dialysis catheter	Diagnosis	ICD-10-CM
T82.42XA	Displacement of vascular dialysis catheter, initial encounter	Diagnosis	ICD-10-CM
T82.42XD	Displacement of vascular dialysis catheter, subsequent encounter	Diagnosis	ICD-10-CM
T82.42XS	Displacement of vascular dialysis catheter, sequela	Diagnosis	ICD-10-CM
T82.43	Leakage of vascular dialysis catheter	Diagnosis	ICD-10-CM
T82.43XA	Leakage of vascular dialysis catheter, initial encounter	Diagnosis	ICD-10-CM
T82.43XD	Leakage of vascular dialysis catheter, subsequent encounter	Diagnosis	ICD-10-CM
T82.43XS	Leakage of vascular dialysis catheter, sequela	Diagnosis	ICD-10-CM
T82.49	Other complication of vascular dialysis catheter	Diagnosis	ICD-10-CM
T82.49XA	Other complication of vascular dialysis catheter, initial encounter	Diagnosis	ICD-10-CM
T82.49XD	Other complication of vascular dialysis catheter, subsequent encounter	Diagnosis	ICD-10-CM
T82.49XS	Other complication of vascular dialysis catheter, sequela	Diagnosis	ICD-10-CM
Z49	Encounter for care involving renal dialysis	Diagnosis	ICD-10-CM
Z49.0	Preparatory care for renal dialysis	Diagnosis	ICD-10-CM
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter	Diagnosis	ICD-10-CM
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-10-CM
Z49.3	Encounter for adequacy testing for dialysis	Diagnosis	ICD-10-CM
Z49.31	Encounter for adequacy testing for hemodialysis	Diagnosis	ICD-10-CM
Z49.32	Encounter for adequacy testing for peritoneal dialysis	Diagnosis	ICD-10-CM
Z99.2	Dependence on renal dialysis	Diagnosis	ICD-10-CM
Stroke			
430	Subarachnoid hemorrhage	Diagnosis	ICD-9-CM
431	Intracerebral hemorrhage	Diagnosis	ICD-9-CM
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	Diagnosis	ICD-9-CM
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	Diagnosis	ICD-9-CM
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	Diagnosis	ICD-9-CM
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	Diagnosis	ICD-9-CM
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
434.01	Cerebral thrombosis with cerebral infarction	Diagnosis	ICD-9-CM
434.11	Cerebral embolism with cerebral infarction	Diagnosis	ICD-9-CM
434.91	Unspecified cerebral artery occlusion with cerebral infarction	Diagnosis	ICD-9-CM
436	Acute, but ill-defined, cerebrovascular disease	Diagnosis	ICD-9-CM
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	Diagnosis	ICD-10-CM
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
I60.8	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I61.8	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.02	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
I63.031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63.032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I63.111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63.112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I63.12	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I63.131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63.132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.19	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	Diagnosis	ICD-10-CM
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.441	Cerebral infarction due to embolism of right cerebellar artery	Diagnosis	ICD-10-CM
I63.442	Cerebral infarction due to embolism of left cerebellar artery	Diagnosis	ICD-10-CM
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.49	Cerebral infarction due to embolism of other cerebral artery	Diagnosis	ICD-10-CM
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I63.8	Other cerebral infarction	Diagnosis	ICD-10-CM
I63.9	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
Malignancy			
00.10	Implantation of chemotherapeutic agent	Procedure	ICD-9-CM
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	Procedure	CPT-3
0182T	High dose rate electronic brachytherapy, per fraction	Procedure	CPT-3
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	Procedure	CPT-3
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Procedure	CPT-3
140	Malignant neoplasm of lip	Diagnosis	ICD-9-CM
140.0	Malignant neoplasm of upper lip, vermilion border	Diagnosis	ICD-9-CM
140.1	Malignant neoplasm of lower lip, vermilion border	Diagnosis	ICD-9-CM
140.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-9-CM
140.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-9-CM
140.5	Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower	Diagnosis	ICD-9-CM
140.6	Malignant neoplasm of commissure of lip	Diagnosis	ICD-9-CM
140.8	Malignant neoplasm of other sites of lip	Diagnosis	ICD-9-CM
140.9	Malignant neoplasm of lip, vermilion border, unspecified as to upper or lower	Diagnosis	ICD-9-CM
141	Malignant neoplasm of tongue	Diagnosis	ICD-9-CM
141.0	Malignant neoplasm of base of tongue	Diagnosis	ICD-9-CM
141.1	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-9-CM
141.2	Malignant neoplasm of tip and lateral border of tongue	Diagnosis	ICD-9-CM
141.3	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-9-CM
141.4	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-9-CM
141.5	Malignant neoplasm of junctional zone of tongue	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
141.6	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-9-CM
141.8	Malignant neoplasm of other sites of tongue	Diagnosis	ICD-9-CM
141.9	Malignant neoplasm of tongue, unspecified site	Diagnosis	ICD-9-CM
142	Malignant neoplasm of major salivary glands	Diagnosis	ICD-9-CM
142.0	Malignant neoplasm of parotid gland	Diagnosis	ICD-9-CM
142.1	Malignant neoplasm of submandibular gland	Diagnosis	ICD-9-CM
142.2	Malignant neoplasm of sublingual gland	Diagnosis	ICD-9-CM
142.8	Malignant neoplasm of other major salivary glands	Diagnosis	ICD-9-CM
142.9	Malignant neoplasm of salivary gland, unspecified	Diagnosis	ICD-9-CM
143	Malignant neoplasm of gum	Diagnosis	ICD-9-CM
143.0	Malignant neoplasm of upper gum	Diagnosis	ICD-9-CM
143.1	Malignant neoplasm of lower gum	Diagnosis	ICD-9-CM
143.8	Malignant neoplasm of other sites of gum	Diagnosis	ICD-9-CM
143.9	Malignant neoplasm of gum, unspecified site	Diagnosis	ICD-9-CM
144	Malignant neoplasm of floor of mouth	Diagnosis	ICD-9-CM
144.0	Malignant neoplasm of anterior portion of floor of mouth	Diagnosis	ICD-9-CM
144.1	Malignant neoplasm of lateral portion of floor of mouth	Diagnosis	ICD-9-CM
144.8	Malignant neoplasm of other sites of floor of mouth	Diagnosis	ICD-9-CM
144.9	Malignant neoplasm of floor of mouth, part unspecified	Diagnosis	ICD-9-CM
145	Malignant neoplasm of other and unspecified parts of mouth	Diagnosis	ICD-9-CM
145.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-9-CM
145.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-9-CM
145.2	Malignant neoplasm of hard palate	Diagnosis	ICD-9-CM
145.3	Malignant neoplasm of soft palate	Diagnosis	ICD-9-CM
145.4	Malignant neoplasm of uvula	Diagnosis	ICD-9-CM
145.5	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-9-CM
145.6	Malignant neoplasm of retromolar area	Diagnosis	ICD-9-CM
145.8	Malignant neoplasm of other specified parts of mouth	Diagnosis	ICD-9-CM
145.9	Malignant neoplasm of mouth, unspecified site	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
146	Malignant neoplasm of oropharynx	Diagnosis	ICD-9-CM
146.0	Malignant neoplasm of tonsil	Diagnosis	ICD-9-CM
146.1	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-9-CM
146.2	Malignant neoplasm of tonsillar pillars (anterior) (posterior)	Diagnosis	ICD-9-CM
146.3	Malignant neoplasm of vallecula	Diagnosis	ICD-9-CM
146.4	Malignant neoplasm of anterior aspect of epiglottis	Diagnosis	ICD-9-CM
146.5	Malignant neoplasm of junctional region of oropharynx	Diagnosis	ICD-9-CM
146.6	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-9-CM
146.7	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-9-CM
146.8	Malignant neoplasm of other specified sites of oropharynx	Diagnosis	ICD-9-CM
146.9	Malignant neoplasm of oropharynx, unspecified site	Diagnosis	ICD-9-CM
147	Malignant neoplasm of nasopharynx	Diagnosis	ICD-9-CM
147.0	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-9-CM
147.1	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-9-CM
147.2	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-9-CM
147.3	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-9-CM
147.8	Malignant neoplasm of other specified sites of nasopharynx	Diagnosis	ICD-9-CM
147.9	Malignant neoplasm of nasopharynx, unspecified site	Diagnosis	ICD-9-CM
148	Malignant neoplasm of hypopharynx	Diagnosis	ICD-9-CM
148.0	Malignant neoplasm of postcricoid region of hypopharynx	Diagnosis	ICD-9-CM
148.1	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-9-CM
148.2	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-9-CM
148.3	Malignant neoplasm of posterior hypopharyngeal wall	Diagnosis	ICD-9-CM
148.8	Malignant neoplasm of other specified sites of hypopharynx	Diagnosis	ICD-9-CM
148.9	Malignant neoplasm of hypopharynx, unspecified site	Diagnosis	ICD-9-CM
149	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx	Diagnosis	ICD-9-CM
149.0	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-9-CM
149.1	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-9-CM
149.8	Malignant neoplasm of other sites within the lip and oral cavity	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
149.9	Malignant neoplasm of ill-defined sites of lip and oral cavity	Diagnosis	ICD-9-CM
150	Malignant neoplasm of esophagus	Diagnosis	ICD-9-CM
150.0	Malignant neoplasm of cervical esophagus	Diagnosis	ICD-9-CM
150.1	Malignant neoplasm of thoracic esophagus	Diagnosis	ICD-9-CM
150.2	Malignant neoplasm of abdominal esophagus	Diagnosis	ICD-9-CM
150.3	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-9-CM
150.4	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-9-CM
150.5	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-9-CM
150.8	Malignant neoplasm of other specified part of esophagus	Diagnosis	ICD-9-CM
150.9	Malignant neoplasm of esophagus, unspecified site	Diagnosis	ICD-9-CM
151	Malignant neoplasm of stomach	Diagnosis	ICD-9-CM
151.0	Malignant neoplasm of cardia	Diagnosis	ICD-9-CM
151.1	Malignant neoplasm of pylorus	Diagnosis	ICD-9-CM
151.2	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-9-CM
151.3	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-9-CM
151.4	Malignant neoplasm of body of stomach	Diagnosis	ICD-9-CM
151.5	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-9-CM
151.6	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-9-CM
151.8	Malignant neoplasm of other specified sites of stomach	Diagnosis	ICD-9-CM
151.9	Malignant neoplasm of stomach, unspecified site	Diagnosis	ICD-9-CM
152	Malignant neoplasm of small intestine, including duodenum	Diagnosis	ICD-9-CM
152.0	Malignant neoplasm of duodenum	Diagnosis	ICD-9-CM
152.1	Malignant neoplasm of jejunum	Diagnosis	ICD-9-CM
152.2	Malignant neoplasm of ileum	Diagnosis	ICD-9-CM
152.3	Malignant neoplasm of Meckel's diverticulum	Diagnosis	ICD-9-CM
152.8	Malignant neoplasm of other specified sites of small intestine	Diagnosis	ICD-9-CM
152.9	Malignant neoplasm of small intestine, unspecified site	Diagnosis	ICD-9-CM
153	Malignant neoplasm of colon	Diagnosis	ICD-9-CM
153.0	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
153.1	Malignant neoplasm of transverse colon	Diagnosis	ICD-9-CM
153.2	Malignant neoplasm of descending colon	Diagnosis	ICD-9-CM
153.3	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-9-CM
153.4	Malignant neoplasm of cecum	Diagnosis	ICD-9-CM
153.5	Malignant neoplasm of appendix	Diagnosis	ICD-9-CM
153.6	Malignant neoplasm of ascending colon	Diagnosis	ICD-9-CM
153.7	Malignant neoplasm of splenic flexure	Diagnosis	ICD-9-CM
153.8	Malignant neoplasm of other specified sites of large intestine	Diagnosis	ICD-9-CM
153.9	Malignant neoplasm of colon, unspecified site	Diagnosis	ICD-9-CM
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-9-CM
154.0	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-9-CM
154.1	Malignant neoplasm of rectum	Diagnosis	ICD-9-CM
154.2	Malignant neoplasm of anal canal	Diagnosis	ICD-9-CM
154.3	Malignant neoplasm of anus, unspecified site	Diagnosis	ICD-9-CM
154.8	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus	Diagnosis	ICD-9-CM
155	Malignant neoplasm of liver and intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.0	Malignant neoplasm of liver, primary	Diagnosis	ICD-9-CM
155.1	Malignant neoplasm of intrahepatic bile ducts	Diagnosis	ICD-9-CM
155.2	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-9-CM
156	Malignant neoplasm of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.0	Malignant neoplasm of gallbladder	Diagnosis	ICD-9-CM
156.1	Malignant neoplasm of extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.2	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-9-CM
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	Diagnosis	ICD-9-CM
156.9	Malignant neoplasm of biliary tract, part unspecified site	Diagnosis	ICD-9-CM
157	Malignant neoplasm of pancreas	Diagnosis	ICD-9-CM
157.0	Malignant neoplasm of head of pancreas	Diagnosis	ICD-9-CM
157.1	Malignant neoplasm of body of pancreas	Diagnosis	ICD-9-CM
157.2	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
157.3	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-9-CM
157.4	Malignant neoplasm of islets of Langerhans	Diagnosis	ICD-9-CM
157.8	Malignant neoplasm of other specified sites of pancreas	Diagnosis	ICD-9-CM
157.9	Malignant neoplasm of pancreas, part unspecified	Diagnosis	ICD-9-CM
158	Malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
158.0	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-9-CM
158.8	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-9-CM
158.9	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-9-CM
159	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum	Diagnosis	ICD-9-CM
159.0	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-9-CM
159.1	Malignant neoplasm of spleen, not elsewhere classified	Diagnosis	ICD-9-CM
159.8	Malignant neoplasm of other sites of digestive system and intra-abdominal organs	Diagnosis	ICD-9-CM
159.9	Malignant neoplasm of ill-defined sites of digestive organs and peritoneum	Diagnosis	ICD-9-CM
160	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-9-CM
160.0	Malignant neoplasm of nasal cavities	Diagnosis	ICD-9-CM
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells	Diagnosis	ICD-9-CM
160.2	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-9-CM
160.3	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-9-CM
160.4	Malignant neoplasm of frontal sinus	Diagnosis	ICD-9-CM
160.5	Malignant neoplasm of sphenoidal sinus	Diagnosis	ICD-9-CM
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses	Diagnosis	ICD-9-CM
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site	Diagnosis	ICD-9-CM
161	Malignant neoplasm of larynx	Diagnosis	ICD-9-CM
161.0	Malignant neoplasm of glottis	Diagnosis	ICD-9-CM
161.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-9-CM
161.2	Malignant neoplasm of subglottis	Diagnosis	ICD-9-CM
161.3	Malignant neoplasm of laryngeal cartilages	Diagnosis	ICD-9-CM
161.8	Malignant neoplasm of other specified sites of larynx	Diagnosis	ICD-9-CM
161.9	Malignant neoplasm of larynx, unspecified site	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
162	Malignant neoplasm of trachea, bronchus, and lung	Diagnosis	ICD-9-CM
162.0	Malignant neoplasm of trachea	Diagnosis	ICD-9-CM
162.2	Malignant neoplasm of main bronchus	Diagnosis	ICD-9-CM
162.3	Malignant neoplasm of upper lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.4	Malignant neoplasm of middle lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.5	Malignant neoplasm of lower lobe, bronchus, or lung	Diagnosis	ICD-9-CM
162.8	Malignant neoplasm of other parts of bronchus or lung	Diagnosis	ICD-9-CM
162.9	Malignant neoplasm of bronchus and lung, unspecified site	Diagnosis	ICD-9-CM
163	Malignant neoplasm of pleura	Diagnosis	ICD-9-CM
163.0	Malignant neoplasm of parietal pleura	Diagnosis	ICD-9-CM
163.1	Malignant neoplasm of visceral pleura	Diagnosis	ICD-9-CM
163.8	Malignant neoplasm of other specified sites of pleura	Diagnosis	ICD-9-CM
163.9	Malignant neoplasm of pleura, unspecified site	Diagnosis	ICD-9-CM
164	Malignant neoplasm of thymus, heart, and mediastinum	Diagnosis	ICD-9-CM
164.0	Malignant neoplasm of thymus	Diagnosis	ICD-9-CM
164.1	Malignant neoplasm of heart	Diagnosis	ICD-9-CM
164.2	Malignant neoplasm of anterior mediastinum	Diagnosis	ICD-9-CM
164.3	Malignant neoplasm of posterior mediastinum	Diagnosis	ICD-9-CM
164.8	Malignant neoplasm of other parts of mediastinum	Diagnosis	ICD-9-CM
164.9	Malignant neoplasm of mediastinum, part unspecified	Diagnosis	ICD-9-CM
165	Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs	Diagnosis	ICD-9-CM
165.0	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-9-CM
165.8	Malignant neoplasm of other sites within the respiratory system and intrathoracic organs	Diagnosis	ICD-9-CM
165.9	Malignant neoplasm of ill-defined sites within the respiratory system	Diagnosis	ICD-9-CM
170	Malignant neoplasm of bone and articular cartilage	Diagnosis	ICD-9-CM
170.0	Malignant neoplasm of bones of skull and face, except mandible	Diagnosis	ICD-9-CM
170.1	Malignant neoplasm of mandible	Diagnosis	ICD-9-CM
170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx	Diagnosis	ICD-9-CM
170.3	Malignant neoplasm of ribs, sternum, and clavicle	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
170.4	Malignant neoplasm of scapula and long bones of upper limb	Diagnosis	ICD-9-CM
170.5	Malignant neoplasm of short bones of upper limb	Diagnosis	ICD-9-CM
170.6	Malignant neoplasm of pelvic bones, sacrum, and coccyx	Diagnosis	ICD-9-CM
170.7	Malignant neoplasm of long bones of lower limb	Diagnosis	ICD-9-CM
170.8	Malignant neoplasm of short bones of lower limb	Diagnosis	ICD-9-CM
170.9	Malignant neoplasm of bone and articular cartilage, site unspecified	Diagnosis	ICD-9-CM
171	Malignant neoplasm of connective and other soft tissue	Diagnosis	ICD-9-CM
171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck	Diagnosis	ICD-9-CM
171.2	Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder	Diagnosis	ICD-9-CM
171.3	Malignant neoplasm of connective and other soft tissue of lower limb, including hip	Diagnosis	ICD-9-CM
171.4	Malignant neoplasm of connective and other soft tissue of thorax	Diagnosis	ICD-9-CM
171.5	Malignant neoplasm of connective and other soft tissue of abdomen	Diagnosis	ICD-9-CM
171.6	Malignant neoplasm of connective and other soft tissue of pelvis	Diagnosis	ICD-9-CM
171.7	Malignant neoplasm of connective and other soft tissue of trunk, unspecified site	Diagnosis	ICD-9-CM
171.8	Malignant neoplasm of other specified sites of connective and other soft tissue	Diagnosis	ICD-9-CM
171.9	Malignant neoplasm of connective and other soft tissue, site unspecified	Diagnosis	ICD-9-CM
172	Malignant melanoma of skin	Diagnosis	ICD-9-CM
172.0	Malignant melanoma of skin of lip	Diagnosis	ICD-9-CM
172.1	Malignant melanoma of skin of eyelid, including canthus	Diagnosis	ICD-9-CM
172.2	Malignant melanoma of skin of ear and external auditory canal	Diagnosis	ICD-9-CM
172.3	Malignant melanoma of skin of other and unspecified parts of face	Diagnosis	ICD-9-CM
172.4	Malignant melanoma of skin of scalp and neck	Diagnosis	ICD-9-CM
172.5	Malignant melanoma of skin of trunk, except scrotum	Diagnosis	ICD-9-CM
172.6	Malignant melanoma of skin of upper limb, including shoulder	Diagnosis	ICD-9-CM
172.7	Malignant melanoma of skin of lower limb, including hip	Diagnosis	ICD-9-CM
172.8	Malignant melanoma of other specified sites of skin	Diagnosis	ICD-9-CM
172.9	Melanoma of skin, site unspecified	Diagnosis	ICD-9-CM
174	Malignant neoplasm of female breast	Diagnosis	ICD-9-CM
174.0	Malignant neoplasm of nipple and areola of female breast	Diagnosis	ICD-9-CM

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

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Code	Description	Code Category	Code Type
182.1	Malignant neoplasm of isthmus	Diagnosis	ICD-9-CM
182.8	Malignant neoplasm of other specified sites of body of uterus	Diagnosis	ICD-9-CM
183	Malignant neoplasm of ovary and other uterine adnexa	Diagnosis	ICD-9-CM
183.0	Malignant neoplasm of ovary	Diagnosis	ICD-9-CM
183.2	Malignant neoplasm of fallopian tube	Diagnosis	ICD-9-CM
183.3	Malignant neoplasm of broad ligament of uterus	Diagnosis	ICD-9-CM
183.4	Malignant neoplasm of parametrium of uterus	Diagnosis	ICD-9-CM
183.5	Malignant neoplasm of round ligament of uterus	Diagnosis	ICD-9-CM
183.8	Malignant neoplasm of other specified sites of uterine adnexa	Diagnosis	ICD-9-CM
183.9	Malignant neoplasm of uterine adnexa, unspecified site	Diagnosis	ICD-9-CM
184	Malignant neoplasm of other and unspecified female genital organs	Diagnosis	ICD-9-CM
184.0	Malignant neoplasm of vagina	Diagnosis	ICD-9-CM
184.1	Malignant neoplasm of labia majora	Diagnosis	ICD-9-CM
184.2	Malignant neoplasm of labia minora	Diagnosis	ICD-9-CM
184.3	Malignant neoplasm of clitoris	Diagnosis	ICD-9-CM
184.4	Malignant neoplasm of vulva, unspecified site	Diagnosis	ICD-9-CM
184.8	Malignant neoplasm of other specified sites of female genital organs	Diagnosis	ICD-9-CM
184.9	Malignant neoplasm of female genital organ, site unspecified	Diagnosis	ICD-9-CM
185	Malignant neoplasm of prostate	Diagnosis	ICD-9-CM
186	Malignant neoplasm of testis	Diagnosis	ICD-9-CM
186.0	Malignant neoplasm of undescended testis	Diagnosis	ICD-9-CM
186.9	Malignant neoplasm of other and unspecified testis	Diagnosis	ICD-9-CM
187	Malignant neoplasm of penis and other male genital organs	Diagnosis	ICD-9-CM
187.1	Malignant neoplasm of prepuce	Diagnosis	ICD-9-CM
187.2	Malignant neoplasm of glans penis	Diagnosis	ICD-9-CM
187.3	Malignant neoplasm of body of penis	Diagnosis	ICD-9-CM
187.4	Malignant neoplasm of penis, part unspecified	Diagnosis	ICD-9-CM
187.5	Malignant neoplasm of epididymis	Diagnosis	ICD-9-CM
187.6	Malignant neoplasm of spermatic cord	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
187.7	Malignant neoplasm of scrotum	Diagnosis	ICD-9-CM
187.8	Malignant neoplasm of other specified sites of male genital organs	Diagnosis	ICD-9-CM
187.9	Malignant neoplasm of male genital organ, site unspecified	Diagnosis	ICD-9-CM
188	Malignant neoplasm of bladder	Diagnosis	ICD-9-CM
188.0	Malignant neoplasm of trigone of urinary bladder	Diagnosis	ICD-9-CM
188.1	Malignant neoplasm of dome of urinary bladder	Diagnosis	ICD-9-CM
188.2	Malignant neoplasm of lateral wall of urinary bladder	Diagnosis	ICD-9-CM
188.3	Malignant neoplasm of anterior wall of urinary bladder	Diagnosis	ICD-9-CM
188.4	Malignant neoplasm of posterior wall of urinary bladder	Diagnosis	ICD-9-CM
188.5	Malignant neoplasm of bladder neck	Diagnosis	ICD-9-CM
188.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-9-CM
188.7	Malignant neoplasm of urachus	Diagnosis	ICD-9-CM
188.8	Malignant neoplasm of other specified sites of bladder	Diagnosis	ICD-9-CM
188.9	Malignant neoplasm of bladder, part unspecified	Diagnosis	ICD-9-CM
189	Malignant neoplasm of kidney and other and unspecified urinary organs	Diagnosis	ICD-9-CM
189.0	Malignant neoplasm of kidney, except pelvis	Diagnosis	ICD-9-CM
189.1	Malignant neoplasm of renal pelvis	Diagnosis	ICD-9-CM
189.2	Malignant neoplasm of ureter	Diagnosis	ICD-9-CM
189.3	Malignant neoplasm of urethra	Diagnosis	ICD-9-CM
189.4	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-9-CM
189.8	Malignant neoplasm of other specified sites of urinary organs	Diagnosis	ICD-9-CM
189.9	Malignant neoplasm of urinary organ, site unspecified	Diagnosis	ICD-9-CM
190	Malignant neoplasm of eye	Diagnosis	ICD-9-CM
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	Diagnosis	ICD-9-CM
190.1	Malignant neoplasm of orbit	Diagnosis	ICD-9-CM
190.2	Malignant neoplasm of lacrimal gland	Diagnosis	ICD-9-CM
190.3	Malignant neoplasm of conjunctiva	Diagnosis	ICD-9-CM
190.4	Malignant neoplasm of cornea	Diagnosis	ICD-9-CM
190.5	Malignant neoplasm of retina	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
190.6	Malignant neoplasm of choroid	Diagnosis	ICD-9-CM
190.7	Malignant neoplasm of lacrimal duct	Diagnosis	ICD-9-CM
190.8	Malignant neoplasm of other specified sites of eye	Diagnosis	ICD-9-CM
190.9	Malignant neoplasm of eye, part unspecified	Diagnosis	ICD-9-CM
191	Malignant neoplasm of brain	Diagnosis	ICD-9-CM
191.0	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-9-CM
191.1	Malignant neoplasm of frontal lobe of brain	Diagnosis	ICD-9-CM
191.2	Malignant neoplasm of temporal lobe of brain	Diagnosis	ICD-9-CM
191.3	Malignant neoplasm of parietal lobe of brain	Diagnosis	ICD-9-CM
191.4	Malignant neoplasm of occipital lobe of brain	Diagnosis	ICD-9-CM
191.5	Malignant neoplasm of ventricles of brain	Diagnosis	ICD-9-CM
191.6	Malignant neoplasm of cerebellum NOS	Diagnosis	ICD-9-CM
191.7	Malignant neoplasm of brain stem	Diagnosis	ICD-9-CM
191.8	Malignant neoplasm of other parts of brain	Diagnosis	ICD-9-CM
191.9	Malignant neoplasm of brain, unspecified site	Diagnosis	ICD-9-CM
192	Malignant neoplasm of other and unspecified parts of nervous system	Diagnosis	ICD-9-CM
192.0	Malignant neoplasm of cranial nerves	Diagnosis	ICD-9-CM
192.1	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-9-CM
192.2	Malignant neoplasm of spinal cord	Diagnosis	ICD-9-CM
192.3	Malignant neoplasm of spinal meninges	Diagnosis	ICD-9-CM
192.8	Malignant neoplasm of other specified sites of nervous system	Diagnosis	ICD-9-CM
192.9	Malignant neoplasm of nervous system, part unspecified	Diagnosis	ICD-9-CM
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	Procedure	CPT-4
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)	Procedure	CPT-4

