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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 existing channels.

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

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

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Overview for Request: cder_mpl1p_wp032

Request ID: cder_mpl1p_wp032_ndsp_v01

Request Description: In this report we compared risk of stroke, intracranial hemorrhage, and bleeding outcomes associated with use of dabigatran, edoxaban, rivaroxaban, and apixaban in those aged 64 years or younger in the Sentinel Distributed Database (SDD).

Sentinel Routine Querying Module: Cohort Identification and Descriptive Analysis (CIDA) module, version 8.0.3, with additional programming

Data Source: The study period spanned from October 19, 2010 to September 30, 2019. We distributed the analytic package to 15 Data Partners (DP) on February 26, 2020. See Appendix A for a list of the dates of available data for each DP included in this report.

Study Design: We identified cohorts of incident apixaban, dabigatran, edoxaban, and rivaroxaban users among health plan members who were 64 years or younger with atrial fibrillation. This is a Type 1 and Type 2 analysis in the Query Request Package (QRP) documentation. We evaluated the occurrence of thromboembolic stroke (stroke), intracranial hemorrhage (ICH), major extracranial bleeding (MEB), and GI bleeding (GIB) outcomes among these cohorts. This study used a retrospective new-user cohort design.

Exposure and Comparator: We defined exposures of interest as new use of standard dose rivaroxaban (20 mg once daily), dabigatran (150 mg twice daily), apixaban (5 mg twice daily), and edoxaban (60 mg once daily). We defined the exposure drugs using National Drug Codes (NDCs).

Outcomes of Interest: We defined the following outcomes of interest:

1. We defined ICH and stroke using ICD-9-CM and ICD-10-CM (International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification) diagnosis codes flagged as a primary diagnosis in an inpatient encounter.
2. We defined MEB as:
 - a) one ICD-9-CM or ICD-10-CM diagnosis code from "Major Extracranial Bleeding - List 1"(Appendix C) as primary diagnosis from inpatient encounter AND no code from "Major Extracranial Bleeding - List 3"
OR
 - b) one ICD-9-CM or ICD-10-CM diagnosis code from "Major Extracranial Bleeding - List 2" (Appendix C) as primary diagnosis from inpatient encounter AND one ICD-9-CM or ICD-10-CM diagnosis code from "Major Extracranial Bleeding - List 1" as secondary or unspecified diagnosis from inpatient encounter on the same day AND no code from "Major Extracranial Bleeding - List 3")
3. We defined GIB as:
 - a) one ICD-9-CM or ICD-10-CM diagnosis code from "Gastrointestinal Bleeding - List 1"(Appendix C) as primary diagnosis from inpatient encounter
OR
 - b) one ICD-9-CM or ICD-10-CM diagnosis code from "Gastrointestinal Bleeding - List 2" (Appendix C) as primary diagnosis from inpatient encounter AND one ICD-9-CM or ICD-10-CM diagnosis code from "Gastrointestinal Bleeding - List 1" as secondary or unspecified diagnosis from inpatient encounter on the same day

We excluded users from the analysis if they had evidence of the outcome on the day of exposure initiation. For a list of diagnosis codes used to define the outcomes, please see Appendix C.

Cohort Eligibility Criteria: We required patients aged 64 years or younger to be enrolled in plans with both medical and drug coverage for at least 183 days before index dispensing, during which gaps in coverage of up to 45 days were allowed and treated as continuous enrollment. New use was defined as no use of apixaban, dabigatran, edoxaban, rivaroxaban, or warfarin in the 183 days period preceding the index dispensing. We included patients with evidence of atrial fibrillation in the 183 days preceding and including index date. We excluded patients from the cohort if they had evidence of dialysis, kidney replacement, deep vein thrombosis, pulmonary embolism, joint replacement, mitral stenosis, valve replacement or valve repair in the 183 days prior to and including the index date. Dialysis was only assessed in outpatient care settings. Additionally, we excluded patients from the analysis if they had evidence of any other novel oral anticoagulant (NOAC), low dose of the index drug, or an institutional stay encounter on their index date. Inclusion and exclusion criteria were defined using NDCs, ICD-9-CM, ICD-10-CM and Current Procedural Terminology (CPT) codes. For a list of specific codes used to define cohort eligibility, please see Appendices D-E.

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Follow-Up: We determined follow-up time based on the length of the exposure episodes and censored upon prespecified criteria. We created exposure episodes using outpatient pharmacy dispensing data. We bridged together exposure episodes less than 3 days apart and added 3 days at the end of each exposure episodes to create continuous treatment episodes. Overlapping days supply of two dispensings were stockpiled up to 33% of the first dispensings days supply. We censored all exposure episodes upon initiation of any other NOAC, low dose of the index NOAC, warfarin or edoxaban dispensing, kidney transplant, dialysis, institutional stay encounter, major extracranial bleed, gastrointestinal bleed, intracranial hemorrhage, or ischemic stroke. Follow-up began on the day after exposure initiation and continued until the first occurrence of any of the following: 1) outcome occurrence; 2) requester-defined censoring criteria; 3) disenrollment; 4) recorded death; 5) end of exposure episode; 6) end of query period; or 7) end of available data. Only the first valid exposure episode that occurred during the study period was included per patient. Please see Appendices D and F for a list of codes used to define censoring criteria.

Baseline Covariates: Please refer to Appendices G, H, and K for a list of baseline characteristics, codes, and evaluation windows used in this analysis.

See Appendices I and J for complete specifications for this request.

Limitations: As with all observational studies, this evaluation was limited in its ability to control for all sources of potential bias. Algorithms used to define exposures, outcomes, inclusion and exclusion criteria, and covariates are imperfect and may be misclassified. Therefore, data should be interpreted with this limitation in mind.

Notes: Please contact the Sentinel Operations Center Query Fulfillment Team (qf@sentinelssystem.org) for questions and to provide comments/suggestions for future enhancements to this document.

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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. Baseline Characteristics of New Initiators of Rivaroxaban and Dabigatran in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

Characteristic	Rivaroxaban, 20 mg once daily		Dabigatran, 150 mg twice daily		Covariate Balance	
	Number	Percent	Number	Percent	Absolute Difference	Standardized Difference
Patients (N)	49,042	100.0%	28,527	100.0%	-	-
Demographics	Mean	Standard Deviation¹	Mean	Standard Deviation		
Mean Age (Years)	56.3	7.4	56.4	7.3	-0.103	-0.014
Age (Years)	Number	Percent	Number	Percent		
21-34	972	2.0%	527	1.8%	0.135	0.010
35-49	7,226	14.7%	4,220	14.8%	-0.059	-0.002
50-64	40,844	83.3%	23,780	83.4%	-0.076	-0.002
Sex						
Female	12,335	25.2%	7,078	24.8%	0.340	0.008
Male	36,704	74.8%	21,445	75.2%	-0.332	-0.008
Other	3	0.0%	4	0.0%	-0.008	-0.008
Race						
American Indian or Alaska Native	50	0.1%	87	0.3%	-0.203	-0.045
Asian	153	0.3%	834	2.9%	-2.612	-0.208
Black or African American	885	1.8%	777	2.7%	-0.919	-0.062
Native Hawaiian or Other Pacific Islander	61	0.1%	163	0.6%	-0.447	-0.076
Unknown	40,314	82.2%	18,267	64.0%	18.169	0.419
White	7,579	15.5%	8,399	29.4%	-13.988	-0.340
Hispanic Origin	302	0.6%	694	2.4%	-1.817	-0.149
Year						
2010	-	0.0%	503	1.8%	-1.763	-
2011	50	0.1%	7,217	25.3%	-25.197	-0.817
2012	2,864	5.8%	5,069	17.8%	-11.929	-0.376
2013	6,341	12.9%	2,786	9.8%	3.164	0.100
2014	8,046	16.4%	1,989	7.0%	9.434	0.297
2015	7,463	15.2%	1,819	6.4%	8.841	0.288
2016	7,187	14.7%	2,542	8.9%	5.744	0.179
2017	7,578	15.5%	2,728	9.6%	5.889	0.179
2018	6,840	14.1%	2,644	9.3%	4.758	0.148
2019	2,673	5.7%	1,230	4.5%	1.243	0.057

Table 1a. Baseline Characteristics of New Initiators of Rivaroxaban and Dabigatran in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

Recorded History of:	Rivaroxaban, 20 mg once daily		Dabigatran, 150 mg twice daily		Covariate Balance	
	Mean	Standard Deviation	Mean	Standard Deviation	Absolute Difference	Standardized Difference
Charlson/Elixhauser Combined Comorbidity Score ²	1.9	1.8	1.8	1.8	0.085	0.048
CHA ₂ DS ₂ VaSc	Number	Percent	Number	Percent		
mean, standard deviation	1.7	1.4	1.6	1.4	0.080	0.058
0-1	26,593	54.2%	15,864	55.6%	-1.386	-0.028
2	9,814	20.0%	5,697	20.0%	0.041	0.001
3	6,465	13.2%	3,882	13.6%	-0.426	-0.012
4	4,125	8.4%	2,075	7.3%	1.137	0.042
5	1,586	3.2%	745	2.6%	0.622	0.037
>= 6	459	0.9%	264	0.9%	0.010	0.001
HAS-BLED						
mean, standard deviation	1.1	0.9	1.1	0.9	0.059	0.068
0-1	34,578	70.5%	20,827	73.0%	-2.501	-0.056
2	11,228	22.9%	5,981	21.0%	1.929	0.047
3	2,723	5.6%	1,419	5.0%	0.578	0.026
>= 4	513	1.0%	300	1.1%	-0.006	-0.001
Acute myocardial infarction - Past 0-30 days	657	1.3%	397	1.4%	-0.052	-0.004
Acute myocardial infarction - Past 31-183 days	317	0.6%	147	0.5%	0.131	0.017
Alcohol abuse	2,393	4.9%	1,224	4.3%	0.589	0.028
Anemia	3,704	7.6%	1,946	6.8%	0.731	0.028
Cardioablation	2,291	4.7%	1,422	5.0%	-0.313	-0.015
Cardioversion	8,348	17.0%	4,442	15.6%	1.451	0.039
Chronic liver disease	1,741	3.6%	892	3.1%	0.423	0.024
Chronic obstructive pulmonary disease	4,297	8.8%	2,011	7.0%	1.712	0.063
Coronary revascularization	3,250	6.6%	1,874	6.6%	0.058	0.002
Dementia	115	0.2%	60	0.2%	0.024	0.005
Diabetes	12,128	24.7%	6,960	24.4%	0.332	0.008

Table 1a. Baseline Characteristics of New Initiators of Rivaroxaban and Dabigatran in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

	Rivaroxaban, 20 mg once daily		Dabigatran, 150 mg twice daily		Covariate Balance	
	Number	Percent	Number	Percent	Absolute Difference	Standardized Difference
Gout	2,015	4.1%	1,313	4.6%	-0.494	-0.024
Heart failure - hospitalized	2,750	5.6%	1,533	5.4%	0.234	0.010
Heart failure - outpatient	5,860	11.9%	3,338	11.7%	0.248	0.008
Hypercholesterolemia	11,921	24.3%	6,023	21.1%	3.194	0.076
Hypertension	33,778	68.9%	18,415	64.6%	4.323	0.092
Kidney failure - acute	2,064	4.2%	939	3.3%	0.917	0.048
Kidney failure - chronic	2,018	4.1%	1,242	4.4%	-0.239	-0.012
Malignancy	4,967	10.1%	2,625	9.2%	0.926	0.031
Nicotine dependency	10,461	21.3%	5,227	18.3%	3.008	0.075
Obesity	14,640	29.9%	6,960	24.4%	5.454	0.123
Other cerebrovascular disease	2,107	4.3%	1,302	4.6%	-0.268	-0.013
Other ischemic heart disease	11,911	24.3%	6,443	22.6%	1.702	0.040
Other medical conditions	3,899	8.0%	1,965	6.9%	1.062	0.041
Peptic ulcer disease	116	0.2%	53	0.2%	0.051	0.011
Peripheral vascular disease	4,630	9.4%	2,409	8.4%	0.996	0.035
Prior hospitalized bleeding	146	0.3%	104	0.4%	-0.067	-0.012
Stroke - past 0-30 days	509	1.0%	348	1.2%	-0.182	-0.017
Stroke - past 31-183 days	234	0.5%	156	0.5%	-0.070	-0.010
Transient ischemic attack	1,437	2.9%	894	3.1%	-0.204	-0.012
History of Use:						
ACEI/ARB	23,597	48.1%	13,345	46.8%	1.336	0.027
Amiodarone	4,247	8.7%	2,270	8.0%	0.703	0.025
Anti-coagulant (injectable)	4,938	10.1%	1,796	6.3%	3.773	0.138
Antiarrhythmics	9,562	19.5%	5,715	20.0%	-0.536	-0.013
Antiplatelets	4,480	9.1%	2,839	10.0%	-0.817	-0.028
Beta blockers	34,075	69.5%	19,917	69.8%	-0.337	-0.007
Calcium channel blockers	16,598	33.8%	9,537	33.4%	0.413	0.009
Corticosteroids	9,812	20.0%	5,778	20.3%	-0.247	-0.006
Digoxin	3,664	7.5%	2,747	9.6%	-2.158	-0.077

Table 1a. Baseline Characteristics of New Initiators of Rivaroxaban and Dabigatran in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

	Rivaroxaban, 20 mg once daily		Dabigatran, 150 mg twice daily		Covariate Balance	
	Number	Percent	Number	Percent	Absolute Difference	Standardized Difference
Diuretics - loop	7,305	14.9%	4,194	14.7%	0.194	0.005
Diuretics - potassium sparing	3,253	6.6%	1,744	6.1%	0.520	0.021
Diuretics - thiazide	9,682	19.7%	5,542	19.4%	0.315	0.008
Dronedarone	1,682	3.4%	1,518	5.3%	-1.892	-0.093
Estrogen	1,141	2.3%	708	2.5%	-0.155	-0.010
Fibrates	1,923	3.9%	1,133	4.0%	-0.051	-0.003
H2-antagonist	990	2.0%	835	2.9%	-0.908	-0.059
Insulin	2,870	5.9%	1,677	5.9%	-0.027	-0.001
Metformin	7,457	15.2%	4,142	14.5%	0.686	0.019
Nitrates	2,058	4.2%	1,223	4.3%	-0.091	-0.005
NSAIDs	7,350	15.0%	4,231	14.8%	0.156	0.004
Other diabetes medications	3,038	6.2%	1,406	4.9%	1.266	0.055
Proton pump inhibitors	9,015	18.4%	4,523	15.9%	2.527	0.067
SSRI antidepressants	5,318	10.8%	2,834	9.9%	0.909	0.030
Statins	19,841	40.5%	11,425	40.0%	0.407	0.008
Sulfonyureas	2,863	5.8%	1,924	6.7%	-0.907	-0.037
Thyroid replacement medications	4,510	9.2%	2,507	8.8%	0.408	0.014
Health Service Utilization Intensity:						
No ED encounters - Past 0-30 days	35,154	71.7%	20,004	70.1%	1.558	0.034
No ED encounters - Past 31-183 days	40,725	83.0%	23,907	83.8%	-0.764	-0.021
At least 1 ED encounter - Past 0-30 days	13,888	28.3%	8,523	29.9%	-1.558	-0.034
At least 1 ED encounter - Past 31-183 days	8,317	17.0%	4,620	16.2%	0.764	0.021
At least 2 ED encounters - Past 0-30 days	5,597	11.4%	3,356	11.8%	-0.352	-0.011
At least 2 ED encounters - Past 31-183 days	3,024	6.2%	1,690	5.9%	0.242	0.010
	Mean	Standard Deviation	Mean	Standard Deviation		
Mean number of ambulatory encounters	8.7	8.1	7.8	7.3	0.820	0.106
Mean number of emergency room encounters	0.6	1.1	0.6	1.0	0.015	0.015
Mean number of inpatient hospital encounters	0.4	0.6	0.4	0.7	0.013	0.021
Mean number of non-acute institutional encounters	0.0	0.3	0.0	0.2	0.016	0.063

Table 1a. Baseline Characteristics of New Initiators of Rivaroxaban and Dabigatran in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

	Rivaroxaban, 20 mg once daily		Dabigatran, 150 mg twice daily		Covariate Balance	
	Mean	Standard Deviation	Mean	Standard Deviation	Absolute Difference	Standardized Difference
Mean number of other ambulatory encounters	1.7	3.6	2.6	4.3	-0.927	-0.234
Mean number of filled prescriptions	17.0	14.1	15.9	13.1	1.119	0.082
Mean number of generics	7.8	4.6	7.6	4.5	0.182	0.040
Mean number of unique drug classes	7.3	4.1	7.1	4.0	0.164	0.040

¹Value represents standard deviation where no % follows the value

²The Charlson/Elixhauser Combined Comorbidity Score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date. (Gagne JJ, Glynn RJ, Avorn J, Levin R, Schneeweiss S. A combined comorbidity score predicted mortality in elderly patients better than existing scores. J Clin Epidemiol. 2011;64(7):749-759)

³Covariates in blue show a standardized difference greater than 0.1

Table 1b. Baseline Characteristics of New Initiators of Rivaroxaban and Apixaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

Characteristic	Rivaroxaban, 20 mg once daily		Apixaban, 5 mg twice daily		Covariate Balance	
	Number	Percent	Number	Percent	Absolute Difference	Standardized Difference
Patients (N)	49,042	100.0%	56,435	100.0%	-	-
Demographics	Mean	Standard Deviation¹	Mean	Standard Deviation		
Mean Age (Years)	56.3	7.4	56.9	7.0	-0.660	-0.092
Age (Years)	Number	Percent	Number	Percent		
21-34	972	2.0%	841	1.5%	0.492	0.038
35-49	7,226	14.7%	7,443	13.2%	1.546	0.045
50-64	40,844	83.3%	48,151	85.3%	-2.037	-0.056
Sex						
Female	12,335	25.2%	16,445	29.1%	-3.988	-0.090
Male	36,704	74.8%	39,988	70.9%	3.985	0.090
Other	3	0.0%	2	0.0%	0.003	0.004
Race						
American Indian or Alaska Native	50	0.1%	51	0.1%	0.012	0.004
Asian	153	0.3%	168	0.3%	0.014	0.003
Black or African American	885	1.8%	1,233	2.2%	-0.380	-0.027
Native Hawaiian or Other Pacific Islander	61	0.1%	63	0.1%	0.013	0.004
Unknown	40,314	82.2%	45,622	80.8%	1.363	0.035
White	7,579	15.5%	9,298	16.5%	-1.021	-0.028
Hispanic Origin	302	0.6%	340	0.6%	0.013	0.002
Year						
2010	-	0.0%	-	0.0%	0.000	-
2011	50	0.1%	-	0.0%	0.102	-
2012	2,864	5.8%	-	0.0%	5.840	-
2013	6,341	12.9%	1,486	2.6%	10.297	0.392
2014	8,046	16.4%	4,123	7.3%	9.101	0.284
2015	7,463	15.2%	7,444	13.2%	2.027	0.058
2016	7,187	14.7%	10,237	18.1%	-3.485	-0.094
2017	7,578	15.5%	12,508	22.2%	-6.711	-0.172
2018	6,840	14.1%	13,884	24.9%	-10.770	-0.275
2019	2,673	5.7%	6,753	12.4%	-6.724	-0.236

Table 1b. Baseline Characteristics of New Initiators of Rivaroxaban and Apixaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

Recorded History of:	Rivaroxaban, 20 mg once daily		Apixaban, 5 mg twice daily		Covariate Balance	
	Mean	Standard Deviation	Mean	Standard Deviation	Absolute Difference	Standardized Difference
Charlson/Elixhauser Combined Comorbidity Score ²	1.9	1.8	2.2	2.1	-0.383	-0.194
CHA ₂ DS ₂ VaSc	Number	Percent	Number	Percent		
mean, standard deviation	1.7	1.4	1.9	1.5	-0.243	-0.170
0-1	26,593	54.2%	26,670	47.3%	6.967	0.140
2	9,814	20.0%	12,301	21.8%	-1.785	-0.044
3	6,465	13.2%	7,788	13.8%	-0.617	-0.018
4	4,125	8.4%	5,870	10.4%	-1.990	-0.068
5	1,586	3.2%	2,839	5.0%	-1.797	-0.090
>= 6	459	0.9%	967	1.7%	-0.778	-0.068
HAS-BLED						
mean, standard deviation	1.1	0.9	1.3	0.9	-0.155	-0.171
0-1	34,578	70.5%	35,825	63.5%	7.027	0.150
2	11,228	22.9%	14,817	26.3%	-3.360	-0.078
3	2,723	5.6%	4,647	8.2%	-2.682	-0.106
>= 4	513	1.0%	1,146	2.0%	-0.985	-0.080
Acute myocardial infarction - Past 0-30 days	657	1.3%	1,118	2.0%	-0.641	-0.050
Acute myocardial infarction - Past 31-183 days	317	0.6%	671	1.2%	-0.543	-0.057
Alcohol abuse	2,393	4.9%	3,020	5.4%	-0.472	-0.021
Anemia	3,704	7.6%	5,572	9.9%	-2.321	-0.082
Cardioablation	2,291	4.7%	2,780	4.9%	-0.255	-0.012
Cardioversion	8,348	17.0%	9,899	17.5%	-0.518	-0.014
Chronic liver disease	1,741	3.6%	2,676	4.7%	-1.192	-0.060
Chronic obstructive pulmonary disease	4,297	8.8%	6,024	10.7%	-1.912	-0.065
Coronary revascularization	3,250	6.6%	5,123	9.1%	-2.451	-0.091
Dementia	115	0.2%	238	0.4%	-0.187	-0.033
Diabetes	12,128	24.7%	15,461	27.4%	-2.666	-0.061
Gout	2,015	4.1%	2,572	4.6%	-0.449	-0.022
Heart failure - hospitalized	2,750	5.6%	4,318	7.7%	-2.044	-0.082

Table 1b. Baseline Characteristics of New Initiators of Rivaroxaban and Apixaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

	Rivaroxaban, 20 mg once daily		Apixaban, 5 mg twice daily		Covariate Balance	
	Number	Percent	Number	Percent	Absolute Difference	Standardized Difference
Heart failure - outpatient	5,860	11.9%	8,574	15.2%	-3.244	-0.095
Hypercholesterolemia	11,921	24.3%	14,163	25.1%	-0.788	-0.018
Hypertension	33,778	68.9%	41,073	72.8%	-3.904	-0.086
Kidney failure - acute	2,064	4.2%	4,284	7.6%	-3.382	-0.144
Kidney failure - chronic	2,018	4.1%	4,191	7.4%	-3.311	-0.142
Malignancy	4,967	10.1%	6,193	11.0%	-0.846	-0.028
Nicotine dependency	10,461	21.3%	14,325	25.4%	-4.052	-0.096
Obesity	14,640	29.9%	20,295	36.0%	-6.110	-0.130
Other cerebrovascular disease	2,107	4.3%	3,581	6.3%	-2.049	-0.091
Other ischemic heart disease	11,911	24.3%	15,782	28.0%	-3.678	-0.084
Other medical conditions	3,899	8.0%	5,236	9.3%	-1.328	-0.047
Peptic ulcer disease	116	0.2%	188	0.3%	-0.097	-0.018
Peripheral vascular disease	4,630	9.4%	7,796	13.8%	-4.373	-0.137
Prior hospitalized bleeding	146	0.3%	279	0.5%	-0.197	-0.031
Stroke - past 0-30 days	509	1.0%	873	1.5%	-0.509	-0.045
Stroke - past 31-183 days	234	0.5%	490	0.9%	-0.391	-0.048
Transient ischemic attack	1,437	2.9%	1,905	3.4%	-0.445	-0.025
History of Use:						
ACEI/ARB	23,597	48.1%	28,729	50.9%	-2.790	-0.056
Amiodarone	4,247	8.7%	5,749	10.2%	-1.527	-0.052
Anti-coagulant (injectable)	4,938	10.1%	6,704	11.9%	-1.810	-0.058
Antiarrhythmics	9,562	19.5%	10,551	18.7%	0.802	0.020
Antiplatelets	4,480	9.1%	6,819	12.1%	-2.948	-0.096
Beta blockers	34,075	69.5%	40,783	72.3%	-2.784	-0.061
Calcium channel blockers	16,598	33.8%	19,911	35.3%	-1.437	-0.030
Corticosteroids	9,812	20.0%	12,275	21.8%	-1.743	-0.043
Digoxin	3,664	7.5%	3,566	6.3%	1.152	0.045
Diuretics - loop	7,305	14.9%	10,469	18.6%	-3.655	-0.098
Diuretics - potassium sparing	3,253	6.6%	4,670	8.3%	-1.642	-0.063
Diuretics - thiazide	9,682	19.7%	11,942	21.2%	-1.418	-0.035

Table 1b. Baseline Characteristics of New Initiators of Rivaroxaban and Apixaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

	Rivaroxaban, 20 mg once daily		Apixaban, 5 mg twice daily		Covariate Balance	
	Number	Percent	Number	Percent	Absolute Difference	Standardized Difference
Dronedarone	1,682	3.4%	1,673	3.0%	0.465	0.026
Estrogen	1,141	2.3%	1,528	2.7%	-0.381	-0.024
Fibrates	1,923	3.9%	2,319	4.1%	-0.188	-0.010
H2-antagonist	990	2.0%	1,615	2.9%	-0.843	-0.055
Insulin	2,870	5.9%	4,018	7.1%	-1.268	-0.051
Metformin	7,457	15.2%	9,434	16.7%	-1.511	-0.041
Nitrates	2,058	4.2%	3,208	5.7%	-1.488	-0.069
NSAIDs	7,350	15.0%	9,123	16.2%	-1.178	-0.032
Other diabetes medications	3,038	6.2%	4,206	7.5%	-1.258	-0.050
Proton pump inhibitors	9,015	18.4%	11,561	20.5%	-2.103	-0.053
SSRI antidepressants	5,318	10.8%	6,807	12.1%	-1.218	-0.038
Statins	19,841	40.5%	24,910	44.1%	-3.682	-0.075
Sulfonyureas	2,863	5.8%	3,584	6.4%	-0.513	-0.021
Thyroid replacement medications	4,510	9.2%	5,926	10.5%	-1.304	-0.044
Health Service Utilization Intensity:						
No ED encounters - Past 0-30 days	35,154	71.7%	39,691	70.3%	1.351	0.030
No ED encounters - Past 31-183 days	40,725	83.0%	45,401	80.4%	2.593	0.067
At least 1 ED encounter - Past 0-30 days	13,888	28.3%	16,744	29.7%	-1.351	-0.030
At least 1 ED encounter - Past 31-183 days	8,317	17.0%	11,034	19.6%	-2.593	-0.067
At least 2 ED encounters - Past 0-30 days	5,597	11.4%	6,923	12.3%	-0.855	-0.026
At least 2 ED encounters - Past 31-183 days	3,024	6.2%	4,219	7.5%	-1.310	-0.052
	Mean	Standard Deviation	Mean	Standard Deviation		
Mean number of ambulatory encounters	8.7	8.1	9.4	8.6	-0.763	-0.092
Mean number of emergency room encounters	0.6	1.1	0.7	1.2	-0.074	-0.066
Mean number of inpatient hospital encounters	0.4	0.6	0.5	0.7	-0.072	-0.108
Mean number of non-acute institutional encounters	0.0	0.3	0.1	0.4	-0.021	-0.059
Mean number of other ambulatory encounters	1.7	3.6	2.0	4.1	-0.278	-0.072
Mean number of filled prescriptions	17.0	14.1	18.6	15.1	-1.644	-0.112
Mean number of generics	7.8	4.6	8.5	5.0	-0.753	-0.157

¹Value represents standard deviation where no % follows the value

²The Charlson/Elixhauser Combined Comorbidity Score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date. (Gagne JJ, Glynn RJ, Avorn J, Levin R, Schneeweiss S. A combined comorbidity score predicted mortality in elderly patients better than existing scores. J Clin Epidemiol. 2011;64(7):749-759)

³Covariates in blue show a standardized difference greater than 0.1

Table 1c. Baseline Characteristics of New Initiators of Dabigatran and Apixaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

Characteristic	Dabigatran, 150 mg twice daily		Apixaban, 5 mg twice daily		Covariate Balance	
	Number	Percent	Number	Percent	Absolute Difference	Standardized Difference
Patients (N)	28,527	100.0%	56,435	100.0%	-	-
Demographics	Mean	Standard Deviation¹	Mean	Standard Deviation		
Mean Age (Years)	56.4	7.3	56.9	7.0	-0.557	-0.078
Age (Years)	Number	Percent	Number	Percent		
21-34	527	1.8%	841	1.5%	0.357	0.028
35-49	4,220	14.8%	7,443	13.2%	1.604	0.046
50-64	23,780	83.4%	48,151	85.3%	-1.962	-0.054
Sex						
Female	7,078	24.8%	16,445	29.1%	-4.328	-0.098
Male	21,445	75.2%	39,988	70.9%	4.318	0.097
Other	4	0.0%	2	0.0%	0.010	0.011
Race						
American Indian or Alaska Native	87	0.3%	51	0.1%	0.215	0.048
Asian	834	2.9%	168	0.3%	2.626	0.210
Black or African American	777	2.7%	1,233	2.2%	0.539	0.035
Native Hawaiian or Other Pacific Islander	163	0.6%	63	0.1%	0.460	0.079
Unknown	18,267	64.0%	45,622	80.8%	-16.806	-0.383
White	8,399	29.4%	9,298	16.5%	12.967	0.312
Hispanic Origin	694	2.4%	340	0.6%	1.830	0.150
Year						
2010	503	1.8%	-	0.0%	1.763	-
2011	7,217	25.3%	-	0.0%	25.299	-
2012	5,069	17.8%	-	0.0%	17.769	-
2013	2,786	9.8%	1,486	2.6%	7.133	0.299
2014	1,989	7.0%	4,123	7.3%	-0.333	-0.013
2015	1,819	6.4%	7,444	13.2%	-6.814	-0.231
2016	2,542	8.9%	10,237	18.1%	-9.229	-0.272
2017	2,728	9.6%	12,508	22.2%	-12.601	-0.350
2018	2,644	9.3%	13,884	24.9%	-15.528	-0.422
2019	1,230	4.5%	6,753	12.4%	-7.967	-0.289

Table 1c. Baseline Characteristics of New Initiators of Dabigatran and Apixaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

Recorded History of:	Dabigatran, 150 mg twice daily		Apixaban, 5 mg twice daily		Covariate Balance	
	Mean	Standard Deviation	Mean	Standard Deviation	Absolute Difference	Standardized Difference
Charlson/Elixhauser Combined Comorbidity Score ²	1.8	1.8	2.2	2.1	-0.468	-0.241
CHA ₂ DS ₂ VaSc	Number	Percent	Number	Percent		
mean, standard deviation	1.6	1.4	1.9	1.5	-0.323	-0.227
0-1	15,864	55.6%	26,670	47.3%	8.353	0.168
2	5,697	20.0%	12,301	21.8%	-1.826	-0.045
3	3,882	13.6%	7,788	13.8%	-0.192	-0.006
4	2,075	7.3%	5,870	10.4%	-3.128	-0.110
5	745	2.6%	2,839	5.0%	-2.419	-0.126
>= 6	264	0.9%	967	1.7%	-0.788	-0.069
HAS-BLED						
mean, standard deviation	1.1	0.9	1.3	0.9	-0.214	-0.236
0-1	20,827	73.0%	35,825	63.5%	9.528	0.206
2	5,981	21.0%	14,817	26.3%	-5.289	-0.125
3	1,419	5.0%	4,647	8.2%	-3.260	-0.132
>= 4	300	1.1%	1,146	2.0%	-0.979	-0.080
Acute myocardial infarction - Past 0-30 days	397	1.4%	1,118	2.0%	-0.589	-0.046
Acute myocardial infarction - Past 31-183 days	147	0.5%	671	1.2%	-0.674	-0.073
Alcohol abuse	1,224	4.3%	3,020	5.4%	-1.061	-0.050
Anemia	1,946	6.8%	5,572	9.9%	-3.052	-0.110
Cardioablation	1,422	5.0%	2,780	4.9%	0.059	0.003
Cardioversion	4,442	15.6%	9,899	17.5%	-1.969	-0.053
Chronic liver disease	892	3.1%	2,676	4.7%	-1.615	-0.083
Chronic obstructive pulmonary disease	2,011	7.0%	6,024	10.7%	-3.625	-0.128
Coronary revascularization	1,874	6.6%	5,123	9.1%	-2.508	-0.094
Dementia	60	0.2%	238	0.4%	-0.211	-0.038
Diabetes	6,960	24.4%	15,461	27.4%	-2.998	-0.068
Gout	1,313	4.6%	2,572	4.6%	0.045	0.002
Heart failure - hospitalized	1,533	5.4%	4,318	7.7%	-2.277	-0.092
Heart failure - outpatient	3,338	11.7%	8,574	15.2%	-3.492	-0.102
Hypercholesterolemia	6,023	21.1%	14,163	25.1%	-3.983	-0.095