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Code	Description	Code Category	Code Type
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	Procedure	CPT-4
193	Malignant neoplasm of thyroid gland	Diagnosis	ICD-9-CM
194	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-9-CM
194.0	Malignant neoplasm of adrenal gland	Diagnosis	ICD-9-CM
194.1	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-9-CM
194.3	Malignant neoplasm of pituitary gland and craniopharyngeal duct	Diagnosis	ICD-9-CM
194.4	Malignant neoplasm of pineal gland	Diagnosis	ICD-9-CM
194.5	Malignant neoplasm of carotid body	Diagnosis	ICD-9-CM
194.6	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-9-CM
194.8	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-9-CM
194.9	Malignant neoplasm of endocrine gland, site unspecified	Diagnosis	ICD-9-CM
195	Malignant neoplasm of other and ill-defined sites	Diagnosis	ICD-9-CM
195.0	Malignant neoplasm of head, face, and neck	Diagnosis	ICD-9-CM
195.1	Malignant neoplasm of thorax	Diagnosis	ICD-9-CM
195.2	Malignant neoplasm of abdomen	Diagnosis	ICD-9-CM
195.3	Malignant neoplasm of pelvis	Diagnosis	ICD-9-CM
195.4	Malignant neoplasm of upper limb	Diagnosis	ICD-9-CM
195.5	Malignant neoplasm of lower limb	Diagnosis	ICD-9-CM
195.8	Malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
196	Secondary and unspecified malignant neoplasm of lymph nodes	Diagnosis	ICD-9-CM
196.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
196.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
196.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
196.3	Secondary and unspecified malignant neoplasm of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
196.5	Secondary and unspecified malignant neoplasm of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
196.6	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
196.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple sites	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
196.9	Secondary and unspecified malignant neoplasm of lymph nodes, site unspecified	Diagnosis	ICD-9-CM
197	Secondary malignant neoplasm of respiratory and digestive systems	Diagnosis	ICD-9-CM
197.0	Secondary malignant neoplasm of lung	Diagnosis	ICD-9-CM
197.1	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-9-CM
197.2	Secondary malignant neoplasm of pleura	Diagnosis	ICD-9-CM
197.3	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-9-CM
197.4	Secondary malignant neoplasm of small intestine including duodenum	Diagnosis	ICD-9-CM
197.5	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-9-CM
197.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
197.7	Secondary malignant neoplasm of liver	Diagnosis	ICD-9-CM
197.8	Secondary malignant neoplasm of other digestive organs and spleen	Diagnosis	ICD-9-CM
198	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
198.0	Secondary malignant neoplasm of kidney	Diagnosis	ICD-9-CM
198.1	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-9-CM
198.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-9-CM
198.3	Secondary malignant neoplasm of brain and spinal cord	Diagnosis	ICD-9-CM
198.4	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-9-CM
198.5	Secondary malignant neoplasm of bone and bone marrow	Diagnosis	ICD-9-CM
198.6	Secondary malignant neoplasm of ovary	Diagnosis	ICD-9-CM
198.7	Secondary malignant neoplasm of adrenal gland	Diagnosis	ICD-9-CM
198.8	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
198.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-9-CM
198.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-9-CM
198.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-9-CM
199	Malignant neoplasm without specification of site	Diagnosis	ICD-9-CM
199.0	Disseminated malignant neoplasm	Diagnosis	ICD-9-CM
199.1	Other malignant neoplasm of unspecified site	Diagnosis	ICD-9-CM
199.2	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-9-CM
200	Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue	Diagnosis	ICD-9-CM

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
200.86	Other named variants of lymphosarcoma and reticulosarcoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
200.87	Other named variants of lymphosarcoma and reticulosarcoma of spleen	Diagnosis	ICD-9-CM
200.88	Other named variants of lymphosarcoma and reticulosarcoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201	Hodgkin's disease	Diagnosis	ICD-9-CM
201.0	Hodgkin's paraganuloma	Diagnosis	ICD-9-CM
201.00	Hodgkin's paraganuloma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.01	Hodgkin's paraganuloma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.02	Hodgkin's paraganuloma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.03	Hodgkin's paraganuloma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.04	Hodgkin's paraganuloma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.05	Hodgkin's paraganuloma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.06	Hodgkin's paraganuloma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.07	Hodgkin's paraganuloma of spleen	Diagnosis	ICD-9-CM
201.08	Hodgkin's paraganuloma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.1	Hodgkin's granuloma	Diagnosis	ICD-9-CM
201.10	Hodgkin's granuloma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.11	Hodgkin's granuloma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.12	Hodgkin's granuloma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.13	Hodgkin's granuloma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
201.14	Hodgkin's granuloma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
201.15	Hodgkin's granuloma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
201.16	Hodgkin's granuloma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
201.17	Hodgkin's granuloma of spleen	Diagnosis	ICD-9-CM
201.18	Hodgkin's granuloma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
201.2	Hodgkin's sarcoma	Diagnosis	ICD-9-CM
201.20	Hodgkin's sarcoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
201.21	Hodgkin's sarcoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
201.22	Hodgkin's sarcoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
201.23	Hodgkin's sarcoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
202.01	Nodular lymphoma of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.02	Nodular lymphoma of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.03	Nodular lymphoma of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.04	Nodular lymphoma of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.05	Nodular lymphoma of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.06	Nodular lymphoma of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.07	Nodular lymphoma of spleen	Diagnosis	ICD-9-CM
202.08	Nodular lymphoma of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.1	Mycosis fungoides	Diagnosis	ICD-9-CM
202.10	Mycosis fungoides, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.11	Mycosis fungoides of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.12	Mycosis fungoides of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.13	Mycosis fungoides of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.14	Mycosis fungoides of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.15	Mycosis fungoides of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.16	Mycosis fungoides of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.17	Mycosis fungoides of spleen	Diagnosis	ICD-9-CM
202.18	Mycosis fungoides of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.2	Sezary's disease	Diagnosis	ICD-9-CM
202.20	Sezary's disease, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.21	Sezary's disease of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.22	Sezary's disease of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.23	Sezary's disease of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.24	Sezary's disease of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.25	Sezary's disease of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.26	Sezary's disease of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.27	Sezary's disease of spleen	Diagnosis	ICD-9-CM
202.28	Sezary's disease of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.3	Malignant histiocytosis	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
202.30	Malignant histiocytosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.31	Malignant histiocytosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.32	Malignant histiocytosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.33	Malignant histiocytosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.34	Malignant histiocytosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.35	Malignant histiocytosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.36	Malignant histiocytosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.37	Malignant histiocytosis of spleen	Diagnosis	ICD-9-CM
202.38	Malignant histiocytosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.4	Leukemic reticuloendotheliosis	Diagnosis	ICD-9-CM
202.40	Leukemic reticuloendotheliosis, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.41	Leukemic reticuloendotheliosis of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.42	Leukemic reticuloendotheliosis of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.43	Leukemic reticuloendotheliosis of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.44	Leukemic reticuloendotheliosis of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.45	Leukemic reticuloendotheliosis of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.46	Leukemic reticuloendotheliosis of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.47	Leukemic reticuloendotheliosis of spleen	Diagnosis	ICD-9-CM
202.48	Leukemic reticuloendotheliosis of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.5	Letterer-Siwe disease	Diagnosis	ICD-9-CM
202.50	Letterer-Siwe disease, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.51	Letterer-Siwe disease of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.52	Letterer-Siwe disease of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.53	Letterer-Siwe disease of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.54	Letterer-Siwe disease of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.55	Letterer-Siwe disease of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.56	Letterer-Siwe disease of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.57	Letterer-Siwe disease of spleen	Diagnosis	ICD-9-CM
202.58	Letterer-Siwe disease of lymph nodes of multiple sites	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
202.6	Malignant mast cell tumors	Diagnosis	ICD-9-CM
202.60	Malignant mast cell tumors, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.61	Malignant mast cell tumors of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.62	Malignant mast cell tumors of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.63	Malignant mast cell tumors of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.64	Malignant mast cell tumors of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.65	Malignant mast cell tumors of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.66	Malignant mast cell tumors of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.67	Malignant mast cell tumors of spleen	Diagnosis	ICD-9-CM
202.68	Malignant mast cell tumors of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.7	Peripheral T-cell lymphoma	Diagnosis	ICD-9-CM
202.70	Peripheral T-cell lymphoma, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.71	Peripheral T-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.72	Peripheral T-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.73	Peripheral T-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.74	Peripheral T-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.75	Peripheral T-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.76	Peripheral T-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.77	Peripheral T-cell lymphoma, spleen	Diagnosis	ICD-9-CM
202.78	Peripheral T-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.8	Other malignant lymphomas	Diagnosis	ICD-9-CM
202.80	Other malignant lymphomas, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.81	Other malignant lymphomas of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.82	Other malignant lymphomas of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.83	Other malignant lymphomas of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.84	Other malignant lymphomas of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.85	Other malignant lymphomas of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.86	Other malignant lymphomas of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.87	Other malignant lymphomas of spleen	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
202.88	Other malignant lymphomas of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
202.9	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue	Diagnosis	ICD-9-CM
202.90	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue, unspecified site, extranodal and solid organ sites	Diagnosis	ICD-9-CM
202.91	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of head, face, and neck	Diagnosis	ICD-9-CM
202.92	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrathoracic lymph nodes	Diagnosis	ICD-9-CM
202.93	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intra-abdominal lymph nodes	Diagnosis	ICD-9-CM
202.94	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of axilla and upper limb	Diagnosis	ICD-9-CM
202.95	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of inguinal region and lower limb	Diagnosis	ICD-9-CM
202.96	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of intrapelvic lymph nodes	Diagnosis	ICD-9-CM
202.97	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of spleen	Diagnosis	ICD-9-CM
202.98	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue of lymph nodes of multiple sites	Diagnosis	ICD-9-CM
203	Multiple myeloma and immunoproliferative neoplasms	Diagnosis	ICD-9-CM
203.0	Multiple myeloma	Diagnosis	ICD-9-CM
203.00	Multiple myeloma, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.01	Multiple myeloma in remission	Diagnosis	ICD-9-CM
203.02	Multiple myeloma, in relapse	Diagnosis	ICD-9-CM
203.1	Plasma cell leukemia	Diagnosis	ICD-9-CM
203.10	Plasma cell leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.11	Plasma cell leukemia in remission	Diagnosis	ICD-9-CM
203.12	Plasma cell leukemia, in relapse	Diagnosis	ICD-9-CM
203.8	Other immunoproliferative neoplasms	Diagnosis	ICD-9-CM
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission	Diagnosis	ICD-9-CM
203.81	Other immunoproliferative neoplasms in remission	Diagnosis	ICD-9-CM
203.82	Other immunoproliferative neoplasms, in relapse	Diagnosis	ICD-9-CM
204	Lymphoid leukemia	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
204.0	Acute lymphoid leukemia	Diagnosis	ICD-9-CM
204.00	Acute lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.01	Acute lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.02	Acute lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.1	Chronic lymphoid leukemia	Diagnosis	ICD-9-CM
204.10	Chronic lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.11	Chronic lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.12	Chronic lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.2	Subacute lymphoid leukemia	Diagnosis	ICD-9-CM
204.20	Subacute lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.21	Subacute lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.22	Subacute lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.8	Other lymphoid leukemia	Diagnosis	ICD-9-CM
204.80	Other lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.81	Other lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.82	Other lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
204.9	Unspecified lymphoid leukemia	Diagnosis	ICD-9-CM
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
204.91	Unspecified lymphoid leukemia in remission	Diagnosis	ICD-9-CM
204.92	Unspecified lymphoid leukemia, in relapse	Diagnosis	ICD-9-CM
205	Myeloid leukemia	Diagnosis	ICD-9-CM
205.0	Acute myeloid leukemia	Diagnosis	ICD-9-CM
205.00	Acute myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.01	Acute myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.02	Acute myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
205.1	Chronic myeloid leukemia	Diagnosis	ICD-9-CM
205.10	Chronic myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.11	Chronic myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.12	Chronic myeloid leukemia, in relapse	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
205.2	Subacute myeloid leukemia	Diagnosis	ICD-9-CM
205.20	Subacute myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.21	Subacute myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.22	Subacute myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
205.3	Myeloid sarcoma	Diagnosis	ICD-9-CM
205.30	Myeloid sarcoma, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.31	Myeloid sarcoma in remission	Diagnosis	ICD-9-CM
205.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-9-CM
205.8	Other myeloid leukemia	Diagnosis	ICD-9-CM
205.80	Other myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.81	Other myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.82	Other myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
205.9	Unspecified myeloid leukemia	Diagnosis	ICD-9-CM
205.90	Unspecified myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
205.91	Unspecified myeloid leukemia in remission	Diagnosis	ICD-9-CM
205.92	Unspecified myeloid leukemia, in relapse	Diagnosis	ICD-9-CM
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)	Procedure	CPT-4
206	Monocytic leukemia	Diagnosis	ICD-9-CM
206.0	Acute monocytic leukemia	Diagnosis	ICD-9-CM
206.00	Acute monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.01	Acute monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.02	Acute monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.1	Chronic monocytic leukemia	Diagnosis	ICD-9-CM
206.10	Chronic monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.11	Chronic monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.12	Chronic monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.2	Subacute monocytic leukemia	Diagnosis	ICD-9-CM
206.20	Subacute monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
206.21	Subacute monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.22	Subacute monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.8	Other monocytic leukemia	Diagnosis	ICD-9-CM
206.80	Other monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.81	Other monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.82	Other monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
206.9	Unspecified monocytic leukemia	Diagnosis	ICD-9-CM
206.90	Unspecified monocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
206.91	Unspecified monocytic leukemia in remission	Diagnosis	ICD-9-CM
206.92	Unspecified monocytic leukemia, in relapse	Diagnosis	ICD-9-CM
207	Other specified leukemia	Diagnosis	ICD-9-CM
207.0	Acute erythremia and erythroleukemia	Diagnosis	ICD-9-CM
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.01	Acute erythremia and erythroleukemia in remission	Diagnosis	ICD-9-CM
207.02	Acute erythremia and erythroleukemia, in relapse	Diagnosis	ICD-9-CM
207.1	Chronic erythremia	Diagnosis	ICD-9-CM
207.10	Chronic erythremia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.11	Chronic erythremia in remission	Diagnosis	ICD-9-CM
207.12	Chronic erythremia, in relapse	Diagnosis	ICD-9-CM
207.2	Megakaryocytic leukemia	Diagnosis	ICD-9-CM
207.20	Megakaryocytic leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.21	Megakaryocytic leukemia in remission	Diagnosis	ICD-9-CM
207.22	Megakaryocytic leukemia, in relapse	Diagnosis	ICD-9-CM
207.8	Other specified leukemia	Diagnosis	ICD-9-CM
207.80	Other specified leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
207.81	Other specified leukemia in remission	Diagnosis	ICD-9-CM
207.82	Other specified leukemia, in relapse	Diagnosis	ICD-9-CM
208	Leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.0	Acute leukemia of unspecified cell type	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.01	Acute leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.1	Chronic leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.10	Chronic leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.11	Chronic leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.2	Subacute leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.20	Subacute leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.21	Subacute leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.22	Subacute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.8	Other leukemia of unspecified cell type	Diagnosis	ICD-9-CM
208.80	Other leukemia of unspecified cell type, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.81	Other leukemia of unspecified cell type in remission	Diagnosis	ICD-9-CM
208.82	Other leukemia of unspecified cell type, in relapse	Diagnosis	ICD-9-CM
208.9	Unspecified leukemia	Diagnosis	ICD-9-CM
208.90	Unspecified leukemia, without mention of having achieved remission	Diagnosis	ICD-9-CM
208.91	Unspecified leukemia in remission	Diagnosis	ICD-9-CM
208.92	Unspecified leukemia, in relapse	Diagnosis	ICD-9-CM
209	Neuroendocrine tumors	Diagnosis	ICD-9-CM
209.0	Malignant carcinoid tumors of the small intestine	Diagnosis	ICD-9-CM
209.00	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-9-CM
209.01	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-9-CM
209.02	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-9-CM
209.03	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-9-CM
209.1	Malignant carcinoid tumors of the appendix, large intestine, and rectum	Diagnosis	ICD-9-CM
209.10	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-9-CM
209.11	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-9-CM
209.12	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
209.13	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-9-CM
209.14	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-9-CM
209.15	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-9-CM
209.16	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-9-CM
209.17	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-9-CM
209.2	Malignant carcinoid tumors of other and unspecified sites	Diagnosis	ICD-9-CM
209.20	Malignant carcinoid tumor of unknown primary site	Diagnosis	ICD-9-CM
209.21	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-9-CM
209.22	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-9-CM
209.23	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-9-CM
209.24	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-9-CM
209.25	Malignant carcinoid tumor of foregut, not otherwise specified	Diagnosis	ICD-9-CM
209.26	Malignant carcinoid tumor of midgut, not otherwise specified	Diagnosis	ICD-9-CM
209.27	Malignant carcinoid tumor of hindgut, not otherwise specified	Diagnosis	ICD-9-CM
209.29	Malignant carcinoid tumor of other sites	Diagnosis	ICD-9-CM
209.3	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-9-CM
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site	Diagnosis	ICD-9-CM
209.31	Merkel cell carcinoma of the face	Diagnosis	ICD-9-CM
209.32	Merkel cell carcinoma of the scalp and neck	Diagnosis	ICD-9-CM
209.33	Merkel cell carcinoma of the upper limb	Diagnosis	ICD-9-CM
209.34	Merkel cell carcinoma of the lower limb	Diagnosis	ICD-9-CM
209.35	Merkel cell carcinoma of the trunk	Diagnosis	ICD-9-CM
209.36	Merkel cell carcinoma of other sites	Diagnosis	ICD-9-CM
209.4	Benign carcinoid tumors of the small intestine	Diagnosis	ICD-9-CM
209.40	Benign carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-9-CM
209.41	Benign carcinoid tumor of the duodenum	Diagnosis	ICD-9-CM
209.42	Benign carcinoid tumor of the jejunum	Diagnosis	ICD-9-CM
209.43	Benign carcinoid tumor of the ileum	Diagnosis	ICD-9-CM
209.5	Benign carcinoid tumors of the appendix, large intestine, and rectum	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
209.50	Benign carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-9-CM
209.51	Benign carcinoid tumor of the appendix	Diagnosis	ICD-9-CM
209.52	Benign carcinoid tumor of the cecum	Diagnosis	ICD-9-CM
209.53	Benign carcinoid tumor of the ascending colon	Diagnosis	ICD-9-CM
209.54	Benign carcinoid tumor of the transverse colon	Diagnosis	ICD-9-CM
209.55	Benign carcinoid tumor of the descending colon	Diagnosis	ICD-9-CM
209.56	Benign carcinoid tumor of the sigmoid colon	Diagnosis	ICD-9-CM
209.57	Benign carcinoid tumor of the rectum	Diagnosis	ICD-9-CM
209.6	Benign carcinoid tumors of other and unspecified sites	Diagnosis	ICD-9-CM
209.60	Benign carcinoid tumor of unknown primary site	Diagnosis	ICD-9-CM
209.61	Benign carcinoid tumor of the bronchus and lung	Diagnosis	ICD-9-CM
209.62	Benign carcinoid tumor of the thymus	Diagnosis	ICD-9-CM
209.63	Benign carcinoid tumor of the stomach	Diagnosis	ICD-9-CM
209.64	Benign carcinoid tumor of the kidney	Diagnosis	ICD-9-CM
209.65	Benign carcinoid tumor of foregut, not otherwise specified	Diagnosis	ICD-9-CM
209.66	Benign carcinoid tumor of midgut, not otherwise specified	Diagnosis	ICD-9-CM
209.67	Benign carcinoid tumor of hindgut, not otherwise specified	Diagnosis	ICD-9-CM
209.69	Benign carcinoid tumor of other sites	Diagnosis	ICD-9-CM
209.7	Secondary neuroendocrine tumors	Diagnosis	ICD-9-CM
209.70	Secondary neuroendocrine tumor, unspecified site	Diagnosis	ICD-9-CM
209.71	Secondary neuroendocrine tumor of distant lymph nodes	Diagnosis	ICD-9-CM
209.72	Secondary neuroendocrine tumor of liver	Diagnosis	ICD-9-CM
209.73	Secondary neuroendocrine tumor of bone	Diagnosis	ICD-9-CM
209.74	Secondary neuroendocrine tumor of peritoneum	Diagnosis	ICD-9-CM
209.75	Secondary Merkel cell carcinoma	Diagnosis	ICD-9-CM
209.79	Secondary neuroendocrine tumor of other sites	Diagnosis	ICD-9-CM
230	Carcinoma in situ of digestive organs	Diagnosis	ICD-9-CM
230.0	Carcinoma in situ of lip, oral cavity, and pharynx	Diagnosis	ICD-9-CM
230.1	Carcinoma in situ of esophagus	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
230.2	Carcinoma in situ of stomach	Diagnosis	ICD-9-CM
230.3	Carcinoma in situ of colon	Diagnosis	ICD-9-CM
230.4	Carcinoma in situ of rectum	Diagnosis	ICD-9-CM
230.5	Carcinoma in situ of anal canal	Diagnosis	ICD-9-CM
230.6	Carcinoma in situ of anus, unspecified	Diagnosis	ICD-9-CM
230.7	Carcinoma in situ of other and unspecified parts of intestine	Diagnosis	ICD-9-CM
230.8	Carcinoma in situ of liver and biliary system	Diagnosis	ICD-9-CM
230.9	Carcinoma in situ of other and unspecified digestive organs	Diagnosis	ICD-9-CM
231	Carcinoma in situ of respiratory system	Diagnosis	ICD-9-CM
231.0	Carcinoma in situ of larynx	Diagnosis	ICD-9-CM
231.1	Carcinoma in situ of trachea	Diagnosis	ICD-9-CM
231.2	Carcinoma in situ of bronchus and lung	Diagnosis	ICD-9-CM
231.8	Carcinoma in situ of other specified parts of respiratory system	Diagnosis	ICD-9-CM
231.9	Carcinoma in situ of respiratory system, part unspecified	Diagnosis	ICD-9-CM
233	Carcinoma in situ of breast and genitourinary system	Diagnosis	ICD-9-CM
233.0	Carcinoma in situ of breast	Diagnosis	ICD-9-CM
233.1	Carcinoma in situ of cervix uteri	Diagnosis	ICD-9-CM
233.2	Carcinoma in situ of other and unspecified parts of uterus	Diagnosis	ICD-9-CM
233.3	Carcinoma in situ, other and unspecified female genital organs	Diagnosis	ICD-9-CM
233.30	Carcinoma in situ, unspecified female genital organ	Diagnosis	ICD-9-CM
233.31	Carcinoma in situ, vagina	Diagnosis	ICD-9-CM
233.32	Carcinoma in situ, vulva	Diagnosis	ICD-9-CM
233.39	Carcinoma in situ, other female genital organ	Diagnosis	ICD-9-CM
233.4	Carcinoma in situ of prostate	Diagnosis	ICD-9-CM
233.5	Carcinoma in situ of penis	Diagnosis	ICD-9-CM
233.6	Carcinoma in situ of other and unspecified male genital organs	Diagnosis	ICD-9-CM
233.7	Carcinoma in situ of bladder	Diagnosis	ICD-9-CM
233.9	Carcinoma in situ of other and unspecified urinary organs	Diagnosis	ICD-9-CM
234	Carcinoma in situ of other and unspecified sites	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
234.0	Carcinoma in situ of eye	Diagnosis	ICD-9-CM
234.8	Carcinoma in situ of other specified sites	Diagnosis	ICD-9-CM
234.9	Carcinoma in situ, site unspecified	Diagnosis	ICD-9-CM
235	Neoplasm of uncertain behavior of digestive and respiratory systems	Diagnosis	ICD-9-CM
235.0	Neoplasm of uncertain behavior of major salivary glands	Diagnosis	ICD-9-CM
235.1	Neoplasm of uncertain behavior of lip, oral cavity, and pharynx	Diagnosis	ICD-9-CM
235.2	Neoplasm of uncertain behavior of stomach, intestines, and rectum	Diagnosis	ICD-9-CM
235.3	Neoplasm of uncertain behavior of liver and biliary passages	Diagnosis	ICD-9-CM
235.4	Neoplasm of uncertain behavior of retroperitoneum and peritoneum	Diagnosis	ICD-9-CM
235.5	Neoplasm of uncertain behavior of other and unspecified digestive organs	Diagnosis	ICD-9-CM
235.6	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-9-CM
235.7	Neoplasm of uncertain behavior of trachea, bronchus, and lung	Diagnosis	ICD-9-CM
235.8	Neoplasm of uncertain behavior of pleura, thymus, and mediastinum	Diagnosis	ICD-9-CM
235.9	Neoplasm of uncertain behavior of other and unspecified respiratory organs	Diagnosis	ICD-9-CM
236	Neoplasm of uncertain behavior of genitourinary organs	Diagnosis	ICD-9-CM
236.0	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-9-CM
236.1	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-9-CM
236.2	Neoplasm of uncertain behavior of ovary	Diagnosis	ICD-9-CM
236.3	Neoplasm of uncertain behavior of other and unspecified female genital organs	Diagnosis	ICD-9-CM
236.4	Neoplasm of uncertain behavior of testis	Diagnosis	ICD-9-CM
236.5	Neoplasm of uncertain behavior of prostate	Diagnosis	ICD-9-CM
236.6	Neoplasm of uncertain behavior of other and unspecified male genital organs	Diagnosis	ICD-9-CM
236.7	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-9-CM
236.9	Neoplasm of uncertain behavior of other and unspecified urinary organs	Diagnosis	ICD-9-CM
236.90	Neoplasm of uncertain behavior of urinary organ, unspecified	Diagnosis	ICD-9-CM
236.91	Neoplasm of uncertain behavior of kidney and ureter	Diagnosis	ICD-9-CM
236.99	Neoplasm of uncertain behavior of other and unspecified urinary organs	Diagnosis	ICD-9-CM
237	Neoplasm of uncertain behavior of endocrine glands and nervous system	Diagnosis	ICD-9-CM
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
237.1	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-9-CM
237.2	Neoplasm of uncertain behavior of adrenal gland	Diagnosis	ICD-9-CM
237.3	Neoplasm of uncertain behavior of paraganglia	Diagnosis	ICD-9-CM
237.4	Neoplasm of uncertain behavior of other and unspecified endocrine glands	Diagnosis	ICD-9-CM
237.5	Neoplasm of uncertain behavior of brain and spinal cord	Diagnosis	ICD-9-CM
237.6	Neoplasm of uncertain behavior of meninges	Diagnosis	ICD-9-CM
237.7	Neurofibromatosis	Diagnosis	ICD-9-CM
237.70	Neurofibromatosis, unspecified	Diagnosis	ICD-9-CM
237.71	Neurofibromatosis, Type 1 (von Recklinghausen's disease)	Diagnosis	ICD-9-CM
237.72	Neurofibromatosis, Type 2 (acoustic neurofibromatosis)	Diagnosis	ICD-9-CM
237.73	Schwannomatosis	Diagnosis	ICD-9-CM
237.79	Other neurofibromatosis	Diagnosis	ICD-9-CM
237.9	Neoplasm of uncertain behavior of other and unspecified parts of nervous system	Diagnosis	ICD-9-CM
238	Neoplasm of uncertain behavior of other and unspecified sites and tissues	Diagnosis	ICD-9-CM
238.0	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-9-CM
238.1	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-9-CM
238.2	Neoplasm of uncertain behavior of skin	Diagnosis	ICD-9-CM
238.3	Neoplasm of uncertain behavior of breast	Diagnosis	ICD-9-CM
238.4	Neoplasm of uncertain behavior of polycythemia vera	Diagnosis	ICD-9-CM
238.5	Neoplasm of uncertain behavior of histiocytic and mast cells	Diagnosis	ICD-9-CM
238.6	Neoplasm of uncertain behavior of plasma cells	Diagnosis	ICD-9-CM
238.7	Other lymphatic and hematopoietic tissues	Diagnosis	ICD-9-CM
238.71	Essential thrombocythemia	Diagnosis	ICD-9-CM
238.72	Low grade myelodysplastic syndrome lesions	Diagnosis	ICD-9-CM
238.73	High grade myelodysplastic syndrome lesions	Diagnosis	ICD-9-CM
238.74	Myelodysplastic syndrome with 5q deletion	Diagnosis	ICD-9-CM
238.75	Myelodysplastic syndrome, unspecified	Diagnosis	ICD-9-CM
238.76	Myelofibrosis with myeloid metaplasia	Diagnosis	ICD-9-CM
238.77	Post-transplant lymphoproliferative disorder [PTLD]	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
238.79	Other lymphatic and hematopoietic tissues	Diagnosis	ICD-9-CM
238.8	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-9-CM
238.9	Neoplasm of uncertain behavior, site unspecified	Diagnosis	ICD-9-CM
239	Neoplasms of unspecified nature	Diagnosis	ICD-9-CM
239.0	Neoplasm of unspecified nature of digestive system	Diagnosis	ICD-9-CM
239.1	Neoplasm of unspecified nature of respiratory system	Diagnosis	ICD-9-CM
239.2	Neoplasms of unspecified nature of bone, soft tissue, and skin	Diagnosis	ICD-9-CM
239.3	Neoplasm of unspecified nature of breast	Diagnosis	ICD-9-CM
239.4	Neoplasm of unspecified nature of bladder	Diagnosis	ICD-9-CM
239.5	Neoplasm of unspecified nature of other genitourinary organs	Diagnosis	ICD-9-CM
239.6	Neoplasm of unspecified nature of brain	Diagnosis	ICD-9-CM
239.7	Neoplasm of unspecified nature of endocrine glands and other parts of nervous system	Diagnosis	ICD-9-CM
239.8	Neoplasm of unspecified nature of other specified sites	Diagnosis	ICD-9-CM
239.81	Neoplasms of unspecified nature, retina and choroid	Diagnosis	ICD-9-CM
239.89	Neoplasms of unspecified nature, other specified sites	Diagnosis	ICD-9-CM
239.9	Neoplasm of unspecified nature, site unspecified	Diagnosis	ICD-9-CM
30230G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30233G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30240G0	Transfusion of Autologous Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30243G0	Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30250G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30253G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30260G0	Transfusion of Autologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
30263G0	Transfusion of Autologous Bone Marrow into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Procedure	CPT-4
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Procedure	CPT-4
338.3	Neoplasm related pain (acute) (chronic)	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
3E00X05	Introduction of Other Antineoplastic into Skin and Mucous Membranes, External Approach	Procedure	ICD-10-PCS
3E01305	Introduction of Other Antineoplastic into Subcutaneous Tissue, Percutaneous Approach	Procedure	ICD-10-PCS
3E02305	Introduction of Other Antineoplastic into Muscle, Percutaneous Approach	Procedure	ICD-10-PCS
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E09305	Introduction of Other Antineoplastic into Nose, Percutaneous Approach	Procedure	ICD-10-PCS
3E09705	Introduction of Other Antineoplastic into Nose, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E09X05	Introduction of Other Antineoplastic into Nose, External Approach	Procedure	ICD-10-PCS
3E0A305	Introduction of Other Antineoplastic into Bone Marrow, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B305	Introduction of Other Antineoplastic into Ear, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B705	Introduction of Other Antineoplastic into Ear, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0BX05	Introduction of Other Antineoplastic into Ear, External Approach	Procedure	ICD-10-PCS
3E0C305	Introduction of Other Antineoplastic into Eye, Percutaneous Approach	Procedure	ICD-10-PCS
3E0C705	Introduction of Other Antineoplastic into Eye, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0CX05	Introduction of Other Antineoplastic into Eye, External Approach	Procedure	ICD-10-PCS
3E0D305	Introduction of Other Antineoplastic into Mouth and Pharynx, Percutaneous Approach	Procedure	ICD-10-PCS
3E0D705	Introduction of Other Antineoplastic into Mouth and Pharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0DX05	Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach	Procedure	ICD-10-PCS
3E0F305	Introduction of Other Antineoplastic into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0F705	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F805	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0G305	Introduction of Other Antineoplastic into Upper GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0G705	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
3E0G805	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0H305	Introduction of Other Antineoplastic into Lower GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0H705	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0H805	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0J305	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J705	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0J805	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0K305	Introduction of Other Antineoplastic into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0K705	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K805	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0L305	Introduction of Other Antineoplastic into Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0L705	Introduction of Other Antineoplastic into Pleural Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0M305	Introduction of Other Antineoplastic into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M705	Introduction of Other Antineoplastic into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N305	Introduction of Other Antineoplastic into Male Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0N705	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N805	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0P305	Introduction of Other Antineoplastic into Female Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0P705	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P805	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0Q005	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Open Approach	Procedure	ICD-10-PCS
3E0Q305	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Q705	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0R305	Introduction of Other Antineoplastic into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS
3E0S305	Introduction of Other Antineoplastic into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0U305	Introduction of Other Antineoplastic into Joints, Percutaneous Approach	Procedure	ICD-10-PCS
3E0V305	Introduction of Other Antineoplastic into Bones, Percutaneous Approach	Procedure	ICD-10-PCS
3E0W305	Introduction of Other Antineoplastic into Lymphatics, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y305	Introduction of Other Antineoplastic into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
3E0Y705	Introduction of Other Antineoplastic into Pericardial Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
41.09	Autologous bone marrow transplant with purging	Procedure	ICD-9-CM
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)	Procedure	CPT-4
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	Procedure	CPT-4
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)	Procedure	CPT-4
51720	Bladder instillation of anticarcinogenic agent (including retention time)	Procedure	CPT-4
53220	Excision or fulguration of carcinoma of urethra	Procedure	CPT-4
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Procedure	CPT-4
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Procedure	CPT-4
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Procedure	CPT-4
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Procedure	CPT-4
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Procedure	CPT-4
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Procedure	CPT-4
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Procedure	CPT-4
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	Procedure	CPT-4
58346	Insertion of Heyman capsules for clinical brachytherapy	Procedure	CPT-4