Table 1c. Baseline Characteristics of New Initiators of Dabigatran and Apixaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

	Dabigatran, 150 mg twice daily		Apixaban, 5 mg twice daily		Covariate Balance	
	Number	Percent	Number	Percent	Absolute Difference	Standardized Difference
Hypertension	18,415	64.6%	41,073	72.8%	-8.226	-0.178
Kidney failure - acute	939	3.3%	4,284	7.6%	-4.299	-0.190
Kidney failure - chronic	1,242	4.4%	4,191	7.4%	-3.072	-0.131
Malignancy	2,625	9.2%	6,193	11.0%	-1.772	-0.059
Nicotine dependency	5,227	18.3%	14,325	25.4%	-7.060	-0.171
Obesity	6,960	24.4%	20,295	36.0%	-11.564	-0.254
Other cerebrovascular disease	1,302	4.6%	3,581	6.3%	-1.781	-0.078
Other ischemic heart disease	6,443	22.6%	15,782	28.0%	-5.379	-0.124
Other medical conditions	1,965	6.9%	5,236	9.3%	-2.390	-0.088
Peptic ulcer disease	53	0.2%	188	0.3%	-0.147	-0.029
Peripheral vascular disease	2,409	8.4%	7,796	13.8%	-5.369	-0.171
Prior hospitalized bleeding	104	0.4%	279	0.5%	-0.130	-0.020
Stroke - past 0-30 days	348	1.2%	873	1.5%	-0.327	-0.028
Stroke - past 31-183 days	156	0.5%	490	0.9%	-0.321	-0.038
Transient ischemic attack	894	3.1%	1,905	3.4%	-0.242	-0.014
History of Use:						
ACEI/ARB	13,345	46.8%	28,729	50.9%	-4.126	-0.083
Amiodarone	2,270	8.0%	5,749	10.2%	-2.230	-0.078
Anti-coagulant (injectable)	1,796	6.3%	6,704	11.9%	-5.583	-0.195
Antiarrhythmics	5,715	20.0%	10,551	18.7%	1.338	0.034
Antiplatelets	2,839	10.0%	6,819	12.1%	-2.131	-0.068
Beta blockers	19,917	69.8%	40,783	72.3%	-2.447	-0.054
Calcium channel blockers	9,537	33.4%	19,911	35.3%	-1.850	-0.039
Corticosteroids	5,778	20.3%	12,275	21.8%	-1.496	-0.037
Digoxin	2,747	9.6%	3,566	6.3%	3.311	0.122
Diuretics - loop	4,194	14.7%	10,469	18.6%	-3.849	-0.104
Diuretics - potassium sparing	1,744	6.1%	4,670	8.3%	-2.162	-0.084
Diuretics - thiazide	5,542	19.4%	11,942	21.2%	-1.733	-0.043
Dronedarone	1,518	5.3%	1,673	3.0%	2.357	0.118
Estrogen	708	2.5%	1,528	2.7%	-0.226	-0.014
Fibrates	1,133	4.0%	2,319	4.1%	-0.137	-0.007

Table 1c. Baseline Characteristics of New Initiators of Dabigatran and Apixaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

	Dabigatran, 150 mg twice daily		Apixaban, 5 mg twice daily		Covariate Balance	
	Number	Percent	Number	Percent	Absolute Difference	Standardized Difference
H2-antagonist	835	2.9%	1,615	2.9%	0.065	0.004
Insulin	1,677	5.9%	4,018	7.1%	-1.241	-0.050
Metformin	4,142	14.5%	9,434	16.7%	-2.197	-0.061
Nitrates	1,223	4.3%	3,208	5.7%	-1.397	-0.064
NSAIDs	4,231	14.8%	9,123	16.2%	-1.334	-0.037
Other diabetes medications	1,406	4.9%	4,206	7.5%	-2.524	-0.105
Proton pump inhibitors	4,523	15.9%	11,561	20.5%	-4.630	-0.120
SSRI antidepressants	2,834	9.9%	6,807	12.1%	-2.127	-0.068
Statins	11,425	40.0%	24,910	44.1%	-4.089	-0.083
Sulfonyureas	1,924	6.7%	3,584	6.4%	0.394	0.016
Thyroid replacement medications	2,507	8.8%	5,926	10.5%	-1.712	-0.058
Health Service Utilization Intensity:						
No ED encounters - Past 0-30 days	20,004	70.1%	39,691	70.3%	-0.207	-0.005
No ED encounters - Past 31-183 days	23,907	83.8%	45,401	80.4%	3.357	0.088
At least 1 ED encounter - Past 0-30 days	8,523	29.9%	16,744	29.7%	0.207	0.005
At least 1 ED encounter - Past 31-183 days	4,620	16.2%	11,034	19.6%	-3.357	-0.088
At least 2 ED encounters - Past 0-30 days	3,356	11.8%	6,923	12.3%	-0.503	-0.015
At least 2 ED encounters - Past 31-183 days	1,690	5.9%	4,219	7.5%	-1.552	-0.062
	Mean	Standard Deviation	Mean	Standard Deviation		
Mean number of ambulatory encounters	7.8	7.3	9.4	8.6	-1.583	-0.198
Mean number of emergency room encounters	0.6	1.0	0.7	1.2	-0.089	-0.083
Mean number of inpatient hospital encounters	0.4	0.7	0.5	0.7	-0.086	-0.126
Mean number of non-acute institutional encounters	0.0	0.2	0.1	0.4	-0.037	-0.120
Mean number of other ambulatory encounters	2.6	4.3	2.0	4.1	0.648	0.155
Mean number of generics	7.6	4.5	8.5	5.0	-0.935	-0.197
Mean number of unique drug classes	7.1	4.0	8.0	4.4	-0.840	-0.199

¹Value represents standard deviation where no % follows the value

²The Charlson/Elixhauser Combined Comorbidity Score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date. (Gagne JJ, Glynn RJ, Avorn J, Levin R, Schneeweiss S. A combined comorbidity score predicted mortality in elderly patients better than existing scores. J Clin Epidemiol. 2011;64(7):749-759)

³Covariates in blue show a standardized difference greater than 0.1

Table 1d. Baseline Characteristics of New Initiators of Edoxaban (60 mg once daily) in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

Characteristic	Number	Percent
Patients (N)	375	100.0%
Demographics	Mean	Standard Deviation¹
Mean Age (Years)	58.3	5.8
Age (Years)	Number	Percent
21-34	3	0.8%
35-49	28	7.5%
50-64	344	91.7%
Sex		
Female	108	28.8%
Male	267	71.2%
Race		
Asian	3	0.8%
Black or African American	3	0.8%
Unknown	328	87.5%
White	41	10.9%
Hispanic Origin	1	0.3%
Year		
2010	-	0.0%
2011	-	0.0%
2012	-	0.0%
2013	-	0.0%
2014	-	0.0%
2015	138	36.8%
2016	150	40.0%
2017	65	17.3%
2018	21	5.7%
2019	1	0.3%
Recorded History of:	Mean	Standard Deviation
Charlson/Elixhauser Combined Comorbidity Score ²	1.7	1.8
CHA ₂ DS ₂ -VASc	Number	Percent
mean, standard deviation	1.8	1.4
0-1	196	52.3%
2	86	22.9%
3	40	10.7%
4	39	10.4%
5	11	2.9%
>= 6	3	0.8%
HAS-BLED		
mean, standard deviation	1.2	0.8
0-1	255	68.0%
2	97	25.9%
3	22	5.9%
>= 4	1	0.3%
Acute myocardial infarction - Past 0-30 days	-	0.0%
Acute myocardial infarction - Past 31-183 days	3	0.8%
Alcohol abuse	10	2.7%

Table 1d. Baseline Characteristics of New Initiators of Edoxaban (60 mg once daily) in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

	Number	Percent
Anemia	25	6.7%
Cardioablation	8	2.1%
Cardioversion	48	12.8%
Chronic liver disease	9	2.4%
Chronic obstructive pulmonary disease	34	9.1%
Coronary revascularization	21	5.6%
Dementia	3	0.8%
Diabetes	94	25.1%
Gout	21	5.6%
Heart failure - hospitalized	21	5.6%
Heart failure - outpatient	59	15.7%
Hypercholesterolemia	96	25.6%
Hypertension	284	75.7%
Kidney failure - acute	12	3.2%
Kidney failure - chronic	21	5.6%
Malignancy	31	8.3%
Nicotine dependency	74	19.7%
Obesity	116	30.9%
Other cerebrovascular disease	23	6.1%
Other ischemic heart disease	100	26.7%
Other medical conditions	17	4.5%
Peptic ulcer disease	1	0.3%
Peripheral vascular disease	41	10.9%
Prior hospitalized bleeding	1	0.3%
Stroke - past 0-30 days	1	0.3%
Stroke - past 31-183 days	3	0.8%
Transient ischemic attack	10	2.7%
History of Use:		
ACEI/ARB	198	52.8%
Amiodarone	22	5.9%
Anti-coagulant (injectable)	32	8.5%
Antiarrhythmics	91	24.3%
Antiplatelets	36	9.6%
Beta blockers	263	70.1%
Calcium channel blockers	126	33.6%
Corticosteroids	61	16.3%
Digoxin	37	9.9%
Diuretics - loop	53	14.1%
Diuretics - potassium sparing	29	7.7%
Diuretics - thiazide	94	25.1%
Dronedarone	15	4.0%
Estrogen	10	2.7%
Fibrates	26	6.9%
H2-antagonist	7	1.9%
Insulin	17	4.5%
Metformin	54	14.4%
Nitrates	22	5.9%

Table 1d. Baseline Characteristics of New Initiators of Edoxaban (60 mg once daily) in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019

	Number	Percent
NSAIDs	72	19.2%
SSRI antidepressants	44	11.7%
Statins	169	45.1%
Sulfonyureas	17	4.5%
Thyroid replacement medications	36	9.6%
Health Service Utilization Intensity:		
No ED encounters - Past 0-30 days	333	88.8%
No ED encounters - Past 31-183 days	322	85.9%
At least 1 ED encounter - Past 0-30 days	42	11.2%
At least 1 ED encounter - Past 31-183 days	53	14.1%
At least 2 ED encounters - Past 0-30 days	16	4.3%
At least 2 ED encounters - Past 31-183 days	30	8.0%
Mean number of ambulatory encounters	9.3	8.2
Mean number of emergency room encounters	0.3	0.7
Mean number of inpatient hospital encounters	0.2	0.5
Mean number of non-acute institutional encounters	0.0	0.1
Mean number of other ambulatory encounters	2.1	6.6
Mean number of filled prescriptions	19.7	15.6
Mean number of generics	8.0	4.8
Mean number of unique drug classes	7.6	4.1

¹Value represents standard deviation where no % follows the value

Table 2. Summary of Follow-Up Time for Users of Apixaban, Dabigatran, Edoxaban, and Rivaroxaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019, in Days

Exposure	Exposed Members	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation	0-90 days		91-180 days		181+ days	
									Number	Percent	Number	Percent	Number	Percent
Apixaban	56,401	1	167	405	787	2,371	531.94	456.68	8,007	14%	7,072	13%	41,322	73%
Dabigatran	28,442	1	296	691	1,314	3,246	917.58	783.63	2,332	8%	2,259	8%	23,851	84%
Edoxaban	375	1	345	654	1,018	1,684	689.06	426.58	30	8%	25	7%	320	85%
Rivaroxaban	48,981	1	230	541	1,069	2,873	714.16	597.83	5,219	11%	4,792	10%	38,970	80%

Table 3a. Summary of Exposure Duration for Users of Apixaban, Dabigatran, Edoxaban, and Rivaroxaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019, by Outcome, in Days¹

Exposure	Exposed Members	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation	0-90 days		91-180 days		181+ days	
									Number	Percent	Number	Percent	Number	Percent
Thromboembolic stroke														
Apixaban	42,924	3	32	62	122	1,962	98.80	122.35	26,984	63%	9,391	22%	6,549	15%
Dabigatran	23,757	3	32	62	97	2,437	98.38	124.68	14,928	63%	5,301	22%	3,528	15%
Edoxaban	312	23	32	32.5	107	1,240	95.04	118.52	196	63%	71	23%	45	14%
Rivaroxaban	39,249	3	32	62	122	2,008	103.99	133.34	24,049	61%	8,848	23%	6,352	16%
Intracranial hemorrhage														
Apixaban	42,924	3	32	62	122	1,962	98.80	122.35	26,984	63%	9,391	22%	6,549	15%
Dabigatran	23,757	3	32	62	97	2,437	98.38	124.68	14,928	63%	5,301	22%	3,528	15%
Edoxaban	312	23	32	32.5	107	1,240	95.04	118.52	196	63%	71	23%	45	14%
Rivaroxaban	39,249	3	32	62	122	2,008	103.99	133.34	24,049	61%	8,848	23%	6,352	16%
Major extracranial bleed														
Apixaban	42,924	3	32	62	122	1,962	98.80	122.35	26,984	63%	9,391	22%	6,549	15%
Dabigatran	23,757	3	32	62	97	2,437	98.38	124.68	14,928	63%	5,301	22%	3,528	15%
Edoxaban	312	23	32	32.5	107	1,240	95.04	118.52	196	63%	71	23%	45	14%
Rivaroxaban	39,249	3	32	62	122	2,008	103.99	133.34	24,049	61%	8,848	23%	6,352	16%
Major gastrointestinal bleed														
Apixaban	42,924	3	32	62	122	1,962	98.80	122.35	26,984	63%	9,391	22%	6,549	15%
Dabigatran	23,757	3	32	62	97	2,437	98.38	124.68	14,928	63%	5,301	22%	3,528	15%
Edoxaban	312	23	32	32.5	107	1,240	95.04	118.52	196	63%	71	23%	45	14%
Rivaroxaban	39,249	3	32	62	122	2,008	103.99	133.34	24,049	61%	8,848	23%	6,352	16%

¹ Exposure duration is estimated using censoring due to episode end (product discontinuation) among new users of NOACs

Table 3b. Summary of Time to Censoring for Users of Apixaban, Dabigatran, Edoxaban, and Rivaroxaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019, by Outcome, in Days¹

Exposure	Exposed Members	Minimum	Q1	Median	Q3	Maximum	Mean	Standard Deviation	0-90 days		91-180 days		181+ days		
									Number	Percent	Number	Percent	Number	Percent	
Thromboembolic stroke															
Apixaban	56,435	1	32	62	123	2,096	109.81	146.56	34,755	62%	11,745	21%	9,935	18%	
Dabigatran	28,527	1	32	62	119	2,886	104.19	141.73	17,881	63%	6,055	21%	4,591	16%	
Edoxaban	375	1	32	41	124	1,240	106.56	137.16	232	62%	80	21%	63	17%	
Rivaroxaban	49,042	1	32	62	124	2,285	113.07	155.56	29,760	61%	10,470	21%	8,812	18%	
Intracranial hemorrhage															
Apixaban	56,435	1	32	62	123	2,096	109.81	146.56	34,755	62%	11,745	21%	9,935	18%	
Dabigatran	28,527	1	32	62	119	2,886	104.19	141.73	17,881	63%	6,055	21%	4,591	16%	
Edoxaban	375	1	32	41	124	1,240	106.56	137.16	232	62%	80	21%	63	17%	
Rivaroxaban	49,042	1	32	62	124	2,285	113.07	155.56	29,760	61%	10,470	21%	8,812	18%	
Major extracranial bleed															
Apixaban	56,435	1	32	62	123	2,096	109.81	146.56	34,755	62%	11,745	21%	9,935	18%	
Dabigatran	28,527	1	32	62	119	2,886	104.19	141.73	17,881	63%	6,055	21%	4,591	16%	
Edoxaban	375	1	32	41	124	1,240	106.56	137.16	232	62%	80	21%	63	17%	
Rivaroxaban	49,042	1	32	62	124	2,285	113.07	155.56	29,760	61%	10,470	21%	8,812	18%	
Major gastrointestinal bleed															
Apixaban	56,435	1	32	62	123	2,096	109.81	146.56	34,755	62%	11,745	21%	9,935	18%	
Dabigatran	28,527	1	32	62	119	2,886	104.19	141.73	17,881	63%	6,055	21%	4,591	16%	
Edoxaban	375	1	32	41	124	1,240	106.56	137.16	232	62%	80	21%	63	17%	
Rivaroxaban	49,042	1	32	62	124	2,285	113.07	155.56	29,760	61%	10,470	21%	8,812	18%	

¹Exposure duration is estimated using censoring due to event, disenrollment, death, end of data, or episode end among new users of NOACs

Table 4. Risk of Stroke and Bleeding Events for Users of Apixaban, Dabigatran, Edoxaban, and Rivaroxaban in the Sentinel Distributed Database (SDD) between October 19, 2010 and September 30, 2019, by Outcome

	Number of Events	Person Years at Risk	Incidence Rate per 1,000 Person Years
Thromboembolic stroke	168	40,396.1	4.2
Intracranial hemorrhage	55	40,396.1	1.4
Major extracranial bleed	285	40,396.1	7.1
Major gastrointestinal bleed	245	40,396.1	6.1

Appendix A. Dates of Available Data for Each Data Partner (DP) as of Request Distribution Date (February 26, 2020)

DP ID	DP Start Date ¹	DP End Date ¹
DP01	01/01/2000	01/31/2019
DP02	01/01/2005	07/31/2018
DP03	01/01/2008	03/31/2019
DP04	01/01/2008	09/30/2019
DP05	01/01/2000	06/30/2019
DP06	01/01/2006	06/30/2019
DP07	01/01/2000	04/30/2019
DP08	01/01/2000	02/28/2019
DP09	06/01/2007	04/30/2019
DP10	01/01/2000	07/31/2019
DP11	01/01/2004	08/31/2019
DP12	01/01/2000	03/31/2019
DP13	01/01/2000	12/31/2017
DP14	01/01/2000	04/30/2018
DP15	01/01/2012	06/30/2018

¹The 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. Generic and Brand Names of Medical Products Used to Define Exposures in this Request

Generic Name	Brand Name
	Apixaban
Apixaban	Eliquis
	Dabigatran
Dabigatran etexilate mesylate	Pradaxa
	Edoxaban
Edoxaban tosylate	Savaysa
	Rivaroxaban
Rivaroxaban	Xarelto