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Code	Description	Code Category	Code Type
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	Procedure	CPT-4
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	Procedure	CPT-4
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	Procedure	CPT-4
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)	Procedure	CPT-4
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	Procedure	CPT-4
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	Procedure	CPT-4
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	Procedure	CPT-4
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	Procedure	CPT-4
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	Procedure	CPT-4
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	Procedure	CPT-4
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	Procedure	CPT-4
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	Procedure	CPT-4
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions	Procedure	CPT-4
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Procedure	CPT-4
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Procedure	CPT-4
76950	Ultrasonic guidance for placement of radiation therapy fields	Procedure	CPT-4

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Code	Description	Code Category	Code Type
76960	Ultrasonic guidance for placement of radiation therapy fields, except for B-scan echography	Procedure	CPT-4
76965	Ultrasonic guidance for interstitial radioelement application	Procedure	CPT-4
77014	Computed tomography guidance for placement of radiation therapy fields	Procedure	CPT-4
77261	Therapeutic radiology treatment planning; simple	Procedure	CPT-4
77262	Therapeutic radiology treatment planning; intermediate	Procedure	CPT-4
77263	Therapeutic radiology treatment planning; complex	Procedure	CPT-4
77280	Therapeutic radiology simulation-aided field setting; simple	Procedure	CPT-4
77285	Therapeutic radiology simulation-aided field setting; intermediate	Procedure	CPT-4
77290	Therapeutic radiology simulation-aided field setting; complex	Procedure	CPT-4
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Procedure	CPT-4
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	Procedure	CPT-4
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	Procedure	CPT-4
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Procedure	CPT-4
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	Procedure	CPT-4
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	Procedure	CPT-4
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)	Procedure	CPT-4
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)	Procedure	CPT-4
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)	Procedure	CPT-4
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Procedure	CPT-4

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Code	Description	Code Category	Code Type
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)	Procedure	CPT-4
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Procedure	CPT-4
77321	Special teletherapy port plan, particles, hemibody, total body	Procedure	CPT-4
77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	Procedure	CPT-4
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	Procedure	CPT-4
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	Procedure	CPT-4
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	Procedure	CPT-4
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	Procedure	CPT-4
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	Procedure	CPT-4
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	Procedure	CPT-4
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	Procedure	CPT-4
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Procedure	CPT-4
77370	Special medical radiation physics consultation	Procedure	CPT-4
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Procedure	CPT-4
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Procedure	CPT-4
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Procedure	CPT-4

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Code	Description	Code Category	Code Type
77380	Proton beam delivery to a single treatment area, single port, custom block, with or without compensation, with treatment set-up and verification images	Procedure	CPT-4
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	Procedure	CPT-4
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Procedure	CPT-4
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Procedure	CPT-4
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Procedure	CPT-4
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Procedure	CPT-4
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Procedure	CPT-4
77402	Radiation treatment delivery, => 1 MeV; simple	Procedure	CPT-4
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	Procedure	CPT-4
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	Procedure	CPT-4
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	Procedure	CPT-4
77407	Radiation treatment delivery, => 1 MeV; intermediate	Procedure	CPT-4
77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	Procedure	CPT-4
77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	Procedure	CPT-4
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	Procedure	CPT-4
77412	Radiation treatment delivery, => 1 MeV; complex	Procedure	CPT-4
77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	Procedure	CPT-4
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	Procedure	CPT-4

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Code	Description	Code Category	Code Type
77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	Procedure	CPT-4
77417	Therapeutic radiology port image(s)	Procedure	CPT-4
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Procedure	CPT-4
77419	Weekly radiation therapy management; conformal	Procedure	CPT-4
77420	WK RAD THERAP MGMT; SIMPL	Procedure	CPT-4
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	Procedure	CPT-4
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	Procedure	CPT-4
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)	Procedure	CPT-4
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Procedure	CPT-4
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Procedure	CPT-4
77427	Radiation treatment management, 5 treatments	Procedure	CPT-4
77430	WK RAD THERAP MGMT; COMPLX	Procedure	CPT-4
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	Procedure	CPT-4
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Procedure	CPT-4
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	Procedure	CPT-4
77469	Intraoperative radiation treatment management	Procedure	CPT-4
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Procedure	CPT-4
77499	Unlisted procedure, therapeutic radiology treatment management	Procedure	CPT-4
77520	Proton treatment delivery; simple, without compensation	Procedure	CPT-4
77522	Proton treatment delivery; simple, with compensation	Procedure	CPT-4
77523	Proton treatment delivery; intermediate	Procedure	CPT-4
77525	Proton treatment delivery; complex	Procedure	CPT-4
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Procedure	CPT-4

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Code	Description	Code Category	Code Type
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Procedure	CPT-4
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Procedure	CPT-4
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Procedure	CPT-4
77620	Hyperthermia generated by intracavitary probe(s)	Procedure	CPT-4
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Procedure	CPT-4
77761	Intracavitary radiation source application; simple	Procedure	CPT-4
77762	Intracavitary radiation source application; intermediate	Procedure	CPT-4
77763	Intracavitary radiation source application; complex	Procedure	CPT-4
77776	Interstitial radiation source application; simple	Procedure	CPT-4
77777	Interstitial radiation source application; intermediate	Procedure	CPT-4
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	Procedure	CPT-4
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	Procedure	CPT-4
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	Procedure	CPT-4
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	Procedure	CPT-4
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	Procedure	CPT-4
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	Procedure	CPT-4
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	Procedure	CPT-4
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	Procedure	CPT-4
77789	Surface application of low dose rate radionuclide source	Procedure	CPT-4
77790	Supervision, handling, loading of radiation source	Procedure	CPT-4
77799	Unlisted procedure, clinical brachytherapy	Procedure	CPT-4
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	Procedure	CPT-4
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	Procedure	CPT-4
78018	Thyroid carcinoma metastases imaging; whole body	Procedure	CPT-4
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	Procedure	CPT-4
789.51	Malignant ascites	Diagnosis	ICD-9-CM
79200	Radiopharmaceutical therapy, by intracavitary administration	Procedure	CPT-4
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	Procedure	CPT-4

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Code	Description	Code Category	Code Type
79440	Radiopharmaceutical therapy, by intra-articular administration	Procedure	CPT-4
79999	Radiopharmaceutical therapy, unlisted procedure	Procedure	CPT-4
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	Procedure	CPT-4
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	Procedure	CPT-4
96400	Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia	Procedure	CPT-4
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Procedure	CPT-4
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Procedure	CPT-4
96405	Chemotherapy administration; intralesional, up to and including 7 lesions	Procedure	CPT-4
96406	Chemotherapy administration; intralesional, more than 7 lesions	Procedure	CPT-4
96408	Chemotherapy administration, intravenous; push technique	Procedure	CPT-4
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	Procedure	CPT-4
96410	Chemotherapy administration, intravenous; infusion technique, up to one hour	Procedure	CPT-4
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	Procedure	CPT-4
96412	Chemotherapy administration, intravenous; infusion technique, one to 8 hours, each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Procedure	CPT-4
96414	Chemotherapy administration, intravenous; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	Procedure	CPT-4
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Procedure	CPT-4
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96420	Chemotherapy administration, intra-arterial; push technique	Procedure	CPT-4
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	Procedure	CPT-4

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Code	Description	Code Category	Code Type
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	Procedure	CPT-4
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	Procedure	CPT-4
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	Procedure	CPT-4
96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis	Procedure	CPT-4
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Procedure	CPT-4
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	Procedure	CPT-4
96520	Refilling and maintenance of portable pump	Procedure	CPT-4
96521	Refilling and maintenance of portable pump	Procedure	CPT-4
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	Procedure	CPT-4
96523	Irrigation of implanted venous access device for drug delivery systems	Procedure	CPT-4
96530	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	Procedure	CPT-4
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	Procedure	CPT-4
96545	Provision of chemotherapy agent	Procedure	CPT-4
96549	Unlisted chemotherapy procedure	Procedure	CPT-4
99.25	Injection or infusion of cancer chemotherapeutic substance	Procedure	ICD-9-CM
99.85	Hyperthermia for treatment of cancer	Procedure	ICD-9-CM
99555	Home infusion for chemotherapy, per visit	Procedure	CPT-4
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Procedure	HCPCS
A4650	Implantable radiation dosimeter, each	Procedure	HCPCS
C00.0	Malignant neoplasm of external upper lip	Diagnosis	ICD-10-CM
C00.1	Malignant neoplasm of external lower lip	Diagnosis	ICD-10-CM
C00.2	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM
C00.3	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-10-CM
C00.4	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-10-CM
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	Diagnosis	ICD-10-CM
C00.6	Malignant neoplasm of commissure of lip, unspecified	Diagnosis	ICD-10-CM
C00.8	Malignant neoplasm of overlapping sites of lip	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C00.9	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CM
C01	Malignant neoplasm of base of tongue	Diagnosis	ICD-10-CM
C02.0	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CM
C02.1	Malignant neoplasm of border of tongue	Diagnosis	ICD-10-CM
C02.2	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-10-CM
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-10-CM
C02.4	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-10-CM
C02.8	Malignant neoplasm of overlapping sites of tongue	Diagnosis	ICD-10-CM
C02.9	Malignant neoplasm of tongue, unspecified	Diagnosis	ICD-10-CM
C03.0	Malignant neoplasm of upper gum	Diagnosis	ICD-10-CM
C03.1	Malignant neoplasm of lower gum	Diagnosis	ICD-10-CM
C03.9	Malignant neoplasm of gum, unspecified	Diagnosis	ICD-10-CM
C04.0	Malignant neoplasm of anterior floor of mouth	Diagnosis	ICD-10-CM
C04.1	Malignant neoplasm of lateral floor of mouth	Diagnosis	ICD-10-CM
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	Diagnosis	ICD-10-CM
C04.9	Malignant neoplasm of floor of mouth, unspecified	Diagnosis	ICD-10-CM
C05.0	Malignant neoplasm of hard palate	Diagnosis	ICD-10-CM
C05.1	Malignant neoplasm of soft palate	Diagnosis	ICD-10-CM
C05.2	Malignant neoplasm of uvula	Diagnosis	ICD-10-CM
C05.8	Malignant neoplasm of overlapping sites of palate	Diagnosis	ICD-10-CM
C05.9	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-10-CM
C06.0	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-10-CM
C06.1	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-10-CM
C06.2	Malignant neoplasm of retromolar area	Diagnosis	ICD-10-CM
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Diagnosis	ICD-10-CM
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	Diagnosis	ICD-10-CM
C06.9	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08.0	Malignant neoplasm of submandibular gland	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C08.1	Malignant neoplasm of sublingual gland	Diagnosis	ICD-10-CM
C08.9	Malignant neoplasm of major salivary gland, unspecified	Diagnosis	ICD-10-CM
C09.0	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C09.8	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C09.9	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM
C10.0	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C10.1	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C10.2	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM
C10.3	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-10-CM
C10.4	Malignant neoplasm of branchial cleft	Diagnosis	ICD-10-CM
C10.8	Malignant neoplasm of overlapping sites of oropharynx	Diagnosis	ICD-10-CM
C10.9	Malignant neoplasm of oropharynx, unspecified	Diagnosis	ICD-10-CM
C11.0	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.1	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.2	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-10-CM
C11.3	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-10-CM
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	Diagnosis	ICD-10-CM
C11.9	Malignant neoplasm of nasopharynx, unspecified	Diagnosis	ICD-10-CM
C12	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-10-CM
C13.0	Malignant neoplasm of postcricoid region	Diagnosis	ICD-10-CM
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-10-CM
C13.2	Malignant neoplasm of posterior wall of hypopharynx	Diagnosis	ICD-10-CM
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	Diagnosis	ICD-10-CM
C13.9	Malignant neoplasm of hypopharynx, unspecified	Diagnosis	ICD-10-CM
C14.0	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-10-CM
C14.2	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-10-CM
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C15.3	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-10-CM

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

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Code	Description	Code Category	Code Type
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM
C21.0	Malignant neoplasm of anus, unspecified	Diagnosis	ICD-10-CM
C21.1	Malignant neoplasm of anal canal	Diagnosis	ICD-10-CM
C21.2	Malignant neoplasm of cloacogenic zone	Diagnosis	ICD-10-CM
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	Diagnosis	ICD-10-CM
C22.0	Liver cell carcinoma	Diagnosis	ICD-10-CM
C22.1	Intrahepatic bile duct carcinoma	Diagnosis	ICD-10-CM
C22.2	Hepatoblastoma	Diagnosis	ICD-10-CM
C22.3	Angiosarcoma of liver	Diagnosis	ICD-10-CM
C22.4	Other sarcomas of liver	Diagnosis	ICD-10-CM
C22.7	Other specified carcinomas of liver	Diagnosis	ICD-10-CM
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	Diagnosis	ICD-10-CM
C22.9	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-10-CM
C23	Malignant neoplasm of gallbladder	Diagnosis	ICD-10-CM
C24.0	Malignant neoplasm of extrahepatic bile duct	Diagnosis	ICD-10-CM
C24.1	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-10-CM
C24.8	Malignant neoplasm of overlapping sites of biliary tract	Diagnosis	ICD-10-CM
C24.9	Malignant neoplasm of biliary tract, unspecified	Diagnosis	ICD-10-CM
C25.0	Malignant neoplasm of head of pancreas	Diagnosis	ICD-10-CM
C25.1	Malignant neoplasm of body of pancreas	Diagnosis	ICD-10-CM
C25.2	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-10-CM
C25.3	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-10-CM
C25.4	Malignant neoplasm of endocrine pancreas	Diagnosis	ICD-10-CM
C25.7	Malignant neoplasm of other parts of pancreas	Diagnosis	ICD-10-CM
C25.8	Malignant neoplasm of overlapping sites of pancreas	Diagnosis	ICD-10-CM
C25.9	Malignant neoplasm of pancreas, unspecified	Diagnosis	ICD-10-CM
C26.0	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-10-CM
C26.1	Malignant neoplasm of spleen	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C26.9	Malignant neoplasm of ill-defined sites within the digestive system	Diagnosis	ICD-10-CM
C30.0	Malignant neoplasm of nasal cavity	Diagnosis	ICD-10-CM
C30.1	Malignant neoplasm of middle ear	Diagnosis	ICD-10-CM
C31.0	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-10-CM
C31.1	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-10-CM
C31.2	Malignant neoplasm of frontal sinus	Diagnosis	ICD-10-CM
C31.3	Malignant neoplasm of sphenoid sinus	Diagnosis	ICD-10-CM
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	Diagnosis	ICD-10-CM
C31.9	Malignant neoplasm of accessory sinus, unspecified	Diagnosis	ICD-10-CM
C32.0	Malignant neoplasm of glottis	Diagnosis	ICD-10-CM
C32.1	Malignant neoplasm of supraglottis	Diagnosis	ICD-10-CM
C32.2	Malignant neoplasm of subglottis	Diagnosis	ICD-10-CM
C32.3	Malignant neoplasm of laryngeal cartilage	Diagnosis	ICD-10-CM
C32.8	Malignant neoplasm of overlapping sites of larynx	Diagnosis	ICD-10-CM
C32.9	Malignant neoplasm of larynx, unspecified	Diagnosis	ICD-10-CM
C33	Malignant neoplasm of trachea	Diagnosis	ICD-10-CM
C34.00	Malignant neoplasm of unspecified main bronchus	Diagnosis	ICD-10-CM
C34.01	Malignant neoplasm of right main bronchus	Diagnosis	ICD-10-CM
C34.02	Malignant neoplasm of left main bronchus	Diagnosis	ICD-10-CM
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	Diagnosis	ICD-10-CM
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	Diagnosis	ICD-10-CM
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	Diagnosis	ICD-10-CM
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