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
Ischemic Stroke			
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	ICD-9-CM	Diagnosis
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	ICD-9-CM	Diagnosis
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	ICD-9-CM	Diagnosis
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
434.01	Cerebral thrombosis with cerebral infarction	ICD-9-CM	Diagnosis
434.11	Cerebral embolism with cerebral infarction	ICD-9-CM	Diagnosis
434.91	Unspecified cerebral artery occlusion with cerebral infarction	ICD-9-CM	Diagnosis
436	Acute, but ill-defined, cerebrovascular disease	ICD-9-CM	Diagnosis
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries	ICD-10-CM	Diagnosis
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries	ICD-10-CM	Diagnosis
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral arteries	ICD-10-CM	Diagnosis
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	ICD-10-CM	Diagnosis
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I67.89	Other cerebrovascular disease	ICD-10-CM	Diagnosis
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	ICD-10-CM	Diagnosis
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	ICD-10-CM	Diagnosis
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	ICD-10-CM	Diagnosis
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.02	Cerebral infarction due to thrombosis of basilar artery	ICD-10-CM	Diagnosis
I63.031	Cerebral infarction due to thrombosis of right carotid artery	ICD-10-CM	Diagnosis
I63.032	Cerebral infarction due to thrombosis of left carotid artery	ICD-10-CM	Diagnosis
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	ICD-10-CM	Diagnosis
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	ICD-10-CM	Diagnosis
I63.111	Cerebral infarction due to embolism of right vertebral artery	ICD-10-CM	Diagnosis
I63.112	Cerebral infarction due to embolism of left vertebral artery	ICD-10-CM	Diagnosis
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
I63.12	Cerebral infarction due to embolism of basilar artery	ICD-10-CM	Diagnosis
I63.131	Cerebral infarction due to embolism of right carotid artery	ICD-10-CM	Diagnosis
I63.132	Cerebral infarction due to embolism of left carotid artery	ICD-10-CM	Diagnosis
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.19	Cerebral infarction due to embolism of other precerebral artery	ICD-10-CM	Diagnosis
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral arteries	ICD-10-CM	Diagnosis
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral arteries	ICD-10-CM	Diagnosis
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	ICD-10-CM	Diagnosis
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	ICD-10-CM	Diagnosis
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	ICD-10-CM	Diagnosis
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.323	Cerebral infarction due to thrombosis of bilateral anterior arteries	ICD-10-CM	Diagnosis
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.333	Cerebral infarction to thrombosis of bilateral posterior arteries	ICD-10-CM	Diagnosis
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.343	Cerebral infarction to thrombosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.441	Cerebral infarction due to embolism of right cerebellar artery	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
I63.442	Cerebral infarction due to embolism of left cerebellar artery	ICD-10-CM	Diagnosis
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.49	Cerebral infarction due to embolism of other cerebral artery	ICD-10-CM	Diagnosis
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle arteries	ICD-10-CM	Diagnosis
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior arteries	ICD-10-CM	Diagnosis
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior arteries	ICD-10-CM	Diagnosis
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	ICD-10-CM	Diagnosis
I63.8	Other cerebral infarction	ICD-10-CM	Diagnosis
I63.9	Cerebral infarction, unspecified	ICD-10-CM	Diagnosis
Intracranial Hemorrhage			
430	Subarachnoid hemorrhage	ICD-9-CM	Diagnosis
431	Intracerebral hemorrhage	ICD-9-CM	Diagnosis
432	Other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
432	Nontraumatic extradural hemorrhage	ICD-9-CM	Diagnosis
432.1	Subdural hemorrhage	ICD-9-CM	Diagnosis
432.9	Unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
852	Subarachnoid hemorrhage following injury without mention of open intracranial wound	ICD-9-CM	Diagnosis
852	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, unspecified state of consciousness	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
852.01	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, no loss of consciousness	ICD-9-CM	Diagnosis
852.02	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, brief (less than 1 hour) loss of consciousness	ICD-9-CM	Diagnosis
852.03	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
852.04	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.05	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.06	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
852.09	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, unspecified concussion	ICD-9-CM	Diagnosis
852.2	Subdural hemorrhage following injury without mention of open intracranial wound	ICD-9-CM	Diagnosis
852.2	Subdural hemorrhage following injury, without mention of open intracranial wound, unspecified state of consciousness	ICD-9-CM	Diagnosis
852.21	Subdural hemorrhage following injury, without mention of open intracranial wound, no loss of consciousness	ICD-9-CM	Diagnosis
852.22	Subdural hemorrhage following injury, without mention of open intracranial wound, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
852.23	Subdural hemorrhage following injury, without mention of open intracranial wound, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
852.24	Subdural hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.25	Subdural hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.26	Subdural hemorrhage following injury, without mention of open intracranial wound, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
852.29	Subdural hemorrhage following injury, without mention of open intracranial wound, unspecified concussion	ICD-9-CM	Diagnosis
852.4	Extradural hemorrhage following injury without mention of open intracranial wound	ICD-9-CM	Diagnosis
852.4	Extradural hemorrhage following injury, without mention of open intracranial wound, unspecified state of consciousness	ICD-9-CM	Diagnosis
852.41	Extradural hemorrhage following injury, without mention of open intracranial wound, no loss of consciousness	ICD-9-CM	Diagnosis
852.42	Extradural hemorrhage following injury, without mention of open intracranial wound, brief (less than 1 hour) loss of consciousness	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
852.43	Extradural hemorrhage following injury, without mention of open intracranial wound, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
852.44	Extradural hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.45	Extradural hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.46	Extradural hemorrhage following injury, without mention of open intracranial wound, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
852.49	Extradural hemorrhage following injury, without mention of open intracranial wound, unspecified concussion	ICD-9-CM	Diagnosis
853	Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound	ICD-9-CM	Diagnosis
853	Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound, unspecified state of consciousness	ICD-9-CM	Diagnosis
853.01	Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound, no loss of consciousness	ICD-9-CM	Diagnosis
853.02	Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound, brief (less than 1 hour) loss of consciousness	ICD-9-CM	Diagnosis
853.03	Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
853.04	Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness and return to preexisting conscious level	ICD-9-CM	Diagnosis
853.05	Other and unspecified intracranial hemorrhage following injury. Without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
853.06	Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
853.09	Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound, unspecified concussion	ICD-9-CM	Diagnosis
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	ICD-10-CM	Diagnosis
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	ICD-10-CM	Diagnosis
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	ICD-10-CM	Diagnosis
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	ICD-10-CM	Diagnosis
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	ICD-10-CM	Diagnosis
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	ICD-10-CM	Diagnosis
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	ICD-10-CM	Diagnosis
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	ICD-10-CM	Diagnosis
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	ICD-10-CM	Diagnosis
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	ICD-10-CM	Diagnosis
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	ICD-10-CM	Diagnosis
I60.8	Other nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	ICD-10-CM	Diagnosis
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	ICD-10-CM	Diagnosis
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	ICD-10-CM	Diagnosis
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	ICD-10-CM	Diagnosis
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	ICD-10-CM	Diagnosis
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	ICD-10-CM	Diagnosis
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	ICD-10-CM	Diagnosis
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	ICD-10-CM	Diagnosis
I61.8	Other nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	ICD-10-CM	Diagnosis
I62.00	Nontraumatic subdural hemorrhage, unspecified	ICD-10-CM	Diagnosis
I62.01	Nontraumatic acute subdural hemorrhage	ICD-10-CM	Diagnosis
I62.02	Nontraumatic subacute subdural hemorrhage	ICD-10-CM	Diagnosis
I62.03	Nontraumatic chronic subdural hemorrhage	ICD-10-CM	Diagnosis
I62.1	Nontraumatic extradural hemorrhage	ICD-10-CM	Diagnosis
I62.9	Nontraumatic intracranial hemorrhage, unspecified	ICD-10-CM	Diagnosis
S06.340A	Traumatic hemorrhage of right cerebrum without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.341A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.342A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.343A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.344A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.345A	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.346A	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.347A	Traumatic hemorrhage of right cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S06.348A	Traumatic hemorrhage of right cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.349A	Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.350A	Traumatic hemorrhage of left cerebrum without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.351A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.352A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.353A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.354A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.355A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.356A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.357A	Traumatic hemorrhage of left cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.358A	Traumatic hemorrhage of left cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.359A	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.360A	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.361A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.362A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.363A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.364A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.365A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.366A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.367A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S06.368A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.369A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.4X0A	Epidural hemorrhage without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.4X1A	Epidural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.4X2A	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.4X3A	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.4X4A	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.4X5A	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.4X6A	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.4X7A	Epidural hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.4X8A	Epidural hemorrhage with loss of consciousness of any duration with death due to other causes prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.4X9A	Epidural hemorrhage with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.5X0A	Traumatic subdural hemorrhage without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.5X1A	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.5X2A	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.5X3A	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.5X4A	Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.5X5A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.5X6A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.5X7A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to brain injury before regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.5X8A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to other cause before regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.5X9A	Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.6X0A	Traumatic subarachnoid hemorrhage without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S06.6X1A	Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.6X2A	Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.6X3A	Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.6X4A	Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.6X5A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.6X6A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.6X7A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.6X8A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.6X9A	Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
Gastrointestinal Bleeding			
455.2	Internal hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.5	External hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.8	Unspecified hemorrhoids with other complication	ICD-9-CM	Diagnosis
456	Esophageal varices with bleeding	ICD-9-CM	Diagnosis
456.2	Esophageal varices with bleeding in diseases classified elsewhere	ICD-9-CM	Diagnosis
459	Unspecified hemorrhage	ICD-9-CM	Diagnosis
530.7	Gastroesophageal laceration-hemorrhage syndrome	ICD-9-CM	Diagnosis
530.82	Esophageal hemorrhage	ICD-9-CM	Diagnosis
531	Acute gastric ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
531.01	Acute gastric ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
531.2	Acute gastric ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.21	Acute gastric ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
531.4	Chronic or unspecified gastric ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
531.41	Chronic or unspecified gastric ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
531.6	Chronic or unspecified gastric ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
531.61	Chronic or unspecified gastric ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
532	Acute duodenal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
532.01	Acute duodenal ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
532.2	Acute duodenal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.21	Acute duodenal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
532.4	Duodenal ulcer, chronic or unspecified, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
532.41	Chronic or unspecified duodenal ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
532.6	Chronic or unspecified duodenal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.61	Chronic or unspecified duodenal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
533	Acute peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
533.01	Acute peptic ulcer, unspecified site, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
533.2	Acute peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.21	Acute peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
533.4	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
533.41	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
533.6	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.61	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
534	Acute gastrojejunal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
534.01	Acute gastrojejunal ulcer, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
534.2	Acute gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.21	Acute gastrojejunal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
534.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
534.41	Chronic or unspecified gastrojejunal ulcer, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
534.6	Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.61	Chronic or unspecified gastrojejunal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
535.01	Acute gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.11	Atrophic gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.21	Gastric mucosal hypertrophy with hemorrhage	ICD-9-CM	Diagnosis
535.31	Alcoholic gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.41	Other specified gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.51	Unspecified gastritis and gastroduodenitis with hemorrhage	ICD-9-CM	Diagnosis
535.61	Duodenitis with hemorrhage	ICD-9-CM	Diagnosis
537.83	Angiodysplasia of stomach and duodenum with hemorrhage	ICD-9-CM	Diagnosis
562.02	Diverticulosis of small intestine with hemorrhage	ICD-9-CM	Diagnosis
562.03	Diverticulitis of small intestine with hemorrhage	ICD-9-CM	Diagnosis
562.12	Diverticulosis of colon with hemorrhage	ICD-9-CM	Diagnosis
562.13	Diverticulitis of colon with hemorrhage	ICD-9-CM	Diagnosis
568.81	Hemoperitoneum (nontraumatic)	ICD-9-CM	Diagnosis
569.3	Hemorrhage of rectum and anus	ICD-9-CM	Diagnosis
569.85	Angiodysplasia of intestine with hemorrhage	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
578	Hematemesis	ICD-9-CM	Diagnosis
578.1	Blood in stool	ICD-9-CM	Diagnosis
578.9	Hemorrhage of gastrointestinal tract, unspecified	ICD-9-CM	Diagnosis
I85.01	Esophageal varices with bleeding	ICD-10-CM	Diagnosis
I85.11	Secondary esophageal varices with bleeding	ICD-10-CM	Diagnosis
K22.6	Gastro-esophageal laceration-hemorrhage syndrome	ICD-10-CM	Diagnosis
K22.8	Other specified diseases of esophagus	ICD-10-CM	Diagnosis
K25.0	Acute gastric ulcer with hemorrhage	ICD-10-CM	Diagnosis
K25.2	Acute gastric ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K25.4	Chronic or unspecified gastric ulcer with hemorrhage	ICD-10-CM	Diagnosis
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K26.0	Acute duodenal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K26.2	Acute duodenal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage	ICD-10-CM	Diagnosis
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage	ICD-10-CM	Diagnosis
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K28.0	Acute gastrojejunal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K29.01	Acute gastritis with bleeding	ICD-10-CM	Diagnosis
K29.21	Alcoholic gastritis with bleeding	ICD-10-CM	Diagnosis
K29.31	Chronic superficial gastritis with bleeding	ICD-10-CM	Diagnosis
K29.41	Chronic atrophic gastritis with bleeding	ICD-10-CM	Diagnosis
K29.51	Unspecified chronic gastritis with bleeding	ICD-10-CM	Diagnosis
K29.61	Other gastritis with bleeding	ICD-10-CM	Diagnosis
K29.71	Gastritis, unspecified, with bleeding	ICD-10-CM	Diagnosis
K29.81	Duodenitis with bleeding	ICD-10-CM	Diagnosis
K29.91	Gastroduodenitis, unspecified, with bleeding	ICD-10-CM	Diagnosis
K31.811	Angiodysplasia of stomach and duodenum with bleeding	ICD-10-CM	Diagnosis
K55.21	Angiodysplasia of colon with hemorrhage	ICD-10-CM	Diagnosis
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction	ICD-10-CM	Diagnosis
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.11	Diverticulosis of small intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K62.5	Hemorrhage of anus and rectum	ICD-10-CM	Diagnosis
K64.0	First degree hemorrhoids	ICD-10-CM	Diagnosis
K64.1	Second degree hemorrhoids	ICD-10-CM	Diagnosis
K64.2	Third degree hemorrhoids	ICD-10-CM	Diagnosis
K64.3	Fourth degree hemorrhoids	ICD-10-CM	Diagnosis
K64.4	Residual hemorrhoidal skin tags	ICD-10-CM	Diagnosis
K64.8	Other hemorrhoids	ICD-10-CM	Diagnosis
K66.1	Hemoperitoneum	ICD-10-CM	Diagnosis
K92.0	Hematemesis	ICD-10-CM	Diagnosis
K92.1	Melena	ICD-10-CM	Diagnosis
K92.2	Gastrointestinal hemorrhage, unspecified	ICD-10-CM	Diagnosis
R58	Hemorrhage, not elsewhere classified	ICD-10-CM	Diagnosis
Gastrointestinal Bleeding			
455.0	Internal hemorrhoids without mention of complication	ICD-9-CM	Diagnosis
455.1	Internal thrombosed hemorrhoids	ICD-9-CM	Diagnosis
455.3	External hemorrhoids without mention of complication	ICD-9-CM	Diagnosis
455.4	External thrombosed hemorrhoids	ICD-9-CM	Diagnosis
455.6	Unspecified hemorrhoids without mention of complication	ICD-9-CM	Diagnosis
455.7	Unspecified thrombosed hemorrhoids	ICD-9-CM	Diagnosis
531.1	Acute gastric ulcer with perforation	ICD-9-CM	Diagnosis
531.3	Acute gastric ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
531.5	Chronic or unspecified gastric ulcer with perforation	ICD-9-CM	Diagnosis
531.7	Chronic gastric ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
531.9	Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.1	Acute duodenal ulcer with perforation	ICD-9-CM	Diagnosis
532.3	Acute duodenal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.5	Chronic or unspecified duodenal ulcer with perforation	ICD-9-CM	Diagnosis
532.7	Chronic duodenal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.9	Duodenal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
533.1	Acute peptic ulcer, unspecified site, with perforation	ICD-9-CM	Diagnosis
533.3	Acute peptic ulcer, unspecified site, without mention of hemorrhage and perforation	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
533.5	Chronic or unspecified peptic ulcer, unspecified site, with perforation	ICD-9-CM	Diagnosis
533.7	Chronic peptic ulcer, unspecified site, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
533.9	Peptic ulcer, unspecified site, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.1	Acute gastrojejunal ulcer with perforation	ICD-9-CM	Diagnosis
534.3	Acute gastrojejunal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.5	Chronic or unspecified gastrojejunal ulcer with perforation	ICD-9-CM	Diagnosis
534.7	Chronic gastrojejunal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.9	Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
535.00	Acute gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.10	Atrophic gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.20	Gastric mucosal hypertrophy without mention of hemorrhage	ICD-9-CM	Diagnosis
535.30	Alcoholic gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.40	Other specified gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.50	Unspecified gastritis and gastroduodenitis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.60	Duodenitis without mention of hemorrhage	ICD-9-CM	Diagnosis
562.00	Diverticulosis of small intestine (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.01	Diverticulitis of small intestine (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.10	Diverticulosis of colon (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.11	Diverticulitis of colon (without mention of hemorrhage)	ICD-9-CM	Diagnosis
530.1	Esophagitis	ICD-9-CM	Diagnosis
K29.00	Acute gastritis without bleeding	ICD-10-CM	Diagnosis
K29.20	Alcoholic gastritis without bleeding	ICD-10-CM	Diagnosis
K29.30	Chronic superficial gastritis without bleeding	ICD-10-CM	Diagnosis
K29.40	Chronic atrophic gastritis without bleeding	ICD-10-CM	Diagnosis
K29.50	Unspecified chronic gastritis without bleeding	ICD-10-CM	Diagnosis
K29.60	Other gastritis without bleeding	ICD-10-CM	Diagnosis
K29.70	Gastritis, unspecified, without bleeding	ICD-10-CM	Diagnosis
K29.80	Duodenitis without bleeding	ICD-10-CM	Diagnosis
K29.90	Gastroduodenitis, unspecified, without bleeding	ICD-10-CM	Diagnosis
K57.00	Diverticulitis of small intestine with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.10	Diverticulosis of small intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.12	Diverticulitis of small intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.20	Diverticulitis of large intestine with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.30	Diverticulosis of large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.32	Diverticulitis of large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.40	Diverticulitis of both small and large intestine with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.50	Diverticulosis of both small and large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
K57.52	Diverticulitis of both small and large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.80	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.90	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.92	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K64.0	First degree hemorrhoids	ICD-10-CM	Diagnosis
K64.1	Second degree hemorrhoids	ICD-10-CM	Diagnosis
K64.2	Third degree hemorrhoids	ICD-10-CM	Diagnosis
K64.3	Fourth degree hemorrhoids	ICD-10-CM	Diagnosis
K64.4	Residual hemorrhoidal skin tags	ICD-10-CM	Diagnosis
K64.5	Perianal venous thrombosis	ICD-10-CM	Diagnosis
K64.8	Other hemorrhoids	ICD-10-CM	Diagnosis
K64.9	Unspecified hemorrhoids	ICD-10-CM	Diagnosis
Major Extracranial Bleeding - List 1			
423.0	Hemopericardium	ICD-9-CM	Diagnosis
455.2	Internal hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.5	External hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.8	Unspecified hemorrhoids with other complication	ICD-9-CM	Diagnosis
456.0	Esophageal varices with bleeding	ICD-9-CM	Diagnosis
456.20	Esophageal varices with bleeding in diseases classified elsewhere	ICD-9-CM	Diagnosis
459.0	Unspecified hemorrhage	ICD-9-CM	Diagnosis
530.7	Gastroesophageal laceration-hemorrhage syndrome	ICD-9-CM	Diagnosis
530.82	Esophageal hemorrhage	ICD-9-CM	Diagnosis
531.0	Acute gastric ulcer with hemorrhage	ICD-9-CM	Diagnosis
531.00	Acute gastric ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
531.01	Acute gastric ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
531.2	Acute gastric ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
531.20	Acute gastric ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.21	Acute gastric ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
531.4	Chronic or unspecified gastric ulcer with hemorrhage	ICD-9-CM	Diagnosis
531.40	Chronic or unspecified gastric ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
531.41	Chronic or unspecified gastric ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
531.6	Chronic or unspecified gastric ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
531.60	Chronic or unspecified gastric ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.61	Chronic or unspecified gastric ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
532.0	Acute duodenal ulcer with hemorrhage	ICD-9-CM	Diagnosis
532.00	Acute duodenal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
532.01	Acute duodenal ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
532.2	Acute duodenal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
532.20	Acute duodenal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.21	Acute duodenal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
532.4	Chronic or unspecified duodenal ulcer with hemorrhage	ICD-9-CM	Diagnosis
532.40	Duodenal ulcer, chronic or unspecified, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
532.41	Chronic or unspecified duodenal ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
532.6	Chronic or unspecified duodenal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
532.60	Chronic or unspecified duodenal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.61	Chronic or unspecified duodenal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
533.0	Acute peptic ulcer, unspecified site, with hemorrhage	ICD-9-CM	Diagnosis
533.00	Acute peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
533.01	Acute peptic ulcer, unspecified site, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
533.2	Acute peptic ulcer, unspecified site, with hemorrhage and perforation	ICD-9-CM	Diagnosis
533.20	Acute peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.21	Acute peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
533.4	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage	ICD-9-CM	Diagnosis
533.40	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
533.41	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
533.6	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation	ICD-9-CM	Diagnosis
533.60	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.61	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
534.0	Acute gastrojejunal ulcer with hemorrhage	ICD-9-CM	Diagnosis
534.00	Acute gastrojejunal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
534.01	Acute gastrojejunal ulcer, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
534.2	Acute gastrojejunal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
534.20	Acute gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.21	Acute gastrojejunal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
534.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage	ICD-9-CM	Diagnosis
534.40	Chronic or unspecified gastrojejunal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
534.41	Chronic or unspecified gastrojejunal ulcer, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
534.6	Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
534.60	Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
534.61	Chronic or unspecified gastrojejunal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
535.01	Acute gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.11	Atrophic gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.21	Gastric mucosal hypertrophy with hemorrhage	ICD-9-CM	Diagnosis
535.31	Alcoholic gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.41	Other specified gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.51	Unspecified gastritis and gastroduodenitis with hemorrhage	ICD-9-CM	Diagnosis
535.61	Duodenitis with hemorrhage	ICD-9-CM	Diagnosis
537.83	Angiodysplasia of stomach and duodenum with hemorrhage	ICD-9-CM	Diagnosis
562.02	Diverticulosis of small intestine with hemorrhage	ICD-9-CM	Diagnosis
562.03	Diverticulitis of small intestine with hemorrhage	ICD-9-CM	Diagnosis
562.12	Diverticulosis of colon with hemorrhage	ICD-9-CM	Diagnosis
562.13	Diverticulitis of colon with hemorrhage	ICD-9-CM	Diagnosis
568.81	Hemoperitoneum (nontraumatic)	ICD-9-CM	Diagnosis
569.3	Hemorrhage of rectum and anus	ICD-9-CM	Diagnosis
569.85	Angiodysplasia of intestine with hemorrhage	ICD-9-CM	Diagnosis
578.0	Hematemesis	ICD-9-CM	Diagnosis
578.1	Blood in stool	ICD-9-CM	Diagnosis
578.9	Hemorrhage of gastrointestinal tract, unspecified	ICD-9-CM	Diagnosis
593.81	Vascular disorders of kidney	ICD-9-CM	Diagnosis
599.7	Hematuria	ICD-9-CM	Diagnosis
623.8	Other specified noninflammatory disorder of vagina	ICD-9-CM	Diagnosis
626.2	Excessive or frequent menstruation	ICD-9-CM	Diagnosis
626.6	Metrorrhagia	ICD-9-CM	Diagnosis
719.1	Hemarthrosis	ICD-9-CM	Diagnosis
719.10	Hemarthrosis, site unspecified	ICD-9-CM	Diagnosis
719.11	Hemarthrosis, shoulder region	ICD-9-CM	Diagnosis
719.12	Hemarthrosis, upper arm	ICD-9-CM	Diagnosis
719.13	Hemarthrosis, forearm	ICD-9-CM	Diagnosis
719.14	Hemarthrosis, hand	ICD-9-CM	Diagnosis
719.15	Hemarthrosis, pelvic region and thigh	ICD-9-CM	Diagnosis
719.16	Hemarthrosis, lower leg	ICD-9-CM	Diagnosis
719.17	Hemarthrosis, ankle and foot	ICD-9-CM	Diagnosis
719.18	Hemarthrosis, other specified site	ICD-9-CM	Diagnosis
719.19	Hemarthrosis, multiple sites	ICD-9-CM	Diagnosis
784.7	Epistaxis	ICD-9-CM	Diagnosis
784.8	Hemorrhage from throat	ICD-9-CM	Diagnosis
786.3	Hemoptysis	ICD-9-CM	Diagnosis
I31.2	Hemopericardium, not elsewhere classified	ICD-10-CM	Diagnosis
I85.01	Esophageal varices with bleeding	ICD-10-CM	Diagnosis
I85.11	Secondary esophageal varices with bleeding	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
K22.6	Gastro-esophageal laceration-hemorrhage syndrome	ICD-10-CM	Diagnosis
K22.8	Other specified diseases of esophagus	ICD-10-CM	Diagnosis
K25.0	Acute gastric ulcer with hemorrhage	ICD-10-CM	Diagnosis
K25.2	Acute gastric ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K25.4	Chronic or unspecified gastric ulcer with hemorrhage	ICD-10-CM	Diagnosis
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K26.0	Acute duodenal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K26.2	Acute duodenal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage	ICD-10-CM	Diagnosis
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage	ICD-10-CM	Diagnosis
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K28.0	Acute gastrojejunal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K29.01	Acute gastritis with bleeding	ICD-10-CM	Diagnosis
K29.21	Alcoholic gastritis with bleeding	ICD-10-CM	Diagnosis
K29.31	Chronic superficial gastritis with bleeding	ICD-10-CM	Diagnosis
K29.41	Chronic atrophic gastritis with bleeding	ICD-10-CM	Diagnosis
K29.51	Unspecified chronic gastritis with bleeding	ICD-10-CM	Diagnosis
K29.61	Other gastritis with bleeding	ICD-10-CM	Diagnosis
K29.71	Gastritis, unspecified, with bleeding	ICD-10-CM	Diagnosis
K29.81	Duodenitis with bleeding	ICD-10-CM	Diagnosis
K29.91	Gastroduodenitis, unspecified, with bleeding	ICD-10-CM	Diagnosis
K31.811	Angiodysplasia of stomach and duodenum with bleeding	ICD-10-CM	Diagnosis
K55.21	Angiodysplasia of colon with hemorrhage	ICD-10-CM	Diagnosis
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction	ICD-10-CM	Diagnosis
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.11	Diverticulosis of small intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleedir	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K62.5	Hemorrhage of anus and rectum	ICD-10-CM	Diagnosis
K64.0	First degree hemorrhoids	ICD-10-CM	Diagnosis
K64.1	Second degree hemorrhoids	ICD-10-CM	Diagnosis
K64.2	Third degree hemorrhoids	ICD-10-CM	Diagnosis
K64.3	Fourth degree hemorrhoids	ICD-10-CM	Diagnosis
K64.4	Residual hemorrhoidal skin tags	ICD-10-CM	Diagnosis
K64.8	Other hemorrhoids	ICD-10-CM	Diagnosis
K66.1	Hemoperitoneum	ICD-10-CM	Diagnosis
K92.0	Hematemesis	ICD-10-CM	Diagnosis
K92.1	Melena	ICD-10-CM	Diagnosis
K92.2	Gastrointestinal hemorrhage, unspecified	ICD-10-CM	Diagnosis
M25.00	Hemarthrosis, unspecified joint	ICD-10-CM	Diagnosis
M25.011	Hemarthrosis, right shoulder	ICD-10-CM	Diagnosis
M25.012	Hemarthrosis, left shoulder	ICD-10-CM	Diagnosis
M25.019	Hemarthrosis, unspecified shoulder	ICD-10-CM	Diagnosis
M25.021	Hemarthrosis, right elbow	ICD-10-CM	Diagnosis
M25.022	Hemarthrosis, left elbow	ICD-10-CM	Diagnosis
M25.029	Hemarthrosis, unspecified elbow	ICD-10-CM	Diagnosis
M25.031	Hemarthrosis, right wrist	ICD-10-CM	Diagnosis
M25.032	Hemarthrosis, left wrist	ICD-10-CM	Diagnosis
M25.039	Hemarthrosis, unspecified wrist	ICD-10-CM	Diagnosis
M25.041	Hemarthrosis, right hand	ICD-10-CM	Diagnosis
M25.042	Hemarthrosis, left hand	ICD-10-CM	Diagnosis
M25.049	Hemarthrosis, unspecified hand	ICD-10-CM	Diagnosis
M25.051	Hemarthrosis, right hip	ICD-10-CM	Diagnosis
M25.052	Hemarthrosis, left hip	ICD-10-CM	Diagnosis
M25.059	Hemarthrosis, unspecified hip	ICD-10-CM	Diagnosis
M25.061	Hemarthrosis, right knee	ICD-10-CM	Diagnosis
M25.062	Hemarthrosis, left knee	ICD-10-CM	Diagnosis
M25.069	Hemarthrosis, unspecified knee	ICD-10-CM	Diagnosis
M25.071	Hemarthrosis, right ankle	ICD-10-CM	Diagnosis
M25.072	Hemarthrosis, left ankle	ICD-10-CM	Diagnosis
M25.073	Hemarthrosis, unspecified ankle	ICD-10-CM	Diagnosis
M25.074	Hemarthrosis, right foot	ICD-10-CM	Diagnosis
M25.075	Hemarthrosis, left foot	ICD-10-CM	Diagnosis
M25.076	Hemarthrosis, unspecified foot	ICD-10-CM	Diagnosis
M25.08	Hemarthrosis, other specified site	ICD-10-CM	Diagnosis
N28.0	Ischemia and infarction of kidney	ICD-10-CM	Diagnosis
N89.8	Other specified noninflammatory disorders of vagina	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
N92.0	Excessive and frequent menstruation with regular cycle	ICD-10-CM	Diagnosis
N92.1	Excessive and frequent menstruation with irregular cycle	ICD-10-CM	Diagnosis
R04.0	Epistaxis	ICD-10-CM	Diagnosis
R04.1	Hemorrhage from throat	ICD-10-CM	Diagnosis
R58	Hemorrhage, not elsewhere classified	ICD-10-CM	Diagnosis
531.60	Chronic or unspecified gastric ulcer with hemorrhage and perforation	ICD-10-CM	Diagnosis
Major Extracranial Bleeding - List 2			
280.0	Iron deficiency anemia secondary to blood loss (chronic)	ICD-9-CM	Diagnosis
285.1	Acute posthemorrhagic anemia	ICD-9-CM	Diagnosis
285.9	Unspecified anemia	ICD-9-CM	Diagnosis
455.0	Internal hemorrhoids without mention of complication	ICD-9-CM	Diagnosis
455.1	Internal thrombosed hemorrhoids	ICD-9-CM	Diagnosis
455.2	Internal hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.3	External hemorrhoids without mention of complication	ICD-9-CM	Diagnosis
455.4	External thrombosed hemorrhoids	ICD-9-CM	Diagnosis
455.5	External hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.6	Unspecified hemorrhoids without mention of complication	ICD-9-CM	Diagnosis
455.7	Unspecified thrombosed hemorrhoids	ICD-9-CM	Diagnosis
455.8	Unspecified hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.9	Residual hemorrhoidal skin tags	ICD-9-CM	Diagnosis
530.1	Esophagitis	ICD-9-CM	Diagnosis
531.1	Acute gastric ulcer with perforation	ICD-9-CM	Diagnosis
531.3	Acute gastric ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
531.5	Chronic or unspecified gastric ulcer with perforation	ICD-9-CM	Diagnosis
531.7	Chronic gastric ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
531.9	Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.1	Acute duodenal ulcer with perforation	ICD-9-CM	Diagnosis
532.3	Acute duodenal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.5	Chronic or unspecified duodenal ulcer with perforation	ICD-9-CM	Diagnosis
532.7	Chronic duodenal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.9	Duodenal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
533.1	Acute peptic ulcer, unspecified site, with perforation	ICD-9-CM	Diagnosis
533.3	Acute peptic ulcer, unspecified site, without mention of hemorrhage and perforation	ICD-9-CM	Diagnosis
533.5	Chronic or unspecified peptic ulcer, unspecified site, with perforation	ICD-9-CM	Diagnosis
533.7	Chronic peptic ulcer, unspecified site, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
533.9	Peptic ulcer, unspecified site, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.1	Acute gastrojejunal ulcer with perforation	ICD-9-CM	Diagnosis
534.3	Acute gastrojejunal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.5	Chronic or unspecified gastrojejunal ulcer with perforation	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
534.7	Chronic gastrojejunal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.9	Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
535.00	Acute gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.10	Atrophic gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.20	Gastric mucosal hypertrophy without mention of hemorrhage	ICD-9-CM	Diagnosis
535.30	Alcoholic gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.40	Other specified gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.50	Unspecified gastritis and gastroduodenitis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.60	Duodenitis without mention of hemorrhage	ICD-9-CM	Diagnosis
562.00	Diverticulosis of small intestine (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.01	Diverticulitis of small intestine (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.10	Diverticulosis of colon (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.11	Diverticulitis of colon (without mention of hemorrhage)	ICD-9-CM	Diagnosis
790.92	Abnormal coagulation profile	ICD-9-CM	Diagnosis
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	ICD-10-CM	Diagnosis
D62	Acute posthemorrhagic anemia	ICD-10-CM	Diagnosis
D64.9	Anemia, unspecified	ICD-10-CM	Diagnosis
K29.00	Acute gastritis without bleeding	ICD-10-CM	Diagnosis
K29.20	Alcoholic gastritis without bleeding	ICD-10-CM	Diagnosis
K29.30	Chronic superficial gastritis without bleeding	ICD-10-CM	Diagnosis
K29.40	Chronic atrophic gastritis without bleeding	ICD-10-CM	Diagnosis
K29.50	Unspecified chronic gastritis without bleeding	ICD-10-CM	Diagnosis
K29.60	Other gastritis without bleeding	ICD-10-CM	Diagnosis
K29.70	Gastritis, unspecified, without bleeding	ICD-10-CM	Diagnosis
K29.80	Duodenitis without bleeding	ICD-10-CM	Diagnosis
K29.90	Gastroduodenitis, unspecified, without bleeding	ICD-10-CM	Diagnosis
K57.00	Diverticulitis of small intestine with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.10	Diverticulosis of small intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.12	Diverticulitis of small intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.20	Diverticulitis of large intestine with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.30	Diverticulosis of large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.32	Diverticulitis of large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.40	Diverticulitis of both small and large intestine with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.50	Diverticulosis of both small and large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.52	Diverticulitis of both small and large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.80	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
K57.90	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.92	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K64.0	First degree hemorrhoids	ICD-10-CM	Diagnosis
K64.1	Second degree hemorrhoids	ICD-10-CM	Diagnosis
K64.2	Third degree hemorrhoids	ICD-10-CM	Diagnosis
K64.3	Fourth degree hemorrhoids	ICD-10-CM	Diagnosis
K64.4	Residual hemorrhoidal skin tags	ICD-10-CM	Diagnosis
K64.5	Perianal venous thrombosis	ICD-10-CM	Diagnosis
K64.8	Other hemorrhoids	ICD-10-CM	Diagnosis
K64.9	Unspecified hemorrhoids	ICD-10-CM	Diagnosis
R79.1	Abnormal coagulation profile	ICD-10-CM	Diagnosis
Major Extracranial Bleeding			
62000	Elevation of depressed skull fracture; simple, extradural	CPT-4	Procedure
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	CPT-4	Procedure
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	CPT-4	Procedure
800	Fracture of vault of skull	ICD-9-CM	Diagnosis
800.0	Closed fracture of vault of skull without mention of intracranial injury	ICD-9-CM	Diagnosis
800.00	Closed fracture of vault of skull without mention of intracranial injury, unspecified state of consciousness	ICD-9-CM	Diagnosis
800.01	Closed fracture of vault of skull without mention of intracranial injury, no loss of consciousness	ICD-9-CM	Diagnosis
800.02	Closed fracture of vault of skull without mention of intracranial injury, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
800.03	Closed fracture of vault of skull without mention of intracranial injury, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.04	Closed fracture of vault of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.05	Closed fracture of vault of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.06	Closed fracture of vault of skull without mention of intracranial injury, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
800.09	Closed fracture of vault of skull without mention of intracranial injury, unspecified concussion	ICD-9-CM	Diagnosis
800.1	Closed fracture of vault of skull with cerebral laceration and contusion	ICD-9-CM	Diagnosis
800.10	Closed fracture of vault of skull with cerebral laceration and contusion, unspecified state of consciousness	ICD-9-CM	Diagnosis
800.11	Closed fracture of vault of skull with cerebral laceration and contusion, no loss of consciousness	ICD-9-CM	Diagnosis
800.12	Closed fracture of vault of skull with cerebral laceration and contusion, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
800.13	Closed fracture of vault of skull with cerebral laceration and contusion, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.14	Closed fracture of vault of skull with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.15	Closed fracture of vault of skull with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.16	Closed fracture of vault of skull with cerebral laceration and contusion, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
800.19	Closed fracture of vault of skull with cerebral laceration and contusion, unspecified concussion	ICD-9-CM	Diagnosis
800.2	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage	ICD-9-CM	Diagnosis
800.20	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
800.21	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
800.22	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
800.23	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.24	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.25	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.26	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
800.29	Closed fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
800.3	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
800.30	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
800.31	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
800.32	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
800.33	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.34	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
800.35	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.36	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
800.39	Closed fracture of vault of skull with other and unspecified intracranial hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
800.4	Closed fracture of vault of skull with intercranial injury of other and unspecified nature	ICD-9-CM	Diagnosis
800.40	Closed fracture of vault of skull with intracranial injury of other and unspecified nature, unspecified state of consciousness	ICD-9-CM	Diagnosis
800.41	Closed fracture of vault of skull with intracranial injury of other and unspecified nature, no loss of consciousness	ICD-9-CM	Diagnosis
800.42	Closed fracture of vault of skull with intracranial injury of other and unspecified nature, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
800.43	Closed fracture of vault of skull with intracranial injury of other and unspecified nature, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.44	Closed fracture of vault of skull with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.45	Closed fracture of vault of skull with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.46	Closed fracture of vault of skull with intracranial injury of other and unspecified nature, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
800.49	Closed fracture of vault of skull with intracranial injury of other and unspecified nature, unspecified concussion	ICD-9-CM	Diagnosis
800.5	Open fracture of vault of skull without mention of intracranial injury	ICD-9-CM	Diagnosis
800.50	Open fracture of vault of skull without mention of intracranial injury, unspecified state of consciousness	ICD-9-CM	Diagnosis
800.51	Open fracture of vault of skull without mention of intracranial injury, no loss of consciousness	ICD-9-CM	Diagnosis
800.52	Open fracture of vault of skull without mention of intracranial injury, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
800.53	Open fracture of vault of skull without mention of intracranial injury, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.54	Open fracture of vault of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.55	Open fracture of vault of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.56	Open fracture of vault of skull without mention of intracranial injury, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
800.59	Open fracture of vault of skull without mention of intracranial injury, unspecified concussion	ICD-9-CM	Diagnosis
800.6	Open fracture of vault of skull with cerebral laceration and contusion	ICD-9-CM	Diagnosis
800.60	Open fracture of vault of skull with cerebral laceration and contusion, unspecified state of consciousness	ICD-9-CM	Diagnosis
800.61	Open fracture of vault of skull with cerebral laceration and contusion, no loss of consciousness	ICD-9-CM	Diagnosis
800.62	Open fracture of vault of skull with cerebral laceration and contusion, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
800.63	Open fracture of vault of skull with cerebral laceration and contusion, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.64	Open fracture of vault of skull with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.65	Open fracture of vault of skull with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.66	Open fracture of vault of skull with cerebral laceration and contusion, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
800.69	Open fracture of vault of skull with cerebral laceration and contusion, unspecified concussion	ICD-9-CM	Diagnosis
800.7	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage	ICD-9-CM	Diagnosis
800.70	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
800.71	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
800.72	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
800.73	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.74	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.75	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.76	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
800.79	Open fracture of vault of skull with subarachnoid, subdural, and extradural hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
800.8	Open fracture of vault of skull with other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
800.80	Open fracture of vault of skull with other and unspecified intracranial hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
800.81	Open fracture of vault of skull with other and unspecified intracranial hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
800.82	Open fracture of vault of skull with other and unspecified intracranial hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
800.83	Open fracture of vault of skull with other and unspecified intracranial hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.84	Open fracture of vault of skull with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.85	Open fracture of vault of skull with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.86	Open fracture of vault of skull with other and unspecified intracranial hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
800.89	Open fracture of vault of skull with other and unspecified intracranial hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
800.9	Open fracture of vault of skull with intracranial injury of other and unspecified nature	ICD-9-CM	Diagnosis
800.90	Open fracture of vault of skull with intracranial injury of other and unspecified nature, unspecified state of consciousness	ICD-9-CM	Diagnosis
800.91	Open fracture of vault of skull with intracranial injury of other and unspecified nature, no loss of consciousness	ICD-9-CM	Diagnosis
800.92	Open fracture of vault of skull with intracranial injury of other and unspecified nature, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
800.93	Open fracture of vault of skull with intracranial injury of other and unspecified nature, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
800.94	Open fracture of vault of skull with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.95	Open fracture of vault of skull with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
800.96	Open fracture of vault of skull with intracranial injury of other and unspecified nature, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
800.99	Open fracture of vault of skull with intracranial injury of other and unspecified nature, unspecified concussion	ICD-9-CM	Diagnosis
801	Fracture of base of skull	ICD-9-CM	Diagnosis