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Code	Description	Code Category	Code Type
C48.1	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-10-CM
C48.2	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-10-CM
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C49.3	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	Diagnosis	ICD-10-CM
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	Diagnosis	ICD-10-CM
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	Diagnosis	ICD-10-CM
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	Diagnosis	ICD-10-CM
C49.A0	Gastrointestinal stromal tumor, unspecified site	Diagnosis	ICD-10-CM
C49.A1	Gastrointestinal stromal tumor of esophagus	Diagnosis	ICD-10-CM
C49.A2	Gastrointestinal stromal tumor of stomach	Diagnosis	ICD-10-CM
C49.A3	Gastrointestinal stromal tumor of small intestine	Diagnosis	ICD-10-CM
C49.A4	Gastrointestinal stromal tumor of large intestine	Diagnosis	ICD-10-CM
C49.A5	Gastrointestinal stromal tumor of rectum	Diagnosis	ICD-10-CM
C49.A9	Gastrointestinal stromal tumor of other sites	Diagnosis	ICD-10-CM
C4A.0	Merkel cell carcinoma of lip	Diagnosis	ICD-10-CM
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.11	Merkel cell carcinoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.12	Merkel cell carcinoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C50.811	Malignant neoplasm of overlapping sites of right female breast	Diagnosis	ICD-10-CM
C50.812	Malignant neoplasm of overlapping sites of left female breast	Diagnosis	ICD-10-CM
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	Diagnosis	ICD-10-CM
C50.821	Malignant neoplasm of overlapping sites of right male breast	Diagnosis	ICD-10-CM
C50.822	Malignant neoplasm of overlapping sites of left male breast	Diagnosis	ICD-10-CM
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	Diagnosis	ICD-10-CM
C50.911	Malignant neoplasm of unspecified site of right female breast	Diagnosis	ICD-10-CM
C50.912	Malignant neoplasm of unspecified site of left female breast	Diagnosis	ICD-10-CM
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	Diagnosis	ICD-10-CM
C50.921	Malignant neoplasm of unspecified site of right male breast	Diagnosis	ICD-10-CM
C50.922	Malignant neoplasm of unspecified site of left male breast	Diagnosis	ICD-10-CM
C50.929	Malignant neoplasm of unspecified site of unspecified male breast	Diagnosis	ICD-10-CM
C51.0	Malignant neoplasm of labium majus	Diagnosis	ICD-10-CM
C51.1	Malignant neoplasm of labium minus	Diagnosis	ICD-10-CM
C51.2	Malignant neoplasm of clitoris	Diagnosis	ICD-10-CM
C51.8	Malignant neoplasm of overlapping sites of vulva	Diagnosis	ICD-10-CM
C51.9	Malignant neoplasm of vulva, unspecified	Diagnosis	ICD-10-CM
C52	Malignant neoplasm of vagina	Diagnosis	ICD-10-CM
C53.0	Malignant neoplasm of endocervix	Diagnosis	ICD-10-CM
C53.1	Malignant neoplasm of exocervix	Diagnosis	ICD-10-CM
C53.8	Malignant neoplasm of overlapping sites of cervix uteri	Diagnosis	ICD-10-CM
C53.9	Malignant neoplasm of cervix uteri, unspecified	Diagnosis	ICD-10-CM
C54.0	Malignant neoplasm of isthmus uteri	Diagnosis	ICD-10-CM
C54.1	Malignant neoplasm of endometrium	Diagnosis	ICD-10-CM
C54.2	Malignant neoplasm of myometrium	Diagnosis	ICD-10-CM
C54.3	Malignant neoplasm of fundus uteri	Diagnosis	ICD-10-CM
C54.8	Malignant neoplasm of overlapping sites of corpus uteri	Diagnosis	ICD-10-CM
C54.9	Malignant neoplasm of corpus uteri, unspecified	Diagnosis	ICD-10-CM
C55	Malignant neoplasm of uterus, part unspecified	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C67.6	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-10-CM
C67.7	Malignant neoplasm of urachus	Diagnosis	ICD-10-CM
C67.8	Malignant neoplasm of overlapping sites of bladder	Diagnosis	ICD-10-CM
C67.9	Malignant neoplasm of bladder, unspecified	Diagnosis	ICD-10-CM
C68.0	Malignant neoplasm of urethra	Diagnosis	ICD-10-CM
C68.1	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-10-CM
C68.8	Malignant neoplasm of overlapping sites of urinary organs	Diagnosis	ICD-10-CM
C68.9	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
C69.00	Malignant neoplasm of unspecified conjunctiva	Diagnosis	ICD-10-CM
C69.01	Malignant neoplasm of right conjunctiva	Diagnosis	ICD-10-CM
C69.02	Malignant neoplasm of left conjunctiva	Diagnosis	ICD-10-CM
C69.10	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM
C69.11	Malignant neoplasm of right cornea	Diagnosis	ICD-10-CM
C69.12	Malignant neoplasm of left cornea	Diagnosis	ICD-10-CM
C69.20	Malignant neoplasm of unspecified retina	Diagnosis	ICD-10-CM
C69.21	Malignant neoplasm of right retina	Diagnosis	ICD-10-CM
C69.22	Malignant neoplasm of left retina	Diagnosis	ICD-10-CM
C69.30	Malignant neoplasm of unspecified choroid	Diagnosis	ICD-10-CM
C69.31	Malignant neoplasm of right choroid	Diagnosis	ICD-10-CM
C69.32	Malignant neoplasm of left choroid	Diagnosis	ICD-10-CM
C69.40	Malignant neoplasm of unspecified ciliary body	Diagnosis	ICD-10-CM
C69.41	Malignant neoplasm of right ciliary body	Diagnosis	ICD-10-CM
C69.42	Malignant neoplasm of left ciliary body	Diagnosis	ICD-10-CM
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.51	Malignant neoplasm of right lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.52	Malignant neoplasm of left lacrimal gland and duct	Diagnosis	ICD-10-CM
C69.60	Malignant neoplasm of unspecified orbit	Diagnosis	ICD-10-CM
C69.61	Malignant neoplasm of right orbit	Diagnosis	ICD-10-CM
C69.62	Malignant neoplasm of left orbit	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

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Code	Description	Code Category	Code Type
C72.42	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C72.50	Malignant neoplasm of unspecified cranial nerve	Diagnosis	ICD-10-CM
C72.59	Malignant neoplasm of other cranial nerves	Diagnosis	ICD-10-CM
C72.9	Malignant neoplasm of central nervous system, unspecified	Diagnosis	ICD-10-CM
C73	Malignant neoplasm of thyroid gland	Diagnosis	ICD-10-CM
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.01	Malignant neoplasm of cortex of right adrenal gland	Diagnosis	ICD-10-CM
C74.02	Malignant neoplasm of cortex of left adrenal gland	Diagnosis	ICD-10-CM
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.11	Malignant neoplasm of medulla of right adrenal gland	Diagnosis	ICD-10-CM
C74.12	Malignant neoplasm of medulla of left adrenal gland	Diagnosis	ICD-10-CM
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	Diagnosis	ICD-10-CM
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	Diagnosis	ICD-10-CM
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	Diagnosis	ICD-10-CM
C75.0	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-10-CM
C75.1	Malignant neoplasm of pituitary gland	Diagnosis	ICD-10-CM
C75.2	Malignant neoplasm of craniopharyngeal duct	Diagnosis	ICD-10-CM
C75.3	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
C75.4	Malignant neoplasm of carotid body	Diagnosis	ICD-10-CM
C75.5	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-10-CM
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	Diagnosis	ICD-10-CM
C75.9	Malignant neoplasm of endocrine gland, unspecified	Diagnosis	ICD-10-CM
C76.0	Malignant neoplasm of head, face and neck	Diagnosis	ICD-10-CM
C76.1	Malignant neoplasm of thorax	Diagnosis	ICD-10-CM
C76.2	Malignant neoplasm of abdomen	Diagnosis	ICD-10-CM
C76.3	Malignant neoplasm of pelvis	Diagnosis	ICD-10-CM
C76.40	Malignant neoplasm of unspecified upper limb	Diagnosis	ICD-10-CM
C76.41	Malignant neoplasm of right upper limb	Diagnosis	ICD-10-CM
C76.42	Malignant neoplasm of left upper limb	Diagnosis	ICD-10-CM

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

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Code	Description	Code Category	Code Type
C79.11	Secondary malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C79.19	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-10-CM
C79.2	Secondary malignant neoplasm of skin	Diagnosis	ICD-10-CM
C79.31	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C79.32	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	Diagnosis	ICD-10-CM
C79.49	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-10-CM
C79.51	Secondary malignant neoplasm of bone	Diagnosis	ICD-10-CM
C79.52	Secondary malignant neoplasm of bone marrow	Diagnosis	ICD-10-CM
C79.60	Secondary malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C79.61	Secondary malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C79.62	Secondary malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	Diagnosis	ICD-10-CM
C79.71	Secondary malignant neoplasm of right adrenal gland	Diagnosis	ICD-10-CM
C79.72	Secondary malignant neoplasm of left adrenal gland	Diagnosis	ICD-10-CM
C79.81	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C79.82	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C79.89	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C79.9	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C7A.00	Malignant carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
C7A.010	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
C7A.011	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
C7A.012	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A.020	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
C7A.021	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
C7A.022	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
C7A.023	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
C7A.024	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM

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

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Code	Description	Code Category	Code Type
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

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

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.27	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.30	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.37	Follicular lymphoma grade IIIa, spleen	Diagnosis	ICD-10-CM
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.40	Follicular lymphoma grade IIIb, unspecified site	Diagnosis	ICD-10-CM
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.47	Follicular lymphoma grade IIIb, spleen	Diagnosis	ICD-10-CM
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.50	Diffuse follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.57	Diffuse follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.60	Cutaneous follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.67	Cutaneous follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82.80	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C82.87	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

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

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site	Diagnosis	ICD-10-CM
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84.Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.10	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.17	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C85.97	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C86.0	Extranodal NK/T-cell lymphoma, nasal type	Diagnosis	ICD-10-CM
C86.1	Hepatosplenic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.2	Enteropathy-type (intestinal) T-cell lymphoma	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C86.3	Subcutaneous panniculitis-like T-cell lymphoma	Diagnosis	ICD-10-CM
C86.4	Blastic NK-cell lymphoma	Diagnosis	ICD-10-CM
C86.5	Angioimmunoblastic T-cell lymphoma	Diagnosis	ICD-10-CM
C86.6	Primary cutaneous CD30-positive T-cell proliferations	Diagnosis	ICD-10-CM
C88.2	Heavy chain disease	Diagnosis	ICD-10-CM
C88.3	Immunoproliferative small intestinal disease	Diagnosis	ICD-10-CM
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	Diagnosis	ICD-10-CM
C88.8	Other malignant immunoproliferative diseases	Diagnosis	ICD-10-CM
C88.9	Malignant immunoproliferative disease, unspecified	Diagnosis	ICD-10-CM
C8953	Chemotherapy administration, intravenous; push technique	Procedure	HCPCS
C8954	Chemotherapy administration, intravenous; infusion technique, up to one hour	Procedure	HCPCS
C8955	Chemotherapy administration, intravenous; infusion technique, each additional hour (List separately in addition to C8954)	Procedure	HCPCS
C90.00	Multiple myeloma not having achieved remission	Diagnosis	ICD-10-CM
C90.01	Multiple myeloma in remission	Diagnosis	ICD-10-CM
C90.02	Multiple myeloma in relapse	Diagnosis	ICD-10-CM
C90.10	Plasma cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C90.11	Plasma cell leukemia in remission	Diagnosis	ICD-10-CM
C90.12	Plasma cell leukemia in relapse	Diagnosis	ICD-10-CM
C90.20	Extramedullary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.21	Extramedullary plasmacytoma in remission	Diagnosis	ICD-10-CM
C90.22	Extramedullary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C90.30	Solitary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C90.31	Solitary plasmacytoma in remission	Diagnosis	ICD-10-CM
C90.32	Solitary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C9021	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
C9025	Injection, ramucirumab, 5 mg	Procedure	HCPCS
C91.00	Acute lymphoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.01	Acute lymphoblastic leukemia, in remission	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C91.02	Acute lymphoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.11	Chronic lymphocytic leukemia of B-cell type in remission	Diagnosis	ICD-10-CM
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	Diagnosis	ICD-10-CM
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.31	Prolymphocytic leukemia of B-cell type, in remission	Diagnosis	ICD-10-CM
C91.32	Prolymphocytic leukemia of B-cell type, in relapse	Diagnosis	ICD-10-CM
C91.40	Hairy cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.41	Hairy cell leukemia, in remission	Diagnosis	ICD-10-CM
C91.42	Hairy cell leukemia, in relapse	Diagnosis	ICD-10-CM
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	Diagnosis	ICD-10-CM
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission	Diagnosis	ICD-10-CM
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission	Diagnosis	ICD-10-CM
C91.61	Prolymphocytic leukemia of T-cell type, in remission	Diagnosis	ICD-10-CM
C91.62	Prolymphocytic leukemia of T-cell type, in relapse	Diagnosis	ICD-10-CM
C91.90	Lymphoid leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C91.91	Lymphoid leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C91.92	Lymphoid leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission	Diagnosis	ICD-10-CM
C91.A1	Mature B-cell leukemia Burkitt-type, in remission	Diagnosis	ICD-10-CM
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse	Diagnosis	ICD-10-CM
C91.Z0	Other lymphoid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91.Z1	Other lymphoid leukemia, in remission	Diagnosis	ICD-10-CM
C91.Z2	Other lymphoid leukemia, in relapse	Diagnosis	ICD-10-CM
C9131	Injection, ado-trastuzumab emtansine, 1 mg	Procedure	HCPCS
C92.00	Acute myeloblastic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.01	Acute myeloblastic leukemia, in remission	Diagnosis	ICD-10-CM
C92.02	Acute myeloblastic leukemia, in relapse	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Diagnosis	ICD-10-CM
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission	Diagnosis	ICD-10-CM
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Diagnosis	ICD-10-CM
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	Diagnosis	ICD-10-CM
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission	Diagnosis	ICD-10-CM
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	Diagnosis	ICD-10-CM
C92.30	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
C92.31	Myeloid sarcoma, in remission	Diagnosis	ICD-10-CM
C92.32	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C92.40	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.41	Acute promyelocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.42	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.50	Acute myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C92.51	Acute myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C92.52	Acute myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	Diagnosis	ICD-10-CM
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	Diagnosis	ICD-10-CM
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	Diagnosis	ICD-10-CM
C92.90	Myeloid leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C92.91	Myeloid leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C92.92	Myeloid leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	Diagnosis	ICD-10-CM
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	Diagnosis	ICD-10-CM
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	Diagnosis	ICD-10-CM
C92.Z0	Other myeloid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C92.Z1	Other myeloid leukemia, in remission	Diagnosis	ICD-10-CM
C92.Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
C9259	Injection, pralatrexate, 1 mg	Procedure	HCPCS
C9260	Injection, ofatumumab, 10 mg	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
C9262	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
C9265	Injection, romidepsin, 1 mg	Procedure	HCPCS
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Procedure	HCPCS
C9276	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
C9280	Injection, eribulin mesylate, 1 mg	Procedure	HCPCS
C9284	Injection, ipilimumab, 1 mg	Procedure	HCPCS
C9287	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
C9289	Injection, asparaginase Erwinia chrysanthemi, 1,000 IU	Procedure	HCPCS
C9292	Injection, pertuzumab, 10 mg	Procedure	HCPCS
C9295	Injection, carfilzomib, 1 mg	Procedure	HCPCS
C9296	Injection, ziv-aflibercept, 1 mg	Procedure	HCPCS
C9297	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.01	Acute monoblastic/monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.02	Acute monoblastic/monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.10	Chronic myelomonocytic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C93.11	Chronic myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.12	Chronic myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.31	Juvenile myelomonocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.32	Juvenile myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C93.90	Monocytic leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C93.91	Monocytic leukemia, unspecified in remission	Diagnosis	ICD-10-CM
C93.92	Monocytic leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C93.Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93.Z1	Other monocytic leukemia, in remission	Diagnosis	ICD-10-CM
C93.Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.00	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C94.01	Acute erythroid leukemia, in remission	Diagnosis	ICD-10-CM
C94.02	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
C94.20	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.21	Acute megakaryoblastic leukemia, in remission	Diagnosis	ICD-10-CM
C94.22	Acute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C94.30	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C94.31	Mast cell leukemia, in remission	Diagnosis	ICD-10-CM
C94.32	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	Diagnosis	ICD-10-CM
C94.41	Acute panmyelosis with myelofibrosis, in remission	Diagnosis	ICD-10-CM
C94.42	Acute panmyelosis with myelofibrosis, in relapse	Diagnosis	ICD-10-CM
C94.6	Myelodysplastic disease, not classified	Diagnosis	ICD-10-CM
C94.80	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C94.81	Other specified leukemias, in remission	Diagnosis	ICD-10-CM
C94.82	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C9414	Etoposide; oral, 50 mg, brand name	Procedure	HCPCS
C9415	Doxorubicin HCl, 10 mg, brand name	Procedure	HCPCS
C9416	BCG (intravesical) per instillation, brand name	Procedure	HCPCS
C9417	Bleomycin sulfate, 15 units, brand name	Procedure	HCPCS
C9418	Cisplatin, powder or solution, per 10 mg, brand name	Procedure	HCPCS
C9419	Injection, cladribine, per 1 mg, brand name	Procedure	HCPCS
C9420	Cyclophosphamide, 100 mg, brand name	Procedure	HCPCS
C9421	Cyclophosphamide, lyophilized, 100 mg, brand name	Procedure	HCPCS
C9422	Cytarabine, 100 mg, brand name	Procedure	HCPCS
C9423	Dacarbazine, 100 mg, brand name	Procedure	HCPCS
C9424	Daunorubicin, 10 mg	Procedure	HCPCS
C9425	Etoposide, 10 mg, brand name	Procedure	HCPCS
C9426	Floxuridine, 500 mg, brand name	Procedure	HCPCS
C9427	Ifosfamide, 1 gm, brand name	Procedure	HCPCS