801.0	Closed fracture of base of skull without mention of intracranial injury	ICD-9-CM	Diagnosis
801.00	Closed fracture of base of skull without mention of intracranial injury, unspecified state of consciousness	ICD-9-CM	Diagnosis
801.01	Closed fracture of base of skull without mention of intracranial injury, no loss of consciousness	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
801.02	Closed fracture of base of skull without mention of intracranial injury, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
801.03	Closed fracture of base of skull without mention of intracranial injury, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.04	Closed fracture of base of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.05	Closed fracture of base of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.06	Closed fracture of base of skull without mention of intracranial injury, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.09	Closed fracture of base of skull without mention of intracranial injury, unspecified concussion	ICD-9-CM	Diagnosis
801.1	Closed fracture of base of skull with cerebral laceration and contusion	ICD-9-CM	Diagnosis
801.10	Closed fracture of base of skull with cerebral laceration and contusion, unspecified state of consciousness	ICD-9-CM	Diagnosis
801.11	Closed fracture of base of skull with cerebral laceration and contusion, no loss of consciousness	ICD-9-CM	Diagnosis
801.12	Closed fracture of base of skull with cerebral laceration and contusion, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
801.13	Closed fracture of base of skull with cerebral laceration and contusion, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.14	Closed fracture of base of skull with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.15	Closed fracture of base of skull with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.16	Closed fracture of base of skull with cerebral laceration and contusion, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.19	Closed fracture of base of skull with cerebral laceration and contusion, unspecified concussion	ICD-9-CM	Diagnosis
801.2	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage	ICD-9-CM	Diagnosis
801.20	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
801.21	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
801.22	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
801.23	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.24	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
801.25	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.26	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.29	Closed fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
801.3	Closed fracture of base of skull with other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
801.30	Closed fracture of base of skull with other and unspecified intracranial hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
801.31	Closed fracture of base of skull with other and unspecified intracranial hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
801.32	Closed fracture of base of skull with other and unspecified intracranial hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
801.33	Closed fracture of base of skull with other and unspecified intracranial hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.34	Closed fracture of base of skull with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.35	Closed fracture of base of skull with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.36	Closed fracture of base of skull with other and unspecified intracranial hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.39	Closed fracture of base of skull with other and unspecified intracranial hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
801.4	Closed fracture of base of skull with intracranial injury of other and unspecified nature	ICD-9-CM	Diagnosis
801.40	Closed fracture of base of skull with intracranial injury of other and unspecified nature, unspecified state of consciousness	ICD-9-CM	Diagnosis
801.41	Closed fracture of base of skull with intracranial injury of other and unspecified nature, no loss of consciousness	ICD-9-CM	Diagnosis
801.42	Closed fracture of base of skull with intracranial injury of other and unspecified nature, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
801.43	Closed fracture of base of skull with intracranial injury of other and unspecified nature, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.44	Closed fracture of base of skull with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.45	Closed fracture of base of skull with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
801.46	Closed fracture of base of skull with intracranial injury of other and unspecified nature, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.49	Closed fracture of base of skull with intracranial injury of other and unspecified nature, unspecified concussion	ICD-9-CM	Diagnosis
801.5	Open fracture of base of skull without mention of intracranial injury	ICD-9-CM	Diagnosis
801.50	Open fracture of base of skull without mention of intracranial injury, unspecified state of consciousness	ICD-9-CM	Diagnosis
801.51	Open fracture of base of skull without mention of intracranial injury, no loss of consciousness	ICD-9-CM	Diagnosis
801.52	Open fracture of base of skull without mention of intracranial injury, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
801.53	Open fracture of base of skull without mention of intracranial injury, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.54	Open fracture of base of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.55	Open fracture of base of skull without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.56	Open fracture of base of skull without mention of intracranial injury, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.59	Open fracture of base of skull without mention of intracranial injury, unspecified concussion	ICD-9-CM	Diagnosis
801.6	Open fracture of base of skull with cerebral laceration and contusion	ICD-9-CM	Diagnosis
801.60	Open fracture of base of skull with cerebral laceration and contusion, unspecified state of consciousness	ICD-9-CM	Diagnosis
801.61	Open fracture of base of skull with cerebral laceration and contusion, no loss of consciousness	ICD-9-CM	Diagnosis
801.62	Open fracture of base of skull with cerebral laceration and contusion, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
801.63	Open fracture of base of skull with cerebral laceration and contusion, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.64	Open fracture of base of skull with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.65	Open fracture of base of skull with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.66	Open fracture of base of skull with cerebral laceration and contusion, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.69	Open fracture of base of skull with cerebral laceration and contusion, unspecified concussion	ICD-9-CM	Diagnosis
801.7	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage	ICD-9-CM	Diagnosis
801.70	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
801.71	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
801.72	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
801.73	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.74	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.75	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.76	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.79	Open fracture of base of skull with subarachnoid, subdural, and extradural hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
801.8	Open fracture of base of skull with other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
801.80	Open fracture of base of skull with other and unspecified intracranial hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
801.81	Open fracture of base of skull with other and unspecified intracranial hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
801.82	Open fracture of base of skull with other and unspecified intracranial hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
801.83	Open fracture of base of skull with other and unspecified intracranial hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.84	Open fracture of base of skull with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.85	Open fracture of base of skull with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.86	Open fracture of base of skull with other and unspecified intracranial hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.89	Open fracture of base of skull with other and unspecified intracranial hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
801.9	Open fracture of base of skull with intracranial injury of other and unspecified nature	ICD-9-CM	Diagnosis
801.90	Open fracture of base of skull with intracranial injury of other and unspecified nature, unspecified state of consciousness	ICD-9-CM	Diagnosis
801.91	Open fracture of base of skull with intracranial injury of other and unspecified nature, no loss of consciousness	ICD-9-CM	Diagnosis
801.92	Open fracture of base of skull with intracranial injury of other and unspecified nature, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
801.93	Open fracture of base of skull with intracranial injury of other and unspecified nature, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
801.94	Open fracture of base of skull with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.95	Open fracture of base of skull with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
801.96	Open fracture of base of skull with intracranial injury of other and unspecified nature, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
801.99	Open fracture of base of skull with intracranial injury of other and unspecified nature, unspecified concussion	ICD-9-CM	Diagnosis
802	Fracture of face bones	ICD-9-CM	Diagnosis
802.0	Nasal bones, closed fracture	ICD-9-CM	Diagnosis
802.1	Nasal bones, open fracture	ICD-9-CM	Diagnosis
802.2	Mandible, closed fracture	ICD-9-CM	Diagnosis
802.20	Closed fracture of unspecified site of mandible	ICD-9-CM	Diagnosis
802.21	Closed fracture of condylar process of mandible	ICD-9-CM	Diagnosis
802.22	Closed fracture of subcondylar process of mandible	ICD-9-CM	Diagnosis
802.23	Closed fracture of coronoid process of mandible	ICD-9-CM	Diagnosis
802.24	Closed fracture of unspecified part of ramus of mandible	ICD-9-CM	Diagnosis
802.25	Closed fracture of angle of jaw	ICD-9-CM	Diagnosis
802.26	Closed fracture of symphysis of body of mandible	ICD-9-CM	Diagnosis
802.27	Closed fracture of alveolar border of body of mandible	ICD-9-CM	Diagnosis
802.28	Closed fracture of other and unspecified part of body of mandible	ICD-9-CM	Diagnosis
802.29	Closed fracture of multiple sites of mandible	ICD-9-CM	Diagnosis
802.3	Mandible, open fracture	ICD-9-CM	Diagnosis
802.30	Open fracture of unspecified site of mandible	ICD-9-CM	Diagnosis
802.31	Open fracture of condylar process of mandible	ICD-9-CM	Diagnosis
802.32	Open fracture of subcondylar process of mandible	ICD-9-CM	Diagnosis
802.33	Open fracture of coronoid process of mandible	ICD-9-CM	Diagnosis
802.34	Open fracture of unspecified part of ramus of mandible	ICD-9-CM	Diagnosis
802.35	Open fracture of angle of jaw	ICD-9-CM	Diagnosis
802.36	Open fracture of symphysis of body of mandible	ICD-9-CM	Diagnosis
802.37	Open fracture of alveolar border of body of mandible	ICD-9-CM	Diagnosis
802.38	Open fracture of other and unspecified part of body of mandible	ICD-9-CM	Diagnosis
802.39	Open fracture of multiple sites of mandible	ICD-9-CM	Diagnosis
802.4	Malar and maxillary bones, closed fracture	ICD-9-CM	Diagnosis
802.5	Malar and maxillary bones, open fracture	ICD-9-CM	Diagnosis
802.6	Orbital floor (blow-out), closed fracture	ICD-9-CM	Diagnosis
802.7	Orbital floor (blow-out), open fracture	ICD-9-CM	Diagnosis
802.8	Other facial bones, closed fracture	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
802.9	Other facial bones, open fracture	ICD-9-CM	Diagnosis
803	Other and unqualified skull fractures	ICD-9-CM	Diagnosis
803.0	Other closed skull fracture without mention of intracranial injury	ICD-9-CM	Diagnosis
803.00	Other closed skull fracture without mention of intracranial injury, unspecified state of consciousness	ICD-9-CM	Diagnosis
803.01	Other closed skull fracture without mention of intracranial injury, no loss of consciousness	ICD-9-CM	Diagnosis
803.02	Other closed skull fracture without mention of intracranial injury, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.03	Other closed skull fracture without mention of intracranial injury, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
803.04	Other closed skull fracture without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.05	Other closed skull fracture without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.06	Other closed skull fracture without mention of intracranial injury, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.09	Other closed skull fracture without mention of intracranial injury, unspecified concussion	ICD-9-CM	Diagnosis
803.1	Other closed skull fracture with cerebral laceration and contusion	ICD-9-CM	Diagnosis
803.10	Other closed skull fracture with cerebral laceration and contusion, unspecified state of consciousness	ICD-9-CM	Diagnosis
803.11	Other closed skull fracture with cerebral laceration and contusion, no loss of consciousness	ICD-9-CM	Diagnosis
803.12	Other closed skull fracture with cerebral laceration and contusion, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.13	Other closed skull fracture with cerebral laceration and contusion, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
803.14	Other closed skull fracture with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.15	Other closed skull fracture with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.16	Other closed skull fracture with cerebral laceration and contusion, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.19	Other closed skull fracture with cerebral laceration and contusion, unspecified concussion	ICD-9-CM	Diagnosis
803.2	Other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage	ICD-9-CM	Diagnosis
803.20	Other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
803.21	Other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
803.22	Other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.23	Other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
803.24	Other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.25	Other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.26	Other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.29	Other closed skull fracture with subarachnoid, subdural, and extradural hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
803.3	Closed skull fracture with other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
803.30	Other closed skull fracture with other and unspecified intracranial hemorrhage, unspecified state of unconsciousness	ICD-9-CM	Diagnosis
803.31	Other closed skull fracture with other and unspecified intracranial hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
803.32	Other closed skull fracture with other and unspecified intracranial hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.33	Other closed skull fracture with other and unspecified intracranial hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
803.34	Other closed skull fracture with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.35	Other closed skull fracture with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.36	Other closed skull fracture with other and unspecified intracranial hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.39	Other closed skull fracture with other and unspecified intracranial hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
803.4	Other closed skull fracture with intracranial injury of other and unspecified nature	ICD-9-CM	Diagnosis
803.40	Other closed skull fracture with intracranial injury of other and unspecified nature, unspecified state of consciousness	ICD-9-CM	Diagnosis
803.41	Other closed skull fracture with intracranial injury of other and unspecified nature, no loss of consciousness	ICD-9-CM	Diagnosis
803.42	Other closed skull fracture with intracranial injury of other and unspecified nature, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.43	Other closed skull fracture with intracranial injury of other and unspecified nature, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
803.44	Other closed skull fracture with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.45	Other closed skull fracture with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.46	Other closed skull fracture with intracranial injury of other and unspecified nature, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.49	Other closed skull fracture with intracranial injury of other and unspecified nature, unspecified concussion	ICD-9-CM	Diagnosis
803.5	Other open skull fracture without mention of intracranial injury	ICD-9-CM	Diagnosis
803.50	Other open skull fracture without mention of injury, state of consciousness unspecified	ICD-9-CM	Diagnosis
803.51	Other open skull fracture without mention of intracranial injury, no loss of consciousness	ICD-9-CM	Diagnosis
803.52	Other open skull fracture without mention of intracranial injury, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.53	Other open skull fracture without mention of intracranial injury, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
803.54	Other open skull fracture without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.55	Other open skull fracture without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.56	Other open skull fracture without mention of intracranial injury, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.59	Other open skull fracture without mention of intracranial injury, unspecified concussion	ICD-9-CM	Diagnosis
803.6	Other open skull fracture with cerebral laceration and contusion	ICD-9-CM	Diagnosis
803.60	Other open skull fracture with cerebral laceration and contusion, unspecified state of consciousness	ICD-9-CM	Diagnosis
803.61	Other open skull fracture with cerebral laceration and contusion, no loss of consciousness	ICD-9-CM	Diagnosis
803.62	Other open skull fracture with cerebral laceration and contusion, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.63	Other open skull fracture with cerebral laceration and contusion, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
803.64	Other open skull fracture with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.65	Other open skull fracture with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.66	Other open skull fracture with cerebral laceration and contusion, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.69	Other open skull fracture with cerebral laceration and contusion, unspecified concussion	ICD-9-CM	Diagnosis
803.7	Other open skull fracture with subarachnoid, subdural, and extradural hemorrhage	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
803.70	Other open skull fracture with subarachnoid, subdural, and extradural hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
803.71	Other open skull fracture with subarachnoid, subdural, and extradural hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
803.72	Other open skull fracture with subarachnoid, subdural, and extradural hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.73	Other open skull fracture with subarachnoid, subdural, and extradural hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
803.74	Other open skull fracture with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.75	Other open skull fracture with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.76	Other open skull fracture with subarachnoid, subdural, and extradural hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.79	Other open skull fracture with subarachnoid, subdural, and extradural hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
803.8	Other open skull fracture with other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
803.80	Other open skull fracture with other and unspecified intracranial hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
803.81	Other open skull fracture with other and unspecified intracranial hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
803.82	Other open skull fracture with other and unspecified intracranial hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.83	Other open skull fracture with other and unspecified intracranial hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
803.84	Other open skull fracture with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.85	Other open skull fracture with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.86	Other open skull fracture with other and unspecified intracranial hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.89	Other open skull fracture with other and unspecified intracranial hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
803.9	Other open skull fracture with intracranial injury of other and unspecified nature	ICD-9-CM	Diagnosis
803.90	Other open skull fracture with intracranial injury of other and unspecified nature, unspecified state of consciousness	ICD-9-CM	Diagnosis
803.91	Other open skull fracture with intracranial injury of other and unspecified nature, no loss of consciousness	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
803.92	Other open skull fracture with intracranial injury of other and unspecified nature, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
803.93	Other open skull fracture with intracranial injury of other and unspecified nature, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
803.94	Other open skull fracture with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.95	Other open skull fracture with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
803.96	Other open skull fracture with intracranial injury of other and unspecified nature, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
803.99	Other open skull fracture with intracranial injury of other and unspecified nature, unspecified concussion	ICD-9-CM	Diagnosis
804	Multiple fractures involving skull or face with other bones	ICD-9-CM	Diagnosis
804.0	Closed fractures involving skull or face with other bones, without mention of intracranial injury	ICD-9-CM	Diagnosis
804.00	Closed fractures involving skull or face with other bones, without mention of intracranial injury, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.01	Closed fractures involving skull or face with other bones, without mention of intracranial injury, no loss of consciousness	ICD-9-CM	Diagnosis
804.02	Closed fractures involving skull or face with other bones, without mention of intracranial injury, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
804.03	Closed fractures involving skull or face with other bones, without mention of intracranial injury, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
804.04	Closed fractures involving skull or face with other bones, without mention or intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.05	Closed fractures involving skull of face with other bones, without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.06	Closed fractures involving skull of face with other bones, without mention of intracranial injury, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.09	Closed fractures involving skull of face with other bones, without mention of intracranial injury, unspecified concussion	ICD-9-CM	Diagnosis
804.1	Closed fractures involving skull or face with other bones, with cerebral laceration and contusion	ICD-9-CM	Diagnosis
804.10	Closed fractures involving skull or face with other bones, with cerebral laceration and contusion, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.11	Closed fractures involving skull or face with other bones, with cerebral laceration and contusion, no loss of consciousness	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
804.12	Closed fractures involving skull or face with other bones, with cerebral laceration and contusion, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
804.13	Closed fractures involving skull or face with other bones, with cerebral laceration and contusion, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
804.14	Closed fractures involving skull or face with other bones, with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.15	Closed fractures involving skull or face with other bones, with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.16	Closed fractures involving skull or face with other bones, with cerebral laceration and contusion, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.19	Closed fractures involving skull or face with other bones, with cerebral laceration and contusion, unspecified concussion	ICD-9-CM	Diagnosis
804.2	Closed fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage	ICD-9-CM	Diagnosis
804.20	Closed fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.21	Closed fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
804.22	Closed fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
804.23	Closed fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
804.24	Closed fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.25	Closed fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.26	Closed fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.29	Closed fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
804.3	Closed fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
804.30	Closed fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.31	Closed fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
804.32	Closed fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
804.33	Closed fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
804.34	Closed fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to preexisting conscious level	ICD-9-CM	Diagnosis
804.35	Closed fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.36	Closed fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.39	Closed fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
804.4	Closed fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature	ICD-9-CM	Diagnosis
804.40	Closed fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.41	Closed fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, no loss of consciousness	ICD-9-CM	Diagnosis
804.42	Closed fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
804.43	Closed fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
804.44	Closed fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.45	Closed fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.46	Closed fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.49	Closed fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, unspecified concussion	ICD-9-CM	Diagnosis
804.5	Open fractures involving skull or face with other bones, without mention of intracranial injury	ICD-9-CM	Diagnosis
804.50	Open fractures involving skull or face with other bones, without mention of intracranial injury, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.51	Open fractures involving skull or face with other bones, without mention of intracranial injury, no loss of consciousness	ICD-9-CM	Diagnosis
804.52	Open fractures involving skull or face with other bones, without mention of intracranial injury, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
804.53	Open fractures involving skull or face with other bones, without mention of intracranial injury, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
804.54	Open fractures involving skull or face with other bones, without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.55	Open fractures involving skull or face with other bones, without mention of intracranial injury, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.56	Open fractures involving skull or face with other bones, without mention of intracranial injury, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.59	Open fractures involving skull or face with other bones, without mention of intracranial injury, unspecified concussion	ICD-9-CM	Diagnosis
804.6	Open fractures involving skull or face with other bones, with cerebral laceration and contusion	ICD-9-CM	Diagnosis
804.60	Open fractures involving skull or face with other bones, with cerebral laceration and contusion, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.61	Open fractures involving skull or face with other bones, with cerebral laceration and contusion, no loss of consciousness	ICD-9-CM	Diagnosis
804.62	Open fractures involving skull or face with other bones, with cerebral laceration and contusion, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
804.63	Open fractures involving skull or face with other bones, with cerebral laceration and contusion, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
804.64	Open fractures involving skull or face with other bones, with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.65	Open fractures involving skull or face with other bones, with cerebral laceration and contusion, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.66	Open fractures involving skull or face with other bones, with cerebral laceration and contusion, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.69	Open fractures involving skull or face with other bones, with cerebral laceration and contusion, unspecified concussion	ICD-9-CM	Diagnosis
804.7	Open fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage	ICD-9-CM	Diagnosis
804.70	Open fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.71	Open fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
804.72	Open fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
804.73	Open fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
804.74	Open fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.75	Open fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.76	Open fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.79	Open fractures involving skull or face with other bones with subarachnoid, subdural, and extradural hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
804.8	Open fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
804.80	Open fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.81	Open fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, no loss of consciousness	ICD-9-CM	Diagnosis
804.82	Open fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
804.83	Open fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
804.84	Open fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.85	Open fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.86	Open fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.89	Open fractures involving skull or face with other bones, with other and unspecified intracranial hemorrhage, unspecified concussion	ICD-9-CM	Diagnosis
804.9	Open fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature	ICD-9-CM	Diagnosis
804.90	Open fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, unspecified state of consciousness	ICD-9-CM	Diagnosis
804.91	Open fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, no loss of consciousness	ICD-9-CM	Diagnosis
804.92	Open fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
804.93	Open fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
804.94	Open fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
804.95	Open fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing level	ICD-9-CM	Diagnosis
804.96	Open fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
804.99	Open fractures involving skull or face with other bones, with intracranial injury of other and unspecified nature, unspecified concussion	ICD-9-CM	Diagnosis
805	Fracture of vertebral column without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.0	Closed fracture of cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.00	Closed fracture of cervical vertebra, unspecified level without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.01	Closed fracture of first cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.02	Closed fracture of second cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.03	Closed fracture of third cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.04	Closed fracture of fourth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.05	Closed fracture of fifth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.06	Closed fracture of sixth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.07	Closed fracture of seventh cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.08	Closed fracture of multiple cervical vertebrae without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.1	Open fracture of cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.10	Open fracture of cervical vertebra, unspecified level without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.11	Open fracture of first cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.12	Open fracture of second cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.13	Open fracture of third cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.14	Open fracture of fourth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.15	Open fracture of fifth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.16	Open fracture of sixth cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.17	Open fracture of seventh cervical vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.18	Open fracture of multiple cervical vertebrae without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.2	Closed fracture of dorsal (thoracic) vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.3	Open fracture of dorsal (thoracic) vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.4	Closed fracture of lumbar vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.5	Open fracture of lumbar vertebra without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.6	Closed fracture of sacrum and coccyx without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	ICD-9-CM	Diagnosis
805.8	Closed fracture of unspecified part of vertebral column without mention of spinal cord injury	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
805.9	Open fracture of unspecified part of vertebral column without mention of spinal cord injury	ICD-9-CM	Diagnosis
806	Fracture of vertebral column with spinal cord injury	ICD-9-CM	Diagnosis
806.0	Closed fracture of cervical vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.01	Closed fracture of C1-C4 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.03	Closed fracture of C1-C4 level with central cord syndrome	ICD-9-CM	Diagnosis
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.06	Closed fracture of C5-C7 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.08	Closed fracture of C5-C7 level with central cord syndrome	ICD-9-CM	Diagnosis
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.1	Open fracture of cervical vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.11	Open fracture of C1-C4 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.12	Open fracture of C1-C4 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.13	Open fracture of C1-C4 level with central cord syndrome	ICD-9-CM	Diagnosis
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.16	Open fracture of C5-C7 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.17	Open fracture of C5-C7 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.18	Open fracture of C5-C7 level with central cord syndrome	ICD-9-CM	Diagnosis
806.19	Open fracture of C5-C7 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.2	Closed fracture of dorsal (thoracic) vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.20	Closed fracture of T1-T6 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.21	Closed fracture of T1-T6 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.22	Closed fracture of T1-T6 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.23	Closed fracture of T1-T6 level with central cord syndrome	ICD-9-CM	Diagnosis
806.24	Closed fracture of T1-T6 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.25	Closed fracture of T7-T12 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.26	Closed fracture of T7-T12 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.27	Closed fracture of T7-T12 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.28	Closed fracture of T7-T12 level with central cord syndrome	ICD-9-CM	Diagnosis
806.29	Closed fracture of T7-T12 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.3	Open fracture of dorsal vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.30	Open fracture of T1-T6 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.31	Open fracture of T1-T6 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.32	Open fracture of T1-T6 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.33	Open fracture of T1-T6 level with central cord syndrome	ICD-9-CM	Diagnosis
806.34	Open fracture of T1-T6 level with other specified spinal cord injury	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
806.35	Open fracture of T7-T12 level with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.36	Open fracture of T7-T12 level with complete lesion of cord	ICD-9-CM	Diagnosis
806.37	Open fracture of T7-T12 level with anterior cord syndrome	ICD-9-CM	Diagnosis
806.38	Open fracture of T7-T12 level with central cord syndrome	ICD-9-CM	Diagnosis
806.39	Open fracture of T7-T12 level with other specified spinal cord injury	ICD-9-CM	Diagnosis
806.4	Closed fracture of lumbar spine with spinal cord injury	ICD-9-CM	Diagnosis
806.5	Open fracture of lumbar spine with spinal cord injury	ICD-9-CM	Diagnosis
806.6	Closed fracture of sacrum and coccyx with spinal cord injury	ICD-9-CM	Diagnosis
806.60	Closed fracture of sacrum and coccyx with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.61	Closed fracture of sacrum and coccyx with complete cauda equina lesion	ICD-9-CM	Diagnosis
806.62	Closed fracture of sacrum and coccyx with other cauda equina injury	ICD-9-CM	Diagnosis
806.69	Closed fracture of sacrum and coccyx with other spinal cord injury	ICD-9-CM	Diagnosis
806.7	Open fracture of sacrum and coccyx with spinal cord injury	ICD-9-CM	Diagnosis
806.70	Open fracture of sacrum and coccyx with unspecified spinal cord injury	ICD-9-CM	Diagnosis
806.71	Open fracture of sacrum and coccyx with complete cauda equina lesion	ICD-9-CM	Diagnosis
806.72	Open fracture of sacrum and coccyx with other cauda equina injury	ICD-9-CM	Diagnosis
806.79	Open fracture of sacrum and coccyx with other spinal cord injury	ICD-9-CM	Diagnosis
806.8	Closed fracture of unspecified vertebra with spinal cord injury	ICD-9-CM	Diagnosis
806.9	Open fracture of unspecified vertebra with spinal cord injury	ICD-9-CM	Diagnosis
807	Fracture of rib(s), sternum, larynx, and trachea	ICD-9-CM	Diagnosis
807.0	Closed fracture of rib(s)	ICD-9-CM	Diagnosis
807.00	Closed fracture of rib(s), unspecified	ICD-9-CM	Diagnosis
807.01	Closed fracture of one rib	ICD-9-CM	Diagnosis
807.02	Closed fracture of two ribs	ICD-9-CM	Diagnosis
807.03	Closed fracture of three ribs	ICD-9-CM	Diagnosis
807.04	Closed fracture of four ribs	ICD-9-CM	Diagnosis
807.05	Closed fracture of five ribs	ICD-9-CM	Diagnosis
807.06	Closed fracture of six ribs	ICD-9-CM	Diagnosis
807.07	Closed fracture of seven ribs	ICD-9-CM	Diagnosis
807.08	Closed fracture of eight or more ribs	ICD-9-CM	Diagnosis
807.09	Closed fracture of multiple ribs, unspecified	ICD-9-CM	Diagnosis
807.1	Open fracture of rib(s)	ICD-9-CM	Diagnosis
807.10	Open fracture of rib(s), unspecified	ICD-9-CM	Diagnosis
807.11	Open fracture of one rib	ICD-9-CM	Diagnosis
807.12	Open fracture of two ribs	ICD-9-CM	Diagnosis
807.13	Open fracture of three ribs	ICD-9-CM	Diagnosis
807.14	Open fracture of four ribs	ICD-9-CM	Diagnosis
807.15	Open fracture of five ribs	ICD-9-CM	Diagnosis
807.16	Open fracture of six ribs	ICD-9-CM	Diagnosis
807.17	Open fracture of seven ribs	ICD-9-CM	Diagnosis
807.18	Open fracture of eight or more ribs	ICD-9-CM	Diagnosis
807.19	Open fracture of multiple ribs, unspecified	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
807.2	Closed fracture of sternum	ICD-9-CM	Diagnosis
807.3	Open fracture of sternum	ICD-9-CM	Diagnosis
807.4	Flail chest	ICD-9-CM	Diagnosis
807.5	Closed fracture of larynx and trachea	ICD-9-CM	Diagnosis
807.6	Open fracture of larynx and trachea	ICD-9-CM	Diagnosis
808	Fracture of pelvis	ICD-9-CM	Diagnosis
808.0	Closed fracture of acetabulum	ICD-9-CM	Diagnosis
808.1	Open fracture of acetabulum	ICD-9-CM	Diagnosis
808.2	Closed fracture of pubis	ICD-9-CM	Diagnosis
808.3	Open fracture of pubis	ICD-9-CM	Diagnosis
808.4	Closed fracture of other specified part of pelvis	ICD-9-CM	Diagnosis
808.41	Closed fracture of ilium	ICD-9-CM	Diagnosis
808.42	Closed fracture of ischium	ICD-9-CM	Diagnosis
808.43	Multiple closed pelvic fractures with disruption of pelvic circle	ICD-9-CM	Diagnosis
808.44	Multiple closed pelvic fractures without disruption of pelvic circle	ICD-9-CM	Diagnosis
808.49	Closed fracture of other specified part of pelvis	ICD-9-CM	Diagnosis
808.5	Open fracture of other specified part of pelvis	ICD-9-CM	Diagnosis
808.51	Open fracture of ilium	ICD-9-CM	Diagnosis
808.52	Open fracture of ischium	ICD-9-CM	Diagnosis
808.53	Multiple open pelvic fractures with disruption of pelvic circle	ICD-9-CM	Diagnosis
808.54	Multiple open pelvic fractures without disruption of pelvic circle	ICD-9-CM	Diagnosis
808.59	Open fracture of other specified part of pelvis	ICD-9-CM	Diagnosis
808.8	Unspecified closed fracture of pelvis	ICD-9-CM	Diagnosis
808.9	Unspecified open fracture of pelvis	ICD-9-CM	Diagnosis
809	Ill-defined fractures of bones of trunk	ICD-9-CM	Diagnosis
809.0	Fracture of bones of trunk, closed	ICD-9-CM	Diagnosis
809.1	Fracture of bones of trunk, open	ICD-9-CM	Diagnosis
810	Fracture of clavicle	ICD-9-CM	Diagnosis
810.0	Closed fracture of clavicle	ICD-9-CM	Diagnosis
810.00	Unspecified part of closed fracture of clavicle	ICD-9-CM	Diagnosis
810.01	Closed fracture of sternal end of clavicle	ICD-9-CM	Diagnosis
810.02	Closed fracture of shaft of clavicle	ICD-9-CM	Diagnosis
810.03	Closed fracture of acromial end of clavicle	ICD-9-CM	Diagnosis
810.1	Open fracture of clavicle	ICD-9-CM	Diagnosis
810.10	Unspecified part of open fracture of clavicle	ICD-9-CM	Diagnosis
810.11	Open fracture of sternal end of clavicle	ICD-9-CM	Diagnosis
810.12	Open fracture of shaft of clavicle	ICD-9-CM	Diagnosis
810.13	Open fracture of acromial end of clavicle	ICD-9-CM	Diagnosis
811	Fracture of scapula	ICD-9-CM	Diagnosis
811.0	Closed fracture of scapula	ICD-9-CM	Diagnosis
811.00	Closed fracture of unspecified part of scapula	ICD-9-CM	Diagnosis
811.01	Closed fracture of acromial process of scapula	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
811.02	Closed fracture of coracoid process of scapula	ICD-9-CM	Diagnosis
811.03	Closed fracture of glenoid cavity and neck of scapula	ICD-9-CM	Diagnosis
811.09	Closed fracture of other part of scapula	ICD-9-CM	Diagnosis
811.1	Open fracture of scapula	ICD-9-CM	Diagnosis
811.10	Open fracture of unspecified part of scapula	ICD-9-CM	Diagnosis
811.11	Open fracture of acromial process of scapula	ICD-9-CM	Diagnosis
811.12	Open fracture of coracoid process	ICD-9-CM	Diagnosis
811.13	Open fracture of glenoid cavity and neck of scapula	ICD-9-CM	Diagnosis
811.19	Open fracture of other part of scapula	ICD-9-CM	Diagnosis
812	Fracture of humerus	ICD-9-CM	Diagnosis
812.0	Closed fracture of upper end of humerus	ICD-9-CM	Diagnosis
812.00	Closed fracture of unspecified part of upper end of humerus	ICD-9-CM	Diagnosis
812.01	Closed fracture of surgical neck of humerus	ICD-9-CM	Diagnosis
812.02	Closed fracture of anatomical neck of humerus	ICD-9-CM	Diagnosis
812.03	Closed fracture of greater tuberosity of humerus	ICD-9-CM	Diagnosis
812.09	Other closed fractures of upper end of humerus	ICD-9-CM	Diagnosis
812.1	Open fracture of upper end of humerus	ICD-9-CM	Diagnosis
812.10	Open fracture of unspecified part of upper end of humerus	ICD-9-CM	Diagnosis
812.11	Open fracture of surgical neck of humerus	ICD-9-CM	Diagnosis
812.12	Open fracture of anatomical neck of humerus	ICD-9-CM	Diagnosis
812.13	Open fracture of greater tuberosity of humerus	ICD-9-CM	Diagnosis
812.19	Other open fracture of upper end of humerus	ICD-9-CM	Diagnosis
812.2	Closed fracture of shaft or unspecified part of humerus	ICD-9-CM	Diagnosis
812.20	Closed fracture of unspecified part of humerus	ICD-9-CM	Diagnosis
812.21	Closed fracture of shaft of humerus	ICD-9-CM	Diagnosis
812.3	Open fracture of shaft or unspecified part of humerus	ICD-9-CM	Diagnosis
812.30	Open fracture of unspecified part of humerus	ICD-9-CM	Diagnosis
812.31	Open fracture of shaft of humerus	ICD-9-CM	Diagnosis
812.4	Closed fracture of lower end of humerus	ICD-9-CM	Diagnosis
812.40	Closed fracture of unspecified part of lower end of humerus	ICD-9-CM	Diagnosis
812.41	Closed fracture of supracondylar humerus	ICD-9-CM	Diagnosis
812.42	Closed fracture of lateral condyle of humerus	ICD-9-CM	Diagnosis
812.43	Closed fracture of medial condyle of humerus	ICD-9-CM	Diagnosis
812.44	Closed fracture of unspecified condyle(s) of humerus	ICD-9-CM	Diagnosis
812.49	Other closed fracture of lower end of humerus	ICD-9-CM	Diagnosis
812.5	Open fracture of lower end of humerus	ICD-9-CM	Diagnosis
812.50	Open fracture of unspecified part of lower end of humerus	ICD-9-CM	Diagnosis
812.51	Open fracture of supracondylar humerus	ICD-9-CM	Diagnosis
812.52	Open fracture of lateral condyle of humerus	ICD-9-CM	Diagnosis
812.53	Open fracture of medial condyle of humerus	ICD-9-CM	Diagnosis
812.54	Open fracture of unspecified condyle(s) of humerus	ICD-9-CM	Diagnosis
812.59	Other open fracture of lower end of humerus	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
813	Fracture of radius and ulna	ICD-9-CM	Diagnosis
813.0	Closed fracture of upper end of radius and ulna	ICD-9-CM	Diagnosis
813.00	Unspecified fracture of radius and ulna, upper end of forearm, closed	ICD-9-CM	Diagnosis
813.01	Closed fracture of olecranon process of ulna	ICD-9-CM	Diagnosis
813.02	Closed fracture of coronoid process of ulna	ICD-9-CM	Diagnosis
813.03	Closed Monteggia's fracture	ICD-9-CM	Diagnosis
813.04	Other and unspecified closed fractures of proximal end of ulna (alone)	ICD-9-CM	Diagnosis
813.05	Closed fracture of head of radius	ICD-9-CM	Diagnosis
813.06	Closed fracture of neck of radius	ICD-9-CM	Diagnosis
813.07	Other and unspecified closed fractures of proximal end of radius (alone)	ICD-9-CM	Diagnosis
813.08	Closed fracture of radius with ulna, upper end (any part)	ICD-9-CM	Diagnosis
813.1	Open fracture of upper end of radius and ulna	ICD-9-CM	Diagnosis
813.10	Unspecified open fracture of upper end of forearm	ICD-9-CM	Diagnosis
813.11	Open fracture of olecranon process of ulna	ICD-9-CM	Diagnosis
813.12	Open fracture of coronoid process of ulna	ICD-9-CM	Diagnosis
813.13	Open Monteggia's fracture	ICD-9-CM	Diagnosis
813.14	Other and unspecified open fractures of proximal end of ulna (alone)	ICD-9-CM	Diagnosis
813.15	Open fracture of head of radius	ICD-9-CM	Diagnosis
813.16	Open fracture of neck of radius	ICD-9-CM	Diagnosis
813.17	Other and unspecified open fractures of proximal end of radius (alone)	ICD-9-CM	Diagnosis
813.18	Open fracture of radius with ulna, upper end (any part)	ICD-9-CM	Diagnosis
813.2	Closed fracture of shaft of radius and ulna	ICD-9-CM	Diagnosis
813.20	Unspecified closed fracture of shaft of radius or ulna	ICD-9-CM	Diagnosis
813.21	Closed fracture of shaft of radius (alone)	ICD-9-CM	Diagnosis
813.22	Closed fracture of shaft of ulna (alone)	ICD-9-CM	Diagnosis
813.23	Closed fracture of shaft of radius with ulna	ICD-9-CM	Diagnosis
813.3	Open fracture of shaft of radius and ulna	ICD-9-CM	Diagnosis
813.30	Unspecified open fracture of shaft of radius or ulna	ICD-9-CM	Diagnosis
813.31	Open fracture of shaft of radius (alone)	ICD-9-CM	Diagnosis
813.32	Open fracture of shaft of ulna (alone)	ICD-9-CM	Diagnosis
813.33	Open fracture of shaft of radius with ulna	ICD-9-CM	Diagnosis
813.4	Closed fracture of lower end of radius and ulna	ICD-9-CM	Diagnosis
813.40	Unspecified closed fracture of lower end of forearm	ICD-9-CM	Diagnosis
813.41	Closed Colles' fracture	ICD-9-CM	Diagnosis
813.42	Other closed fractures of distal end of radius (alone)	ICD-9-CM	Diagnosis
813.43	Closed fracture of distal end of ulna (alone)	ICD-9-CM	Diagnosis
813.44	Closed fracture of lower end of radius with ulna	ICD-9-CM	Diagnosis
813.45	Torus fracture of radius (alone)	ICD-9-CM	Diagnosis
813.46	Torus fracture of ulna (alone)	ICD-9-CM	Diagnosis
813.47	Torus fracture of radius and ulna	ICD-9-CM	Diagnosis
813.5	Open fracture of lower end of radius and ulna	ICD-9-CM	Diagnosis
813.50	Unspecified open fracture of lower end of forearm	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
813.51	Open Colles' fracture	ICD-9-CM	Diagnosis
813.52	Other open fractures of distal end of radius (alone)	ICD-9-CM	Diagnosis
813.53	Open fracture of distal end of ulna (alone)	ICD-9-CM	Diagnosis
813.54	Open fracture of lower end of radius with ulna	ICD-9-CM	Diagnosis
813.8	Closed fracture of unspecified part of radius with ulna	ICD-9-CM	Diagnosis
813.80	Closed fracture of unspecified part of forearm	ICD-9-CM	Diagnosis
813.81	Closed fracture of unspecified part of radius (alone)	ICD-9-CM	Diagnosis
813.82	Closed fracture of unspecified part of ulna (alone)	ICD-9-CM	Diagnosis
813.83	Closed fracture of unspecified part of radius with ulna	ICD-9-CM	Diagnosis
813.9	Open fracture of unspecified part of radius with ulna	ICD-9-CM	Diagnosis
813.90	Open fracture of unspecified part of forearm	ICD-9-CM	Diagnosis
813.91	Open fracture of unspecified part of radius (alone)	ICD-9-CM	Diagnosis
813.92	Open fracture of unspecified part of ulna (alone)	ICD-9-CM	Diagnosis
813.93	Open fracture of unspecified part of radius with ulna	ICD-9-CM	Diagnosis
818	Ill-defined fractures of upper limb	ICD-9-CM	Diagnosis
818.0	Ill-defined closed fractures of upper limb	ICD-9-CM	Diagnosis
818.1	Ill-defined open fractures of upper limb	ICD-9-CM	Diagnosis
819	Multiple fractures involving both upper limbs, and upper limb with rib(s) and sternum	ICD-9-CM	Diagnosis
819.0	Multiple closed fractures involving both upper limbs, and upper limb with rib(s) and sternum	ICD-9-CM	Diagnosis
819.1	Multiple open fractures involving both upper limbs, and upper limb with rib(s) and sternum	ICD-9-CM	Diagnosis
820	Fracture of neck of femur	ICD-9-CM	Diagnosis
820.0	Closed transcervical fracture	ICD-9-CM	Diagnosis
820.00	Closed fracture of unspecified intracapsular section of neck of femur	ICD-9-CM	Diagnosis
820.01	Closed fracture of epiphysis (separation) (upper) of neck of femur	ICD-9-CM	Diagnosis
820.02	Closed fracture of midcervical section of femur	ICD-9-CM	Diagnosis
820.03	Closed fracture of base of neck of femur	ICD-9-CM	Diagnosis
820.09	Other closed transcervical fracture of femur	ICD-9-CM	Diagnosis
820.1	Open transcervical fracture	ICD-9-CM	Diagnosis
820.10	Open fracture of unspecified intracapsular section of neck of femur	ICD-9-CM	Diagnosis
820.11	Open fracture of epiphysis (separation) (upper) of neck of femur	ICD-9-CM	Diagnosis
820.12	Open fracture of midcervical section of femur	ICD-9-CM	Diagnosis
820.13	Open fracture of base of neck of femur	ICD-9-CM	Diagnosis
820.19	Other open transcervical fracture of femur	ICD-9-CM	Diagnosis
820.2	Closed pertrochanteric fracture of femur	ICD-9-CM	Diagnosis
820.20	Closed fracture of unspecified trochanteric section of femur	ICD-9-CM	Diagnosis
820.21	Closed fracture of intertrochanteric section of femur	ICD-9-CM	Diagnosis
820.22	Closed fracture of subtrochanteric section of femur	ICD-9-CM	Diagnosis
820.3	Open pertrochanteric fracture of femur	ICD-9-CM	Diagnosis
820.30	Open fracture of unspecified trochanteric section of femur	ICD-9-CM	Diagnosis
820.31	Open fracture of intertrochanteric section of femur	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
820.32	Open fracture of subtrochanteric section of femur	ICD-9-CM	Diagnosis
820.8	Closed fracture of unspecified part of neck of femur	ICD-9-CM	Diagnosis
820.9	Open fracture of unspecified part of neck of femur	ICD-9-CM	Diagnosis
821	Fracture of other and unspecified parts of femur	ICD-9-CM	Diagnosis
821.0	Closed fracture of shaft or unspecified part of femur	ICD-9-CM	Diagnosis
821.00	Closed fracture of unspecified part of femur	ICD-9-CM	Diagnosis
821.01	Closed fracture of shaft of femur	ICD-9-CM	Diagnosis
821.1	Open fracture of shaft or unspecified part of femur	ICD-9-CM	Diagnosis
821.10	Open fracture of unspecified part of femur	ICD-9-CM	Diagnosis
821.11	Open fracture of shaft of femur	ICD-9-CM	Diagnosis
821.2	Closed fracture of lower end of femur	ICD-9-CM	Diagnosis
821.20	Closed fracture of unspecified part of lower end of femur	ICD-9-CM	Diagnosis
821.21	Closed fracture of femoral condyle	ICD-9-CM	Diagnosis
821.22	Closed fracture of lower epiphysis of femur	ICD-9-CM	Diagnosis
821.23	Closed supracondylar fracture of femur	ICD-9-CM	Diagnosis
821.29	Other closed fracture of lower end of femur	ICD-9-CM	Diagnosis
821.3	Open fracture of lower end of femur	ICD-9-CM	Diagnosis
821.30	Open fracture of unspecified part of lower end of femur	ICD-9-CM	Diagnosis
821.31	Open fracture of femoral condyle	ICD-9-CM	Diagnosis
821.32	Open fracture of lower epiphysis of femur	ICD-9-CM	Diagnosis
821.33	Open supracondylar fracture of femur	ICD-9-CM	Diagnosis
821.39	Other open fracture of lower end of femur	ICD-9-CM	Diagnosis
822	Fracture of patella	ICD-9-CM	Diagnosis
822.0	Closed fracture of patella	ICD-9-CM	Diagnosis
822.1	Open fracture of patella	ICD-9-CM	Diagnosis
823	Fracture of tibia and fibula	ICD-9-CM	Diagnosis
823.0	Closed fracture of upper end of tibia and fibula	ICD-9-CM	Diagnosis
823.00	Closed fracture of upper end of tibia	ICD-9-CM	Diagnosis
823.01	Closed fracture of upper end of fibula	ICD-9-CM	Diagnosis
823.02	Closed fracture of upper end of fibula with tibia	ICD-9-CM	Diagnosis
823.1	Open fracture of upper end of tibia and fibula	ICD-9-CM	Diagnosis
823.10	Open fracture of upper end of tibia	ICD-9-CM	Diagnosis
823.11	Open fracture of upper end of fibula	ICD-9-CM	Diagnosis
823.12	Open fracture of upper end of fibula with tibia	ICD-9-CM	Diagnosis
823.2	Closed fracture of shaft of tibia and fibula	ICD-9-CM	Diagnosis
823.20	Closed fracture of shaft of tibia	ICD-9-CM	Diagnosis
823.21	Closed fracture of shaft of fibula	ICD-9-CM	Diagnosis
823.22	Closed fracture of shaft of fibula with tibia	ICD-9-CM	Diagnosis
823.3	Open fracture of shaft of tibia and fibula	ICD-9-CM	Diagnosis
823.30	Open fracture of shaft of tibia	ICD-9-CM	Diagnosis
823.31	Open fracture of shaft of fibula	ICD-9-CM	Diagnosis
823.32	Open fracture of shaft of fibula with tibia	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
823.4	Torus fracture of tibia and fibula	ICD-9-CM	Diagnosis
823.40	Torus fracture of tibia alone	ICD-9-CM	Diagnosis
823.41	Torus fracture of fibula alone	ICD-9-CM	Diagnosis
823.42	Torus fracture of fibula with tibia	ICD-9-CM	Diagnosis
823.8	Closed fracture of unspecified part of tibia and fibula	ICD-9-CM	Diagnosis
823.80	Closed fracture of unspecified part of tibia	ICD-9-CM	Diagnosis
823.81	Closed fracture of unspecified part of fibula	ICD-9-CM	Diagnosis
823.82	Closed fracture of unspecified part of fibula with tibia	ICD-9-CM	Diagnosis
823.9	Open fracture of unspecified part of tibia and fibula	ICD-9-CM	Diagnosis
823.90	Open fracture of unspecified part of tibia	ICD-9-CM	Diagnosis
823.91	Open fracture of unspecified part of fibula	ICD-9-CM	Diagnosis
823.92	Open fracture of unspecified part of fibula with tibia	ICD-9-CM	Diagnosis
824	Fracture of ankle	ICD-9-CM	Diagnosis
824.0	Closed fracture of medial malleolus	ICD-9-CM	Diagnosis
824.1	Open fracture of medial malleolus	ICD-9-CM	Diagnosis
824.2	Closed fracture of lateral malleolus	ICD-9-CM	Diagnosis
824.3	Open fracture of lateral malleolus	ICD-9-CM	Diagnosis
824.4	Closed bimalleolar fracture	ICD-9-CM	Diagnosis
824.5	Open bimalleolar fracture	ICD-9-CM	Diagnosis
824.6	Closed trimalleolar fracture	ICD-9-CM	Diagnosis
824.7	Open trimalleolar fracture	ICD-9-CM	Diagnosis
824.8	Unspecified closed fracture of ankle	ICD-9-CM	Diagnosis
824.9	Unspecified open fracture of ankle	ICD-9-CM	Diagnosis
827	Other, multiple, and ill-defined fractures of lower limb	ICD-9-CM	Diagnosis
827.0	Other, multiple and ill-defined closed fractures of lower limb	ICD-9-CM	Diagnosis
827.1	Other, multiple and ill-defined open fractures of lower limb	ICD-9-CM	Diagnosis
828	Multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum	ICD-9-CM	Diagnosis
828.0	Multiple closed fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum	ICD-9-CM	Diagnosis
828.1	Multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum, open	ICD-9-CM	Diagnosis
829	Fracture of unspecified bones	ICD-9-CM	Diagnosis
829.0	Closed fracture of unspecified bone	ICD-9-CM	Diagnosis
829.1	Open fracture of unspecified bone	ICD-9-CM	Diagnosis
860	Traumatic pneumothorax and hemothorax	ICD-9-CM	Diagnosis
860.0	Traumatic pneumothorax without mention of open wound into thorax	ICD-9-CM	Diagnosis
860.1	Traumatic pneumothorax with open wound into thorax	ICD-9-CM	Diagnosis
860.2	Traumatic hemothorax without mention of open wound into thorax	ICD-9-CM	Diagnosis
860.3	Traumatic hemothorax with open wound into thorax	ICD-9-CM	Diagnosis
860.4	Traumatic pneumohemothorax without mention of open wound into thorax	ICD-9-CM	Diagnosis
860.5	Traumatic pneumohemothorax with open wound into thorax	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
862.0	Diaphragm injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
862.1	Diaphragm injury with open wound into cavity	ICD-9-CM	Diagnosis
862.8	Injury to multiple and unspecified intrathoracic organs without mention of open wound into cavity	ICD-9-CM	Diagnosis
862.9	Injury to multiple and unspecified intrathoracic organs with open wound into cavity	ICD-9-CM	Diagnosis
863.0	Stomach injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.1	Stomach injury with open wound into cavity	ICD-9-CM	Diagnosis
863.2	Small intestine injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.20	Small intestine injury, unspecified site, without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.21	Duodenum injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.29	Other injury to small intestine without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.3	Small intestine injury with open wound into cavity	ICD-9-CM	Diagnosis
863.30	Small intestine injury, unspecified site, with open wound into cavity	ICD-9-CM	Diagnosis
863.31	Duodenum injury with open wound into cavity	ICD-9-CM	Diagnosis
863.39	Other injury to small intestine with open wound into cavity	ICD-9-CM	Diagnosis
863.4	Colon or rectal injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.40	Colon injury unspecified site, without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.41	Ascending (right) colon injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.42	Transverse colon injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.43	Descending (left) colon injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.44	Sigmoid colon injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.45	Rectum injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.46	Injury to multiple sites in colon and rectum without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.49	Other colon and rectum injury, without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.5	Injury to colon or rectum with open wound into cavity	ICD-9-CM	Diagnosis
863.50	Colon injury, unspecified site, with open wound into cavity	ICD-9-CM	Diagnosis
863.51	Ascending (right) colon injury with open wound into cavity	ICD-9-CM	Diagnosis
863.52	Transverse colon injury with open wound into cavity	ICD-9-CM	Diagnosis
863.53	Descending (left) colon injury with open wound into cavity	ICD-9-CM	Diagnosis
863.54	Sigmoid colon injury with open wound into cavity	ICD-9-CM	Diagnosis
863.55	Rectum injury with open wound into cavity	ICD-9-CM	Diagnosis
863.56	Injury to multiple sites in colon and rectum with open wound into cavity	ICD-9-CM	Diagnosis
863.59	Other injury to colon and rectum with open wound into cavity	ICD-9-CM	Diagnosis
863.8	Injury to other and unspecified gastrointestinal sites without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.80	Gastrointestinal tract injury, unspecified site, without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.81	Pancreas head injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.82	Pancreas body injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.83	Pancreas tail injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.84	Pancreas injury, multiple and unspecified sites, without mention of open wound into cavity	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
863.85	Appendix injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.89	Injury to other and unspecified gastrointestinal sites without mention of open wound into cavity	ICD-9-CM	Diagnosis
863.9	Injury to other and unspecified gastrointestinal sites, with open wound into cavity	ICD-9-CM	Diagnosis
863.90	Gastrointestinal tract injury, unspecified site, with open wound into cavity	ICD-9-CM	Diagnosis
863.91	Pancreas head injury with open wound into cavity	ICD-9-CM	Diagnosis
863.92	Pancreas body injury with open wound into cavity	ICD-9-CM	Diagnosis
863.93	Pancreas tail injury with open wound into cavity	ICD-9-CM	Diagnosis
863.94	Pancreas injury, multiple and unspecified sites, with open wound into cavity	ICD-9-CM	Diagnosis
863.95	Appendix injury with open wound into cavity	ICD-9-CM	Diagnosis
863.99	Injury to other and unspecified gastrointestinal sites with open wound into cavity	ICD-9-CM	Diagnosis
864.1	Liver injury with open wound into cavity	ICD-9-CM	Diagnosis
864.10	Unspecified liver injury with open wound into cavity	ICD-9-CM	Diagnosis
864.11	Liver hematoma and contusion with open wound into cavity	ICD-9-CM	Diagnosis
864.12	Liver laceration, minor, with open wound into cavity	ICD-9-CM	Diagnosis
864.13	Liver laceration, moderate, with open wound into cavity	ICD-9-CM	Diagnosis
864.14	Liver laceration, major, with open wound into cavity	ICD-9-CM	Diagnosis
864.15	Liver injury with open wound into cavity, unspecified laceration	ICD-9-CM	Diagnosis
864.19	Other liver injury with open wound into cavity	ICD-9-CM	Diagnosis
865.1	Spleen injury with open wound into cavity	ICD-9-CM	Diagnosis
865.10	Unspecified spleen injury with open wound into cavity	ICD-9-CM	Diagnosis
865.11	Spleen hematoma, without rupture of capsule, with open wound into cavity	ICD-9-CM	Diagnosis
865.12	Capsular tears to spleen, without major disruption of parenchyma, with open wound into cavity	ICD-9-CM	Diagnosis
865.13	Spleen laceration extending into parenchyma, with open wound into cavity	ICD-9-CM	Diagnosis
865.14	Massive parenchyma disruption of spleen with open wound into cavity	ICD-9-CM	Diagnosis
865.19	Other spleen injury with open wound into cavity	ICD-9-CM	Diagnosis
866	Injury to kidney	ICD-9-CM	Diagnosis
866.0	Kidney injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
866.00	Unspecified kidney injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
866.01	Kidney hematoma without rupture of capsule or mention of open wound into cavity	ICD-9-CM	Diagnosis
866.02	Kidney laceration without mention of open wound into cavity	ICD-9-CM	Diagnosis
866.03	Complete disruption of kidney parenchyma, without mention of open wound into cavity	ICD-9-CM	Diagnosis
866.1	Kidney injury with open wound into cavity	ICD-9-CM	Diagnosis
866.10	Unspecified kidney injury with open wound into cavity	ICD-9-CM	Diagnosis
866.11	Kidney hematoma, without rupture of capsule, with open wound into cavity	ICD-9-CM	Diagnosis
866.12	Kidney laceration with open wound into cavity	ICD-9-CM	Diagnosis
866.13	Complete disruption of kidney parenchyma, with open wound into cavity	ICD-9-CM	Diagnosis
867	Injury to pelvic organs	ICD-9-CM	Diagnosis
867.0	Bladder and urethra injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
867.1	Bladder and urethra injury with open wound into cavity	ICD-9-CM	Diagnosis
867.2	Ureter injury without mention of open wound into cavity	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
867.3	Ureter injury with open wound into cavity	ICD-9-CM	Diagnosis
867.4	Uterus injury without mention of open wound into cavity	ICD-9-CM	Diagnosis
867.5	Uterus injury with open wound into cavity	ICD-9-CM	Diagnosis
867.6	Injury to other specified pelvic organs without mention of open wound into cavity	ICD-9-CM	Diagnosis
867.7	Injury to other specified pelvic organs with open wound into cavity	ICD-9-CM	Diagnosis
867.8	Injury to unspecified pelvic organ without mention of open wound into cavity	ICD-9-CM	Diagnosis
867.9	Injury to unspecified pelvic organ with open wound into cavity	ICD-9-CM	Diagnosis
873.0	Open wound of scalp, without mention of complication	ICD-9-CM	Diagnosis
873.1	Open wound of scalp, complicated	ICD-9-CM	Diagnosis
875.0	Open wound of chest (wall), without mention of complication	ICD-9-CM	Diagnosis
875.1	Open wound of chest (wall), complicated	ICD-9-CM	Diagnosis
902.4	Renal blood vessel injury	ICD-9-CM	Diagnosis
902.40	Renal vessel(s) injury, unspecified	ICD-9-CM	Diagnosis
902.41	Renal artery injury	ICD-9-CM	Diagnosis
902.42	Renal vein injury	ICD-9-CM	Diagnosis
902.49	Renal blood vessel injury, other	ICD-9-CM	Diagnosis
902.55	Uterine artery injury	ICD-9-CM	Diagnosis
902.56	Uterine vein injury	ICD-9-CM	Diagnosis
902.81	Ovarian artery injury	ICD-9-CM	Diagnosis
902.82	Ovarian vein injury	ICD-9-CM	Diagnosis
925	Crushing injury of face, scalp, and neck	ICD-9-CM	Diagnosis
925.1	Crushing injury of face and scalp	ICD-9-CM	Diagnosis
925.2	Crushing injury of neck	ICD-9-CM	Diagnosis
926	Crushing injury of trunk	ICD-9-CM	Diagnosis
926.0	Crushing injury of external genitalia	ICD-9-CM	Diagnosis
926.1	Crushing injury of other specified sites of trunk	ICD-9-CM	Diagnosis
926.11	Crushing injury of back	ICD-9-CM	Diagnosis
926.12	Crushing injury of buttock	ICD-9-CM	Diagnosis
926.19	Crushing injury of other specified sites of trunk	ICD-9-CM	Diagnosis
926.8	Crushing injury of multiple sites of trunk	ICD-9-CM	Diagnosis
926.9	Crushing injury of unspecified site of trunk	ICD-9-CM	Diagnosis
927	Crushing injury of upper limb	ICD-9-CM	Diagnosis
927.0	Crushing injury of shoulder and upper arm	ICD-9-CM	Diagnosis
927.00	Crushing injury of shoulder region	ICD-9-CM	Diagnosis
927.01	Crushing injury of scapular region	ICD-9-CM	Diagnosis
927.02	Crushing injury of axillary region	ICD-9-CM	Diagnosis
927.03	Crushing injury of upper arm	ICD-9-CM	Diagnosis
927.09	Crushing injury of multiple sites of upper arm	ICD-9-CM	Diagnosis
927.1	Crushing injury of elbow and forearm	ICD-9-CM	Diagnosis
927.10	Crushing injury of forearm	ICD-9-CM	Diagnosis
927.11	Crushing injury of elbow	ICD-9-CM	Diagnosis
927.2	Crushing injury of wrist and hand(s), except finger(s) alone	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
927.20	Crushing injury of hand(s)	ICD-9-CM	Diagnosis
927.21	Crushing injury of wrist	ICD-9-CM	Diagnosis
927.3	Crushing injury of finger(s)	ICD-9-CM	Diagnosis
927.8	Crushing injury of multiple sites of upper limb	ICD-9-CM	Diagnosis
927.9	Crushing injury of unspecified site of upper limb	ICD-9-CM	Diagnosis
928	Crushing injury of lower limb	ICD-9-CM	Diagnosis
928.0	Crushing injury of hip and thigh	ICD-9-CM	Diagnosis
928.00	Crushing injury of thigh	ICD-9-CM	Diagnosis
928.01	Crushing injury of hip	ICD-9-CM	Diagnosis
928.1	Crushing injury of knee and lower leg	ICD-9-CM	Diagnosis
928.10	Crushing injury of lower leg	ICD-9-CM	Diagnosis
928.11	Crushing injury of knee	ICD-9-CM	Diagnosis
928.2	Crushing injury of ankle and foot, excluding toe(s) alone	ICD-9-CM	Diagnosis
928.20	Crushing injury of foot	ICD-9-CM	Diagnosis
928.21	Crushing injury of ankle	ICD-9-CM	Diagnosis
928.3	Crushing injury of toe(s)	ICD-9-CM	Diagnosis
928.8	Crushing injury of multiple sites of lower limb	ICD-9-CM	Diagnosis
928.9	Crushing injury of unspecified site of lower limb	ICD-9-CM	Diagnosis
929	Crushing injury of multiple and unspecified sites	ICD-9-CM	Diagnosis
929.0	Crushing injury of multiple sites, not elsewhere classified	ICD-9-CM	Diagnosis
929.9	Crushing injury of unspecified site	ICD-9-CM	Diagnosis
958.4	Traumatic shock	ICD-9-CM	Diagnosis
958.5	Traumatic anuria	ICD-9-CM	Diagnosis
958.7	Traumatic subcutaneous emphysema	ICD-9-CM	Diagnosis
996.7	Other complications of internal prosthetic device, implant, and graft	ICD-9-CM	Diagnosis
996.70	Other complications due to unspecified device, implant, and graft	ICD-9-CM	Diagnosis
996.71	Other complications due to heart valve prosthesis	ICD-9-CM	Diagnosis
996.72	Other complications due to other cardiac device, implant, and graft	ICD-9-CM	Diagnosis
996.73	Other complications due to renal dialysis device, implant, and graft	ICD-9-CM	Diagnosis
996.74	Other complications due to other vascular device, implant, and graft	ICD-9-CM	Diagnosis
996.75	Other complications due to nervous system device, implant, and graft	ICD-9-CM	Diagnosis
996.76	Other complications due to genitourinary device, implant, and graft	ICD-9-CM	Diagnosis
996.77	Other complications due to internal joint prosthesis	ICD-9-CM	Diagnosis
996.78	Other complications due to other internal orthopedic device, implant, and graft	ICD-9-CM	Diagnosis
996.79	Other complications due to other internal prosthetic device, implant, and graft	ICD-9-CM	Diagnosis
998.11	Hemorrhage complicating a procedure	ICD-9-CM	Diagnosis
998.12	Hematoma complicating a procedure	ICD-9-CM	Diagnosis
998.2	Accidental puncture or laceration during procedure	ICD-9-CM	Diagnosis
E805	Hit by rolling stock	ICD-9-CM	Diagnosis
E805.0	Railway employee hit by rolling stock	ICD-9-CM	Diagnosis
E805.1	Passenger on railway hit by rolling stock	ICD-9-CM	Diagnosis
E805.2	Pedestrian hit by rolling stock	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
E805.3	Pedal cyclist hit by rolling stock	ICD-9-CM	Diagnosis
E805.8	Other specified person hit by rolling stock	ICD-9-CM	Diagnosis
E805.9	Unspecified person hit by rolling stock	ICD-9-CM	Diagnosis
E870	Accidental cut, puncture, perforation, or hemorrhage during medical care	ICD-9-CM	Diagnosis
E870.0	Accidental cut, puncture, perforation, or hemorrhage during surgical operation	ICD-9-CM	Diagnosis
E870.1	Accidental cut, puncture, perforation, or hemorrhage during infusion or transfusion	ICD-9-CM	Diagnosis
E870.2	Accidental cut, puncture, perforation, or hemorrhage during kidney dialysis or other perfusion	ICD-9-CM	Diagnosis
E870.3	Accidental cut, puncture, perforation, or hemorrhage during injection or vaccination	ICD-9-CM	Diagnosis
E870.4	Accidental cut, puncture, perforation, or hemorrhage during endoscopic examination	ICD-9-CM	Diagnosis
E870.5	Accidental cut, puncture, perforation, or hemorrhage during aspiration of fluid or tissue, puncture, and catheterization	ICD-9-CM	Diagnosis
E870.6	Accidental cut, puncture, perforation, or hemorrhage during heart catheterization	ICD-9-CM	Diagnosis
E870.7	Accidental cut, puncture, perforation, or hemorrhage during administration of enema	ICD-9-CM	Diagnosis
E870.8	Accidental cut, puncture, perforation, or hemorrhage during other specified medical care	ICD-9-CM	Diagnosis
E870.9	Accidental cut, puncture, perforation, or hemorrhage during unspecified medical care	ICD-9-CM	Diagnosis
E881	Accidental fall on or from ladders or scaffolding	ICD-9-CM	Diagnosis
E881.0	Accidental fall from ladder	ICD-9-CM	Diagnosis
E881.1	Accidental fall from scaffolding	ICD-9-CM	Diagnosis
E882	Accidental fall from or out of building or other structure	ICD-9-CM	Diagnosis
E883	Accidental fall into hole or other opening in surface	ICD-9-CM	Diagnosis
E883.0	Accident from diving or jumping into water (swimming pool)	ICD-9-CM	Diagnosis
E883.1	Accidental fall into well	ICD-9-CM	Diagnosis
E883.2	Accidental fall into storm drain or manhole	ICD-9-CM	Diagnosis
E883.9	Accidental fall into other hole or other opening in surface	ICD-9-CM	Diagnosis
E922	Accident caused by firearm, and air gun missiles	ICD-9-CM	Diagnosis
E922.0	Accident caused by handgun	ICD-9-CM	Diagnosis
E922.1	Accident caused by shotgun (automatic)	ICD-9-CM	Diagnosis
E922.2	Accident caused by hunting rifle	ICD-9-CM	Diagnosis
E922.3	Accident caused by military firearms	ICD-9-CM	Diagnosis
E922.4	Accident caused by air gun	ICD-9-CM	Diagnosis
E922.5	Accident caused by paintball gun	ICD-9-CM	Diagnosis
E922.8	Accident caused by other specified firearm missile	ICD-9-CM	Diagnosis
E922.9	Accident caused by unspecified firearm missile	ICD-9-CM	Diagnosis
E923	Accident caused by explosive material	ICD-9-CM	Diagnosis
E923.0	Accident caused by fireworks	ICD-9-CM	Diagnosis
E923.1	Accident caused by blasting materials	ICD-9-CM	Diagnosis
E923.2	Accident caused by explosive gases	ICD-9-CM	Diagnosis
E923.8	Accident caused by other explosive materials	ICD-9-CM	Diagnosis
E923.9	Accident caused by unspecified explosive material	ICD-9-CM	Diagnosis
E955	Suicide and self-inflicted injury by firearms, air guns and explosives	ICD-9-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
E955.0	Suicide and self-inflicted injury by handgun	ICD-9-CM	Diagnosis
E955.1	Suicide and self-inflicted injury by shotgun	ICD-9-CM	Diagnosis
E955.2	Suicide and self-inflicted injury by hunting rifle	ICD-9-CM	Diagnosis
E955.3	Suicide and self-inflicted injury by military firearms	ICD-9-CM	Diagnosis
E955.4	Suicide and self-inflicted injury by other and unspecified firearm	ICD-9-CM	Diagnosis
E955.5	Suicide and self-inflicted injury by explosives	ICD-9-CM	Diagnosis
E955.6	Suicide and self-inflicted injury by air gun	ICD-9-CM	Diagnosis
E955.7	Suicide and self-inflicted injury by paintball gun	ICD-9-CM	Diagnosis
E955.9	Suicide and self-inflicted injury by firearms and explosives, unspecified	ICD-9-CM	Diagnosis
E960	Fight, brawl, rape	ICD-9-CM	Diagnosis
E960.0	Unarmed fight or brawl	ICD-9-CM	Diagnosis
E960.1	Rape	ICD-9-CM	Diagnosis
E965	Assault by firearms and explosives	ICD-9-CM	Diagnosis
E965.0	Assault by handgun	ICD-9-CM	Diagnosis
E965.1	Assault by shotgun	ICD-9-CM	Diagnosis
E965.2	Assault by hunting rifle	ICD-9-CM	Diagnosis
E965.3	Assault by military firearms	ICD-9-CM	Diagnosis
E965.4	Assault by other and unspecified firearm	ICD-9-CM	Diagnosis
E965.5	Assault by antipersonnel bomb	ICD-9-CM	Diagnosis
E965.6	Assault by gasoline bomb	ICD-9-CM	Diagnosis
E965.7	Assault by letter bomb	ICD-9-CM	Diagnosis
E965.8	Assault by other specified explosive	ICD-9-CM	Diagnosis
E965.9	Assault by unspecified explosive	ICD-9-CM	Diagnosis
E970	Injury due to legal intervention by firearms	ICD-9-CM	Diagnosis
E985	Injury by firearms, air guns and explosives, undetermined whether accidentally or purposely inflicted	ICD-9-CM	Diagnosis
E985.0	Injury by handgun, undetermined whether accidentally or purposely inflicted	ICD-9-CM	Diagnosis
E985.1	Injury by shotgun, undetermined whether accidentally or purposely inflicted	ICD-9-CM	Diagnosis
E985.2	Injury by hunting rifle, undetermined whether accidentally or purposely inflicted	ICD-9-CM	Diagnosis
E985.3	Injury by military firearms, undetermined whether accidentally or purposely inflicted	ICD-9-CM	Diagnosis
E985.4	Injury by other and unspecified firearm, undetermined whether accidentally or purposely inflicted	ICD-9-CM	Diagnosis
E985.5	Injury by explosives, undetermined whether accidentally or purposely inflicted	ICD-9-CM	Diagnosis
E985.6	Injury by air gun, undetermined whether accidental, or purposefully inflicted	ICD-9-CM	Diagnosis
E985.7	Injury by paintball gun, undetermined whether accidentally or purposefully inflicted	ICD-9-CM	Diagnosis
D78.01	Intraoperative hemorrhage and hematoma of the spleen complicating a procedure on the spleen	ICD-10-CM	Diagnosis
D78.02	Intraoperative hemorrhage and hematoma of the spleen complicating other procedure	ICD-10-CM	Diagnosis
D78.11	Accidental puncture and laceration of the spleen during a procedure on the spleen	ICD-10-CM	Diagnosis
D78.12	Accidental puncture and laceration of the spleen during other procedure	ICD-10-CM	Diagnosis
D78.21	Postprocedural hemorrhage of the spleen following a procedure on the spleen	ICD-10-CM	Diagnosis
D78.22	Postprocedural hemorrhage of the spleen following other procedure	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
D78.31	Postprocedural hematoma of the spleen following a procedure on the spleen	ICD-10-CM	Diagnosis
D78.32	Postprocedural hematoma of the spleen following other procedure	ICD-10-CM	Diagnosis
E36.01	Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating an endocrine system procedure	ICD-10-CM	Diagnosis
E36.02	Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating other procedure	ICD-10-CM	Diagnosis
E36.11	Accidental puncture and laceration of an endocrine system organ or structure during an endocrine system procedure	ICD-10-CM	Diagnosis
E36.12	Accidental puncture and laceration of an endocrine system organ or structure during other procedure	ICD-10-CM	Diagnosis
E89.810	Postprocedural hemorrhage of an endocrine system organ or structure following an endocrine system procedure	ICD-10-CM	Diagnosis
E89.811	Postprocedural hemorrhage of an endocrine system organ or structure following other procedure	ICD-10-CM	Diagnosis
E89.820	Postprocedural hematoma of an endocrine system organ or structure following an endocrine system procedure	ICD-10-CM	Diagnosis
E89.821	Postprocedural hematoma of an endocrine system organ or structure following other procedure	ICD-10-CM	Diagnosis
G97.31	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure	ICD-10-CM	Diagnosis
G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure	ICD-10-CM	Diagnosis
G97.48	Accidental puncture and laceration of other nervous system organ or structure during a nervous system procedure	ICD-10-CM	Diagnosis
G97.49	Accidental puncture and laceration of other nervous system organ or structure during other procedure	ICD-10-CM	Diagnosis
G97.51	Postprocedural hemorrhage of a nervous system organ or structure following a nervous system procedure	ICD-10-CM	Diagnosis
G97.52	Postprocedural hemorrhage of a nervous system organ or structure following other procedure	ICD-10-CM	Diagnosis
G97.61	Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure	ICD-10-CM	Diagnosis
G97.62	Postprocedural hematoma of a nervous system organ or structure following other procedure	ICD-10-CM	Diagnosis
H59.111	Intraoperative hemorrhage and hematoma of right eye and adnexa complicating an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.112	Intraoperative hemorrhage and hematoma of left eye and adnexa complicating an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.113	Intraoperative hemorrhage and hematoma of eye and adnexa complicating an ophthalmic procedure, bilateral	ICD-10-CM	Diagnosis
H59.119	Intraoperative hemorrhage and hematoma of unspecified eye and adnexa complicating an ophthalmic procedure	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
H59.121	Intraoperative hemorrhage and hematoma of right eye and adnexa complicating other procedure	ICD-10-CM	Diagnosis
H59.122	Intraoperative hemorrhage and hematoma of left eye and adnexa complicating other procedure	ICD-10-CM	Diagnosis
H59.123	Intraoperative hemorrhage and hematoma of eye and adnexa complicating other procedure, bilateral	ICD-10-CM	Diagnosis
H59.129	Intraoperative hemorrhage and hematoma of unspecified eye and adnexa complicating other procedure	ICD-10-CM	Diagnosis
H59.211	Accidental puncture and laceration of right eye and adnexa during an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.212	Accidental puncture and laceration of left eye and adnexa during an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.213	Accidental puncture and laceration of eye and adnexa during an ophthalmic procedure, bilateral	ICD-10-CM	Diagnosis
H59.219	Accidental puncture and laceration of unspecified eye and adnexa during an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.221	Accidental puncture and laceration of right eye and adnexa during other procedure	ICD-10-CM	Diagnosis
H59.222	Accidental puncture and laceration of left eye and adnexa during other procedure	ICD-10-CM	Diagnosis
H59.223	Accidental puncture and laceration of eye and adnexa during other procedure, bilateral	ICD-10-CM	Diagnosis
H59.229	Accidental puncture and laceration of unspecified eye and adnexa during other procedure	ICD-10-CM	Diagnosis
H59.311	Postprocedural hemorrhage of right eye and adnexa following an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.312	Postprocedural hemorrhage of left eye and adnexa following an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.313	Postprocedural hemorrhage of eye and adnexa following an ophthalmic procedure, bilateral	ICD-10-CM	Diagnosis
H59.319	Postprocedural hemorrhage of unspecified eye and adnexa following an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.321	Postprocedural hemorrhage of right eye and adnexa following other procedure	ICD-10-CM	Diagnosis
H59.322	Postprocedural hemorrhage of left eye and adnexa following other procedure	ICD-10-CM	Diagnosis
H59.323	Postprocedural hemorrhage of eye and adnexa following other procedure, bilateral	ICD-10-CM	Diagnosis
H59.329	Postprocedural hemorrhage of unspecified eye and adnexa following other procedure	ICD-10-CM	Diagnosis
H59.331	Postprocedural hematoma of right eye and adnexa following an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.332	Postprocedural hematoma of left eye and adnexa following an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.333	Postprocedural hematoma of eye and adnexa following an ophthalmic procedure, bilateral	ICD-10-CM	Diagnosis
H59.339	Postprocedural hematoma of unspecified eye and adnexa following an ophthalmic procedure	ICD-10-CM	Diagnosis
H59.341	Postprocedural hematoma of right eye and adnexa following other procedure	ICD-10-CM	Diagnosis
H59.342	Postprocedural hematoma of left eye and adnexa following other procedure	ICD-10-CM	Diagnosis
H59.343	Postprocedural hematoma of eye and adnexa following other procedure, bilateral	ICD-10-CM	Diagnosis
H59.349	Postprocedural hematoma of unspecified eye and adnexa following other procedure	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
H95.21	Intraoperative hemorrhage and hematoma of ear and mastoid process complicating a procedure on the ear and mastoid process	ICD-10-CM	Diagnosis
H95.22	Intraoperative hemorrhage and hematoma of ear and mastoid process complicating other procedure	ICD-10-CM	Diagnosis
H95.31	Accidental puncture and laceration of the ear and mastoid process during a procedure on the ear and mastoid process	ICD-10-CM	Diagnosis
H95.32	Accidental puncture and laceration of the ear and mastoid process during other procedure	ICD-10-CM	Diagnosis
H95.41	Postprocedural hemorrhage of ear and mastoid process following a procedure on the ear and mastoid process	ICD-10-CM	Diagnosis
H95.42	Postprocedural hemorrhage of ear and mastoid process following other procedure	ICD-10-CM	Diagnosis
H95.51	Postprocedural hematoma of ear and mastoid process following a procedure on the ear and mastoid process	ICD-10-CM	Diagnosis
H95.52	Postprocedural hematoma of ear and mastoid process following other procedure	ICD-10-CM	Diagnosis
I97.410	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac catheterization	ICD-10-CM	Diagnosis
I97.411	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac bypass	ICD-10-CM	Diagnosis
I97.418	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other circulatory system procedure	ICD-10-CM	Diagnosis
I97.42	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other procedure	ICD-10-CM	Diagnosis
I97.51	Accidental puncture and laceration of a circulatory system organ or structure during a circulatory system procedure	ICD-10-CM	Diagnosis
I97.52	Accidental puncture and laceration of a circulatory system organ or structure during other procedure	ICD-10-CM	Diagnosis
I97.610	Postprocedural hemorrhage of a circulatory system organ or structure following a cardiac catheterization	ICD-10-CM	Diagnosis
I97.611	Postprocedural hemorrhage of a circulatory system organ or structure following cardiac bypass	ICD-10-CM	Diagnosis
I97.618	Postprocedural hemorrhage of a circulatory system organ or structure following other circulatory system procedure	ICD-10-CM	Diagnosis
I97.620	Postprocedural hemorrhage of a circulatory system organ or structure following other procedure	ICD-10-CM	Diagnosis
I97.621	Postprocedural hematoma of a circulatory system organ or structure following other procedure	ICD-10-CM	Diagnosis
I97.630	Postprocedural hematoma of a circulatory system organ or structure following a cardiac catheterization	ICD-10-CM	Diagnosis
I97.631	Postprocedural hematoma of a circulatory system organ or structure following cardiac bypass	ICD-10-CM	Diagnosis
I97.638	Postprocedural hematoma of a circulatory system organ or structure following other circulatory system procedure	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
J95.61	Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating a respiratory system procedure	ICD-10-CM	Diagnosis
J95.62	Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating other procedure	ICD-10-CM	Diagnosis
J95.71	Accidental puncture and laceration of a respiratory system organ or structure during a respiratory system procedure	ICD-10-CM	Diagnosis
J95.72	Accidental puncture and laceration of a respiratory system organ or structure during other procedure	ICD-10-CM	Diagnosis
J95.830	Postprocedural hemorrhage of a respiratory system organ or structure following a respiratory system procedure	ICD-10-CM	Diagnosis
J95.831	Postprocedural hemorrhage of a respiratory system organ or structure following other procedure	ICD-10-CM	Diagnosis
J95.860	Postprocedural hematoma of a respiratory system organ or structure following a respiratory system procedure	ICD-10-CM	Diagnosis
J95.861	Postprocedural hematoma of a respiratory system organ or structure following other procedure	ICD-10-CM	Diagnosis
K91.61	Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating a digestive system procedure	ICD-10-CM	Diagnosis
K91.62	Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating other procedure	ICD-10-CM	Diagnosis
K91.71	Accidental puncture and laceration of a digestive system organ or structure during a digestive system procedure	ICD-10-CM	Diagnosis
K91.72	Accidental puncture and laceration of a digestive system organ or structure during other procedure	ICD-10-CM	Diagnosis
K91.840	Postprocedural hemorrhage of a digestive system organ or structure following a digestive system procedure	ICD-10-CM	Diagnosis
K91.841	Postprocedural hemorrhage of a digestive system organ or structure following other procedure	ICD-10-CM	Diagnosis
K91.870	Postprocedural hematoma of a digestive system organ or structure following a digestive system procedure	ICD-10-CM	Diagnosis
K91.871	Postprocedural hematoma of a digestive system organ or structure following other procedure	ICD-10-CM	Diagnosis
L76.01	Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating a dermatologic procedure	ICD-10-CM	Diagnosis
L76.02	Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating other procedure	ICD-10-CM	Diagnosis
L76.11	Accidental puncture and laceration of skin and subcutaneous tissue during a dermatologic procedure	ICD-10-CM	Diagnosis
L76.12	Accidental puncture and laceration of skin and subcutaneous tissue during other procedure	ICD-10-CM	Diagnosis
L76.21	Postprocedural hemorrhage of skin and subcutaneous tissue following a dermatologic procedure	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
L76.22	Postprocedural hemorrhage of skin and subcutaneous tissue following other procedure	ICD-10-CM	Diagnosis
L76.31	Postprocedural hematoma of skin and subcutaneous tissue following a dermatologic procedure	ICD-10-CM	Diagnosis
L76.32	Postprocedural hematoma of skin and subcutaneous tissue following other procedure	ICD-10-CM	Diagnosis
M96.810	Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating a musculoskeletal system procedure	ICD-10-CM	Diagnosis
M96.811	Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating other procedure	ICD-10-CM	Diagnosis
M96.820	Accidental puncture and laceration of a musculoskeletal structure during a musculoskeletal system procedure	ICD-10-CM	Diagnosis
M96.821	Accidental puncture and laceration of a musculoskeletal structure during other procedure	ICD-10-CM	Diagnosis
M96.830	Postprocedural hemorrhage of a musculoskeletal structure following a musculoskeletal system procedure	ICD-10-CM	Diagnosis
M96.831	Postprocedural hemorrhage of a musculoskeletal structure following other procedure	ICD-10-CM	Diagnosis
M96.840	Postprocedural hematoma of a musculoskeletal structure following a musculoskeletal system procedure	ICD-10-CM	Diagnosis
M96.841	Postprocedural hematoma of a musculoskeletal structure following other procedure	ICD-10-CM	Diagnosis
N99.61	Intraoperative hemorrhage and hematoma of a genitourinary system organ or structure complicating a genitourinary system procedure	ICD-10-CM	Diagnosis
N99.62	Intraoperative hemorrhage and hematoma of a genitourinary system organ or structure complicating other procedure	ICD-10-CM	Diagnosis
N99.71	Accidental puncture and laceration of a genitourinary system organ or structure during a genitourinary system procedure	ICD-10-CM	Diagnosis
N99.72	Accidental puncture and laceration of a genitourinary system organ or structure during other procedure	ICD-10-CM	Diagnosis
N99.820	Postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure	ICD-10-CM	Diagnosis
N99.821	Postprocedural hemorrhage of a genitourinary system organ or structure following other procedure	ICD-10-CM	Diagnosis
N99.840	Postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure	ICD-10-CM	Diagnosis
N99.841	Postprocedural hematoma of a genitourinary system organ or structure following other procedure	ICD-10-CM	Diagnosis
S01.00XA	Unspecified open wound of scalp, initial encounter	ICD-10-CM	Diagnosis
S01.01XA	Laceration without foreign body of scalp, initial encounter	ICD-10-CM	Diagnosis
S01.02XA	Laceration with foreign body of scalp, initial encounter	ICD-10-CM	Diagnosis
S01.03XA	Puncture wound without foreign body of scalp, initial encounter	ICD-10-CM	Diagnosis
S01.04XA	Puncture wound with foreign body of scalp, initial encounter	ICD-10-CM	Diagnosis
S01.05XA	Open bite of scalp, initial encounter	ICD-10-CM	Diagnosis
S02.0XXA	Fracture of vault of skull, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.0XXB	Fracture of vault of skull, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.101A	Fracture of base of skull, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S02.101B	Fracture of base of skull, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.102A	Fracture of base of skull, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.102B	Fracture of base of skull, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.109A	Fracture of base of skull, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.109B	Fracture of base of skull, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.110A	Type I occipital condyle fracture, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.110B	Type I occipital condyle fracture, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.111A	Type II occipital condyle fracture, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.111B	Type II occipital condyle fracture, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.112A	Type III occipital condyle fracture, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.112B	Type III occipital condyle fracture, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.113A	Unspecified occipital condyle fracture, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.113B	Unspecified occipital condyle fracture, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.118A	Other fracture of occiput, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.118B	Other fracture of occiput, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.119A	Unspecified fracture of occiput, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.119B	Unspecified fracture of occiput, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.11AA	Type I occipital condyle fracture, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.11AB	Type I occipital condyle fracture, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.11BA	Type I occipital condyle fracture, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.11BB	Type I occipital condyle fracture, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.11CA	Type II occipital condyle fracture, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.11CB	Type II occipital condyle fracture, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.11DA	Type II occipital condyle fracture, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.11DB	Type II occipital condyle fracture, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.11EA	Type III occipital condyle fracture, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.11EB	Type III occipital condyle fracture, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.11FA	Type III occipital condyle fracture, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.11FB	Type III occipital condyle fracture, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.11GA	Other fracture of occiput, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.11GB	Other fracture of occiput, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.11HA	Other fracture of occiput, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.11HB	Other fracture of occiput, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.19XA	Other fracture of base of skull, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.19XB	Other fracture of base of skull, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.2XXB	Fracture of nasal bones, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.30XA	Fracture of orbital floor, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.30XB	Fracture of orbital floor, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.31XA	Fracture of orbital floor, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.31XB	Fracture of orbital floor, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.32XA	Fracture of orbital floor, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S02.32XB	Fracture of orbital floor, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.400A	Malar fracture, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.400B	Malar fracture, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.401A	Maxillary fracture, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.401B	Maxillary fracture, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.402A	Zygomatic fracture, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.402B	Zygomatic fracture, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.40AA	Malar fracture, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.40AB	Malar fracture, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.40BA	Malar fracture, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.40BB	Malar fracture, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.40CA	Maxillary fracture, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.40CB	Maxillary fracture, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.40DA	Maxillary fracture, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.40DB	Maxillary fracture, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.40EA	Zygomatic fracture, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.40EB	Zygomatic fracture, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.40FA	Zygomatic fracture, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.40FB	Zygomatic fracture, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.411A	LeFort I fracture, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.411B	LeFort I fracture, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.412A	LeFort II fracture, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.412B	LeFort II fracture, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.413A	LeFort III fracture, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.413B	LeFort III fracture, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.42XA	Fracture of alveolus of maxilla, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.42XB	Fracture of alveolus of maxilla, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.600A	Fracture of unspecified part of body of mandible, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.600B	Fracture of unspecified part of body of mandible, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.601A	Fracture of unspecified part of body of right mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.601B	Fracture of unspecified part of body of right mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.602A	Fracture of unspecified part of body of left mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.602B	Fracture of unspecified part of body of left mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.609A	Fracture of mandible, unspecified, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.609B	Fracture of mandible, unspecified, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.610A	Fracture of condylar process of mandible, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S02.610B	Fracture of condylar process of mandible, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.611A	Fracture of condylar process of right mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.611B	Fracture of condylar process of right mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.612A	Fracture of condylar process of left mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.612B	Fracture of condylar process of left mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.620A	Fracture of subcondylar process of mandible, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.620B	Fracture of subcondylar process of mandible, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.621A	Fracture of subcondylar process of right mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.621B	Fracture of subcondylar process of right mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.622A	Fracture of subcondylar process of left mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.622B	Fracture of subcondylar process of left mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.630A	Fracture of coronoid process of mandible, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.630B	Fracture of coronoid process of mandible, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.631A	Fracture of coronoid process of right mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.631B	Fracture of coronoid process of right mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.632A	Fracture of coronoid process of left mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.632B	Fracture of coronoid process of left mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.640A	Fracture of ramus of mandible, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.640B	Fracture of ramus of mandible, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.641A	Fracture of ramus of right mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.641B	Fracture of ramus of right mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.642A	Fracture of ramus of left mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.642B	Fracture of ramus of left mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.650A	Fracture of angle of mandible, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.650B	Fracture of angle of mandible, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.651A	Fracture of angle of right mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.651B	Fracture of angle of right mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.652A	Fracture of angle of left mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.652B	Fracture of angle of left mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.66XA	Fracture of symphysis of mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.66XB	Fracture of symphysis of mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.670A	Fracture of alveolus of mandible, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.670B	Fracture of alveolus of mandible, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.671A	Fracture of alveolus of right mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.671B	Fracture of alveolus of right mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.672A	Fracture of alveolus of left mandible, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.672B	Fracture of alveolus of left mandible, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S02.69XA	Fracture of mandible of other specified site, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.69XB	Fracture of mandible of other specified site, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.80XA	Fracture of other specified skull and facial bones, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.80XB	Fracture of other specified skull and facial bones, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.81XA	Fracture of other specified skull and facial bones, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.81XB	Fracture of other specified skull and facial bones, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.82XA	Fracture of other specified skull and facial bones, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.82XB	Fracture of other specified skull and facial bones, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.91XA	Unspecified fracture of skull, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.91XB	Unspecified fracture of skull, initial encounter for open fracture	ICD-10-CM	Diagnosis
S02.92XA	Unspecified fracture of facial bones, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S02.92XB	Unspecified fracture of facial bones, initial encounter for open fracture	ICD-10-CM	Diagnosis
S06.330A	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.331A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.332A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.333A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.334A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.335A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.336A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.337A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.338A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.339A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S06.360A	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.361A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.362A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.363A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.364A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.365A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.366A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.367A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.368A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.369A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.4X0A	Epidural hemorrhage without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.4X1A	Epidural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.4X2A	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.4X3A	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.4X4A	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.4X5A	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.4X6A	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.4X7A	Epidural hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.4X8A	Epidural hemorrhage with loss of consciousness of any duration with death due to other causes prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.4X9A	Epidural hemorrhage with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.5X0A	Traumatic subdural hemorrhage without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S06.5X1A	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.5X2A	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.5X3A	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.5X4A	Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.5X5A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.5X6A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.5X7A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to brain injury before regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.5X8A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to other cause before regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.5X9A	Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.6X0A	Traumatic subarachnoid hemorrhage without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.6X1A	Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.6X2A	Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.6X3A	Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.6X4A	Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.6X5A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.6X6A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.6X7A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.6X8A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.6X9A	Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.890A	Other specified intracranial injury without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.891A	Other specified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.892A	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S06.893A	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.894A	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.895A	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.896A	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.897A	Other specified intracranial injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.898A	Other specified intracranial injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.899A	Other specified intracranial injury with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.9X0A	Unspecified intracranial injury without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.9X1A	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.9X2A	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.9X3A	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.9X4A	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.9X5A	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.9X6A	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.9X7A	Unspecified intracranial injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.9X8A	Unspecified intracranial injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.9X9A	Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S07.0XXA	Crushing injury of face, initial encounter	ICD-10-CM	Diagnosis