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Code	Description	Code Category	Code Type
C9428	Mesna, 200 mg, brand name	Procedure	HCPCS
C9429	Idarubicin HCl, 5 mg, brand name	Procedure	HCPCS
C9430	Leuprolide acetate, per 1 mg, brand name	Procedure	HCPCS
C9431	Paclitaxel, 30 mg, brand name	Procedure	HCPCS
C9432	Mitomycin, 5 mg, brand name	Procedure	HCPCS
C9433	Thiotepa, 15 mg, brand name	Procedure	HCPCS
C9434	Supply of radiopharmaceutical diagnostic imaging agent, Gallium Ga 67, per mci, brand name	Procedure	HCPCS
C9435	Injection, gonadorelin HCl, brand name, per 100 mcg	Procedure	HCPCS
C9436	Azathioprine, parenteral, brand name, per 100 mg	Procedure	HCPCS
C9437	Carmustine, brand name, 100 mg	Procedure	HCPCS
C9442	Injection, belinostat, 10 mg	Procedure	HCPCS
C95.00	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.01	Acute leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.02	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C95.11	Chronic leukemia of unspecified cell type, in remission	Diagnosis	ICD-10-CM
C95.12	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C95.90	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C95.91	Leukemia, unspecified, in remission	Diagnosis	ICD-10-CM
C95.92	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96.2	Malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.20	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C96.21	Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C96.22	Mast cell sarcoma	Diagnosis	ICD-10-CM
C96.29	Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C96.4	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
C96.A	Histiocytic sarcoma	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	Procedure	HCPCS
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	Procedure	HCPCS
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	Procedure	HCPCS
D00.00	Carcinoma in situ of oral cavity, unspecified site	Diagnosis	ICD-10-CM
D00.01	Carcinoma in situ of labial mucosa and vermilion border	Diagnosis	ICD-10-CM
D00.02	Carcinoma in situ of buccal mucosa	Diagnosis	ICD-10-CM
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge	Diagnosis	ICD-10-CM
D00.04	Carcinoma in situ of soft palate	Diagnosis	ICD-10-CM
D00.05	Carcinoma in situ of hard palate	Diagnosis	ICD-10-CM
D00.06	Carcinoma in situ of floor of mouth	Diagnosis	ICD-10-CM
D00.07	Carcinoma in situ of tongue	Diagnosis	ICD-10-CM
D00.08	Carcinoma in situ of pharynx	Diagnosis	ICD-10-CM
D00.1	Carcinoma in situ of esophagus	Diagnosis	ICD-10-CM
D00.2	Carcinoma in situ of stomach	Diagnosis	ICD-10-CM
D01.0	Carcinoma in situ of colon	Diagnosis	ICD-10-CM
D01.1	Carcinoma in situ of rectosigmoid junction	Diagnosis	ICD-10-CM
D01.2	Carcinoma in situ of rectum	Diagnosis	ICD-10-CM
D01.3	Carcinoma in situ of anus and anal canal	Diagnosis	ICD-10-CM
D01.40	Carcinoma in situ of unspecified part of intestine	Diagnosis	ICD-10-CM
D01.49	Carcinoma in situ of other parts of intestine	Diagnosis	ICD-10-CM
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D01.7	Carcinoma in situ of other specified digestive organs	Diagnosis	ICD-10-CM
D01.9	Carcinoma in situ of digestive organ, unspecified	Diagnosis	ICD-10-CM
D02.0	Carcinoma in situ of larynx	Diagnosis	ICD-10-CM
D02.1	Carcinoma in situ of trachea	Diagnosis	ICD-10-CM
D02.20	Carcinoma in situ of unspecified bronchus and lung	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
D02.21	Carcinoma in situ of right bronchus and lung	Diagnosis	ICD-10-CM
D02.22	Carcinoma in situ of left bronchus and lung	Diagnosis	ICD-10-CM
D02.3	Carcinoma in situ of other parts of respiratory system	Diagnosis	ICD-10-CM
D02.4	Carcinoma in situ of respiratory system, unspecified	Diagnosis	ICD-10-CM
D03.0	Melanoma in situ of lip	Diagnosis	ICD-10-CM
D03.10	Melanoma in situ of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
D03.11	Melanoma in situ of right eyelid, including canthus	Diagnosis	ICD-10-CM
D03.12	Melanoma in situ of left eyelid, including canthus	Diagnosis	ICD-10-CM
D03.20	Melanoma in situ of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
D03.21	Melanoma in situ of right ear and external auricular canal	Diagnosis	ICD-10-CM
D03.22	Melanoma in situ of left ear and external auricular canal	Diagnosis	ICD-10-CM
D03.30	Melanoma in situ of unspecified part of face	Diagnosis	ICD-10-CM
D03.39	Melanoma in situ of other parts of face	Diagnosis	ICD-10-CM
D03.4	Melanoma in situ of scalp and neck	Diagnosis	ICD-10-CM
D03.51	Melanoma in situ of anal skin	Diagnosis	ICD-10-CM
D03.52	Melanoma in situ of breast (skin) (soft tissue)	Diagnosis	ICD-10-CM
D03.59	Melanoma in situ of other part of trunk	Diagnosis	ICD-10-CM
D03.60	Melanoma in situ of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.61	Melanoma in situ of right upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.62	Melanoma in situ of left upper limb, including shoulder	Diagnosis	ICD-10-CM
D03.70	Melanoma in situ of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
D03.71	Melanoma in situ of right lower limb, including hip	Diagnosis	ICD-10-CM
D03.72	Melanoma in situ of left lower limb, including hip	Diagnosis	ICD-10-CM
D03.8	Melanoma in situ of other sites	Diagnosis	ICD-10-CM
D03.9	Melanoma in situ, unspecified	Diagnosis	ICD-10-CM
D05.00	Lobular carcinoma in situ of unspecified breast	Diagnosis	ICD-10-CM
D05.01	Lobular carcinoma in situ of right breast	Diagnosis	ICD-10-CM
D05.02	Lobular carcinoma in situ of left breast	Diagnosis	ICD-10-CM
D05.10	Intraductal carcinoma in situ of unspecified breast	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
D05.11	Intraductal carcinoma in situ of right breast	Diagnosis	ICD-10-CM
D05.12	Intraductal carcinoma in situ of left breast	Diagnosis	ICD-10-CM
D05.80	Other specified type of carcinoma in situ of unspecified breast	Diagnosis	ICD-10-CM
D05.81	Other specified type of carcinoma in situ of right breast	Diagnosis	ICD-10-CM
D05.82	Other specified type of carcinoma in situ of left breast	Diagnosis	ICD-10-CM
D05.90	Unspecified type of carcinoma in situ of unspecified breast	Diagnosis	ICD-10-CM
D05.91	Unspecified type of carcinoma in situ of right breast	Diagnosis	ICD-10-CM
D05.92	Unspecified type of carcinoma in situ of left breast	Diagnosis	ICD-10-CM
D06.0	Carcinoma in situ of endocervix	Diagnosis	ICD-10-CM
D06.1	Carcinoma in situ of exocervix	Diagnosis	ICD-10-CM
D06.7	Carcinoma in situ of other parts of cervix	Diagnosis	ICD-10-CM
D06.9	Carcinoma in situ of cervix, unspecified	Diagnosis	ICD-10-CM
D07.0	Carcinoma in situ of endometrium	Diagnosis	ICD-10-CM
D07.1	Carcinoma in situ of vulva	Diagnosis	ICD-10-CM
D07.2	Carcinoma in situ of vagina	Diagnosis	ICD-10-CM
D07.30	Carcinoma in situ of unspecified female genital organs	Diagnosis	ICD-10-CM
D07.39	Carcinoma in situ of other female genital organs	Diagnosis	ICD-10-CM
D07.4	Carcinoma in situ of penis	Diagnosis	ICD-10-CM
D07.5	Carcinoma in situ of prostate	Diagnosis	ICD-10-CM
D07.60	Carcinoma in situ of unspecified male genital organs	Diagnosis	ICD-10-CM
D07.61	Carcinoma in situ of scrotum	Diagnosis	ICD-10-CM
D07.69	Carcinoma in situ of other male genital organs	Diagnosis	ICD-10-CM
D09.0	Carcinoma in situ of bladder	Diagnosis	ICD-10-CM
D09.10	Carcinoma in situ of unspecified urinary organ	Diagnosis	ICD-10-CM
D09.19	Carcinoma in situ of other urinary organs	Diagnosis	ICD-10-CM
D09.20	Carcinoma in situ of unspecified eye	Diagnosis	ICD-10-CM
D09.21	Carcinoma in situ of right eye	Diagnosis	ICD-10-CM
D09.22	Carcinoma in situ of left eye	Diagnosis	ICD-10-CM
D09.3	Carcinoma in situ of thyroid and other endocrine glands	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
D09.8	Carcinoma in situ of other specified sites	Diagnosis	ICD-10-CM
D09.9	Carcinoma in situ, unspecified	Diagnosis	ICD-10-CM
D0Y08ZZ	Hyperthermia of Brain	Procedure	ICD-10-PCS
D0Y18ZZ	Hyperthermia of Brain Stem	Procedure	ICD-10-PCS
D0Y68ZZ	Hyperthermia of Spinal Cord	Procedure	ICD-10-PCS
D0Y78ZZ	Hyperthermia of Peripheral Nerve	Procedure	ICD-10-PCS
D37.01	Neoplasm of uncertain behavior of lip	Diagnosis	ICD-10-CM
D37.02	Neoplasm of uncertain behavior of tongue	Diagnosis	ICD-10-CM
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	Diagnosis	ICD-10-CM
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	Diagnosis	ICD-10-CM
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	Diagnosis	ICD-10-CM
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	Diagnosis	ICD-10-CM
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	Diagnosis	ICD-10-CM
D37.05	Neoplasm of uncertain behavior of pharynx	Diagnosis	ICD-10-CM
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	Diagnosis	ICD-10-CM
D37.1	Neoplasm of uncertain behavior of stomach	Diagnosis	ICD-10-CM
D37.2	Neoplasm of uncertain behavior of small intestine	Diagnosis	ICD-10-CM
D37.3	Neoplasm of uncertain behavior of appendix	Diagnosis	ICD-10-CM
D37.4	Neoplasm of uncertain behavior of colon	Diagnosis	ICD-10-CM
D37.5	Neoplasm of uncertain behavior of rectum	Diagnosis	ICD-10-CM
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	Diagnosis	ICD-10-CM
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	Diagnosis	ICD-10-CM
D38.0	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-10-CM
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	Diagnosis	ICD-10-CM
D38.2	Neoplasm of uncertain behavior of pleura	Diagnosis	ICD-10-CM
D38.3	Neoplasm of uncertain behavior of mediastinum	Diagnosis	ICD-10-CM
D38.4	Neoplasm of uncertain behavior of thymus	Diagnosis	ICD-10-CM
D38.5	Neoplasm of uncertain behavior of other respiratory organs	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified	Diagnosis	ICD-10-CM
D39.0	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-10-CM
D39.10	Neoplasm of uncertain behavior of unspecified ovary	Diagnosis	ICD-10-CM
D39.11	Neoplasm of uncertain behavior of right ovary	Diagnosis	ICD-10-CM
D39.12	Neoplasm of uncertain behavior of left ovary	Diagnosis	ICD-10-CM
D39.2	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-10-CM
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	Diagnosis	ICD-10-CM
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified	Diagnosis	ICD-10-CM
D3A.00	Benign carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
D3A.010	Benign carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
D3A.011	Benign carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
D3A.012	Benign carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
D3A.020	Benign carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
D3A.021	Benign carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
D3A.022	Benign carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
D3A.023	Benign carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
D3A.024	Benign carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
D3A.025	Benign carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
D3A.026	Benign carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
D3A.090	Benign carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
D3A.091	Benign carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
D3A.092	Benign carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
D3A.093	Benign carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
D3A.094	Benign carcinoid tumor of the foregut, unspecified	Diagnosis	ICD-10-CM
D3A.095	Benign carcinoid tumor of the midgut, unspecified	Diagnosis	ICD-10-CM
D3A.096	Benign carcinoid tumor of the hindgut, unspecified	Diagnosis	ICD-10-CM
D3A.098	Benign carcinoid tumors of other sites	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
D3A.8	Other benign neuroendocrine tumors	Diagnosis	ICD-10-CM
D40.0	Neoplasm of uncertain behavior of prostate	Diagnosis	ICD-10-CM
D40.10	Neoplasm of uncertain behavior of unspecified testis	Diagnosis	ICD-10-CM
D40.11	Neoplasm of uncertain behavior of right testis	Diagnosis	ICD-10-CM
D40.12	Neoplasm of uncertain behavior of left testis	Diagnosis	ICD-10-CM
D40.8	Neoplasm of uncertain behavior of other specified male genital organs	Diagnosis	ICD-10-CM
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified	Diagnosis	ICD-10-CM
D41.00	Neoplasm of uncertain behavior of unspecified kidney	Diagnosis	ICD-10-CM
D41.01	Neoplasm of uncertain behavior of right kidney	Diagnosis	ICD-10-CM
D41.02	Neoplasm of uncertain behavior of left kidney	Diagnosis	ICD-10-CM
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis	Diagnosis	ICD-10-CM
D41.11	Neoplasm of uncertain behavior of right renal pelvis	Diagnosis	ICD-10-CM
D41.12	Neoplasm of uncertain behavior of left renal pelvis	Diagnosis	ICD-10-CM
D41.20	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CM
D41.21	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D41.22	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D41.3	Neoplasm of uncertain behavior of urethra	Diagnosis	ICD-10-CM
D41.4	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-10-CM
D41.8	Neoplasm of uncertain behavior of other specified urinary organs	Diagnosis	ICD-10-CM
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ	Diagnosis	ICD-10-CM
D42.0	Neoplasm of uncertain behavior of cerebral meninges	Diagnosis	ICD-10-CM
D42.1	Neoplasm of uncertain behavior of spinal meninges	Diagnosis	ICD-10-CM
D42.9	Neoplasm of uncertain behavior of meninges, unspecified	Diagnosis	ICD-10-CM
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	Diagnosis	ICD-10-CM
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	Diagnosis	ICD-10-CM
D43.2	Neoplasm of uncertain behavior of brain, unspecified	Diagnosis	ICD-10-CM
D43.3	Neoplasm of uncertain behavior of cranial nerves	Diagnosis	ICD-10-CM
D43.4	Neoplasm of uncertain behavior of spinal cord	Diagnosis	ICD-10-CM
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	Diagnosis	ICD-10-CM
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Procedure	HCPCS
D44.0	Neoplasm of uncertain behavior of thyroid gland	Diagnosis	ICD-10-CM
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland	Diagnosis	ICD-10-CM
D44.11	Neoplasm of uncertain behavior of right adrenal gland	Diagnosis	ICD-10-CM
D44.12	Neoplasm of uncertain behavior of left adrenal gland	Diagnosis	ICD-10-CM
D44.2	Neoplasm of uncertain behavior of parathyroid gland	Diagnosis	ICD-10-CM
D44.3	Neoplasm of uncertain behavior of pituitary gland	Diagnosis	ICD-10-CM
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct	Diagnosis	ICD-10-CM
D44.5	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-10-CM
D44.6	Neoplasm of uncertain behavior of carotid body	Diagnosis	ICD-10-CM
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia	Diagnosis	ICD-10-CM
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland	Diagnosis	ICD-10-CM
D45	Polycythemia vera	Diagnosis	ICD-10-CM
D46.0	Refractory anemia without ring sideroblasts, so stated	Diagnosis	ICD-10-CM
D46.1	Refractory anemia with ring sideroblasts	Diagnosis	ICD-10-CM
D46.20	Refractory anemia with excess of blasts, unspecified	Diagnosis	ICD-10-CM
D46.21	Refractory anemia with excess of blasts 1	Diagnosis	ICD-10-CM
D46.22	Refractory anemia with excess of blasts 2	Diagnosis	ICD-10-CM
D46.4	Refractory anemia, unspecified	Diagnosis	ICD-10-CM
D46.9	Myelodysplastic syndrome, unspecified	Diagnosis	ICD-10-CM
D46.A	Refractory cytopenia with multilineage dysplasia	Diagnosis	ICD-10-CM
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts	Diagnosis	ICD-10-CM
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality	Diagnosis	ICD-10-CM
D46.Z	Other myelodysplastic syndromes	Diagnosis	ICD-10-CM
D47.0	Mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D47.01	Cutaneous mastocytosis	Diagnosis	ICD-10-CM
D47.02	Systemic mastocytosis	Diagnosis	ICD-10-CM
D47.09	Other mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
D47.1	Chronic myeloproliferative disease	Diagnosis	ICD-10-CM
D47.3	Essential (hemorrhagic) thrombocythemia	Diagnosis	ICD-10-CM
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
D47.Z2	Castleman disease	Diagnosis	ICD-10-CM
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-10-CM
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-10-CM
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
D48.3	Neoplasm of uncertain behavior of retroperitoneum	Diagnosis	ICD-10-CM
D48.4	Neoplasm of uncertain behavior of peritoneum	Diagnosis	ICD-10-CM
D48.5	Neoplasm of uncertain behavior of skin	Diagnosis	ICD-10-CM
D48.60	Neoplasm of uncertain behavior of unspecified breast	Diagnosis	ICD-10-CM
D48.61	Neoplasm of uncertain behavior of right breast	Diagnosis	ICD-10-CM
D48.62	Neoplasm of uncertain behavior of left breast	Diagnosis	ICD-10-CM
D48.7	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-10-CM
D48.9	Neoplasm of uncertain behavior, unspecified	Diagnosis	ICD-10-CM
D49.0	Neoplasm of unspecified behavior of digestive system	Diagnosis	ICD-10-CM
D49.1	Neoplasm of unspecified behavior of respiratory system	Diagnosis	ICD-10-CM
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin	Diagnosis	ICD-10-CM
D49.3	Neoplasm of unspecified behavior of breast	Diagnosis	ICD-10-CM
D49.4	Neoplasm of unspecified behavior of bladder	Diagnosis	ICD-10-CM
D49.5	Neoplasm of unspecified behavior of other genitourinary organs	Diagnosis	ICD-10-CM
D49.511	Neoplasm of unspecified behavior of right kidney	Diagnosis	ICD-10-CM
D49.512	Neoplasm of unspecified behavior of left kidney	Diagnosis	ICD-10-CM
D49.519	Neoplasm of unspecified behavior of unspecified kidney	Diagnosis	ICD-10-CM
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	Diagnosis	ICD-10-CM
D49.6	Neoplasm of unspecified behavior of brain	Diagnosis	ICD-10-CM
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
D49.81	Neoplasm of unspecified behavior of retina and choroid	Diagnosis	ICD-10-CM
D49.89	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D49.9	Neoplasm of unspecified behavior of unspecified site	Diagnosis	ICD-10-CM
D5983	radiation carrier	Procedure	HCPCS
D5984	radiation shield	Procedure	HCPCS
D5985	radiation cone locator	Procedure	HCPCS
D7Y08ZZ	Hyperthermia of Bone Marrow	Procedure	ICD-10-PCS
D7Y18ZZ	Hyperthermia of Thymus	Procedure	ICD-10-PCS
D7Y28ZZ	Hyperthermia of Spleen	Procedure	ICD-10-PCS
D7Y38ZZ	Hyperthermia of Neck Lymphatics	Procedure	ICD-10-PCS
D7Y48ZZ	Hyperthermia of Axillary Lymphatics	Procedure	ICD-10-PCS
D7Y58ZZ	Hyperthermia of Thorax Lymphatics	Procedure	ICD-10-PCS
D7Y68ZZ	Hyperthermia of Abdomen Lymphatics	Procedure	ICD-10-PCS
D7Y78ZZ	Hyperthermia of Pelvis Lymphatics	Procedure	ICD-10-PCS
D7Y88ZZ	Hyperthermia of Inguinal Lymphatics	Procedure	ICD-10-PCS
D8Y08ZZ	Hyperthermia of Eye	Procedure	ICD-10-PCS
D9Y08ZZ	Hyperthermia of Ear	Procedure	ICD-10-PCS
D9Y18ZZ	Hyperthermia of Nose	Procedure	ICD-10-PCS
D9Y38ZZ	Hyperthermia of Hypopharynx	Procedure	ICD-10-PCS
D9Y48ZZ	Hyperthermia of Mouth	Procedure	ICD-10-PCS
D9Y58ZZ	Hyperthermia of Tongue	Procedure	ICD-10-PCS
D9Y68ZZ	Hyperthermia of Salivary Glands	Procedure	ICD-10-PCS
D9Y78ZZ	Hyperthermia of Sinuses	Procedure	ICD-10-PCS
D9Y88ZZ	Hyperthermia of Hard Palate	Procedure	ICD-10-PCS
D9Y98ZZ	Hyperthermia of Soft Palate	Procedure	ICD-10-PCS
D9YB8ZZ	Hyperthermia of Larynx	Procedure	ICD-10-PCS
D9YD8ZZ	Hyperthermia of Nasopharynx	Procedure	ICD-10-PCS
D9YF8ZZ	Hyperthermia of Oropharynx	Procedure	ICD-10-PCS
DBY08ZZ	Hyperthermia of Trachea	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
DBY18ZZ	Hyperthermia of Bronchus	Procedure	ICD-10-PCS
DBY28ZZ	Hyperthermia of Lung	Procedure	ICD-10-PCS
DBY58ZZ	Hyperthermia of Pleura	Procedure	ICD-10-PCS
DBY68ZZ	Hyperthermia of Mediastinum	Procedure	ICD-10-PCS
DBY78ZZ	Hyperthermia of Chest Wall	Procedure	ICD-10-PCS
DBY88ZZ	Hyperthermia of Diaphragm	Procedure	ICD-10-PCS
DDY08ZZ	Hyperthermia of Esophagus	Procedure	ICD-10-PCS
DDY18ZZ	Hyperthermia of Stomach	Procedure	ICD-10-PCS
DDY28ZZ	Hyperthermia of Duodenum	Procedure	ICD-10-PCS
DDY38ZZ	Hyperthermia of Jejunum	Procedure	ICD-10-PCS
DDY48ZZ	Hyperthermia of Ileum	Procedure	ICD-10-PCS
DDY58ZZ	Hyperthermia of Colon	Procedure	ICD-10-PCS
DDY78ZZ	Hyperthermia of Rectum	Procedure	ICD-10-PCS
DFY08ZZ	Hyperthermia of Liver	Procedure	ICD-10-PCS
DFY18ZZ	Hyperthermia of Gallbladder	Procedure	ICD-10-PCS
DFY28ZZ	Hyperthermia of Bile Ducts	Procedure	ICD-10-PCS
DFY38ZZ	Hyperthermia of Pancreas	Procedure	ICD-10-PCS
DGY08ZZ	Hyperthermia of Pituitary Gland	Procedure	ICD-10-PCS
DGY18ZZ	Hyperthermia of Pineal Body	Procedure	ICD-10-PCS
DGY28ZZ	Hyperthermia of Adrenal Glands	Procedure	ICD-10-PCS
DGY48ZZ	Hyperthermia of Parathyroid Glands	Procedure	ICD-10-PCS
DGY58ZZ	Hyperthermia of Thyroid	Procedure	ICD-10-PCS
DHY28ZZ	Hyperthermia of Face Skin	Procedure	ICD-10-PCS
DHY38ZZ	Hyperthermia of Neck Skin	Procedure	ICD-10-PCS
DHY48ZZ	Hyperthermia of Arm Skin	Procedure	ICD-10-PCS
DHY68ZZ	Hyperthermia of Chest Skin	Procedure	ICD-10-PCS
DHY78ZZ	Hyperthermia of Back Skin	Procedure	ICD-10-PCS
DHY88ZZ	Hyperthermia of Abdomen Skin	Procedure	ICD-10-PCS
DHY98ZZ	Hyperthermia of Buttock Skin	Procedure	ICD-10-PCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
DHYB8ZZ	Hyperthermia of Leg Skin	Procedure	ICD-10-PCS
DMY08ZZ	Hyperthermia of Left Breast	Procedure	ICD-10-PCS
DMY18ZZ	Hyperthermia of Right Breast	Procedure	ICD-10-PCS
DPY08ZZ	Hyperthermia of Skull	Procedure	ICD-10-PCS
DPY28ZZ	Hyperthermia of Maxilla	Procedure	ICD-10-PCS
DPY38ZZ	Hyperthermia of Mandible	Procedure	ICD-10-PCS
DPY48ZZ	Hyperthermia of Sternum	Procedure	ICD-10-PCS
DPY58ZZ	Hyperthermia of Rib(s)	Procedure	ICD-10-PCS
DPY68ZZ	Hyperthermia of Humerus	Procedure	ICD-10-PCS
DPY78ZZ	Hyperthermia of Radius/Ulna	Procedure	ICD-10-PCS
DPY88ZZ	Hyperthermia of Pelvic Bones	Procedure	ICD-10-PCS
DPY98ZZ	Hyperthermia of Femur	Procedure	ICD-10-PCS
DPYB8ZZ	Hyperthermia of Tibia/Fibula	Procedure	ICD-10-PCS
DPYC8ZZ	Hyperthermia of Other Bone	Procedure	ICD-10-PCS
DTY08ZZ	Hyperthermia of Kidney	Procedure	ICD-10-PCS
DTY18ZZ	Hyperthermia of Ureter	Procedure	ICD-10-PCS
DTY28ZZ	Hyperthermia of Bladder	Procedure	ICD-10-PCS
DTY38ZZ	Hyperthermia of Urethra	Procedure	ICD-10-PCS
DUY08ZZ	Hyperthermia of Ovary	Procedure	ICD-10-PCS
DUY18ZZ	Hyperthermia of Cervix	Procedure	ICD-10-PCS
DUY28ZZ	Hyperthermia of Uterus	Procedure	ICD-10-PCS
DVY08ZZ	Hyperthermia of Prostate	Procedure	ICD-10-PCS
DVY18ZZ	Hyperthermia of Testis	Procedure	ICD-10-PCS
DWY18ZZ	Hyperthermia of Head and Neck	Procedure	ICD-10-PCS
DWY28ZZ	Hyperthermia of Chest	Procedure	ICD-10-PCS
DWY38ZZ	Hyperthermia of Abdomen	Procedure	ICD-10-PCS
DWY48ZZ	Hyperthermia of Hemibody	Procedure	ICD-10-PCS
DWY58ZZ	Hyperthermia of Whole Body	Procedure	ICD-10-PCS
DWY68ZZ	Hyperthermia of Pelvic Region	Procedure	ICD-10-PCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Procedure	HCPCS
G0210	PET imaging whole body; diagnosis; lung cancer, nonsmall cell	Procedure	HCPCS
G0211	PET imaging whole body; initial staging; lung cancer; nonsmall cell	Procedure	HCPCS
G0212	PET imaging whole body; restaging; lung cancer; nonsmall	Procedure	HCPCS
G0215	PET imaging whole body; restaging; colorectal cancer	Procedure	HCPCS
G0223	PET imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers	Procedure	HCPCS
G0224	PET imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers	Procedure	HCPCS
G0225	PET imaging whole body or regional; restaging; head and neck cancer, excluding thyroid and CNS cancers	Procedure	HCPCS
G0226	PET imaging whole body; diagnosis; esophageal cancer	Procedure	HCPCS
G0227	PET imaging whole body; initial staging; esophageal cancer	Procedure	HCPCS
G0228	PET imaging whole body; restaging; esophageal cancer	Procedure	HCPCS
G0231	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Procedure	HCPCS
G0233	PET, whole body, for recurrence of melanoma; gamma cameras only	Procedure	HCPCS
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	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
G0254	PET imaging for breast cancer, full and partial ring PET scanners only, evaluation of response to treatment, performed during course of treatment	Procedure	HCPCS
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	Procedure	HCPCS
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)	Procedure	HCPCS
G0355	Chemotherapy administration, subcutaneous or intramuscular nonhormonal antineoplastic	Procedure	HCPCS
G0359	Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug	Procedure	HCPCS
G0361	Initiation of prolonged chemotherapy infusion (more than eight hours), requiring use of a portable or implantable pump	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Procedure	HCPCS
G0464	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)	Procedure	HCPCS
G6001	Ultrasonic guidance for placement of radiation therapy fields	Procedure	HCPCS
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Procedure	HCPCS
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Procedure	HCPCS
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Procedure	HCPCS
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	Procedure	HCPCS
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	Procedure	HCPCS
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	Procedure	HCPCS
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Procedure	HCPCS
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Procedure	HCPCS
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Procedure	HCPCS
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Procedure	HCPCS
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Procedure	HCPCS
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	Procedure	HCPCS
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Procedure	HCPCS
G6016	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	Procedure	HCPCS
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	Procedure	HCPCS
G8371	Chemotherapy documented as not received or prescribed for Stage III colon cancer patients	Procedure	HCPCS
G8372	Chemotherapy documented as received or prescribed for Stage III colon cancer patients	Procedure	HCPCS
G8373	Chemotherapy plan documented prior to chemotherapy administration	Procedure	HCPCS
G8374	Chemotherapy plan not documented prior to chemotherapy administration	Procedure	HCPCS
G8376	Clinician documentation that breast cancer patient was not eligible for tamoxifen or aromatase inhibitor therapy measure	Procedure	HCPCS
G8377	Clinician documentation that colon cancer patient is not eligible for chemotherapy measure	Procedure	HCPCS
G8379	Documentation of radiation therapy recommended within 12 months of first office visit	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
G8389	Myelodysplastic syndrome (MDS) patients with no documentation of iron stores prior to receiving erythropoietin therapy	Procedure	HCPCS
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	Procedure	HCPCS
G8465	High or very high risk of recurrence of prostate cancer	Procedure	HCPCS
G8518	Clinical stage prior to surgery for lung cancer and esophageal cancer resection was recorded	Procedure	HCPCS
G8519	Clinician documented that patient was not eligible for clinical stage prior to surgery for lung cancer and esophageal cancer resection measure	Procedure	HCPCS
G8520	Clinician stage prior to surgery for lung cancer and esophageal cancer resection was not recorded, reason not specified	Procedure	HCPCS
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0	Procedure	HCPCS
G89.3	Neoplasm related pain (acute) (chronic)	Diagnosis	ICD-10-CM
G8927	Adjuvant chemotherapy referred, prescribed or previously received for AJCC stage III, colon cancer	Procedure	HCPCS
G8944	AJCC melanoma cancer stage 0 through IIC melanoma	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
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)	Procedure	HCPCS
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS

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Code	Description	Code Category	Code Type
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-III B; 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)	Procedure	HCPCS
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-III B; 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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
G9082	Oncology; disease status; prostate cancer, limited to adenocarcinoma; castrate; clinical metastases or M1 at diagnosis (for use in a Medicare-	Procedure	HCPCS
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in	Procedure	HCPCS

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Code	Description	Code Category	Code Type
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS

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Code	Description	Code Category	Code Type
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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)	Procedure	HCPCS
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage 1A-B (Grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)	Procedure	HCPCS
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicare-approved demonstration project)	Procedure	HCPCS
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)	Procedure	HCPCS
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)	Procedure	HCPCS
J0207	Injection, amifostine, 500 mg	Procedure	HCPCS
J1260	Injection, dolasetron mesylate, 10 mg	Procedure	HCPCS
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	Procedure	HCPCS
J8510	Busulfan, oral, 2 mg	Procedure	HCPCS
J8520	Capecitabine, oral, 150 mg	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J8521	Capecitabine, oral, 500 mg	Procedure	HCPCS
J8530	Cyclophosphamide, oral, 25 mg	Procedure	HCPCS
J8560	Etoposide, oral, 50 mg	Procedure	HCPCS
J8562	Fludarabine phosphate, oral, 10 mg	Procedure	HCPCS
J8597	Antiemetic drug, oral, not otherwise specified	Procedure	HCPCS
J8600	Melphalan, oral, 2 mg	Procedure	HCPCS
J8610	Methotrexate, oral, 2.5 mg	Procedure	HCPCS
J8700	Temozolomide, oral, 5 mg	Procedure	HCPCS
J8705	Topotecan, oral, 0.25 mg	Procedure	HCPCS
J8999	Prescription drug, oral, chemotherapeutic, NOS	Procedure	HCPCS
J9000	Injection, doxorubicin HCl, 10 mg	Procedure	HCPCS
J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	Procedure	HCPCS
J9015	Injection, aldesleukin, per single use vial	Procedure	HCPCS
J9017	Injection, arsenic trioxide, 1 mg	Procedure	HCPCS
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Procedure	HCPCS
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Procedure	HCPCS
J9025	Injection, azacitidine, 1 mg	Procedure	HCPCS
J9031	BCG (intravesical) per instillation	Procedure	HCPCS
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Procedure	HCPCS
J9040	Injection, bleomycin sulfate, 15 units	Procedure	HCPCS
J9042	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
J9043	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
J9045	Injection, carboplatin, 50 mg	Procedure	HCPCS
J9047	Injection, carfilzomib, 1 mg	Procedure	HCPCS
J9050	Injection, carmustine, 100 mg	Procedure	HCPCS
J9060	Injection, cisplatin, powder or solution, 10 mg	Procedure	HCPCS
J9062	Cisplatin, 50 mg	Procedure	HCPCS
J9065	Injection, cladribine, per 1 mg	Procedure	HCPCS
J9070	Cyclophosphamide, 100 mg	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J9080	Cyclophosphamide, 200 mg	Procedure	HCPCS
J9090	Cyclophosphamide, 500 mg	Procedure	HCPCS
J9091	Cyclophosphamide, 1 g	Procedure	HCPCS
J9092	Cyclophosphamide, 2 g	Procedure	HCPCS
J9093	Cyclophosphamide, lyophilized, 100 mg	Procedure	HCPCS
J9094	Cyclophosphamide, lyophilized, 200 mg	Procedure	HCPCS
J9095	Cyclophosphamide, lyophilized, 500 mg	Procedure	HCPCS
J9096	Cyclophosphamide, lyophilized, 1 g	Procedure	HCPCS
J9097	Cyclophosphamide, lyophilized, 2 g	Procedure	HCPCS
J9100	Injection, cytarabine, 100 mg	Procedure	HCPCS
J9110	Injection, cytarabine, 500 mg	Procedure	HCPCS
J9120	Injection, dactinomycin, 0.5 mg	Procedure	HCPCS
J9130	Dacarbazine, 100 mg	Procedure	HCPCS
J9140	Dacarbazine, 200 mg	Procedure	HCPCS
J9150	Injection, daunorubicin, 10 mg	Procedure	HCPCS
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Procedure	HCPCS
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	Procedure	HCPCS
J9179	Injection, eribulin mesylate, 0.1 mg	Procedure	HCPCS
J9181	Injection, etoposide, 10 mg	Procedure	HCPCS
J9185	Injection, fludarabine phosphate, 50 mg	Procedure	HCPCS
J9190	Injection, fluorouracil, 500 mg	Procedure	HCPCS
J9200	Injection, floxuridine, 500 mg	Procedure	HCPCS
J9201	Injection, gemcitabine HCl, 200 mg	Procedure	HCPCS
J9202	Goserelin acetate implant, per 3.6 mg	Procedure	HCPCS
J9206	Injection, irinotecan, 20 mg	Procedure	HCPCS
J9207	Injection, ixabepilone, 1 mg	Procedure	HCPCS
J9208	Injection, ifosfamide, 1 g	Procedure	HCPCS
J9209	Injection, mesna, 200 mg	Procedure	HCPCS
J9211	Injection, idarubicin HCl, 5 mg	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Procedure	HCPCS
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Procedure	HCPCS
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	Procedure	HCPCS
J9216	Injection, interferon, gamma 1-b, 3 million units	Procedure	HCPCS
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Procedure	HCPCS
J9218	Leuprolide acetate, per 1 mg	Procedure	HCPCS
J9219	Leuprolide acetate implant, 65 mg	Procedure	HCPCS
J9225	Histrelin implant (Vantas), 50 mg	Procedure	HCPCS
J9226	Histrelin implant (Supprelin LA), 50 mg	Procedure	HCPCS
J9228	Injection, ipilimumab, 1 mg	Procedure	HCPCS
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Procedure	HCPCS
J9245	Injection, melphalan HCl, 50 mg	Procedure	HCPCS
J9250	Methotrexate sodium, 5 mg	Procedure	HCPCS
J9260	Methotrexate sodium, 50 mg	Procedure	HCPCS
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
J9263	Injection, oxaliplatin, 0.5 mg	Procedure	HCPCS
J9265	Injection, paclitaxel, 30 mg	Procedure	HCPCS
J9266	Injection, pegaspargase, per single dose vial	Procedure	HCPCS
J9267	Injection, paclitaxel, 1 mg	Procedure	HCPCS
J9268	Injection, pentostatin, 10 mg	Procedure	HCPCS
J9270	Injection, plicamycin, 2.5 mg	Procedure	HCPCS
J9280	Injection, mitomycin, 5 mg	Procedure	HCPCS
J9290	Mitomycin, 20 mg	Procedure	HCPCS
J9291	Mitomycin, 40 mg	Procedure	HCPCS
J9293	Injection, mitoxantrone HCl, per 5 mg	Procedure	HCPCS
J9300	Injection, gemtuzumab ozogamicin, 5 mg	Procedure	HCPCS
J9301	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
J9302	Injection, ofatumumab, 10 mg	Procedure	HCPCS
J9303	Injection, panitumumab, 10 mg	Procedure	HCPCS