S07.1XXA	Crushing injury of skull, initial encounter	ICD-10-CM	Diagnosis
S07.8XXA	Crushing injury of other parts of head, initial encounter	ICD-10-CM	Diagnosis
S07.9XXA	Crushing injury of head, part unspecified, initial encounter	ICD-10-CM	Diagnosis
S08.0XXA	Avulsion of scalp, initial encounter	ICD-10-CM	Diagnosis
S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.01XA	Stable burst fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.01XB	Stable burst fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.02XA	Unstable burst fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.02XB	Unstable burst fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.030A	Displaced posterior arch fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.030B	Displaced posterior arch fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.031A	Nondisplaced posterior arch fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.031B	Nondisplaced posterior arch fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.040A	Displaced lateral mass fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.040B	Displaced lateral mass fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.041A	Nondisplaced lateral mass fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.041B	Nondisplaced lateral mass fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.090A	Other displaced fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.090B	Other displaced fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.091A	Other nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.091B	Other nondisplaced fracture of first cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.110A	Anterior displaced Type II dens fracture, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.110B	Anterior displaced Type II dens fracture, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.111A	Posterior displaced Type II dens fracture, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.111B	Posterior displaced Type II dens fracture, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.112A	Nondisplaced Type II dens fracture, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S12.112B	Nondisplaced Type II dens fracture, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.120A	Other displaced dens fracture, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.120B	Other displaced dens fracture, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.121A	Other nondisplaced dens fracture, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.121B	Other nondisplaced dens fracture, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.130A	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.130B	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.131A	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.131B	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.14XA	Type III traumatic spondylolisthesis of second cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.14XB	Type III traumatic spondylolisthesis of second cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.150A	Other traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.150B	Other traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.151A	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.151B	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.190A	Other displaced fracture of second cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.190B	Other displaced fracture of second cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.191A	Other nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.191B	Other nondisplaced fracture of second cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.230A	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S12.230B	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.231A	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.231B	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.24XA	Type III traumatic spondylolisthesis of third cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.24XB	Type III traumatic spondylolisthesis of third cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.250A	Other traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.250B	Other traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.251A	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.251B	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.290A	Other displaced fracture of third cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.290B	Other displaced fracture of third cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.291A	Other nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.291B	Other nondisplaced fracture of third cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.330A	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.330B	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.331A	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.331B	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.34XA	Type III traumatic spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S12.34XB	Type III traumatic spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.350A	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.350B	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.351A	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.351B	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.390A	Other displaced fracture of fourth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.390B	Other displaced fracture of fourth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.391A	Other nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.391B	Other nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.430A	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.430B	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.431A	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.431B	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.44XA	Type III traumatic spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.44XB	Type III traumatic spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.450A	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.450B	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.451A	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S12.451B	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.490A	Other displaced fracture of fifth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.490B	Other displaced fracture of fifth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.491A	Other nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.491B	Other nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.530A	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.530B	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.531A	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.531B	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.54XA	Type III traumatic spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.54XB	Type III traumatic spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.550A	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.550B	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.551A	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.551B	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.590A	Other displaced fracture of sixth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.590B	Other displaced fracture of sixth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.591A	Other nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.591B	Other nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S12.600B	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.601B	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.630A	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.630B	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.631A	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.631B	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.64XA	Type III traumatic spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.64XB	Type III traumatic spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.650A	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.650B	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.651A	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.651B	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.690A	Other displaced fracture of seventh cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.690B	Other displaced fracture of seventh cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.691A	Other nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S12.691B	Other nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S12.8XXA	Fracture of other parts of neck, initial encounter	ICD-10-CM	Diagnosis
S12.9XXA	Fracture of neck, unspecified, initial encounter	ICD-10-CM	Diagnosis
S14.101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.104A	Unspecified injury at C4 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.105A	Unspecified injury at C5 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.106A	Unspecified injury at C6 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.107A	Unspecified injury at C7 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S14.109A	Unspecified injury at unspecified level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.111A	Complete lesion at C1 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.112A	Complete lesion at C2 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.113A	Complete lesion at C3 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.114A	Complete lesion at C4 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.115A	Complete lesion at C5 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.116A	Complete lesion at C6 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.117A	Complete lesion at C7 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.121A	Central cord syndrome at C1 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.122A	Central cord syndrome at C2 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.123A	Central cord syndrome at C3 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.124A	Central cord syndrome at C4 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.125A	Central cord syndrome at C5 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.126A	Central cord syndrome at C6 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.127A	Central cord syndrome at C7 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.131A	Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.132A	Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.133A	Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.134A	Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.135A	Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.136A	Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.137A	Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.151A	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.152A	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.153A	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.154A	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.155A	Other incomplete lesion at C5 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.156A	Other incomplete lesion at C6 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S14.157A	Other incomplete lesion at C7 level of cervical spinal cord, initial encounter	ICD-10-CM	Diagnosis
S17.0XXA	Crushing injury of larynx and trachea, initial encounter	ICD-10-CM	Diagnosis
S17.8XXA	Crushing injury of other specified parts of neck, initial encounter	ICD-10-CM	Diagnosis
S17.9XXA	Crushing injury of neck, part unspecified, initial encounter	ICD-10-CM	Diagnosis
S21.101A	Unspecified open wound of right front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.102A	Unspecified open wound of left front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.109A	Unspecified open wound of unspecified front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.111A	Laceration without foreign body of right front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.112A	Laceration without foreign body of left front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S21.119A	Laceration without foreign body of unspecified front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.121A	Laceration with foreign body of right front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.122A	Laceration with foreign body of left front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.129A	Laceration with foreign body of unspecified front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.131A	Puncture wound without foreign body of right front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.132A	Puncture wound without foreign body of left front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.139A	Puncture wound without foreign body of unspecified front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.141A	Puncture wound with foreign body of right front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.142A	Puncture wound with foreign body of left front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.149A	Puncture wound with foreign body of unspecified front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.151A	Open bite of right front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.152A	Open bite of left front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.159A	Open bite of unspecified front wall of thorax without penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.301A	Unspecified open wound of right front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.302A	Unspecified open wound of left front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.309A	Unspecified open wound of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.311A	Laceration without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.312A	Laceration without foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.319A	Laceration without foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.321A	Laceration with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.322A	Laceration with foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S21.329A	Laceration with foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.331A	Puncture wound without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.332A	Puncture wound without foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.339A	Puncture wound without foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.341A	Puncture wound with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.342A	Puncture wound with foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.349A	Puncture wound with foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.351A	Open bite of right front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.352A	Open bite of left front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.359A	Open bite of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.401A	Unspecified open wound of right back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.402A	Unspecified open wound of left back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.409A	Unspecified open wound of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.411A	Laceration without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.412A	Laceration without foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.419A	Laceration without foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.421A	Laceration with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.422A	Laceration with foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.429A	Laceration with foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.431A	Puncture wound without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.432A	Puncture wound without foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S21.439A	Puncture wound without foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.441A	Puncture wound with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.442A	Puncture wound with foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.449A	Puncture wound with foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.451A	Open bite of right back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.452A	Open bite of left back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.459A	Open bite of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter	ICD-10-CM	Diagnosis
S21.90XA	Unspecified open wound of unspecified part of thorax, initial encounter	ICD-10-CM	Diagnosis
S21.91XA	Laceration without foreign body of unspecified part of thorax, initial encounter	ICD-10-CM	Diagnosis
S21.92XA	Laceration with foreign body of unspecified part of thorax, initial encounter	ICD-10-CM	Diagnosis
S21.93XA	Puncture wound without foreign body of unspecified part of thorax, initial encounter	ICD-10-CM	Diagnosis
S21.94XA	Puncture wound with foreign body of unspecified part of thorax, initial encounter	ICD-10-CM	Diagnosis
S21.95XA	Open bite of unspecified part of thorax, initial encounter	ICD-10-CM	Diagnosis
S22.000A	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.000B	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.001A	Stable burst fracture of unspecified thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.001B	Stable burst fracture of unspecified thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.002A	Unstable burst fracture of unspecified thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.002B	Unstable burst fracture of unspecified thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.008A	Other fracture of unspecified thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.008B	Other fracture of unspecified thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.009A	Unspecified fracture of unspecified thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.009B	Unspecified fracture of unspecified thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.010A	Wedge compression fracture of first thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.010B	Wedge compression fracture of first thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.011A	Stable burst fracture of first thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.011B	Stable burst fracture of first thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S22.012A	Unstable burst fracture of first thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.012B	Unstable burst fracture of first thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.018A	Other fracture of first thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.018B	Other fracture of first thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.019A	Unspecified fracture of first thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.019B	Unspecified fracture of first thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.020A	Wedge compression fracture of second thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.020B	Wedge compression fracture of second thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.021A	Stable burst fracture of second thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.021B	Stable burst fracture of second thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.022A	Unstable burst fracture of second thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.022B	Unstable burst fracture of second thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.028A	Other fracture of second thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.028B	Other fracture of second thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.029A	Unspecified fracture of second thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.029B	Unspecified fracture of second thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.030A	Wedge compression fracture of third thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.030B	Wedge compression fracture of third thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.031A	Stable burst fracture of third thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.031B	Stable burst fracture of third thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.032A	Unstable burst fracture of third thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.032B	Unstable burst fracture of third thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.038A	Other fracture of third thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.038B	Other fracture of third thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.039A	Unspecified fracture of third thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.039B	Unspecified fracture of third thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.040A	Wedge compression fracture of fourth thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.040B	Wedge compression fracture of fourth thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.041A	Stable burst fracture of fourth thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.041B	Stable burst fracture of fourth thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.042A	Unstable burst fracture of fourth thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.042B	Unstable burst fracture of fourth thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.048A	Other fracture of fourth thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.048B	Other fracture of fourth thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.049A	Unspecified fracture of fourth thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.049B	Unspecified fracture of fourth thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.050A	Wedge compression fracture of T5-T6 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.050B	Wedge compression fracture of T5-T6 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S22.051A	Stable burst fracture of T5-T6 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.051B	Stable burst fracture of T5-T6 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.052A	Unstable burst fracture of T5-T6 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.052B	Unstable burst fracture of T5-T6 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.058A	Other fracture of T5-T6 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.058B	Other fracture of T5-T6 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.059A	Unspecified fracture of T5-T6 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.059B	Unspecified fracture of T5-T6 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.060A	Wedge compression fracture of T7-T8 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.060B	Wedge compression fracture of T7-T8 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.061A	Stable burst fracture of T7-T8 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.061B	Stable burst fracture of T7-T8 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.062A	Unstable burst fracture of T7-T8 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.062B	Unstable burst fracture of T7-T8 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.068A	Other fracture of T7-T8 thoracic vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.068B	Other fracture of T7-T8 thoracic vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.069A	Unspecified fracture of T7-T8 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.069B	Unspecified fracture of T7-T8 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.070A	Wedge compression fracture of T9-T10 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.070B	Wedge compression fracture of T9-T10 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.071A	Stable burst fracture of T9-T10 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.071B	Stable burst fracture of T9-T10 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.072A	Unstable burst fracture of T9-T10 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.072B	Unstable burst fracture of T9-T10 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.078A	Other fracture of T9-T10 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.078B	Other fracture of T9-T10 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.079A	Unspecified fracture of T9-T10 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.079B	Unspecified fracture of T9-T10 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.080A	Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.080B	Wedge compression fracture of T11-T12 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.081A	Stable burst fracture of T11-T12 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.081B	Stable burst fracture of T11-T12 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.082A	Unstable burst fracture of T11-T12 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.082B	Unstable burst fracture of T11-T12 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.088A	Other fracture of T11-T12 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.088B	Other fracture of T11-T12 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.089A	Unspecified fracture of T11-T12 vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.089B	Unspecified fracture of T11-T12 vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.20XA	Unspecified fracture of sternum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.20XB	Unspecified fracture of sternum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.21XA	Fracture of manubrium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.21XB	Fracture of manubrium, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S22.22XA	Fracture of body of sternum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.22XB	Fracture of body of sternum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.23XA	Sternal manubrial dissociation, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.23XB	Sternal manubrial dissociation, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.24XA	Fracture of xiphoid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.24XB	Fracture of xiphoid process, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.31XA	Fracture of one rib, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.31XB	Fracture of one rib, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.32XA	Fracture of one rib, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.32XB	Fracture of one rib, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.39XA	Fracture of one rib, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.39XB	Fracture of one rib, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.41XA	Multiple fractures of ribs, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.41XB	Multiple fractures of ribs, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.42XA	Multiple fractures of ribs, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.42XB	Multiple fractures of ribs, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.43XA	Multiple fractures of ribs, bilateral, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.43XB	Multiple fractures of ribs, bilateral, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.49XA	Multiple fractures of ribs, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.49XB	Multiple fractures of ribs, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.5XXA	Flail chest, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.5XXB	Flail chest, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.9XXA	Fracture of bony thorax, part unspecified, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.9XXB	Fracture of bony thorax, part unspecified, initial encounter for open fracture	ICD-10-CM	Diagnosis
S24.101A	Unspecified injury at T1 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.102A	Unspecified injury at T2-T6 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.103A	Unspecified injury at T7-T10 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.104A	Unspecified injury at T11-T12 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.109A	Unspecified injury at unspecified level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.111A	Complete lesion at T1 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.112A	Complete lesion at T2-T6 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.113A	Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.114A	Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.131A	Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.132A	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.133A	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.134A	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.151A	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.152A	Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.153A	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S24.154A	Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter	ICD-10-CM	Diagnosis
S27.0XXA	Traumatic pneumothorax, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S27.1XXA	Traumatic hemothorax, initial encounter	ICD-10-CM	Diagnosis
S27.2XXA	Traumatic hemopneumothorax, initial encounter	ICD-10-CM	Diagnosis
S27.802A	Contusion of diaphragm, initial encounter	ICD-10-CM	Diagnosis
S27.803A	Laceration of diaphragm, initial encounter	ICD-10-CM	Diagnosis
S27.808A	Other injury of diaphragm, initial encounter	ICD-10-CM	Diagnosis
S27.809A	Unspecified injury of diaphragm, initial encounter	ICD-10-CM	Diagnosis
S27.9XXA	Injury of unspecified intrathoracic organ, initial encounter	ICD-10-CM	Diagnosis
S28.0XXA	Crushed chest, initial encounter	ICD-10-CM	Diagnosis
S28.1XXA	Traumatic amputation (partial) of part of thorax, except breast, initial encounter	ICD-10-CM	Diagnosis
S29.021A	Laceration of muscle and tendon of front wall of thorax, initial encounter	ICD-10-CM	Diagnosis
S29.029A	Laceration of muscle and tendon of unspecified wall of thorax, initial encounter	ICD-10-CM	Diagnosis
S31.001A	Unspecified open wound of lower back and pelvis with penetration into retroperitoneum, initial encounter	ICD-10-CM	Diagnosis
S31.609A	Unspecified open wound of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter	ICD-10-CM	Diagnosis
S32.000A	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.000B	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.001A	Stable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.001B	Stable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.002A	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.002B	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.008A	Other fracture of unspecified lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.008B	Other fracture of unspecified lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.009B	Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.010B	Wedge compression fracture of first lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.011A	Stable burst fracture of first lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.011B	Stable burst fracture of first lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.012A	Unstable burst fracture of first lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.012B	Unstable burst fracture of first lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.018A	Other fracture of first lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.018B	Other fracture of first lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.019A	Unspecified fracture of first lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.019B	Unspecified fracture of first lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.020B	Wedge compression fracture of second lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S32.021A	Stable burst fracture of second lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.021B	Stable burst fracture of second lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.022A	Unstable burst fracture of second lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.022B	Unstable burst fracture of second lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.028A	Other fracture of second lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.028B	Other fracture of second lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.029B	Unspecified fracture of second lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.030B	Wedge compression fracture of third lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.031A	Stable burst fracture of third lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.031B	Stable burst fracture of third lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.032A	Unstable burst fracture of third lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.032B	Unstable burst fracture of third lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.038A	Other fracture of third lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.038B	Other fracture of third lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.039B	Unspecified fracture of third lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.040B	Wedge compression fracture of fourth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.041A	Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.041B	Stable burst fracture of fourth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.042A	Unstable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.042B	Unstable burst fracture of fourth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.048A	Other fracture of fourth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.048B	Other fracture of fourth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.049B	Unspecified fracture of fourth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.050B	Wedge compression fracture of fifth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.051A	Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.051B	Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.052A	Unstable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.052B	Unstable burst fracture of fifth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.058A	Other fracture of fifth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.058B	Other fracture of fifth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.059A	Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.059B	Unspecified fracture of fifth lumbar vertebra, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.10XA	Unspecified fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S32.10XB	Unspecified fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.110A	Nondisplaced Zone I fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.110B	Nondisplaced Zone I fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.111A	Minimally displaced Zone I fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.111B	Minimally displaced Zone I fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.112A	Severely displaced Zone I fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.112B	Severely displaced Zone I fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.119A	Unspecified Zone I fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.119B	Unspecified Zone I fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.120A	Nondisplaced Zone II fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.120B	Nondisplaced Zone II fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.121A	Minimally displaced Zone II fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.121B	Minimally displaced Zone II fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.122A	Severely displaced Zone II fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.122B	Severely displaced Zone II fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.129A	Unspecified Zone II fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.129B	Unspecified Zone II fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.130A	Nondisplaced Zone III fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.130B	Nondisplaced Zone III fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.131A	Minimally displaced Zone III fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.131B	Minimally displaced Zone III fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.132A	Severely displaced Zone III fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.132B	Severely displaced Zone III fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.139A	Unspecified Zone III fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.139B	Unspecified Zone III fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.14XA	Type 1 fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.14XB	Type 1 fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.15XA	Type 2 fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.15XB	Type 2 fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.16XA	Type 3 fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.16XB	Type 3 fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.17XA	Type 4 fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.17XB	Type 4 fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.19XA	Other fracture of sacrum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.19XB	Other fracture of sacrum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.2XXA	Fracture of coccyx, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.2XXB	Fracture of coccyx, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.301A	Unspecified fracture of right ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.301B	Unspecified fracture of right ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.302A	Unspecified fracture of left ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.302B	Unspecified fracture of left ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.309A	Unspecified fracture of unspecified ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S32.309B	Unspecified fracture of unspecified ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.311A	Displaced avulsion fracture of right ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.311B	Displaced avulsion fracture of right ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.312A	Displaced avulsion fracture of left ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.312B	Displaced avulsion fracture of left ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.313A	Displaced avulsion fracture of unspecified ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.313B	Displaced avulsion fracture of unspecified ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.314A	Nondisplaced avulsion fracture of right ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.314B	Nondisplaced avulsion fracture of right ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.315A	Nondisplaced avulsion fracture of left ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.315B	Nondisplaced avulsion fracture of left ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.316A	Nondisplaced avulsion fracture of unspecified ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.316B	Nondisplaced avulsion fracture of unspecified ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.391A	Other fracture of right ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.391B	Other fracture of right ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.392A	Other fracture of left ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.392B	Other fracture of left ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.399A	Other fracture of unspecified ilium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.399B	Other fracture of unspecified ilium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.401A	Unspecified fracture of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.401B	Unspecified fracture of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.402A	Unspecified fracture of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.402B	Unspecified fracture of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.409A	Unspecified fracture of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.409B	Unspecified fracture of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.411A	Displaced fracture of anterior wall of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.411B	Displaced fracture of anterior wall of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.412A	Displaced fracture of anterior wall of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.412B	Displaced fracture of anterior wall of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.413A	Displaced fracture of anterior wall of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.413B	Displaced fracture of anterior wall of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.414A	Nondisplaced fracture of anterior wall of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.414B	Nondisplaced fracture of anterior wall of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.415A	Nondisplaced fracture of anterior wall of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S32.415B	Nondisplaced fracture of anterior wall of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.416A	Nondisplaced fracture of anterior wall of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.416B	Nondisplaced fracture of anterior wall of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.421A	Displaced fracture of posterior wall of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.421B	Displaced fracture of posterior wall of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.422A	Displaced fracture of posterior wall of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.422B	Displaced fracture of posterior wall of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.423A	Displaced fracture of posterior wall of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.423B	Displaced fracture of posterior wall of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.424A	Nondisplaced fracture of posterior wall of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.424B	Nondisplaced fracture of posterior wall of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.425A	Nondisplaced fracture of posterior wall of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.425B	Nondisplaced fracture of posterior wall of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.426A	Nondisplaced fracture of posterior wall of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.426B	Nondisplaced fracture of posterior wall of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.431A	Displaced fracture of anterior column [iliopubic] of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.431B	Displaced fracture of anterior column [iliopubic] of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.432A	Displaced fracture of anterior column [iliopubic] of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.432B	Displaced fracture of anterior column [iliopubic] of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.433A	Displaced fracture of anterior column [iliopubic] of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.433B	Displaced fracture of anterior column [iliopubic] of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S32.434A	Nondisplaced fracture of anterior column [iliopubic] of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.434B	Nondisplaced fracture of anterior column [iliopubic] of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.435A	Nondisplaced fracture of anterior column [iliopubic] of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.435B	Nondisplaced fracture of anterior column [iliopubic] of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.436A	Nondisplaced fracture of anterior column [iliopubic] of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.436B	Nondisplaced fracture of anterior column [iliopubic] of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.441A	Displaced fracture of posterior column [ilioischial] of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.441B	Displaced fracture of posterior column [ilioischial] of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.442A	Displaced fracture of posterior column [ilioischial] of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.442B	Displaced fracture of posterior column [ilioischial] of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.443A	Displaced fracture of posterior column [ilioischial] of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.443B	Displaced fracture of posterior column [ilioischial] of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.444A	Nondisplaced fracture of posterior column [ilioischial] of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.444B	Nondisplaced fracture of posterior column [ilioischial] of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.445A	Nondisplaced fracture of posterior column [ilioischial] of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.445B	Nondisplaced fracture of posterior column [ilioischial] of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.446A	Nondisplaced fracture of posterior column [ilioischial] of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.446B	Nondisplaced fracture of posterior column [ilioischial] of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.451A	Displaced transverse fracture of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.451B	Displaced transverse fracture of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.452A	Displaced transverse fracture of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.452B	Displaced transverse fracture of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.453A	Displaced transverse fracture of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S32.453B	Displaced transverse fracture of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.454A	Nondisplaced transverse fracture of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.454B	Nondisplaced transverse fracture of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.455A	Nondisplaced transverse fracture of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.455B	Nondisplaced transverse fracture of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.456A	Nondisplaced transverse fracture of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.456B	Nondisplaced transverse fracture of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.461A	Displaced associated transverse-posterior fracture of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.461B	Displaced associated transverse-posterior fracture of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.462A	Displaced associated transverse-posterior fracture of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.462B	Displaced associated transverse-posterior fracture of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.463A	Displaced associated transverse-posterior fracture of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.463B	Displaced associated transverse-posterior fracture of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.464A	Nondisplaced associated transverse-posterior fracture of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.464B	Nondisplaced associated transverse-posterior fracture of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.465A	Nondisplaced associated transverse-posterior fracture of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.465B	Nondisplaced associated transverse-posterior fracture of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.466A	Nondisplaced associated transverse-posterior fracture of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.466B	Nondisplaced associated transverse-posterior fracture of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.471A	Displaced fracture of medial wall of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.471B	Displaced fracture of medial wall of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.472A	Displaced fracture of medial wall of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.472B	Displaced fracture of medial wall of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S32.473A	Displaced fracture of medial wall of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.473B	Displaced fracture of medial wall of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.474A	Nondisplaced fracture of medial wall of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.474B	Nondisplaced fracture of medial wall of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.475A	Nondisplaced fracture of medial wall of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.475B	Nondisplaced fracture of medial wall of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.476A	Nondisplaced fracture of medial wall of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.476B	Nondisplaced fracture of medial wall of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.481A	Displaced dome fracture of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.481B	Displaced dome fracture of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.482A	Displaced dome fracture of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.482B	Displaced dome fracture of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.483A	Displaced dome fracture of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.483B	Displaced dome fracture of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.484A	Nondisplaced dome fracture of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.484B	Nondisplaced dome fracture of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.485A	Nondisplaced dome fracture of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.485B	Nondisplaced dome fracture of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.486A	Nondisplaced dome fracture of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.486B	Nondisplaced dome fracture of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.491A	Other specified fracture of right acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.491B	Other specified fracture of right acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.492A	Other specified fracture of left acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.492B	Other specified fracture of left acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.499A	Other specified fracture of unspecified acetabulum, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.499B	Other specified fracture of unspecified acetabulum, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.501A	Unspecified fracture of right pubis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.501B	Unspecified fracture of right pubis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.502A	Unspecified fracture of left pubis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.502B	Unspecified fracture of left pubis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.509A	Unspecified fracture of unspecified pubis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.509B	Unspecified fracture of unspecified pubis, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S32.511A	Fracture of superior rim of right pubis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.511B	Fracture of superior rim of right pubis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.512A	Fracture of superior rim of left pubis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.512B	Fracture of superior rim of left pubis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.519A	Fracture of superior rim of unspecified pubis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.519B	Fracture of superior rim of unspecified pubis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.591A	Other specified fracture of right pubis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.591B	Other specified fracture of right pubis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.592A	Other specified fracture of left pubis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.592B	Other specified fracture of left pubis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.599A	Other specified fracture of unspecified pubis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.599B	Other specified fracture of unspecified pubis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.601A	Unspecified fracture of right ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.601B	Unspecified fracture of right ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.602A	Unspecified fracture of left ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.602B	Unspecified fracture of left ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.609A	Unspecified fracture of unspecified ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.609B	Unspecified fracture of unspecified ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.611A	Displaced avulsion fracture of right ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.611B	Displaced avulsion fracture of right ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.612A	Displaced avulsion fracture of left ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.612B	Displaced avulsion fracture of left ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.613A	Displaced avulsion fracture of unspecified ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.613B	Displaced avulsion fracture of unspecified ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.614A	Nondisplaced avulsion fracture of right ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.614B	Nondisplaced avulsion fracture of right ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.615A	Nondisplaced avulsion fracture of left ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.615B	Nondisplaced avulsion fracture of left ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.616A	Nondisplaced avulsion fracture of unspecified ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.616B	Nondisplaced avulsion fracture of unspecified ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.691A	Other specified fracture of right ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.691B	Other specified fracture of right ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.692A	Other specified fracture of left ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.692B	Other specified fracture of left ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.699A	Other specified fracture of unspecified ischium, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.699B	Other specified fracture of unspecified ischium, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.810A	Multiple fractures of pelvis with stable disruption of pelvic ring, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.810B	Multiple fractures of pelvis with stable disruption of pelvic ring, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S32.811A	Multiple fractures of pelvis with unstable disruption of pelvic ring, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.811B	Multiple fractures of pelvis with unstable disruption of pelvic ring, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.82XA	Multiple fractures of pelvis without disruption of pelvic ring, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.82XB	Multiple fractures of pelvis without disruption of pelvic ring, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.89XA	Fracture of other parts of pelvis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.89XB	Fracture of other parts of pelvis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S32.9XXA	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S32.9XXB	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for open fracture	ICD-10-CM	Diagnosis
S34.101A	Unspecified injury to L1 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.102A	Unspecified injury to L2 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.103A	Unspecified injury to L3 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.104A	Unspecified injury to L4 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.105A	Unspecified injury to L5 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.109A	Unspecified injury to unspecified level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.111A	Complete lesion of L1 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.112A	Complete lesion of L2 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.113A	Complete lesion of L3 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.114A	Complete lesion of L4 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.115A	Complete lesion of L5 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.119A	Complete lesion of unspecified level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.121A	Incomplete lesion of L1 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.122A	Incomplete lesion of L2 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.123A	Incomplete lesion of L3 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.124A	Incomplete lesion of L4 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.125A	Incomplete lesion of L5 level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.129A	Incomplete lesion of unspecified level of lumbar spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.131A	Complete lesion of sacral spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.132A	Incomplete lesion of sacral spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.139A	Unspecified injury to sacral spinal cord, initial encounter	ICD-10-CM	Diagnosis
S34.3XXA	Injury of cauda equina, initial encounter	ICD-10-CM	Diagnosis
S35.401A	Unspecified injury of right renal artery, initial encounter	ICD-10-CM	Diagnosis
S35.402A	Unspecified injury of left renal artery, initial encounter	ICD-10-CM	Diagnosis
S35.403A	Unspecified injury of unspecified renal artery, initial encounter	ICD-10-CM	Diagnosis
S35.404A	Unspecified injury of right renal vein, initial encounter	ICD-10-CM	Diagnosis
S35.405A	Unspecified injury of left renal vein, initial encounter	ICD-10-CM	Diagnosis
S35.406A	Unspecified injury of unspecified renal vein, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S35.411A	Laceration of right renal artery, initial encounter	ICD-10-CM	Diagnosis
S35.412A	Laceration of left renal artery, initial encounter	ICD-10-CM	Diagnosis
S35.413A	Laceration of unspecified renal artery, initial encounter	ICD-10-CM	Diagnosis
S35.414A	Laceration of right renal vein, initial encounter	ICD-10-CM	Diagnosis
S35.415A	Laceration of left renal vein, initial encounter	ICD-10-CM	Diagnosis
S35.416A	Laceration of unspecified renal vein, initial encounter	ICD-10-CM	Diagnosis
S35.491A	Other specified injury of right renal artery, initial encounter	ICD-10-CM	Diagnosis
S35.492A	Other specified injury of left renal artery, initial encounter	ICD-10-CM	Diagnosis
S35.493A	Other specified injury of unspecified renal artery, initial encounter	ICD-10-CM	Diagnosis
S35.494A	Other specified injury of right renal vein, initial encounter	ICD-10-CM	Diagnosis
S35.495A	Other specified injury of left renal vein, initial encounter	ICD-10-CM	Diagnosis
S35.496A	Other specified injury of unspecified renal vein, initial encounter	ICD-10-CM	Diagnosis
S35.531A	Injury of right uterine artery, initial encounter	ICD-10-CM	Diagnosis
S35.532A	Injury of left uterine artery, initial encounter	ICD-10-CM	Diagnosis
S35.533A	Injury of unspecified uterine artery, initial encounter	ICD-10-CM	Diagnosis
S35.534A	Injury of right uterine vein, initial encounter	ICD-10-CM	Diagnosis
S35.535A	Injury of left uterine vein, initial encounter	ICD-10-CM	Diagnosis
S35.536A	Injury of unspecified uterine vein, initial encounter	ICD-10-CM	Diagnosis
S35.8X1A	Laceration of other blood vessels at abdomen, lower back and pelvis level, initial encounter	ICD-10-CM	Diagnosis
S35.8X8A	Other specified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter	ICD-10-CM	Diagnosis
S35.8X9A	Unspecified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter	ICD-10-CM	Diagnosis
S36.00XA	Unspecified injury of spleen, initial encounter	ICD-10-CM	Diagnosis
S36.020A	Minor contusion of spleen, initial encounter	ICD-10-CM	Diagnosis
S36.021A	Major contusion of spleen, initial encounter	ICD-10-CM	Diagnosis
S36.029A	Unspecified contusion of spleen, initial encounter	ICD-10-CM	Diagnosis
S36.030A	Superficial (capsular) laceration of spleen, initial encounter	ICD-10-CM	Diagnosis
S36.031A	Moderate laceration of spleen, initial encounter	ICD-10-CM	Diagnosis
S36.032A	Major laceration of spleen, initial encounter	ICD-10-CM	Diagnosis
S36.09XA	Other injury of spleen, initial encounter	ICD-10-CM	Diagnosis
S36.112A	Contusion of liver, initial encounter	ICD-10-CM	Diagnosis
S36.113A	Laceration of liver, unspecified degree, initial encounter	ICD-10-CM	Diagnosis
S36.114A	Minor laceration of liver, initial encounter	ICD-10-CM	Diagnosis
S36.115A	Moderate laceration of liver, initial encounter	ICD-10-CM	Diagnosis
S36.116A	Major laceration of liver, initial encounter	ICD-10-CM	Diagnosis
S36.118A	Other injury of liver, initial encounter	ICD-10-CM	Diagnosis
S36.119A	Unspecified injury of liver, initial encounter	ICD-10-CM	Diagnosis
S36.200A	Unspecified injury of head of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.201A	Unspecified injury of body of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.202A	Unspecified injury of tail of pancreas, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S36.209A	Unspecified injury of unspecified part of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.220A	Contusion of head of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.221A	Contusion of body of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.222A	Contusion of tail of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.229A	Contusion of unspecified part of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.230A	Laceration of head of pancreas, unspecified degree, initial encounter	ICD-10-CM	Diagnosis
S36.231A	Laceration of body of pancreas, unspecified degree, initial encounter	ICD-10-CM	Diagnosis
S36.232A	Laceration of tail of pancreas, unspecified degree, initial encounter	ICD-10-CM	Diagnosis
S36.239A	Laceration of unspecified part of pancreas, unspecified degree, initial encounter	ICD-10-CM	Diagnosis
S36.240A	Minor laceration of head of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.241A	Minor laceration of body of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.242A	Minor laceration of tail of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.249A	Minor laceration of unspecified part of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.250A	Moderate laceration of head of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.251A	Moderate laceration of body of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.252A	Moderate laceration of tail of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.259A	Moderate laceration of unspecified part of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.260A	Major laceration of head of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.261A	Major laceration of body of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.262A	Major laceration of tail of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.269A	Major laceration of unspecified part of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.290A	Other injury of head of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.291A	Other injury of body of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.292A	Other injury of tail of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.299A	Other injury of unspecified part of pancreas, initial encounter	ICD-10-CM	Diagnosis
S36.30XA	Unspecified injury of stomach, initial encounter	ICD-10-CM	Diagnosis
S36.32XA	Contusion of stomach, initial encounter	ICD-10-CM	Diagnosis
S36.33XA	Laceration of stomach, initial encounter	ICD-10-CM	Diagnosis
S36.39XA	Other injury of stomach, initial encounter	ICD-10-CM	Diagnosis
S36.400A	Unspecified injury of duodenum, initial encounter	ICD-10-CM	Diagnosis
S36.408A	Unspecified injury of other part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.409A	Unspecified injury of unspecified part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.410A	Primary blast injury of duodenum, initial encounter	ICD-10-CM	Diagnosis
S36.418A	Primary blast injury of other part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.419A	Primary blast injury of unspecified part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.420A	Contusion of duodenum, initial encounter	ICD-10-CM	Diagnosis
S36.428A	Contusion of other part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.429A	Contusion of unspecified part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.430A	Laceration of duodenum, initial encounter	ICD-10-CM	Diagnosis
S36.438A	Laceration of other part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.439A	Laceration of unspecified part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.490A	Other injury of duodenum, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S36.498A	Other injury of other part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.499A	Other injury of unspecified part of small intestine, initial encounter	ICD-10-CM	Diagnosis
S36.500A	Unspecified injury of ascending [right] colon, initial encounter	ICD-10-CM	Diagnosis
S36.501A	Unspecified injury of transverse colon, initial encounter	ICD-10-CM	Diagnosis
S36.502A	Unspecified injury of descending [left] colon, initial encounter	ICD-10-CM	Diagnosis
S36.503A	Unspecified injury of sigmoid colon, initial encounter	ICD-10-CM	Diagnosis
S36.508A	Unspecified injury of other part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.509A	Unspecified injury of unspecified part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.510A	Primary blast injury of ascending [right] colon, initial encounter	ICD-10-CM	Diagnosis
S36.511A	Primary blast injury of transverse colon, initial encounter	ICD-10-CM	Diagnosis
S36.512A	Primary blast injury of descending [left] colon, initial encounter	ICD-10-CM	Diagnosis
S36.513A	Primary blast injury of sigmoid colon, initial encounter	ICD-10-CM	Diagnosis
S36.518A	Primary blast injury of other part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.519A	Primary blast injury of unspecified part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.520A	Contusion of ascending [right] colon, initial encounter	ICD-10-CM	Diagnosis
S36.521A	Contusion of transverse colon, initial encounter	ICD-10-CM	Diagnosis
S36.522A	Contusion of descending [left] colon, initial encounter	ICD-10-CM	Diagnosis
S36.523A	Contusion of sigmoid colon, initial encounter	ICD-10-CM	Diagnosis
S36.528A	Contusion of other part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.529A	Contusion of unspecified part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.530A	Laceration of ascending [right] colon, initial encounter	ICD-10-CM	Diagnosis
S36.531A	Laceration of transverse colon, initial encounter	ICD-10-CM	Diagnosis
S36.532A	Laceration of descending [left] colon, initial encounter	ICD-10-CM	Diagnosis
S36.533A	Laceration of sigmoid colon, initial encounter	ICD-10-CM	Diagnosis
S36.538A	Laceration of other part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.539A	Laceration of unspecified part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.590A	Other injury of ascending [right] colon, initial encounter	ICD-10-CM	Diagnosis
S36.591A	Other injury of transverse colon, initial encounter	ICD-10-CM	Diagnosis
S36.592A	Other injury of descending [left] colon, initial encounter	ICD-10-CM	Diagnosis
S36.593A	Other injury of sigmoid colon, initial encounter	ICD-10-CM	Diagnosis
S36.598A	Other injury of other part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.599A	Other injury of unspecified part of colon, initial encounter	ICD-10-CM	Diagnosis
S36.60XA	Unspecified injury of rectum, initial encounter	ICD-10-CM	Diagnosis
S36.61XA	Primary blast injury of rectum, initial encounter	ICD-10-CM	Diagnosis
S36.62XA	Contusion of rectum, initial encounter	ICD-10-CM	Diagnosis
S36.63XA	Laceration of rectum, initial encounter	ICD-10-CM	Diagnosis
S36.69XA	Other injury of rectum, initial encounter	ICD-10-CM	Diagnosis
S36.899A	Unspecified injury of other intra-abdominal organs, initial encounter	ICD-10-CM	Diagnosis
S36.90XA	Unspecified injury of unspecified intra-abdominal organ, initial encounter	ICD-10-CM	Diagnosis
S37.001A	Unspecified injury of right kidney, initial encounter	ICD-10-CM	Diagnosis
S37.002A	Unspecified injury of left kidney, initial encounter	ICD-10-CM	Diagnosis
S37.009A	Unspecified injury of unspecified kidney, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S37.011A	Minor contusion of right kidney, initial encounter	ICD-10-CM	Diagnosis
S37.012A	Minor contusion of left kidney, initial encounter	ICD-10-CM	Diagnosis
S37.019A	Minor contusion of unspecified kidney, initial encounter	ICD-10-CM	Diagnosis
S37.021A	Major contusion of right kidney, initial encounter	ICD-10-CM	Diagnosis
S37.022A	Major contusion of left kidney, initial encounter	ICD-10-CM	Diagnosis
S37.029A	Major contusion of unspecified kidney, initial encounter	ICD-10-CM	Diagnosis
S37.031A	Laceration of right kidney, unspecified degree, initial encounter	ICD-10-CM	Diagnosis
S37.032A	Laceration of left kidney, unspecified degree, initial encounter	ICD-10-CM	Diagnosis
S37.039A	Laceration of unspecified kidney, unspecified degree, initial encounter	ICD-10-CM	Diagnosis
S37.041A	Minor laceration of right kidney, initial encounter	ICD-10-CM	Diagnosis
S37.042A	Minor laceration of left kidney, initial encounter	ICD-10-CM	Diagnosis
S37.049A	Minor laceration of unspecified kidney, initial encounter	ICD-10-CM	Diagnosis
S37.051A	Moderate laceration of right kidney, initial encounter	ICD-10-CM	Diagnosis
S37.052A	Moderate laceration of left kidney, initial encounter	ICD-10-CM	Diagnosis
S37.059A	Moderate laceration of unspecified kidney, initial encounter	ICD-10-CM	Diagnosis
S37.061A	Major laceration of right kidney, initial encounter	ICD-10-CM	Diagnosis
S37.062A	Major laceration of left kidney, initial encounter	ICD-10-CM	Diagnosis
S37.069A	Major laceration of unspecified kidney, initial encounter	ICD-10-CM	Diagnosis
S37.091A	Other injury of right kidney, initial encounter	ICD-10-CM	Diagnosis
S37.092A	Other injury of left kidney, initial encounter	ICD-10-CM	Diagnosis
S37.099A	Other injury of unspecified kidney, initial encounter	ICD-10-CM	Diagnosis
S37.10XA	Unspecified injury of ureter, initial encounter	ICD-10-CM	Diagnosis
S37.12XA	Contusion of ureter, initial encounter	ICD-10-CM	Diagnosis
S37.13XA	Laceration of ureter, initial encounter	ICD-10-CM	Diagnosis
S37.19XA	Other injury of ureter, initial encounter	ICD-10-CM	Diagnosis
S37.20XA	Unspecified injury of bladder, initial encounter	ICD-10-CM	Diagnosis
S37.22XA	Contusion of bladder, initial encounter	ICD-10-CM	Diagnosis
S37.23XA	Laceration of bladder, initial encounter	ICD-10-CM	Diagnosis
S37.29XA	Other injury of bladder, initial encounter	ICD-10-CM	Diagnosis
S37.30XA	Unspecified injury of urethra, initial encounter	ICD-10-CM	Diagnosis
S37.32XA	Contusion of urethra, initial encounter	ICD-10-CM	Diagnosis
S37.33XA	Laceration of urethra, initial encounter	ICD-10-CM	Diagnosis
S37.39XA	Other injury of urethra, initial encounter	ICD-10-CM	Diagnosis
S37.401A	Unspecified injury of ovary, unilateral, initial encounter	ICD-10-CM	Diagnosis
S37.402A	Unspecified injury of ovary, bilateral, initial encounter	ICD-10-CM	Diagnosis
S37.409A	Unspecified injury of ovary, unspecified, initial encounter	ICD-10-CM	Diagnosis
S37.421A	Contusion of ovary, unilateral, initial encounter	ICD-10-CM	Diagnosis
S37.422A	Contusion of ovary, bilateral, initial encounter	ICD-10-CM	Diagnosis
S37.429A	Contusion of ovary, unspecified, initial encounter	ICD-10-CM	Diagnosis
S37.431A	Laceration of ovary, unilateral, initial encounter	ICD-10-CM	Diagnosis
S37.432A	Laceration of ovary, bilateral, initial encounter	ICD-10-CM	Diagnosis
S37.439A	Laceration of ovary, unspecified, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S37.491A	Other injury of ovary, unilateral, initial encounter	ICD-10-CM	Diagnosis
S37.492A	Other injury of ovary, bilateral, initial encounter	ICD-10-CM	Diagnosis
S37.499A	Other injury of ovary, unspecified, initial encounter	ICD-10-CM	Diagnosis
S37.501A	Unspecified injury of fallopian tube, unilateral, initial encounter	ICD-10-CM	Diagnosis
S37.502A	Unspecified injury of fallopian tube, bilateral, initial encounter	ICD-10-CM	Diagnosis
S37.509A	Unspecified injury of fallopian tube, unspecified, initial encounter	ICD-10-CM	Diagnosis
S37.511A	Primary blast injury of fallopian tube, unilateral, initial encounter	ICD-10-CM	Diagnosis
S37.512A	Primary blast injury of fallopian tube, bilateral, initial encounter	ICD-10-CM	Diagnosis
S37.519A	Primary blast injury of fallopian tube, unspecified, initial encounter	ICD-10-CM	Diagnosis
S37.521A	Contusion of fallopian tube, unilateral, initial encounter	ICD-10-CM	Diagnosis
S37.522A	Contusion of fallopian tube, bilateral, initial encounter	ICD-10-CM	Diagnosis
S37.529A	Contusion of fallopian tube, unspecified, initial encounter	ICD-10-CM	Diagnosis
S37.531A	Laceration of fallopian tube, unilateral, initial encounter	ICD-10-CM	Diagnosis
S37.532A	Laceration of fallopian tube, bilateral, initial encounter	ICD-10-CM	Diagnosis
S37.539A	Laceration of fallopian tube, unspecified, initial encounter	ICD-10-CM	Diagnosis
S37.591A	Other injury of fallopian tube, unilateral, initial encounter	ICD-10-CM	Diagnosis
S37.592A	Other injury of fallopian tube, bilateral, initial encounter	ICD-10-CM	Diagnosis
S37.599A	Other injury of fallopian tube, unspecified, initial encounter	ICD-10-CM	Diagnosis
S37.60XA	Unspecified injury of uterus, initial encounter	ICD-10-CM	Diagnosis
S37.62XA	Contusion of uterus, initial encounter	ICD-10-CM	Diagnosis
S37.63XA	Laceration of uterus, initial encounter	ICD-10-CM	Diagnosis
S37.69XA	Other injury of uterus, initial encounter	ICD-10-CM	Diagnosis
S37.822A	Contusion of prostate, initial encounter	ICD-10-CM	Diagnosis
S37.823A	Laceration of prostate, initial encounter	ICD-10-CM	Diagnosis
S37.828A	Other injury of prostate, initial encounter	ICD-10-CM	Diagnosis
S37.829A	Unspecified injury of prostate, initial encounter	ICD-10-CM	Diagnosis
S37.892A	Contusion of other urinary and pelvic organ, initial encounter	ICD-10-CM	Diagnosis
S37.893A	Laceration of other urinary and pelvic organ, initial encounter	ICD-10-CM	Diagnosis
S37.898A	Other injury of other urinary and pelvic organ, initial encounter	ICD-10-CM	Diagnosis
S37.899A	Unspecified injury of other urinary and pelvic organ, initial encounter	ICD-10-CM	Diagnosis
S37.90XA	Unspecified injury of unspecified urinary and pelvic organ, initial encounter	ICD-10-CM	Diagnosis
S37.92XA	Contusion of unspecified urinary and pelvic organ, initial encounter	ICD-10-CM	Diagnosis
S37.93XA	Laceration of unspecified urinary and pelvic organ, initial encounter	ICD-10-CM	Diagnosis
S37.99XA	Other injury of unspecified urinary and pelvic organ, initial encounter	ICD-10-CM	Diagnosis
S38.001A	Crushing injury of unspecified external genital organs, male, initial encounter	ICD-10-CM	Diagnosis
S38.002A	Crushing injury of unspecified external genital organs, female, initial encounter	ICD-10-CM	Diagnosis
S38.01XA	Crushing injury of penis, initial encounter	ICD-10-CM	Diagnosis
S38.02XA	Crushing injury of scrotum and testis, initial encounter	ICD-10-CM	Diagnosis
S38.03XA	Crushing injury of vulva, initial encounter	ICD-10-CM	Diagnosis
S38.1XXA	Crushing injury of abdomen, lower back, and pelvis, initial encounter	ICD-10-CM	Diagnosis
S42.001A	Fracture of unspecified part of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.001B	Fracture of unspecified part of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.002A	Fracture of unspecified part of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.002B	Fracture of unspecified part of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.009A	Fracture of unspecified part of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.009B	Fracture of unspecified part of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.011A	Anterior displaced fracture of sternal end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.011B	Anterior displaced fracture of sternal end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.012A	Anterior displaced fracture of sternal end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.012B	Anterior displaced fracture of sternal end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.013A	Anterior displaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.013B	Anterior displaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.014A	Posterior displaced fracture of sternal end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.014B	Posterior displaced fracture of sternal end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.015A	Posterior displaced fracture of sternal end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.015B	Posterior displaced fracture of sternal end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.016A	Posterior displaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.016B	Posterior displaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.017A	Nondisplaced fracture of sternal end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.017B	Nondisplaced fracture of sternal end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.018A	Nondisplaced fracture of sternal end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.018B	Nondisplaced fracture of sternal end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.019A	Nondisplaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.019B	Nondisplaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.021A	Displaced fracture of shaft of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.021B	Displaced fracture of shaft of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.022A	Displaced fracture of shaft of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.022B	Displaced fracture of shaft of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.023A	Displaced fracture of shaft of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.023B	Displaced fracture of shaft of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.024A	Nondisplaced fracture of shaft of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.024B	Nondisplaced fracture of shaft of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.025A	Nondisplaced fracture of shaft of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.025B	Nondisplaced fracture of shaft of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.026A	Nondisplaced fracture of shaft of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.026B	Nondisplaced fracture of shaft of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.031A	Displaced fracture of lateral end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.031B	Displaced fracture of lateral end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.032A	Displaced fracture of lateral end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.032B	Displaced fracture of lateral end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.033A	Displaced fracture of lateral end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.033B	Displaced fracture of lateral end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.034A	Nondisplaced fracture of lateral end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.034B	Nondisplaced fracture of lateral end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.035A	Nondisplaced fracture of lateral end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.035B	Nondisplaced fracture of lateral end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.036A	Nondisplaced fracture of lateral end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.036B	Nondisplaced fracture of lateral end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.101A	Fracture of unspecified part of scapula, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.101B	Fracture of unspecified part of scapula, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.102A	Fracture of unspecified part of scapula, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.102B	Fracture of unspecified part of scapula, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.109A	Fracture of unspecified part of scapula, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.109B	Fracture of unspecified part of scapula, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.111A	Displaced fracture of body of scapula, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.111B	Displaced fracture of body of scapula, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.112A	Displaced fracture of body of scapula, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.112B	Displaced fracture of body of scapula, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.113A	Displaced fracture of body of scapula, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.113B	Displaced fracture of body of scapula, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.114A	Nondisplaced fracture of body of scapula, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.114B	Nondisplaced fracture of body of scapula, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.115A	Nondisplaced fracture of body of scapula, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.115B	Nondisplaced fracture of body of scapula, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.116A	Nondisplaced fracture of body of scapula, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.116B	Nondisplaced fracture of body of scapula, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.121A	Displaced fracture of acromial process, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.121B	Displaced fracture of acromial process, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.122A	Displaced fracture of acromial process, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.122B	Displaced fracture of acromial process, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.123A	Displaced fracture of acromial process, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.123B	Displaced fracture of acromial process, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.124A	Nondisplaced fracture of acromial process, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.124B	Nondisplaced fracture of acromial process, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.125A	Nondisplaced fracture of acromial process, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.125B	Nondisplaced fracture of acromial process, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.126A	Nondisplaced fracture of acromial process, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.126B	Nondisplaced fracture of acromial process, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.131A	Displaced fracture of coracoid process, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.131B	Displaced fracture of coracoid process, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.132A	Displaced fracture of coracoid process, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.132B	Displaced fracture of coracoid process, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.133A	Displaced fracture of coracoid process, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.133B	Displaced fracture of coracoid process, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S42.134A	Nondisplaced fracture of coracoid process, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.134B	Nondisplaced fracture of coracoid process, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.135A	Nondisplaced fracture of coracoid process, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.135B	Nondisplaced fracture of coracoid process, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.136A	Nondisplaced fracture of coracoid process, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.136B	Nondisplaced fracture of coracoid process, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.141A	Displaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.141B	Displaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.142A	Displaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.142B	Displaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.143A	Displaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.143B	Displaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.144A	Nondisplaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.144B	Nondisplaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.145A	Nondisplaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.145B	Nondisplaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.146A	Nondisplaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.146B	Nondisplaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.151A	Displaced fracture of neck of scapula, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.151B	Displaced fracture of neck of scapula, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.152A	Displaced fracture of neck of scapula, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.152B	Displaced fracture of neck of scapula, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.153A	Displaced fracture of neck of scapula, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.153B	Displaced fracture of neck of scapula, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.154A	Nondisplaced fracture of neck of scapula, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.154B	Nondisplaced fracture of neck of scapula, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.155A	Nondisplaced fracture of neck of scapula, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.155B	Nondisplaced fracture of neck of scapula, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.156A	Nondisplaced fracture of neck of scapula, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.156B	Nondisplaced fracture of neck of scapula, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.191A	Fracture of other part of scapula, right shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.191B	Fracture of other part of scapula, right shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.192A	Fracture of other part of scapula, left shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.192B	Fracture of other part of scapula, left shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.199A	Fracture of other part of scapula, unspecified shoulder, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.199B	Fracture of other part of scapula, unspecified shoulder, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.201A	Unspecified fracture of upper end of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.201B	Unspecified fracture of upper end of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.202A	Unspecified fracture of upper end of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.202B	Unspecified fracture of upper end of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.209A	Unspecified fracture of upper end of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.209B	Unspecified fracture of upper end of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.211A	Unspecified displaced fracture of surgical neck of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.211B	Unspecified displaced fracture of surgical neck of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.212A	Unspecified displaced fracture of surgical neck of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.212B	Unspecified displaced fracture of surgical neck of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.213A	Unspecified displaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.213B	Unspecified displaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.214A	Unspecified nondisplaced fracture of surgical neck of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.214B	Unspecified nondisplaced fracture of surgical neck of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.215A	Unspecified nondisplaced fracture of surgical neck of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.215B	Unspecified nondisplaced fracture of surgical neck of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.216A	Unspecified nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.216B	Unspecified nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.221A	2-part displaced fracture of surgical neck of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.221B	2-part displaced fracture of surgical neck of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.222A	2-part displaced fracture of surgical neck of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.222B	2-part displaced fracture of surgical neck of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.223A	2-part displaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.223B	2-part displaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.224A	2-part nondisplaced fracture of surgical neck of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.224B	2-part nondisplaced fracture of surgical neck of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.225A	2-part nondisplaced fracture of surgical neck of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.225B	2-part nondisplaced fracture of surgical neck of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.226A	2-part nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.226B	2-part nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.231A	3-part fracture of surgical neck of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.231B	3-part fracture of surgical neck of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.232A	3-part fracture of surgical neck of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.232B	3-part fracture of surgical neck of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.239A	3-part fracture of surgical neck of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.239B	3-part fracture of surgical neck of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.241A	4-part fracture of surgical neck of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.241B	4-part fracture of surgical neck of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.242A	4-part fracture of surgical neck of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.242B	4-part fracture of surgical neck of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.249A	4-part fracture of surgical neck of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.249B	4-part fracture of surgical neck of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.251A	Displaced fracture of greater tuberosity of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.251B	Displaced fracture of greater tuberosity of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.252A	Displaced fracture of greater tuberosity of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.252B	Displaced fracture of greater tuberosity of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.253A	Displaced fracture of greater tuberosity of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.253B	Displaced fracture of greater tuberosity of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.254A	Nondisplaced fracture of greater tuberosity of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.254B	Nondisplaced fracture of greater tuberosity of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.255A	Nondisplaced fracture of greater tuberosity of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.255B	Nondisplaced fracture of greater tuberosity of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.256A	Nondisplaced fracture of greater tuberosity of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.256B	Nondisplaced fracture of greater tuberosity of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.261A	Displaced fracture of lesser tuberosity of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.261B	Displaced fracture of lesser tuberosity of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.262A	Displaced fracture of lesser tuberosity of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.262B	Displaced fracture of lesser tuberosity of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.263A	Displaced fracture of lesser tuberosity of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.263B	Displaced fracture of lesser tuberosity of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.264A	Nondisplaced fracture of lesser tuberosity of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.264B	Nondisplaced fracture of lesser tuberosity of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.265A	Nondisplaced fracture of lesser tuberosity of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.265B	Nondisplaced fracture of lesser tuberosity of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.266A	Nondisplaced fracture of lesser tuberosity of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.266B	Nondisplaced fracture of lesser tuberosity of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.271A	Torus fracture of upper end of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.272A	Torus fracture of upper end of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.279A	Torus fracture of upper end of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.291A	Other displaced fracture of upper end of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.291B	Other displaced fracture of upper end of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.292A	Other displaced fracture of upper end of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.292B	Other displaced fracture of upper end of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.293A	Other displaced fracture of upper end of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.293B	Other displaced fracture of upper end of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.294A	Other nondisplaced fracture of upper end of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.294B	Other nondisplaced fracture of upper end of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.295A	Other nondisplaced fracture of upper end of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.295B	Other nondisplaced fracture of upper end of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.296A	Other nondisplaced fracture of upper end of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.296B	Other nondisplaced fracture of upper end of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.301A	Unspecified fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.301B	Unspecified fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.302A	Unspecified fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.302B	Unspecified fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.309A	Unspecified fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.309B	Unspecified fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.311A	Greenstick fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.312A	Greenstick fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.319A	Greenstick fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.321A	Displaced transverse fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.321B	Displaced transverse fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.322A	Displaced transverse fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.322B	Displaced transverse fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.323A	Displaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.323B	Displaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.324A	Nondisplaced transverse fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.324B	Nondisplaced transverse fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.325A	Nondisplaced transverse fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.325B	Nondisplaced transverse fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.326A	Nondisplaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.326B	Nondisplaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.331A	Displaced oblique fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.331B	Displaced oblique fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S42.332A	Displaced oblique fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.332B	Displaced oblique fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.333A	Displaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.333B	Displaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.334A	Nondisplaced oblique fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.334B	Nondisplaced oblique fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.335A	Nondisplaced oblique fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.335B	Nondisplaced oblique fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.336A	Nondisplaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.336B	Nondisplaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.341A	Displaced spiral fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.341B	Displaced spiral fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.342A	Displaced spiral fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.342B	Displaced spiral fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.343A	Displaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.343B	Displaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.344A	Nondisplaced spiral fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.344B	Nondisplaced spiral fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.345A	Nondisplaced spiral fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.345B	Nondisplaced spiral fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.346A	Nondisplaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S42.346B	Nondisplaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.351A	Displaced comminuted fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.351B	Displaced comminuted fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.352A	Displaced comminuted fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.352B	Displaced comminuted fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.353A	Displaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.353B	Displaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.354A	Nondisplaced comminuted fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.354B	Nondisplaced comminuted fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.355A	Nondisplaced comminuted fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.355B	Nondisplaced comminuted fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.356A	Nondisplaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.356B	Nondisplaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.361A	Displaced segmental fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.361B	Displaced segmental fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.362A	Displaced segmental fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.362B	Displaced segmental fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.363A	Displaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.363B	Displaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.364A	Nondisplaced segmental fracture of shaft of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.364B	Nondisplaced segmental fracture of shaft of humerus, right arm, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S42.365A	Nondisplaced segmental fracture of shaft of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.365B	Nondisplaced segmental fracture of shaft of humerus, left arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.366A	Nondisplaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.366B	Nondisplaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.391A	Other fracture of shaft of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.391B	Other fracture of shaft of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.392A	Other fracture of shaft of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.392B	Other fracture of shaft of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.399A	Other fracture of shaft of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.399B	Other fracture of shaft of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.401A	Unspecified fracture of lower end of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.401B	Unspecified fracture of lower end of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.402A	Unspecified fracture of lower end of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.402B	Unspecified fracture of lower end of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.409A	Unspecified fracture of lower end of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.409B	Unspecified fracture of lower end of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.411A	Displaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.411B	Displaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.412A	Displaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.412B	Displaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.413A	Displaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.413B	Displaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.414A	Nondisplaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.414B	Nondisplaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.415A	Nondisplaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.415B	Nondisplaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S42.416A	Nondisplaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.416B	Nondisplaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.421A	Displaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.421B	Displaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.422A	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.422B	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.423A	Displaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.423B	Displaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.424A	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.424B	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.425A	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.425B	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.426A	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.426B	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.431A	Displaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.431B	Displaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.432A	Displaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.432B	Displaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.433A	Displaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.433B	Displaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.434A	Nondisplaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.434B	Nondisplaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.435A	Nondisplaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.435B	Nondisplaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.436A	Nondisplaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.436B	Nondisplaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.441A	Displaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.441B	Displaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.442A	Displaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.442B	Displaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.443A	Displaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.443B	Displaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.444A	Nondisplaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.444B	Nondisplaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.445A	Nondisplaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.445B	Nondisplaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.446A	Nondisplaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.446B	Nondisplaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.447A	Incarcerated fracture (avulsion) of medial epicondyle of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.447B	Incarcerated fracture (avulsion) of medial epicondyle of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.448A	Incarcerated fracture (avulsion) of medial epicondyle of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.448B	Incarcerated fracture (avulsion) of medial epicondyle of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.449A	Incarcerated fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.449B	Incarcerated fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.451A	Displaced fracture of lateral condyle of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.451B	Displaced fracture of lateral condyle of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.452A	Displaced fracture of lateral condyle of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.452B	Displaced fracture of lateral condyle of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.453A	Displaced fracture of lateral condyle of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.453B	Displaced fracture of lateral condyle of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.454A	Nondisplaced fracture of lateral condyle of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.454B	Nondisplaced fracture of lateral condyle of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.455A	Nondisplaced fracture of lateral condyle of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.455B	Nondisplaced fracture of lateral condyle of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.456A	Nondisplaced fracture of lateral condyle of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.456B	Nondisplaced fracture of lateral condyle of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.461A	Displaced fracture of medial condyle of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.461B	Displaced fracture of medial condyle of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.462A	Displaced fracture of medial condyle of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.462B	Displaced fracture of medial condyle of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.463A	Displaced fracture of medial condyle of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.463B	Displaced fracture of medial condyle of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.464A	Nondisplaced fracture of medial condyle of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.464B	Nondisplaced fracture of medial condyle of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.465A	Nondisplaced fracture of medial condyle of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.465B	Nondisplaced fracture of medial condyle of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.466A	Nondisplaced fracture of medial condyle of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.466B	Nondisplaced fracture of medial condyle of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.471A	Displaced transcondylar fracture of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.471B	Displaced transcondylar fracture of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.472A	Displaced transcondylar fracture of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.472B	Displaced transcondylar fracture of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.473A	Displaced transcondylar fracture of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.473B	Displaced transcondylar fracture of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.474A	Nondisplaced transcondylar fracture of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.474B	Nondisplaced transcondylar fracture of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.475A	Nondisplaced transcondylar fracture of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.475B	Nondisplaced transcondylar fracture of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.476A	Nondisplaced transcondylar fracture of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.476B	Nondisplaced transcondylar fracture of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.481A	Torus fracture of lower end of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.482A	Torus fracture of lower end of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.489A	Torus fracture of lower end of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.491A	Other displaced fracture of lower end of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.491B	Other displaced fracture of lower end of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.492A	Other displaced fracture of lower end of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.492B	Other displaced fracture of lower end of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.493A	Other displaced fracture of lower end of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.493B	Other displaced fracture of lower end of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S42.494A	Other nondisplaced fracture of lower end of right humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.494B	Other nondisplaced fracture of lower end of right humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.495A	Other nondisplaced fracture of lower end of left humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.495B	Other nondisplaced fracture of lower end of left humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.496A	Other nondisplaced fracture of lower end of unspecified humerus, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.496B	Other nondisplaced fracture of lower end of unspecified humerus, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.90XA	Fracture of unspecified shoulder girdle, part unspecified, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.90XB	Fracture of unspecified shoulder girdle, part unspecified, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.91XA	Fracture of right shoulder girdle, part unspecified, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.91XB	Fracture of right shoulder girdle, part unspecified, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.92XA	Fracture of left shoulder girdle, part unspecified, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.92XB	Fracture of left shoulder girdle, part unspecified, initial encounter for open fracture	ICD-10-CM	Diagnosis