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Code	Description	Code Category	Code Type
J9306	Injection, pertuzumab, 1 mg	Procedure	HCPCS
J9310	Injection, rituximab, 100 mg	Procedure	HCPCS
J9315	Injection, romidepsin, 1 mg	Procedure	HCPCS
J9320	Injection, streptozocin, 1 g	Procedure	HCPCS
J9328	Injection, temozolomide, 1 mg	Procedure	HCPCS
J9330	Injection, temsirolimus, 1 mg	Procedure	HCPCS
J9340	Injection, thiotepa, 15 mg	Procedure	HCPCS
J9350	Injection, topotecan, 4 mg	Procedure	HCPCS
J9351	Injection, topotecan, 0.1 mg	Procedure	HCPCS
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Procedure	HCPCS
J9360	Injection, vinblastine sulfate, 1 mg	Procedure	HCPCS
J9370	Vincristine sulfate, 1 mg	Procedure	HCPCS
J9371	Injection, vincristine sulfate liposome, 1 mg	Procedure	HCPCS
J9375	Vincristine sulfate, 2 mg	Procedure	HCPCS
J9380	Vincristine sulfate, 5 mg	Procedure	HCPCS
J9390	Injection, vinorelbine tartrate, 10 mg	Procedure	HCPCS
J9600	Injection, porfimer sodium, 75 mg	Procedure	HCPCS
J9999	Not otherwise classified, antineoplastic drugs	Procedure	HCPCS
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	Procedure	HCPCS
Q0084	Chemotherapy administration by infusion technique only, per visit	Procedure	HCPCS
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit	Procedure	HCPCS
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Procedure	HCPCS
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	Procedure	HCPCS

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Code	Description	Code Category	Code Type
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS

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Code	Description	Code Category	Code Type
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
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	Procedure	HCPCS
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period	Procedure	HCPCS
Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	Procedure	HCPCS
Q2017	Injection, teniposide, 50 mg	Procedure	HCPCS
Q2025	Fludarabine phosphate, oral, 1 mg	Procedure	HCPCS
Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	Procedure	HCPCS
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Procedure	HCPCS
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Procedure	HCPCS
Q3001	Radioelements for brachytherapy, any type, each	Procedure	HCPCS
Q85.00	Neurofibromatosis, unspecified	Diagnosis	ICD-10-CM
Q85.01	Neurofibromatosis, type 1	Diagnosis	ICD-10-CM
Q85.02	Neurofibromatosis, type 2	Diagnosis	ICD-10-CM
Q85.03	Schwannomatosis	Diagnosis	ICD-10-CM
Q85.09	Other neurofibromatosis	Diagnosis	ICD-10-CM
R18.0	Malignant ascites	Diagnosis	ICD-10-CM
XW03351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
XW033B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW04351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW043B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW043C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS

Acute Myocardial Infarction

410	Acute myocardial infarction	Diagnosis	ICD-9-CM
410.0	Acute myocardial infarction of anterolateral wall	Diagnosis	ICD-9-CM
410.00	Acute myocardial infarction of anterolateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.01	Acute myocardial infarction of anterolateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.02	Acute myocardial infarction of anterolateral wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.1	Acute myocardial infarction of other anterior wall	Diagnosis	ICD-9-CM
410.10	Acute myocardial infarction of other anterior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.11	Acute myocardial infarction of other anterior wall, initial episode of care	Diagnosis	ICD-9-CM
410.12	Acute myocardial infarction of other anterior wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.2	Acute myocardial infarction of inferolateral wall	Diagnosis	ICD-9-CM
410.20	Acute myocardial infarction of inferolateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.21	Acute myocardial infarction of inferolateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.22	Acute myocardial infarction of inferolateral wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.3	Acute myocardial infarction of inferoposterior wall	Diagnosis	ICD-9-CM
410.30	Acute myocardial infarction of inferoposterior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.31	Acute myocardial infarction of inferoposterior wall, initial episode of care	Diagnosis	ICD-9-CM
410.32	Acute myocardial infarction of inferoposterior wall, subsequent episode of care	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
410.4	Acute myocardial infarction of other inferior wall	Diagnosis	ICD-9-CM
410.40	Acute myocardial infarction of other inferior wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.41	Acute myocardial infarction of other inferior wall, initial episode of care	Diagnosis	ICD-9-CM
410.42	Acute myocardial infarction of other inferior wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.5	Acute myocardial infarction of other lateral wall	Diagnosis	ICD-9-CM
410.50	Acute myocardial infarction of other lateral wall, episode of care unspecified	Diagnosis	ICD-9-CM
410.51	Acute myocardial infarction of other lateral wall, initial episode of care	Diagnosis	ICD-9-CM
410.52	Acute myocardial infarction of other lateral wall, subsequent episode of care	Diagnosis	ICD-9-CM
410.6	Acute myocardial infarction, true posterior wall infarction	Diagnosis	ICD-9-CM
410.60	Acute myocardial infarction, true posterior wall infarction, episode of care unspecified	Diagnosis	ICD-9-CM
410.61	Acute myocardial infarction, true posterior wall infarction, initial episode of care	Diagnosis	ICD-9-CM
410.62	Acute myocardial infarction, true posterior wall infarction, subsequent episode of care	Diagnosis	ICD-9-CM
410.7	Acute myocardial infarction, subendocardial infarction	Diagnosis	ICD-9-CM
410.70	Acute myocardial infarction, subendocardial infarction, episode of care unspecified	Diagnosis	ICD-9-CM
410.71	Acute myocardial infarction, subendocardial infarction, initial episode of care	Diagnosis	ICD-9-CM
410.72	Acute myocardial infarction, subendocardial infarction, subsequent episode of care	Diagnosis	ICD-9-CM
410.8	Acute myocardial infarction of other specified sites	Diagnosis	ICD-9-CM
410.80	Acute myocardial infarction of other specified sites, episode of care unspecified	Diagnosis	ICD-9-CM
410.81	Acute myocardial infarction of other specified sites, initial episode of care	Diagnosis	ICD-9-CM
410.82	Acute myocardial infarction of other specified sites, subsequent episode of care	Diagnosis	ICD-9-CM
410.9	Acute myocardial infarction, unspecified site	Diagnosis	ICD-9-CM
410.90	Acute myocardial infarction, unspecified site, episode of care unspecified	Diagnosis	ICD-9-CM
410.91	Acute myocardial infarction, unspecified site, initial episode of care	Diagnosis	ICD-9-CM
410.92	Acute myocardial infarction, unspecified site, subsequent episode of care	Diagnosis	ICD-9-CM
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I21.9	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I21.A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21.A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
Hypertension/Hypertensive Disorders			
401	Essential hypertension	Diagnosis	ICD-9-CM
401.0	Essential hypertension, malignant	Diagnosis	ICD-9-CM
401.1	Essential hypertension, benign	Diagnosis	ICD-9-CM
401.9	Unspecified essential hypertension	Diagnosis	ICD-9-CM
402	Hypertensive heart disease	Diagnosis	ICD-9-CM
402.0	Malignant hypertensive heart disease	Diagnosis	ICD-9-CM
402.00	Malignant hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.01	Malignant hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
402.1	Benign hypertensive heart disease	Diagnosis	ICD-9-CM
402.10	Benign hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.11	Benign hypertensive heart disease with heart failure	Diagnosis	ICD-9-CM
402.9	Unspecified hypertensive heart disease	Diagnosis	ICD-9-CM
402.90	Unspecified hypertensive heart disease without heart failure	Diagnosis	ICD-9-CM
402.91	Hypertensive heart disease, unspecified, with heart failure	Diagnosis	ICD-9-CM
403	Hypertensive chronic kidney disease	Diagnosis	ICD-9-CM
403.0	Hypertensive chronic kidney disease, malignant	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
403.1	Hypertensive chronic kidney disease, benign	Diagnosis	ICD-9-CM
403.10	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
403.9	Hypertensive chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-9-CM
404.0	Hypertensive heart and chronic kidney disease, malignant	Diagnosis	ICD-9-CM
404.00	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.02	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.1	Hypertensive heart and chronic kidney disease, benign	Diagnosis	ICD-9-CM
404.10	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.9	Hypertensive heart and chronic kidney disease, unspecified	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	Diagnosis	ICD-9-CM
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	Diagnosis	ICD-9-CM
405	Secondary hypertension	Diagnosis	ICD-9-CM
405.0	Secondary hypertension, malignant	Diagnosis	ICD-9-CM
405.01	Secondary renovascular hypertension, malignant	Diagnosis	ICD-9-CM
405.09	Other secondary hypertension, malignant	Diagnosis	ICD-9-CM
405.1	Secondary hypertension, benign	Diagnosis	ICD-9-CM
405.11	Secondary renovascular hypertension, benign	Diagnosis	ICD-9-CM
405.19	Other secondary hypertension, benign	Diagnosis	ICD-9-CM
405.9	Unspecified secondary hypertension, unspecified	Diagnosis	ICD-9-CM
405.91	Secondary renovascular hypertension, unspecified	Diagnosis	ICD-9-CM
405.99	Other secondary hypertension, unspecified	Diagnosis	ICD-9-CM
997.91	Hypertension	Diagnosis	ICD-9-CM
I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
I11.0	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I11.9	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I15.0	Renovascular hypertension	Diagnosis	ICD-10-CM
I15.1	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
I15.2	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
I15.8	Other secondary hypertension	Diagnosis	ICD-10-CM
I15.9	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
I16.0	Hypertensive urgency	Diagnosis	ICD-10-CM
I16.1	Hypertensive emergency	Diagnosis	ICD-10-CM
I16.9	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
I97.3	Postprocedural hypertension	Diagnosis	ICD-10-CM
N26.2	Page kidney	Diagnosis	ICD-10-CM
Hypercholesterolemia/Hyperlipidemia			
272.0	Pure hypercholesterolemia	Diagnosis	ICD-9-CM
272.1	Pure hyperglyceridemia	Diagnosis	ICD-9-CM
272.2	Mixed hyperlipidemia	Diagnosis	ICD-9-CM
272.3	Hyperchylomicronemia	Diagnosis	ICD-9-CM
272.4	Other and unspecified hyperlipidemia	Diagnosis	ICD-9-CM
E78.0	Pure hypercholesterolemia	Diagnosis	ICD-10-CM
E78.00	Pure hypercholesterolemia, unspecified	Diagnosis	ICD-10-CM
E78.01	Familial hypercholesterolemia	Diagnosis	ICD-10-CM
E78.1	Pure hyperglyceridemia	Diagnosis	ICD-10-CM
E78.2	Mixed hyperlipidemia	Diagnosis	ICD-10-CM
E78.3	Hyperchylomicronemia	Diagnosis	ICD-10-CM
E78.4	Other hyperlipidemia	Diagnosis	ICD-10-CM
E78.41	Elevated Lipoprotein(a)	Diagnosis	ICD-10-CM
E78.49	Other hyperlipidemia	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
E78.5	Hyperlipidemia, unspecified	Diagnosis	ICD-10-CM
Alcohol Consumption			
291	Alcohol-induced mental disorders	Diagnosis	ICD-9-CM
291.0	Alcohol withdrawal delirium	Diagnosis	ICD-9-CM
291.1	Alcohol-induced persisting amnestic disorder	Diagnosis	ICD-9-CM
291.2	Alcohol-induced persisting dementia	Diagnosis	ICD-9-CM
291.3	Alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-9-CM
291.4	Idiosyncratic alcohol intoxication	Diagnosis	ICD-9-CM
291.5	Alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-9-CM
291.8	Other specified alcohol-induced mental disorders	Diagnosis	ICD-9-CM
291.81	Alcohol withdrawal	Diagnosis	ICD-9-CM
291.82	Alcohol induced sleep disorders	Diagnosis	ICD-9-CM
291.89	Other specified alcohol-induced mental disorders	Diagnosis	ICD-9-CM
291.9	Unspecified alcohol-induced mental disorders	Diagnosis	ICD-9-CM
303	Alcohol dependence syndrome	Diagnosis	ICD-9-CM
303.0	Acute alcoholic intoxication	Diagnosis	ICD-9-CM
303.00	Acute alcoholic intoxication, unspecified	Diagnosis	ICD-9-CM
303.01	Acute alcoholic intoxication, continuous	Diagnosis	ICD-9-CM
303.02	Acute alcoholic intoxication, episodic	Diagnosis	ICD-9-CM
303.9	Other and unspecified alcohol dependence	Diagnosis	ICD-9-CM
303.90	Other and unspecified alcohol dependence, unspecified	Diagnosis	ICD-9-CM
303.91	Other and unspecified alcohol dependence, continuous	Diagnosis	ICD-9-CM
303.92	Other and unspecified alcohol dependence, episodic	Diagnosis	ICD-9-CM
303.93	Other and unspecified alcohol dependence, in remission	Diagnosis	ICD-9-CM
305.0	Nondependent alcohol abuse	Diagnosis	ICD-9-CM
305.00	Nondependent alcohol abuse, unspecified	Diagnosis	ICD-9-CM
305.01	Nondependent alcohol abuse, continuous	Diagnosis	ICD-9-CM
305.02	Nondependent alcohol abuse, episodic	Diagnosis	ICD-9-CM
305.03	Nondependent alcohol abuse, in remission	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
357.5	Alcoholic polyneuropathy	Diagnosis	ICD-9-CM
425.5	Alcoholic cardiomyopathy	Diagnosis	ICD-9-CM
535.30	Alcoholic gastritis without mention of hemorrhage	Diagnosis	ICD-9-CM
535.31	Alcoholic gastritis with hemorrhage	Diagnosis	ICD-9-CM
571.0	Alcoholic fatty liver	Diagnosis	ICD-9-CM
571.1	Acute alcoholic hepatitis	Diagnosis	ICD-9-CM
571.2	Alcoholic cirrhosis of liver	Diagnosis	ICD-9-CM
571.3	Unspecified alcoholic liver damage	Diagnosis	ICD-9-CM
790.3	Excessive blood level of alcohol	Diagnosis	ICD-9-CM
94.6	Alcohol and drug rehabilitation and detoxification	Procedure	ICD-9-CM
94.61	Alcohol rehabilitation	Procedure	ICD-9-CM
94.62	Alcohol detoxification	Procedure	ICD-9-CM
94.63	Alcohol rehabilitation and detoxification	Procedure	ICD-9-CM
94.67	Combined alcohol and drug rehabilitation	Procedure	ICD-9-CM
94.68	Combined alcohol and drug detoxification	Procedure	ICD-9-CM
94.69	Combined alcohol and drug rehabilitation and detoxification	Procedure	ICD-9-CM
980.0	Toxic effect of ethyl alcohol	Diagnosis	ICD-9-CM
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	Procedure	CPT-4
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	Procedure	CPT-4
E86.00	Accidental poisoning by alcoholic beverages	Diagnosis	ICD-9-CM
F10.10	Alcohol abuse, uncomplicated	Diagnosis	ICD-10-CM
F10.120	Alcohol abuse with intoxication, uncomplicated	Diagnosis	ICD-10-CM
F10.121	Alcohol abuse with intoxication delirium	Diagnosis	ICD-10-CM
F10.129	Alcohol abuse with intoxication, unspecified	Diagnosis	ICD-10-CM
F10.14	Alcohol abuse with alcohol-induced mood disorder	Diagnosis	ICD-10-CM
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F10.180	Alcohol abuse with alcohol-induced anxiety disorder	Diagnosis	ICD-10-CM
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction	Diagnosis	ICD-10-CM
F10.182	Alcohol abuse with alcohol-induced sleep disorder	Diagnosis	ICD-10-CM
F10.188	Alcohol abuse with other alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.19	Alcohol abuse with unspecified alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.20	Alcohol dependence, uncomplicated	Diagnosis	ICD-10-CM
F10.21	Alcohol dependence, in remission	Diagnosis	ICD-10-CM
F10.220	Alcohol dependence with intoxication, uncomplicated	Diagnosis	ICD-10-CM
F10.221	Alcohol dependence with intoxication delirium	Diagnosis	ICD-10-CM
F10.229	Alcohol dependence with intoxication, unspecified	Diagnosis	ICD-10-CM
F10.230	Alcohol dependence with withdrawal, uncomplicated	Diagnosis	ICD-10-CM
F10.231	Alcohol dependence with withdrawal delirium	Diagnosis	ICD-10-CM
F10.232	Alcohol dependence with withdrawal with perceptual disturbance	Diagnosis	ICD-10-CM
F10.239	Alcohol dependence with withdrawal, unspecified	Diagnosis	ICD-10-CM
F10.24	Alcohol dependence with alcohol-induced mood disorder	Diagnosis	ICD-10-CM
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F10.26	Alcohol dependence with alcohol-induced persisting amnesic disorder	Diagnosis	ICD-10-CM
F10.27	Alcohol dependence with alcohol-induced persisting dementia	Diagnosis	ICD-10-CM
F10.280	Alcohol dependence with alcohol-induced anxiety disorder	Diagnosis	ICD-10-CM
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction	Diagnosis	ICD-10-CM
F10.282	Alcohol dependence with alcohol-induced sleep disorder	Diagnosis	ICD-10-CM
F10.288	Alcohol dependence with other alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.29	Alcohol dependence with unspecified alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.920	Alcohol use, unspecified with intoxication, uncomplicated	Diagnosis	ICD-10-CM
F10.921	Alcohol use, unspecified with intoxication delirium	Diagnosis	ICD-10-CM
F10.929	Alcohol use, unspecified with intoxication, unspecified	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder	Diagnosis	ICD-10-CM
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder	Diagnosis	ICD-10-CM
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia	Diagnosis	ICD-10-CM
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder	Diagnosis	ICD-10-CM
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction	Diagnosis	ICD-10-CM
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder	Diagnosis	ICD-10-CM
F10.988	Alcohol use, unspecified with other alcohol-induced disorder	Diagnosis	ICD-10-CM
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder	Diagnosis	ICD-10-CM
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	Procedure	HCPCS
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	Procedure	HCPCS
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Procedure	HCPCS
G31.2	Degeneration of nervous system due to alcohol	Diagnosis	ICD-10-CM
G62.1	Alcoholic polyneuropathy	Diagnosis	ICD-10-CM
H0001	Alcohol and/or drug assessment	Procedure	HCPCS
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	Procedure	HCPCS
H0005	Alcohol and/or drug services; group counseling by a clinician	Procedure	HCPCS
H0006	Alcohol and/or drug services; case management	Procedure	HCPCS
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	Procedure	HCPCS
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	Procedure	HCPCS
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	Procedure	HCPCS
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	Procedure	HCPCS
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Procedure	HCPCS
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	Procedure	HCPCS
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
H0014	Alcohol and/or drug services; ambulatory detoxification	Procedure	HCPCS
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Procedure	HCPCS
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Procedure	HCPCS
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Procedure	HCPCS
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	Procedure	HCPCS
H0022	Alcohol and/or drug intervention service (planned facilitation)	Procedure	HCPCS
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	Procedure	HCPCS
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	Procedure	HCPCS
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	Procedure	HCPCS
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	Procedure	HCPCS
H0047	Alcohol and/or other drug abuse services, not otherwise specified	Procedure	HCPCS
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Procedure	HCPCS
H0049	Alcohol and/or drug screening	Procedure	HCPCS
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Procedure	HCPCS
H2034	Alcohol and/or drug abuse halfway house services, per diem	Procedure	HCPCS
H2035	Alcohol and/or other drug treatment program, per hour	Procedure	HCPCS
H2036	Alcohol and/or other drug treatment program, per diem	Procedure	HCPCS
HZ2ZZZZ	Detoxification Services for Substance Abuse Treatment	Procedure	ICD-10-PCS
HZ30ZZZ	Individual Counseling for Substance Abuse Treatment, Cognitive	Procedure	ICD-10-PCS
HZ31ZZZ	Individual Counseling for Substance Abuse Treatment, Behavioral	Procedure	ICD-10-PCS
HZ32ZZZ	Individual Counseling for Substance Abuse Treatment, Cognitive-Behavioral	Procedure	ICD-10-PCS
HZ33ZZZ	Individual Counseling for Substance Abuse Treatment, 12-Step	Procedure	ICD-10-PCS
HZ34ZZZ	Individual Counseling for Substance Abuse Treatment, Interpersonal	Procedure	ICD-10-PCS
HZ35ZZZ	Individual Counseling for Substance Abuse Treatment, Vocational	Procedure	ICD-10-PCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
HZ36ZZZ	Individual Counseling for Substance Abuse Treatment, Psychoeducation	Procedure	ICD-10-PCS
HZ37ZZZ	Individual Counseling for Substance Abuse Treatment, Motivational Enhancement	Procedure	ICD-10-PCS
HZ38ZZZ	Individual Counseling for Substance Abuse Treatment, Confrontational	Procedure	ICD-10-PCS
HZ39ZZZ	Individual Counseling for Substance Abuse Treatment, Continuing Care	Procedure	ICD-10-PCS
HZ3BZZZ	Individual Counseling for Substance Abuse Treatment, Spiritual	Procedure	ICD-10-PCS
HZ40ZZZ	Group Counseling for Substance Abuse Treatment, Cognitive	Procedure	ICD-10-PCS
HZ41ZZZ	Group Counseling for Substance Abuse Treatment, Behavioral	Procedure	ICD-10-PCS
HZ42ZZZ	Group Counseling for Substance Abuse Treatment, Cognitive-Behavioral	Procedure	ICD-10-PCS
HZ43ZZZ	Group Counseling for Substance Abuse Treatment, 12-Step	Procedure	ICD-10-PCS
HZ44ZZZ	Group Counseling for Substance Abuse Treatment, Interpersonal	Procedure	ICD-10-PCS
HZ45ZZZ	Group Counseling for Substance Abuse Treatment, Vocational	Procedure	ICD-10-PCS
HZ46ZZZ	Group Counseling for Substance Abuse Treatment, Psychoeducation	Procedure	ICD-10-PCS
HZ47ZZZ	Group Counseling for Substance Abuse Treatment, Motivational Enhancement	Procedure	ICD-10-PCS
HZ48ZZZ	Group Counseling for Substance Abuse Treatment, Confrontational	Procedure	ICD-10-PCS
HZ49ZZZ	Group Counseling for Substance Abuse Treatment, Continuing Care	Procedure	ICD-10-PCS
HZ4BZZZ	Group Counseling for Substance Abuse Treatment, Spiritual	Procedure	ICD-10-PCS
HZ50ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Cognitive	Procedure	ICD-10-PCS
HZ51ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Behavioral	Procedure	ICD-10-PCS
HZ52ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Cognitive-Behavioral	Procedure	ICD-10-PCS
HZ53ZZZ	Individual Psychotherapy for Substance Abuse Treatment, 12-Step	Procedure	ICD-10-PCS
HZ54ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Interpersonal	Procedure	ICD-10-PCS
HZ55ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Interactive	Procedure	ICD-10-PCS
HZ56ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychoeducation	Procedure	ICD-10-PCS
HZ57ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Motivational Enhancement	Procedure	ICD-10-PCS
HZ58ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Confrontational	Procedure	ICD-10-PCS
HZ59ZZZ	Individual Psychotherapy for Substance Abuse Treatment, Supportive	Procedure	ICD-10-PCS
HZ5BZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychoanalysis	Procedure	ICD-10-PCS
HZ5CZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychodynamic	Procedure	ICD-10-PCS
HZ5DZZZ	Individual Psychotherapy for Substance Abuse Treatment, Psychophysiological	Procedure	ICD-10-PCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
HZ63ZZZ	Family Counseling for Substance Abuse Treatment	Procedure	ICD-10-PCS
HZ83ZZZ	Medication Management for Substance Abuse Treatment, Antabuse	Procedure	ICD-10-PCS
HZ86ZZZ	Medication Management for Substance Abuse Treatment, Clonidine	Procedure	ICD-10-PCS
HZ88ZZZ	Medication Management for Substance Abuse Treatment, Psychiatric Medication	Procedure	ICD-10-PCS
HZ89ZZZ	Medication Management for Substance Abuse Treatment, Other Replacement Medication	Procedure	ICD-10-PCS
HZ93ZZZ	Pharmacotherapy for Substance Abuse Treatment, Antabuse	Procedure	ICD-10-PCS
HZ96ZZZ	Pharmacotherapy for Substance Abuse Treatment, Clonidine	Procedure	ICD-10-PCS
HZ98ZZZ	Pharmacotherapy for Substance Abuse Treatment, Psychiatric Medication	Procedure	ICD-10-PCS
HZ99ZZZ	Pharmacotherapy for Substance Abuse Treatment, Other Replacement Medication	Procedure	ICD-10-PCS
I42.6	Alcoholic cardiomyopathy	Diagnosis	ICD-10-CM
K29.20	Alcoholic gastritis without bleeding	Diagnosis	ICD-10-CM
K29.21	Alcoholic gastritis with bleeding	Diagnosis	ICD-10-CM
K70.0	Alcoholic fatty liver	Diagnosis	ICD-10-CM
K70.10	Alcoholic hepatitis without ascites	Diagnosis	ICD-10-CM
K70.11	Alcoholic hepatitis with ascites	Diagnosis	ICD-10-CM
K70.2	Alcoholic fibrosis and sclerosis of liver	Diagnosis	ICD-10-CM
K70.30	Alcoholic cirrhosis of liver without ascites	Diagnosis	ICD-10-CM
K70.31	Alcoholic cirrhosis of liver with ascites	Diagnosis	ICD-10-CM
K70.40	Alcoholic hepatic failure without coma	Diagnosis	ICD-10-CM
K70.41	Alcoholic hepatic failure with coma	Diagnosis	ICD-10-CM
K70.9	Alcoholic liver disease, unspecified	Diagnosis	ICD-10-CM
R78.0	Finding of alcohol in blood	Diagnosis	ICD-10-CM
T1006	Alcohol and/or substance abuse services, family/couple counseling	Procedure	HCPCS
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Procedure	HCPCS
T1008	Day treatment for individual alcohol and/or substance abuse services	Procedure	HCPCS
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	Procedure	HCPCS
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Procedure	HCPCS
T1011	Alcohol and/or substance abuse services, not otherwise classified	Procedure	HCPCS
T1012	Alcohol and/or substance abuse services, skills development	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
T51.0X1A	Toxic effect of ethanol, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T51.0X1D	Toxic effect of ethanol, accidental (unintentional), subsequent encounter	Procedure	ICD-10-PCS
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T51.0X2D	Toxic effect of ethanol, intentional self-harm, subsequent encounter	Procedure	ICD-10-PCS
T51.0X2S	Toxic effect of ethanol, intentional self-harm, sequela	Procedure	ICD-10-PCS
T51.0X3A	Toxic effect of ethanol, assault, initial encounter	Diagnosis	ICD-10-CM
T51.0X3D	Toxic effect of ethanol, assault, subsequent encounter	Procedure	ICD-10-PCS
T51.0X3S	Toxic effect of ethanol, assault, sequela	Procedure	ICD-10-PCS
T51.0X4A	Toxic effect of ethanol, undetermined, initial encounter	Diagnosis	ICD-10-CM
T51.0X4D	Toxic effect of ethanol, undetermined, subsequent encounter	Procedure	ICD-10-PCS
T51.0X4S	Toxic effect of ethanol, undetermined, sequela	Procedure	ICD-10-PCS
Z71.41	Alcohol abuse counseling and surveillance of alcoholic	Diagnosis	ICD-10-CM
Z71.42	Counseling for family member of alcoholic	Diagnosis	ICD-10-CM
Chronic Kidney Disease			
585	Chronic kidney disease (CKD)	Diagnosis	ICD-9-CM
585.1	Chronic kidney disease, Stage I	Diagnosis	ICD-9-CM
585.2	Chronic kidney disease, Stage II (mild)	Diagnosis	ICD-9-CM
585.3	Chronic kidney disease, Stage III (moderate)	Diagnosis	ICD-9-CM
585.4	Chronic kidney disease, Stage IV (severe)	Diagnosis	ICD-9-CM
585.5	Chronic kidney disease, Stage V	Diagnosis	ICD-9-CM
585.6	End stage renal disease	Diagnosis	ICD-9-CM
585.9	Chronic kidney disease, unspecified	Diagnosis	ICD-9-CM
586	Unspecified renal failure	Diagnosis	ICD-9-CM
587	Unspecified renal sclerosis	Diagnosis	ICD-9-CM
N18.1	Chronic kidney disease, stage 1	Diagnosis	ICD-10-CM
N18.2	Chronic kidney disease, stage 2 (mild)	Diagnosis	ICD-10-CM
N18.3	Chronic kidney disease, stage 3 (moderate)	Diagnosis	ICD-10-CM
N18.4	Chronic kidney disease, stage 4 (severe)	Diagnosis	ICD-10-CM
N18.5	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
N18.6	End stage renal disease	Diagnosis	ICD-10-CM
N18.9	Chronic kidney disease, unspecified	Diagnosis	ICD-10-CM
N19	Unspecified kidney failure	Diagnosis	ICD-10-CM
N26.1	Atrophy of kidney (terminal)	Diagnosis	ICD-10-CM
N26.9	Renal sclerosis, unspecified	Diagnosis	ICD-10-CM
BMI Less than 19			
V85.0	Body Mass Index less than 19, adult	Diagnosis	ICD-9-CM
Z68.1	Body mass index (BMI) 19.9 or less, adult	Diagnosis	ICD-10-CM
BMI between 19 - 24.9			
V85.1	Body Mass Index between 19-24, adult	Diagnosis	ICD-9-CM
Z68.20	Body mass index (BMI) 20.0-20.9, adult	Diagnosis	ICD-10-CM
Z68.21	Body mass index (BMI) 21.0-21.9, adult	Diagnosis	ICD-10-CM
Z68.22	Body mass index (BMI) 22.0-22.9, adult	Diagnosis	ICD-10-CM
Z68.23	Body mass index (BMI) 23.0-23.9, adult	Diagnosis	ICD-10-CM
Z68.24	Body mass index (BMI) 24.0-24.9, adult	Diagnosis	ICD-10-CM
BMI between 25 - 29.9			
V85.2	Body Mass Index between 25-29, adult	Diagnosis	ICD-9-CM
V85.21	Body Mass Index 25.0-25.9, adult	Diagnosis	ICD-9-CM
V85.22	Body Mass Index 26.0-26.9, adult	Diagnosis	ICD-9-CM
V85.23	Body Mass Index 27.0-27.9, adult	Diagnosis	ICD-9-CM
V85.24	Body Mass Index 28.0-28.9, adult	Diagnosis	ICD-9-CM
V85.25	Body Mass Index 29.0-29.9, adult	Diagnosis	ICD-9-CM
Z68.25	Body mass index (BMI) 25.0-25.9, adult	Diagnosis	ICD-10-CM
Z68.26	Body mass index (BMI) 26.0-26.9, adult	Diagnosis	ICD-10-CM
Z68.27	Body mass index (BMI) 27.0-27.9, adult	Diagnosis	ICD-10-CM
Z68.28	Body mass index (BMI) 28.0-28.9, adult	Diagnosis	ICD-10-CM
Z68.29	Body mass index (BMI) 29.0-29.9, adult	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
BMI between 30 - 39.9			
V85.3	Body Mass Index between 30-39, adult	Diagnosis	ICD-9-CM
V85.30	Body Mass Index 30.0-30.9, adult	Diagnosis	ICD-9-CM
V85.31	Body Mass Index 31.0-31.9, adult	Diagnosis	ICD-9-CM
V85.32	Body Mass Index 32.0-32.9, adult	Diagnosis	ICD-9-CM
V85.33	Body Mass Index 33.0-33.9, adult	Diagnosis	ICD-9-CM
V85.34	Body Mass Index 34.0-34.9, adult	Diagnosis	ICD-9-CM
V85.35	Body Mass Index 35.0-35.9, adult	Diagnosis	ICD-9-CM
V85.36	Body Mass Index 36.0-36.9, adult	Diagnosis	ICD-9-CM
V85.37	Body Mass Index 37.0-37.9, adult	Diagnosis	ICD-9-CM
V85.38	Body Mass Index 38.0-38.9, adult	Diagnosis	ICD-9-CM
V85.39	Body Mass Index 39.0-39.9, adult	Diagnosis	ICD-9-CM
Z68.30	Body mass index (BMI) 30.0-30.9, adult	Diagnosis	ICD-10-CM
Z68.31	Body mass index (BMI) 31.0-31.9, adult	Diagnosis	ICD-10-CM
Z68.32	Body mass index (BMI) 32.0-32.9, adult	Diagnosis	ICD-10-CM
Z68.33	Body mass index (BMI) 33.0-33.9, adult	Diagnosis	ICD-10-CM
Z68.34	Body mass index (BMI) 34.0-34.9, adult	Diagnosis	ICD-10-CM
Z68.35	Body mass index (BMI) 35.0-35.9, adult	Diagnosis	ICD-10-CM
Z68.36	Body mass index (BMI) 36.0-36.9, adult	Diagnosis	ICD-10-CM
Z68.37	Body mass index (BMI) 37.0-37.9, adult	Diagnosis	ICD-10-CM
Z68.38	Body mass index (BMI) 38.0-38.9, adult	Diagnosis	ICD-10-CM
Z68.39	Body mass index (BMI) 39.0-39.9, adult	Diagnosis	ICD-10-CM
BMI between 40 - 69.9			
V85.4	Body Mass Index 40 and over, adult	Diagnosis	ICD-9-CM
V85.41	Body Mass Index 40.0-44.9, adult	Diagnosis	ICD-9-CM
V85.42	Body Mass Index 45.0-49.9, adult	Diagnosis	ICD-9-CM
V85.43	Body Mass Index 50.0-59.9, adult	Diagnosis	ICD-9-CM
V85.44	Body Mass Index 60.0-69.9, adult	Diagnosis	ICD-9-CM
Z68.41	Body mass index (BMI) 40.0-44.9, adult	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Z68.42	Body mass index (BMI) 45.0-49.9, adult	Diagnosis	ICD-10-CM
Z68.43	Body mass index (BMI) 50-59.9, adult	Diagnosis	ICD-10-CM
Z68.44	Body mass index (BMI) 60.0-69.9, adult	Diagnosis	ICD-10-CM
BMI Greater than 70			
V85.45	Body Mass Index 70 and over, adult	Diagnosis	ICD-9-CM
Z68.45	Body mass index (BMI) 70 or greater, adult	Diagnosis	ICD-10-CM
Obesity			
0D16079	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1607A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1607B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1607L	Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160J9	Bypass Stomach to Duodenum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D160JA	Bypass Stomach to Jejunum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D160JB	Bypass Stomach to Ileum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D160JL	Bypass Stomach to Transverse Colon with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D160K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160KL	Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D160Z9	Bypass Stomach to Duodenum, Open Approach	Procedure	ICD-10-PCS
0D160ZA	Bypass Stomach to Jejunum, Open Approach	Procedure	ICD-10-PCS
0D160ZB	Bypass Stomach to Ileum, Open Approach	Procedure	ICD-10-PCS
0D160ZL	Bypass Stomach to Transverse Colon, Open Approach	Procedure	ICD-10-PCS
0D16479	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1647A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1647B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1647L	Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164J9	Bypass Stomach to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164JA	Bypass Stomach to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
0D164JB	Bypass Stomach to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164JL	Bypass Stomach to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164KL	Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164Z9	Bypass Stomach to Duodenum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164ZA	Bypass Stomach to Jejunum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164ZB	Bypass Stomach to Ileum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D164ZL	Bypass Stomach to Transverse Colon, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D16879	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1687A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1687B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1687L	Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168J9	Bypass Stomach to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168JA	Bypass Stomach to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168JB	Bypass Stomach to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168JL	Bypass Stomach to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168KL	Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168Z9	Bypass Stomach to Duodenum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168ZA	Bypass Stomach to Jejunum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168ZB	Bypass Stomach to Ileum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D168ZL	Bypass Stomach to Transverse Colon, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D19079	Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
0D1907A	Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1907B	Bypass Duodenum to Ileum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D190J9	Bypass Duodenum to Duodenum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D190JA	Bypass Duodenum to Jejunum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D190JB	Bypass Duodenum to Ileum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D190K9	Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D190KA	Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D190KB	Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D190Z9	Bypass Duodenum to Duodenum, Open Approach	Procedure	ICD-10-PCS
0D190ZA	Bypass Duodenum to Jejunum, Open Approach	Procedure	ICD-10-PCS
0D190ZB	Bypass Duodenum to Ileum, Open Approach	Procedure	ICD-10-PCS
0D19479	Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1947A	Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1947B	Bypass Duodenum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194J9	Bypass Duodenum to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194JA	Bypass Duodenum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194JB	Bypass Duodenum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194K9	Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194KA	Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194KB	Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194Z9	Bypass Duodenum to Duodenum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194ZA	Bypass Duodenum to Jejunum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D194ZB	Bypass Duodenum to Ileum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D19879	Bypass Duodenum to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1987A	Bypass Duodenum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1987B	Bypass Duodenum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198J9	Bypass Duodenum to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198JA	Bypass Duodenum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198JB	Bypass Duodenum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
0D198K9	Bypass Duodenum to Duodenum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198KA	Bypass Duodenum to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198KB	Bypass Duodenum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198Z9	Bypass Duodenum to Duodenum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198ZA	Bypass Duodenum to Jejunum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D198ZB	Bypass Duodenum to Ileum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A07A	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A07B	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A0JA	Bypass Jejunum to Jejunum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A0JB	Bypass Jejunum to Ileum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A0KA	Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A0KB	Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1A0ZA	Bypass Jejunum to Jejunum, Open Approach	Procedure	ICD-10-PCS
0D1A0ZB	Bypass Jejunum to Ileum, Open Approach	Procedure	ICD-10-PCS
0D1A47A	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A47B	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4JA	Bypass Jejunum to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4JB	Bypass Jejunum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4KA	Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4KB	Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4ZA	Bypass Jejunum to Jejunum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A4ZB	Bypass Jejunum to Ileum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1A87A	Bypass Jejunum to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A87B	Bypass Jejunum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8JA	Bypass Jejunum to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8JB	Bypass Jejunum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8KA	Bypass Jejunum to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8KB	Bypass Jejunum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8ZA	Bypass Jejunum to Jejunum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
0D1A8ZB	Bypass Jejunum to Ileum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1A8ZH	Bypass Jejunum to Cecum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B07B	Bypass Ileum to Ileum with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1B0JB	Bypass Ileum to Ileum with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0D1B0KB	Bypass Ileum to Ileum with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0D1B0ZB	Bypass Ileum to Ileum, Open Approach	Procedure	ICD-10-PCS
0D1B47B	Bypass Ileum to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1B4JB	Bypass Ileum to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1B4KB	Bypass Ileum to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1B4ZB	Bypass Ileum to Ileum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D1B87B	Bypass Ileum to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B8JB	Bypass Ileum to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B8KB	Bypass Ileum to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B8ZB	Bypass Ileum to Ileum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D1B8ZH	Bypass Ileum to Cecum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0D760DZ	Dilation of Stomach with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0D760ZZ	Dilation of Stomach, Open Approach	Procedure	ICD-10-PCS
0D763DZ	Dilation of Stomach with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0D763ZZ	Dilation of Stomach, Percutaneous Approach	Procedure	ICD-10-PCS
0D764DZ	Dilation of Stomach with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0D764ZZ	Dilation of Stomach, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DB60Z3	Excision of Stomach, Open Approach, Vertical	Procedure	ICD-10-PCS
0DB60ZZ	Excision of Stomach, Open Approach	Procedure	ICD-10-PCS
0DB63Z3	Excision of Stomach, Percutaneous Approach, Vertical	Procedure	ICD-10-PCS
0DB63ZZ	Excision of Stomach, Percutaneous Approach	Procedure	ICD-10-PCS
0DB67Z3	Excision of Stomach, Via Natural or Artificial Opening, Vertical	Procedure	ICD-10-PCS
0DB67ZZ	Excision of Stomach, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DB68Z3	Excision of Stomach, Via Natural or Artificial Opening Endoscopic, Vertical	Procedure	ICD-10-PCS
0DB80ZZ	Excision of Small Intestine, Open Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
0DB90ZZ	Excision of Duodenum, Open Approach	Procedure	ICD-10-PCS
0DBB0ZZ	Excision of Ileum, Open Approach	Procedure	ICD-10-PCS
0DF60ZZ	Fragmentation in Stomach, Open Approach	Procedure	ICD-10-PCS
0DF63ZZ	Fragmentation in Stomach, Percutaneous Approach	Procedure	ICD-10-PCS
0DF64ZZ	Fragmentation in Stomach, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DF67ZZ	Fragmentation in Stomach, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DF68ZZ	Fragmentation in Stomach, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DM60ZZ	Reattachment of Stomach, Open Approach	Procedure	ICD-10-PCS
0DM64ZZ	Reattachment of Stomach, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DN60ZZ	Release Stomach, Open Approach	Procedure	ICD-10-PCS
0DN63ZZ	Release Stomach, Percutaneous Approach	Procedure	ICD-10-PCS
0DN64ZZ	Release Stomach, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DN67ZZ	Release Stomach, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DN68ZZ	Release Stomach, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DQ60ZZ	Repair Stomach, Open Approach	Procedure	ICD-10-PCS
0DQ63ZZ	Repair Stomach, Percutaneous Approach	Procedure	ICD-10-PCS
0DQ64ZZ	Repair Stomach, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DQ67ZZ	Repair Stomach, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DQ68ZZ	Repair Stomach, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DU607Z	Supplement Stomach with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0DU60JZ	Supplement Stomach with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
0DU60KZ	Supplement Stomach with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
0DU647Z	Supplement Stomach with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DU64JZ	Supplement Stomach with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DU64KZ	Supplement Stomach with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DU677Z	Supplement Stomach with Autologous Tissue Substitute, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DU67JZ	Supplement Stomach with Synthetic Substitute, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DU67KZ	Supplement Stomach with Nonautologous Tissue Substitute, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DU687Z	Supplement Stomach with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
0DU68JZ	Supplement Stomach with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DU68KZ	Supplement Stomach with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
ODV60CZ	Restriction of Stomach with Extraluminal Device, Open Approach	Procedure	ICD-10-PCS
ODV60DZ	Restriction of Stomach with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
ODV60ZZ	Restriction of Stomach, Open Approach	Procedure	ICD-10-PCS
ODV63CZ	Restriction of Stomach with Extraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
ODV63DZ	Restriction of Stomach with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
ODV63ZZ	Restriction of Stomach, Percutaneous Approach	Procedure	ICD-10-PCS
ODV64CZ	Restriction of Stomach with Extraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
ODV64DZ	Restriction of Stomach with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
ODV64ZZ	Restriction of Stomach, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
ODV67ZZ	Restriction of Stomach, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
ODV68ZZ	Restriction of Stomach, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0F190Z3	Bypass Common Bile Duct to Duodenum, Open Approach	Procedure	ICD-10-PCS
OTRB07Z	Replacement of Bladder with Autologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
278.0	Overweight and obesity	Diagnosis	ICD-9-CM
278.00	Obesity, unspecified	Diagnosis	ICD-9-CM
278.01	Morbid obesity	Diagnosis	ICD-9-CM
278.02	Overweight	Diagnosis	ICD-9-CM
278.1	Localized adiposity	Diagnosis	ICD-9-CM
43.89	Open and other partial gastrectomy	Procedure	ICD-9-CM
44.31	High gastric bypass	Procedure	ICD-9-CM
44.38	Laparoscopic gastroenterostomy	Procedure	ICD-9-CM
44.39	Other gastroenterostomy without gastrectomy	Procedure	ICD-9-CM
44.68	Laparoscopic gastroplasty	Procedure	ICD-9-CM
44.69	Other repair of stomach	Procedure	ICD-9-CM
44.95	Laparoscopic gastric restrictive procedure	Procedure	ICD-9-CM
45.51	Isolation of segment of small intestine	Procedure	ICD-9-CM
45.91	Small-to-small intestinal anastomosis	Procedure	ICD-9-CM

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Code	Description	Code Category	Code Type
539.0	Complications of gastric band procedure	Diagnosis	ICD-9-CM
539.01	Infection due to gastric band procedure	Diagnosis	ICD-9-CM
539.09	Other complications of gastric band procedure	Diagnosis	ICD-9-CM
539.8	Complications of other bariatric procedure	Diagnosis	ICD-9-CM
539.81	Infection due to other bariatric procedure	Diagnosis	ICD-9-CM
539.89	Other complications of other bariatric procedure	Diagnosis	ICD-9-CM
649.1	Obesity complicating pregnancy, childbirth, or the puerperium	Diagnosis	ICD-9-CM
649.10	Obesity complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	Diagnosis	ICD-9-CM
649.11	Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.12	Obesity complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
649.13	Obesity complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication	Diagnosis	ICD-9-CM
649.14	Obesity complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	Diagnosis	ICD-9-CM
649.2	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium	Diagnosis	ICD-9-CM
649.20	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	Diagnosis	ICD-9-CM
649.21	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.22	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
649.23	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication	Diagnosis	ICD-9-CM
649.24	Bariatric surgery status complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	Diagnosis	ICD-9-CM
E65	Localized adiposity	Diagnosis	ICD-10-CM
E66.01	Morbid (severe) obesity due to excess calories	Diagnosis	ICD-10-CM
E66.09	Other obesity due to excess calories	Diagnosis	ICD-10-CM
E66.1	Drug-induced obesity	Diagnosis	ICD-10-CM
E66.3	Overweight	Diagnosis	ICD-10-CM
E66.8	Other obesity	Diagnosis	ICD-10-CM
E66.9	Obesity, unspecified	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
K95.01	Infection due to gastric band procedure	Diagnosis	ICD-10-CM
K95.09	Other complications of gastric band procedure	Diagnosis	ICD-10-CM
K95.81	Infection due to other bariatric procedure	Diagnosis	ICD-10-CM
K95.89	Other complications of other bariatric procedure	Diagnosis	ICD-10-CM
O99.210	Obesity complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O99.211	Obesity complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O99.212	Obesity complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O99.213	Obesity complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O99.214	Obesity complicating childbirth	Diagnosis	ICD-10-CM
O99.215	Obesity complicating the puerperium	Diagnosis	ICD-10-CM
O99.840	Bariatric surgery status complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O99.841	Bariatric surgery status complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O99.842	Bariatric surgery status complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O99.843	Bariatric surgery status complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O99.844	Bariatric surgery status complicating childbirth	Diagnosis	ICD-10-CM
O99.845	Bariatric surgery status complicating the puerperium	Diagnosis	ICD-10-CM
V45.86	Bariatric surgery status	Diagnosis	ICD-9-CM
V85.3	Body Mass Index between 30-39, adult	Diagnosis	ICD-9-CM
V85.30	Body Mass Index 30.0-30.9, adult	Diagnosis	ICD-9-CM
V85.31	Body Mass Index 31.0-31.9, adult	Diagnosis	ICD-9-CM
V85.32	Body Mass Index 32.0-32.9, adult	Diagnosis	ICD-9-CM
V85.33	Body Mass Index 33.0-33.9, adult	Diagnosis	ICD-9-CM
V85.34	Body Mass Index 34.0-34.9, adult	Diagnosis	ICD-9-CM
V85.35	Body Mass Index 35.0-35.9, adult	Diagnosis	ICD-9-CM
V85.36	Body Mass Index 36.0-36.9, adult	Diagnosis	ICD-9-CM
V85.37	Body Mass Index 37.0-37.9, adult	Diagnosis	ICD-9-CM
V85.38	Body Mass Index 38.0-38.9, adult	Diagnosis	ICD-9-CM
V85.39	Body Mass Index 39.0-39.9, adult	Diagnosis	ICD-9-CM
V85.4	Body Mass Index 40 and over, adult	Diagnosis	ICD-9-CM

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Code	Description	Code Category	Code Type
V85.41	Body Mass Index 40.0-44.9, adult	Diagnosis	ICD-9-CM
V85.42	Body Mass Index 45.0-49.9, adult	Diagnosis	ICD-9-CM
V85.43	Body Mass Index 50.0-59.9, adult	Diagnosis	ICD-9-CM
V85.44	Body Mass Index 60.0-69.9, adult	Diagnosis	ICD-9-CM
V85.45	Body Mass Index 70 and over, adult	Diagnosis	ICD-9-CM
Z68.30	Body mass index (BMI) 30.0-30.9, adult	Diagnosis	ICD-10-CM
Z68.31	Body mass index (BMI) 31.0-31.9, adult	Diagnosis	ICD-10-CM
Z68.32	Body mass index (BMI) 32.0-32.9, adult	Diagnosis	ICD-10-CM
Z68.33	Body mass index (BMI) 33.0-33.9, adult	Diagnosis	ICD-10-CM
Z68.34	Body mass index (BMI) 34.0-34.9, adult	Diagnosis	ICD-10-CM
Z68.35	Body mass index (BMI) 35.0-35.9, adult	Diagnosis	ICD-10-CM
Z68.36	Body mass index (BMI) 36.0-36.9, adult	Diagnosis	ICD-10-CM
Z68.37	Body mass index (BMI) 37.0-37.9, adult	Diagnosis	ICD-10-CM
Z68.38	Body mass index (BMI) 38.0-38.9, adult	Diagnosis	ICD-10-CM
Z68.39	Body mass index (BMI) 39.0-39.9, adult	Diagnosis	ICD-10-CM
Z68.41	Body mass index (BMI) 40.0-44.9, adult	Diagnosis	ICD-10-CM
Z68.42	Body mass index (BMI) 45.0-49.9, adult	Diagnosis	ICD-10-CM
Z68.43	Body mass index (BMI) 50-59.9, adult	Diagnosis	ICD-10-CM
Z68.44	Body mass index (BMI) 60.0-69.9, adult	Diagnosis	ICD-10-CM
Z68.45	Body mass index (BMI) 70 or greater, adult	Diagnosis	ICD-10-CM
Z98.84	Bariatric surgery status	Diagnosis	ICD-10-CM
Tobacco Use			
1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)	Procedure	CPT-4
1035F	Current smokeless tobacco user (eg, chew, snuff) (PV)	Procedure	CPT-4
305.1	Nondependent tobacco use disorder	Diagnosis	ICD-9-CM
305.1	Tobacco use disorder	Diagnosis	ICD-9-CM
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)	Procedure	CPT-4
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)	Procedure	CPT-4

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)	Procedure	CPT-4
649.0	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium	Diagnosis	ICD-9-CM
649.00	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care or not applicable	Diagnosis	ICD-9-CM
649.01	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	Diagnosis	ICD-9-CM
649.02	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, delivered, with mention of postpartum complication	Diagnosis	ICD-9-CM
649.03	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication	Diagnosis	ICD-9-CM
649.04	Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, postpartum condition or complication	Diagnosis	ICD-9-CM
83887	Nicotine	Procedure	CPT-4
989.84	Toxic effect of tobacco	Diagnosis	ICD-9-CM
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Procedure	CPT-4
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Procedure	CPT-4
C9801	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	Procedure	HCPCS
C9802	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	Procedure	HCPCS
D1320	tobacco counseling for the control and prevention of oral disease	Procedure	HCPCS
F17	Nicotine dependence	Diagnosis	ICD-10-CM
F17.2	Nicotine dependence	Diagnosis	ICD-10-CM
F17.20	Nicotine dependence, unspecified	Diagnosis	ICD-10-CM
F17.200	Nicotine dependence, unspecified, uncomplicated	Diagnosis	ICD-10-CM
F17.201	Nicotine dependence, unspecified, in remission	Diagnosis	ICD-10-CM
F17.203	Nicotine dependence unspecified, with withdrawal	Diagnosis	ICD-10-CM
F17.208	Nicotine dependence, unspecified, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.21	Nicotine dependence, cigarettes	Diagnosis	ICD-10-CM
F17.210	Nicotine dependence, cigarettes, uncomplicated	Diagnosis	ICD-10-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
F17.211	Nicotine dependence, cigarettes, in remission	Diagnosis	ICD-10-CM
F17.213	Nicotine dependence, cigarettes, with withdrawal	Diagnosis	ICD-10-CM
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders	Diagnosis	ICD-10-CM
F17.220	Nicotine dependence, chewing tobacco, uncomplicated	Diagnosis	ICD-10-CM
F17.221	Nicotine dependence, chewing tobacco, in remission	Diagnosis	ICD-10-CM
F17.290	Nicotine dependence, other tobacco product, uncomplicated	Diagnosis	ICD-10-CM
F17.291	Nicotine dependence, other tobacco product, in remission	Diagnosis	ICD-10-CM
G0375	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	Procedure	HCPCS
G0376	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Procedure	HCPCS
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	Procedure	HCPCS
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	Procedure	HCPCS
G8093	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient documented to have received smoking cessation intervention, within 3 months of diagnosis	Procedure	HCPCS
G8094	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient not documented to have received smoking cessation intervention, within 3 months of diagnosis	Procedure	HCPCS
G8402	Tobacco (smoke) use cessation intervention, counseling	Procedure	HCPCS
G8403	Tobacco (smoke) use cessation intervention not counseled	Procedure	HCPCS
G8453	Tobacco use cessation intervention, counseling	Procedure	HCPCS
G8454	Tobacco use cessation intervention not counseled, reason not specified	Procedure	HCPCS
G8455	Current tobacco smoker	Procedure	HCPCS
G8456	Current smokeless tobacco user	Procedure	HCPCS
G8688	Currently a smokeless tobacco user (e.g., chew, snuff) and no exposure to secondhand smoke	Procedure	HCPCS
G8690	Current tobacco smoker or current exposure to secondhand smoke	Procedure	HCPCS
G8692	Current smokeless tobacco user (e.g., chew, snuff) and no exposure to secondhand smoke	Procedure	HCPCS
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]	Procedure	HCPCS
G9276	Documentation that patient is a current tobacco user	Procedure	HCPCS

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user	Procedure	HCPCS
O99.33	Tobacco use disorder complicating pregnancy, childbirth, and the puerperium	Diagnosis	ICD-10-CM
O99.330	Smoking (tobacco) complicating pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O99.331	Smoking (tobacco) complicating pregnancy, first trimester	Diagnosis	ICD-10-CM
O99.332	Smoking (tobacco) complicating pregnancy, second trimester	Diagnosis	ICD-10-CM
O99.333	Smoking (tobacco) complicating pregnancy, third trimester	Diagnosis	ICD-10-CM
O99.334	Smoking (tobacco) complicating childbirth	Diagnosis	ICD-10-CM
O99.335	Smoking (tobacco) complicating the puerperium	Diagnosis	ICD-10-CM
S4990	Nicotine patches, legend	Procedure	HCPCS
S4991	Nicotine patches, non-legend	Procedure	HCPCS
S4995	Smoking cessation gum	Procedure	HCPCS
S9075	Smoking cessation treatment	Procedure	HCPCS
S9453	Smoking cessation classes, non-physician provider, per session	Procedure	HCPCS
T65.211A	Toxic effect of chewing tobacco, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.212A	Toxic effect of chewing tobacco, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.213A	Toxic effect of chewing tobacco, assault, initial encounter	Diagnosis	ICD-10-CM
T65.214A	Toxic effect of chewing tobacco, undetermined, initial encounter	Diagnosis	ICD-10-CM
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.223A	Toxic effect of tobacco cigarettes, assault, initial encounter	Diagnosis	ICD-10-CM
T65.224A	Toxic effect of tobacco cigarettes, undetermined, initial encounter	Diagnosis	ICD-10-CM
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T65.293A	Toxic effect of other tobacco and nicotine, assault, initial encounter	Diagnosis	ICD-10-CM
T65.294A	Toxic effect of other tobacco and nicotine, undetermined, initial encounter	Diagnosis	ICD-10-CM
V15.82	Personal history of tobacco use, presenting hazards to health	Diagnosis	ICD-9-CM

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
Z72.0	Tobacco use	Diagnosis	ICD-10-CM
Z87.891	Personal history of nicotine dependence	Diagnosis	ICD-10-CM
HbA1c Labs			
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	Procedure	CPT-4
0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Procedure	CPT-3
0514F	Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent therapy (ESA) (CKD)	Procedure	CPT-2
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	Procedure	CPT-2
3045F	Most recent hemoglobin A1c (HbA1c) level 7.0-9.0% (DM)	Procedure	CPT-2
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)	Procedure	CPT-2
3279F	Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD)	Procedure	CPT-2
3280F	Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)	Procedure	CPT-2
3281F	Hemoglobin level less than 11 g/dL (CKD, ESRD)	Procedure	CPT-2
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	Procedure	CPT-4
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	Procedure	CPT-4
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	Procedure	CPT-4
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	Procedure	CPT-4
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Procedure	CPT-4
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Procedure	CPT-4
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Procedure	CPT-4

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Procedure	CPT-4
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Procedure	CPT-4
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	Procedure	CPT-4
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	Procedure	CPT-4
82375	Carboxyhemoglobin; quantitative	Procedure	CPT-4
82376	Carboxyhemoglobin; qualitative	Procedure	CPT-4
82820	Hemoglobin-oxygen affinity (pO2 for 50% hemoglobin saturation with oxygen)	Procedure	CPT-4
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	Procedure	CPT-4
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	Procedure	CPT-4
83026	Hemoglobin; by copper sulfate method, non-automated	Procedure	CPT-4
83030	Hemoglobin; F (fetal), chemical	Procedure	CPT-4
83033	Hemoglobin; F (fetal), qualitative	Procedure	CPT-4
83036	Hemoglobin; glycosylated (A1C)	Procedure	CPT-4
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	Procedure	CPT-4
83045	Hemoglobin; methemoglobin, qualitative	Procedure	CPT-4
83050	Hemoglobin; methemoglobin, quantitative	Procedure	CPT-4
83051	Hemoglobin; plasma	Procedure	CPT-4
83060	Hemoglobin; sulfhemoglobin, quantitative	Procedure	CPT-4
83065	Hemoglobin; thermolabile	Procedure	CPT-4
83068	Hemoglobin; unstable, screen	Procedure	CPT-4
83069	Hemoglobin; urine	Procedure	CPT-4
85018	Blood count; hemoglobin (Hgb)	Procedure	CPT-4

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	Procedure	CPT-4
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	Procedure	CPT-4
85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	Procedure	CPT-4
88738	Hemoglobin (Hgb), quantitative, transcutaneous	Procedure	CPT-4
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	Procedure	CPT-4
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	Procedure	CPT-4
G0908	Most recent hemoglobin (Hgb) level > 12.0 g/dl	Procedure	HCPCS
G0910	Most recent hemoglobin level <= 12.0 g/dl	Procedure	HCPCS
G8973	Most recent hemoglobin (Hgb) level < 10 g/dl	Procedure	HCPCS
G8974	Hemoglobin level measurement not documented, reason not given	Procedure	HCPCS
G8975	Documentation of medical reason(s) for patient having a hemoglobin level < 10 g/dl (e.g., patients who have nonrenal etiologies of anemia [e.g., sickle cell anemia or other hemoglobinopathies, hypersplenism, primary bone marrow disease, anemia related to chemotherapy for diagnosis of malignancy, postoperative bleeding, active bloodstream or peritoneal infection], other medical reasons)	Procedure	HCPCS
G8976	Most recent hemoglobin (Hgb) level >= 10 g/dl	Procedure	HCPCS
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	Procedure	HCPCS
S3846	Genetic testing for hemoglobin E beta-thalassemia	Procedure	HCPCS
Creatinine Labs			
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	Procedure	CPT-4
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	Procedure	CPT-4

Appendix F. List of Current Procedural Terminology, Fourth Edition (CPT-4), Current Procedural Terminology, Second Edition (CPT-2), Current Procedural Terminology, Third Edition (CPT-3), Healthcare Common Procedure Coding System, Level II (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), and International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS) Codes Used to Define Covariates in this Request

Code	Description	Code Category	Code Type
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	Procedure	CPT-4
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	Procedure	CPT-4
82565	Creatinine; blood	Procedure	CPT-4
82570	Creatinine; other source	Procedure	CPT-4
82575	Creatinine; clearance	Procedure	CPT-4
G8774	Serum creatinine test result documented and reviewed	Procedure	HCPCS
G9722	Documented history of renal failure or baseline serum creatinine = 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the CR has been or is 4.0 or higher	Procedure	HCPCS

Appendix G. Specifications Defining Parameters in this Request

The Center for Drug Evaluation and Research (CDER) has requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool version 10.3.2 to estimate rates of SGLT2-Inhibitors use in the Sentinel Distributed Database (SDD).

Query period: March 1, 2013 - June 30, 2018
Coverage requirement: Medical & Drug Coverage
Pre-index enrollment requirement: 365
Post-index enrollment requirement: 0
Enrollment gap: 45
Age groups: 20-44, 45-64, 65+
Stratifications: Age group, Sex, Calendar year, Race, Ethnicity, Sex*Age Group, Calendar Year* AgeGroup
Censor output categorization: N/A
Restrictions: None

Exposure/Event

Scenario	Index Exposure/ Event	Cohort definition	Washout period	Incident w/ respect to:	Exclude evidence of days supply if exposure washout includes dispensings	Care setting	Principal diagnosis position	Forced supply to attach to dispensings	Censor enrollment at evidence of
1	SGLT-2 Inhibitors (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	365	SGLT-2s	*Washout lookback period should search for evidence of days supply	N/A	Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date
2	Canagliflozin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	365	Canagliflozin	*Washout lookback period should search for evidence of days supply	N/A	Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date
3	Dapagliflozin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	365	Dapagliflozin	*Washout lookback period should search for evidence of days supply	N/A	Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date

Appendix G. Specifications Defining Parameters in this Request										
Scenario	Index Exposure/ Event	Cohort definition	Washout period	Incident w/ respect to:	Exposure/Event		Care setting	Principal diagnosis position	Forced supply to attach to dispensings	Censor enrollment at evidence of
					Exclude evidence of days supply if exposure washout includes dispensings					
4	Empagliflozin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	365	Empagliflozin	*Washout lookback period should search for evidence of days supply	N/A		Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date
5	Eturgliflozin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	365	Eturgliflozin	*Washout lookback period should search for evidence of days supply	N/A		Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date
6	Sitagliptin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	365	Sitagliptin	*Washout lookback period should search for evidence of days supply	N/A		Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date
7	SGLT-2 Inhibitors (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	0	None	*Washout lookback period should search for evidence of days supply	N/A		Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date
8	Canagliflozin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	0	None	*Washout lookback period should search for evidence of days supply	N/A		Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date

Appendix G. Specifications Defining Parameters in this Request										
Scenario	Index Exposure/ Event	Cohort definition	Washout period	Incident w/ respect to:	Exposure/Event		Care setting	Principal diagnosis position	Forced supply to attach to dispensings	Censor enrollment at evidence of
					Exclude evidence of days supply if exposure washout includes dispensings					
9	Dapagliflozin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	0	None	*Washout lookback period should search for evidence of days supply	N/A		Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date
10	Empagliflozin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	0	None	*Washout lookback period should search for evidence of days supply	N/A		Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date
11	Eturgliflozin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	0	None	*Washout lookback period should search for evidence of days supply	N/A		Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date
12	Sitagliptin (excluding SGLT- 2i/DPP-4i combination products)	*First valid index date during query period	0	None	*Washout lookback period should search for evidence of days supply	N/A		Only applicable for Inpatient and Institutional stays: *Any; *Principal; *Secondary; *Unknown	None	*Death; *Data Partner End Date; *Query End Date

Appendix G. Specifications Defining Parameters in this Request										
Inclusion/Exclusion Criteria										
Inclusion/Exclusion	Criteria	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings		
1	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	
2	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	
3	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	
4	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	
5	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	

Appendix G. Specifications Defining Parameters in this Request										
Inclusion/Exclusion Criteria										
Inclusion/Exclusion	Criteria	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings		
6	SGLT-2is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	
7	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	
8	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	
9	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	
10	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	

Appendix G. Specifications Defining Parameters in this Request

Inclusion/Exclusion Criteria										
Inclusion/Exclusion	Criteria	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if inclusion/exclusion evaluation period includes dispensings	Number of instances the criteria should be found in evaluation period	Forced supply to attach to dispensings		
11	DPP-4is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	
12	SGLT-2is	*Exclusion	N/A	N/A	0	0	*Evaluation period should search for only evidence of a dispensing date (same day co-dispensings)	1	None	

Appendix H. Specifications Defining Baseline Characteristics in this Request

The Center for Drug Evaluation and Research (CDER) has requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool version 10.3.2 to estimate rates of SGLT2-Inhibitors use in the Sentinel Distributed Database (SDD).

Query period: March 1, 2013 - June 30, 2018
Coverage requirement: Medical & Drug Coverage
Pre-index enrollment requirement: 365
Post-index enrollment requirement: 0
Enrollment gap: 45
Age groups: 20-44, 45-64, 65+
Stratifications: Age group, Sex, Calendar year, Race, Ethnicity, Sex*Age Group, Calendar Year* AgeGroup
Censor output categorization: N/A
Restrictions: None

Covariates

Covariate	Care setting	Principal diagnosis position	Evaluation		Exclude evidence of days supply if covariate includes dispensings	Number of instances the covariate should be found in evaluation period	Forced supply to attach to dispensings
			period start	Evaluation period end			
GLP-1 Analogs	N/A	N/A	-365	0	*Evaluation period should search for only evidence of a dispensing date	1	None
SGLT-2is	N/A	N/A	-365	-1	*Evaluation period should search for only evidence of a dispensing date	1	None
DPP-4is	N/A	N/A	-365	-1	*Evaluation period should search for only evidence of a dispensing date	1	None
Thiazolidinediones	N/A	N/A	-365	0	*Evaluation period should search for only evidence of a dispensing date	1	None
Sulfonylureas	N/A	N/A	-365	0	*Evaluation period should search for only evidence of a dispensing date	1	None

Appendix H. Specifications Defining Baseline Characteristics in this Request							
Covariates							
Covariate	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if covariate includes dispensings	Number of instances the covariate should be found in evaluation period	Forced supply to attach to dispensings
Biguanides	N/A	N/A	-365	0	*Evaluation period should search for only evidence of a dispensing date	1	None
Short/Rapid-Acting Insulins	N/A	N/A	-365	0	*Evaluation period should search for only evidence of a dispensing date	1	None
Long/Intermediate-Acting Insulins	N/A	N/A	-365	0	*Evaluation period should search for only evidence of a dispensing date	1	None
Diabetes Complication (defined as either renal, neurologic, ocular, or peripheral vascular)	Any	Any	-365	0	N/A	1	N/A
Stroke	Any	Any	-365	0	N/A	1	N/A
Malignancy	Any	Any	-365	0	N/A	1	N/A
Acute Myocardial Infarction	Any	Any	-365	0	N/A	1	N/A
Hypertension/ Hypertensive Disorders	Any	Any	-365	0	N/A	1	N/A

Appendix H. Specifications Defining Baseline Characteristics in this Request							
Covariates							
Covariate	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if covariate includes dispensings	Number of instances the covariate should be found in evaluation period	Forced supply to attach to dispensings
Hypercholesterolemia/ Hyperlipidemia	Any	Any	-365	0	N/A	1	N/A
Alcohol Consumption	Any	Any	-365	0	N/A	1	N/A
Chronic Kidney Disease	Any	Any	-365	0	N/A	1	N/A
Hemoglobin A1c Lab Procedure	Any	N/A	-365	0	N/A	1	N/A
Creatinine Lab Procedure	Any	N/A	-365	0	N/A	1	N/A
Diagnosis Record for BMI less than 19	Any	Any	-365	0	N/A	1	N/A
Diagnosis Record for BMI 19-24	Any	Any	-365	0	N/A	1	N/A
Diagnosis Record for BMI 25-29	Any	Any	-365	0	N/A	1	N/A

Appendix H. Specifications Defining Baseline Characteristics in this Request							
Covariates							
Covariate	Care setting	Principal diagnosis position	Evaluation period start	Evaluation period end	Exclude evidence of days supply if covariate includes dispensings	Number of instances the covariate should be found in evaluation period	Forced supply to attach to dispensings
Diagnosis Record for BMI 30-39	Any	Any	-365	0	N/A	1	N/A
Diagnosis Record for BMI 40-69	Any	Any	-365	0	N/A	1	N/A
Diagnosis Record for BMI 70+	Any	Any	-365	0	N/A	1	N/A
Obesity Diagnosis	Any	Any	-365	0	N/A	1	N/A
Smoking Diagnosis	Any	Any	-365	0	N/A	1	N/A

Appendix I. Specifications Defining Utilization in this Request

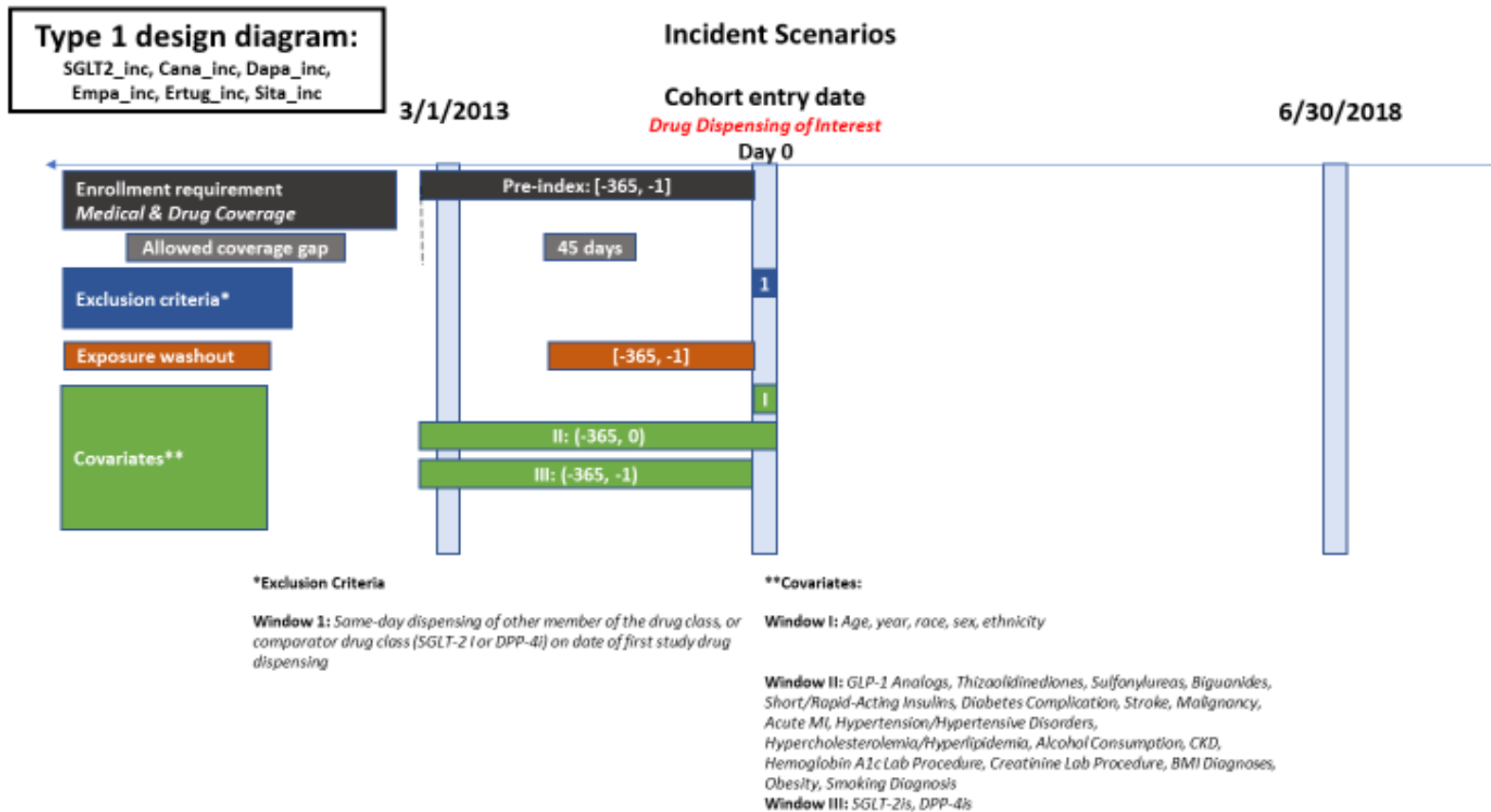
The Center for Drug Evaluation and Research (CDER) has requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool version 10.3.2 to estimate rates of SGLT2-Inhibitors use in the Sentinel Distributed Database (SDD).

Query period: 03/01/2013 - 06/30/2018
Coverage requirement: Medical & Drug Coverage
Pre-index enrollment requirements: 365
Post-index enrollment requirement: 0
Enrollment gap: 45
Age groups: 20-44, 45-64, 65+
Stratifications: Age group, Sex, Calendar year, Race, Ethnicity, Sex*Age Group, Calendar Year* AgeGroup
Tensor output categorization: N/A
Restrictions: None

Utilization

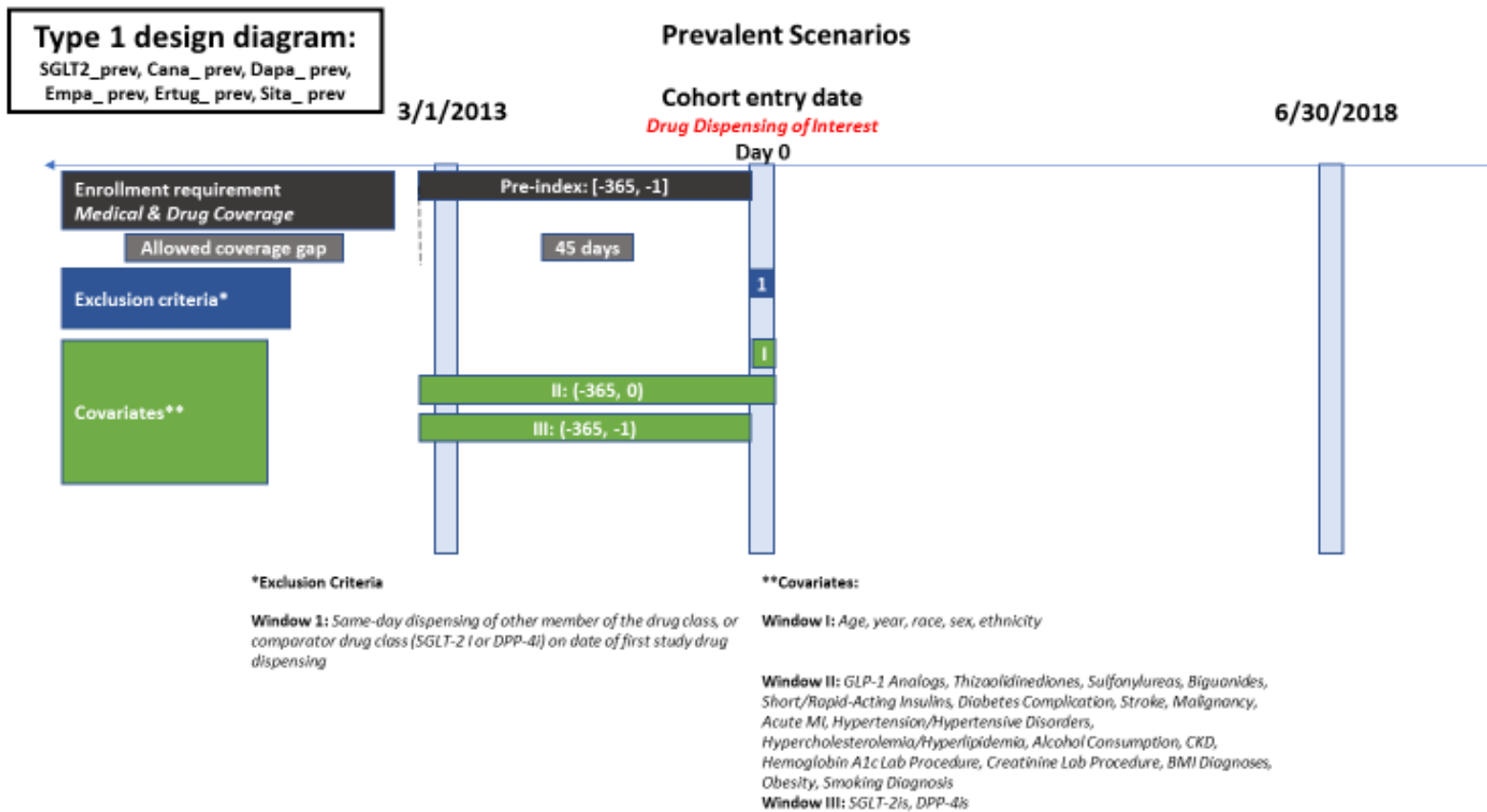
Medical utilization evaluation period start	Medical utilization evaluation period end	Medical visit care settings	Drug utilization evaluation period start	Drug utilization evaluation period end
-365	0	*Inpatient hospital stay; *Non-acute institutional stay; *Emergency department encounter; *Ambulatory visit; *Other ambulatory visit; *Any care setting	-365	0
-183	0	*Inpatient hospital stay; *Non-acute institutional stay; *Emergency department encounter; *Ambulatory visit; *Other ambulatory visit; *Any care setting	-183	0

Appendix J. Design Diagrams of Cohort Entry Requirements and Index Exposure



General Business

Appendix J. Design Diagrams of Cohort Entry Requirements and Index Exposure



General Business