S47.1XXA	Crushing injury of right shoulder and upper arm, initial encounter	ICD-10-CM	Diagnosis
S47.2XXA	Crushing injury of left shoulder and upper arm, initial encounter	ICD-10-CM	Diagnosis
S47.9XXA	Crushing injury of shoulder and upper arm, unspecified arm, initial encounter	ICD-10-CM	Diagnosis
S49.001A	Unspecified physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.002A	Unspecified physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.009A	Unspecified physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.011A	Salter-Harris Type I physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.012A	Salter-Harris Type I physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.019A	Salter-Harris Type I physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.021A	Salter-Harris Type II physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.022A	Salter-Harris Type II physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.029A	Salter-Harris Type II physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S49.031A	Salter-Harris Type III physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.032A	Salter-Harris Type III physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.039A	Salter-Harris Type III physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.041A	Salter-Harris Type IV physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.042A	Salter-Harris Type IV physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.049A	Salter-Harris Type IV physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.091A	Other physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.092A	Other physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.099A	Other physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.101A	Unspecified physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.102A	Unspecified physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.109A	Unspecified physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.111A	Salter-Harris Type I physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.112A	Salter-Harris Type I physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.119A	Salter-Harris Type I physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.121A	Salter-Harris Type II physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.122A	Salter-Harris Type II physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.129A	Salter-Harris Type II physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.131A	Salter-Harris Type III physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.132A	Salter-Harris Type III physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.139A	Salter-Harris Type III physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S49.141A	Salter-Harris Type IV physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.142A	Salter-Harris Type IV physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.149A	Salter-Harris Type IV physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.191A	Other physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.192A	Other physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S49.199A	Other physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.001A	Unspecified fracture of upper end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.001B	Unspecified fracture of upper end of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.001C	Unspecified fracture of upper end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.002A	Unspecified fracture of upper end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.002B	Unspecified fracture of upper end of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.002C	Unspecified fracture of upper end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.009A	Unspecified fracture of upper end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.009B	Unspecified fracture of upper end of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.009C	Unspecified fracture of upper end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.011A	Torus fracture of upper end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.012A	Torus fracture of upper end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.019A	Torus fracture of upper end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.021A	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.021B	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.021C	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.022A	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.022B	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.022C	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.023A	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.023B	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.023C	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.024A	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.024B	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.024C	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.025A	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.025B	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.025C	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.026A	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.026B	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.026C	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.031A	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.031B	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.031C	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.032A	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.032B	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.032C	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.033A	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.033B	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.033C	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.034A	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.034B	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.034C	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.035A	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.035B	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.035C	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.036A	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.036B	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.036C	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.041A	Displaced fracture of coronoid process of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.041B	Displaced fracture of coronoid process of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.041C	Displaced fracture of coronoid process of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.042A	Displaced fracture of coronoid process of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.042B	Displaced fracture of coronoid process of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.042C	Displaced fracture of coronoid process of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.043A	Displaced fracture of coronoid process of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.043B	Displaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.043C	Displaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.044A	Nondisplaced fracture of coronoid process of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.044B	Nondisplaced fracture of coronoid process of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.044C	Nondisplaced fracture of coronoid process of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.045A	Nondisplaced fracture of coronoid process of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.045B	Nondisplaced fracture of coronoid process of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.045C	Nondisplaced fracture of coronoid process of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.046A	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.046B	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.046C	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.091A	Other fracture of upper end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.091B	Other fracture of upper end of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.091C	Other fracture of upper end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.092A	Other fracture of upper end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.092B	Other fracture of upper end of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.092C	Other fracture of upper end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.099A	Other fracture of upper end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.099B	Other fracture of upper end of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.099C	Other fracture of upper end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.101A	Unspecified fracture of upper end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.101B	Unspecified fracture of upper end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.101C	Unspecified fracture of upper end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.102A	Unspecified fracture of upper end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.102B	Unspecified fracture of upper end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.102C	Unspecified fracture of upper end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.109A	Unspecified fracture of upper end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.109B	Unspecified fracture of upper end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.109C	Unspecified fracture of upper end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.111A	Torus fracture of upper end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.112A	Torus fracture of upper end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.119A	Torus fracture of upper end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.121A	Displaced fracture of head of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.121B	Displaced fracture of head of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.121C	Displaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.122A	Displaced fracture of head of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.122B	Displaced fracture of head of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.122C	Displaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.123A	Displaced fracture of head of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.123B	Displaced fracture of head of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.123C	Displaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.124A	Nondisplaced fracture of head of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.124B	Nondisplaced fracture of head of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.124C	Nondisplaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.125A	Nondisplaced fracture of head of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.125B	Nondisplaced fracture of head of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.125C	Nondisplaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.126A	Nondisplaced fracture of head of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.126B	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.126C	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.131A	Displaced fracture of neck of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.131B	Displaced fracture of neck of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.131C	Displaced fracture of neck of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.132A	Displaced fracture of neck of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.132B	Displaced fracture of neck of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.132C	Displaced fracture of neck of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.133A	Displaced fracture of neck of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.133B	Displaced fracture of neck of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.133C	Displaced fracture of neck of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.134A	Nondisplaced fracture of neck of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.134B	Nondisplaced fracture of neck of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.134C	Nondisplaced fracture of neck of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.135A	Nondisplaced fracture of neck of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.135B	Nondisplaced fracture of neck of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.135C	Nondisplaced fracture of neck of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.136A	Nondisplaced fracture of neck of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.136B	Nondisplaced fracture of neck of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.136C	Nondisplaced fracture of neck of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.181A	Other fracture of upper end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.181B	Other fracture of upper end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.181C	Other fracture of upper end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.182A	Other fracture of upper end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.182B	Other fracture of upper end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.182C	Other fracture of upper end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.189A	Other fracture of upper end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.189B	Other fracture of upper end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.189C	Other fracture of upper end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.201A	Unspecified fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.201B	Unspecified fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.201C	Unspecified fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.202A	Unspecified fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.202B	Unspecified fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.202C	Unspecified fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.209A	Unspecified fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.209B	Unspecified fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.209C	Unspecified fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.211A	Greenstick fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.212A	Greenstick fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.219A	Greenstick fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.221A	Displaced transverse fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.221B	Displaced transverse fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.221C	Displaced transverse fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.222A	Displaced transverse fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.222B	Displaced transverse fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.222C	Displaced transverse fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.223A	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.223B	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.223C	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.224A	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.224B	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.224C	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.225A	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.225B	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.225C	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.226A	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.226B	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.226C	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.231A	Displaced oblique fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.231B	Displaced oblique fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.231C	Displaced oblique fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.232A	Displaced oblique fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.232B	Displaced oblique fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.232C	Displaced oblique fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.233A	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.233B	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.233C	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.234A	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.234B	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.234C	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.235A	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.235B	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.235C	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.236A	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.236B	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.236C	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.241A	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.241B	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.241C	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.242A	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.242B	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.242C	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.243A	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.243B	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.243C	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.244A	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.244B	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.244C	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.245A	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.245B	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.245C	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.246A	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.246B	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.246C	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.251A	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.251B	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.251C	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.252A	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.252B	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.252C	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.253A	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.253B	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.253C	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.254A	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.254B	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.254C	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.255A	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.255B	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.255C	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.256A	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.256B	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.256C	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.261A	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.261B	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.261C	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.262A	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.262B	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.262C	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.263A	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.263B	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.263C	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.264A	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.264B	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.264C	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.265A	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.265B	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.265C	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.266A	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.266B	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.266C	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.271A	Monteggia's fracture of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.271B	Monteggia's fracture of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.271C	Monteggia's fracture of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.272A	Monteggia's fracture of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.272B	Monteggia's fracture of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.272C	Monteggia's fracture of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.279A	Monteggia's fracture of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.279B	Monteggia's fracture of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.279C	Monteggia's fracture of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.281A	Bent bone of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.281B	Bent bone of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.281C	Bent bone of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.282A	Bent bone of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.282B	Bent bone of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.282C	Bent bone of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.283A	Bent bone of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.283B	Bent bone of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.283C	Bent bone of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.291A	Other fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.291B	Other fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.291C	Other fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.292A	Other fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.292B	Other fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.292C	Other fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.299A	Other fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.299B	Other fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.299C	Other fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.301A	Unspecified fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.301B	Unspecified fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.301C	Unspecified fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.302A	Unspecified fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.302B	Unspecified fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.302C	Unspecified fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.309A	Unspecified fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.309B	Unspecified fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.309C	Unspecified fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.311A	Greenstick fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.312A	Greenstick fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.319A	Greenstick fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.321A	Displaced transverse fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.321B	Displaced transverse fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.321C	Displaced transverse fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.322A	Displaced transverse fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.322B	Displaced transverse fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.322C	Displaced transverse fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.323A	Displaced transverse fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.323B	Displaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.323C	Displaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.324A	Nondisplaced transverse fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.324B	Nondisplaced transverse fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.324C	Nondisplaced transverse fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.325A	Nondisplaced transverse fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.325B	Nondisplaced transverse fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.325C	Nondisplaced transverse fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.326A	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.326B	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.326C	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.331A	Displaced oblique fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.331B	Displaced oblique fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.331C	Displaced oblique fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.332A	Displaced oblique fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.332B	Displaced oblique fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.332C	Displaced oblique fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.333A	Displaced oblique fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.333B	Displaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.333C	Displaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.334A	Nondisplaced oblique fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.334B	Nondisplaced oblique fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.334C	Nondisplaced oblique fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.335A	Nondisplaced oblique fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.335B	Nondisplaced oblique fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.335C	Nondisplaced oblique fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.336A	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.336B	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.336C	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.341A	Displaced spiral fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.341B	Displaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.341C	Displaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.342A	Displaced spiral fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.342B	Displaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.342C	Displaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.343A	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.343B	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.343C	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.344A	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.344B	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.344C	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.345A	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.345B	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.345C	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.346A	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.346B	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.346C	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.351A	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.351B	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.351C	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.352A	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.352B	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.352C	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.353A	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.353B	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.353C	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.354A	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.354B	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.354C	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.355A	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.355B	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.355C	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.356A	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.356B	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.356C	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.361A	Displaced segmental fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.361B	Displaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.361C	Displaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.362A	Displaced segmental fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.362B	Displaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.362C	Displaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.363A	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.363B	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.363C	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.364A	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.364B	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.364C	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.365A	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.365B	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.365C	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.366A	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.366B	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.366C	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.371A	Galeazzi's fracture of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.371B	Galeazzi's fracture of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.371C	Galeazzi's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.372A	Galeazzi's fracture of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.372B	Galeazzi's fracture of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.372C	Galeazzi's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.379A	Galeazzi's fracture of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.379B	Galeazzi's fracture of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.379C	Galeazzi's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.381A	Bent bone of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.381B	Bent bone of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.381C	Bent bone of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.382A	Bent bone of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.382B	Bent bone of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.382C	Bent bone of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.389A	Bent bone of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.389B	Bent bone of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.389C	Bent bone of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.391A	Other fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.391B	Other fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.391C	Other fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.392A	Other fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.392B	Other fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.392C	Other fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.399A	Other fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.399B	Other fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.399C	Other fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.501A	Unspecified fracture of the lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.501B	Unspecified fracture of the lower end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.501C	Unspecified fracture of the lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.502A	Unspecified fracture of the lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.502B	Unspecified fracture of the lower end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.502C	Unspecified fracture of the lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.509A	Unspecified fracture of the lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.509B	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.509C	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.511A	Displaced fracture of right radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.511B	Displaced fracture of right radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.511C	Displaced fracture of right radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.512A	Displaced fracture of left radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.512B	Displaced fracture of left radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.512C	Displaced fracture of left radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.513A	Displaced fracture of unspecified radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.513B	Displaced fracture of unspecified radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.513C	Displaced fracture of unspecified radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.514A	Nondisplaced fracture of right radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.514B	Nondisplaced fracture of right radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.514C	Nondisplaced fracture of right radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.515A	Nondisplaced fracture of left radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.515B	Nondisplaced fracture of left radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.515C	Nondisplaced fracture of left radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.516A	Nondisplaced fracture of unspecified radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.516B	Nondisplaced fracture of unspecified radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.516C	Nondisplaced fracture of unspecified radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.521A	Torus fracture of lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.522A	Torus fracture of lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.529A	Torus fracture of lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.531A	Colles' fracture of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.531B	Colles' fracture of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.531C	Colles' fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.532A	Colles' fracture of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.532B	Colles' fracture of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.532C	Colles' fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.539A	Colles' fracture of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.539B	Colles' fracture of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.539C	Colles' fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.541A	Smith's fracture of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.541B	Smith's fracture of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.541C	Smith's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.542A	Smith's fracture of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.542B	Smith's fracture of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.542C	Smith's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.549A	Smith's fracture of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.549B	Smith's fracture of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.549C	Smith's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.551A	Other extraarticular fracture of lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.551B	Other extraarticular fracture of lower end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.551C	Other extraarticular fracture of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.552A	Other extraarticular fracture of lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.552B	Other extraarticular fracture of lower end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.552C	Other extraarticular fracture of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.559A	Other extraarticular fracture of lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.559B	Other extraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.559C	Other extraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.561A	Barton's fracture of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.561B	Barton's fracture of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.561C	Barton's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.562A	Barton's fracture of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.562B	Barton's fracture of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.562C	Barton's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.569A	Barton's fracture of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.569B	Barton's fracture of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.569C	Barton's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.571A	Other intraarticular fracture of lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.571B	Other intraarticular fracture of lower end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.571C	Other intraarticular fracture of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.572A	Other intraarticular fracture of lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.572B	Other intraarticular fracture of lower end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.572C	Other intraarticular fracture of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.579A	Other intraarticular fracture of lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.579B	Other intraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.579C	Other intraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.591A	Other fractures of lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.591B	Other fractures of lower end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.591C	Other fractures of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.592A	Other fractures of lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.592B	Other fractures of lower end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.592C	Other fractures of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.599A	Other fractures of lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.599B	Other fractures of lower end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.599C	Other fractures of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.601A	Unspecified fracture of lower end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.601B	Unspecified fracture of lower end of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.601C	Unspecified fracture of lower end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.602A	Unspecified fracture of lower end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.602B	Unspecified fracture of lower end of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.602C	Unspecified fracture of lower end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.609A	Unspecified fracture of lower end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.609B	Unspecified fracture of lower end of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.609C	Unspecified fracture of lower end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.611A	Displaced fracture of right ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.611B	Displaced fracture of right ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.611C	Displaced fracture of right ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.612A	Displaced fracture of left ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.612B	Displaced fracture of left ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.612C	Displaced fracture of left ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.613A	Displaced fracture of unspecified ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.613B	Displaced fracture of unspecified ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.613C	Displaced fracture of unspecified ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.614A	Nondisplaced fracture of right ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.614B	Nondisplaced fracture of right ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.614C	Nondisplaced fracture of right ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.615A	Nondisplaced fracture of left ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.615B	Nondisplaced fracture of left ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.615C	Nondisplaced fracture of left ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.616A	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.616B	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.616C	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.621A	Torus fracture of lower end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.622A	Torus fracture of lower end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.629A	Torus fracture of lower end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.691A	Other fracture of lower end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.691B	Other fracture of lower end of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.691C	Other fracture of lower end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.692A	Other fracture of lower end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.692B	Other fracture of lower end of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.692C	Other fracture of lower end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.699A	Other fracture of lower end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.699B	Other fracture of lower end of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.699C	Other fracture of lower end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S52.90XA	Unspecified fracture of unspecified forearm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.90XB	Unspecified fracture of unspecified forearm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.90XC	Unspecified fracture of unspecified forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.91XA	Unspecified fracture of right forearm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.91XB	Unspecified fracture of right forearm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.91XC	Unspecified fracture of right forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.92XA	Unspecified fracture of left forearm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.92XB	Unspecified fracture of left forearm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.92XC	Unspecified fracture of left forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S57.00XA	Crushing injury of unspecified elbow, initial encounter	ICD-10-CM	Diagnosis
S57.01XA	Crushing injury of right elbow, initial encounter	ICD-10-CM	Diagnosis
S57.02XA	Crushing injury of left elbow, initial encounter	ICD-10-CM	Diagnosis
S57.80XA	Crushing injury of unspecified forearm, initial encounter	ICD-10-CM	Diagnosis
S57.81XA	Crushing injury of right forearm, initial encounter	ICD-10-CM	Diagnosis
S57.82XA	Crushing injury of left forearm, initial encounter	ICD-10-CM	Diagnosis
S59.001A	Unspecified physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.002A	Unspecified physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.009A	Unspecified physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.011A	Salter-Harris Type I physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.012A	Salter-Harris Type I physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.019A	Salter-Harris Type I physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.021A	Salter-Harris Type II physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.022A	Salter-Harris Type II physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.029A	Salter-Harris Type II physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.031A	Salter-Harris Type III physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.032A	Salter-Harris Type III physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.039A	Salter-Harris Type III physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S59.041A	Salter-Harris Type IV physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.042A	Salter-Harris Type IV physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.049A	Salter-Harris Type IV physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.091A	Other physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.092A	Other physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.099A	Other physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.101A	Unspecified physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.102A	Unspecified physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.109A	Unspecified physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.111A	Salter-Harris Type I physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.112A	Salter-Harris Type I physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.119A	Salter-Harris Type I physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.121A	Salter-Harris Type II physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.122A	Salter-Harris Type II physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.129A	Salter-Harris Type II physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.131A	Salter-Harris Type III physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.132A	Salter-Harris Type III physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.139A	Salter-Harris Type III physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.141A	Salter-Harris Type IV physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.142A	Salter-Harris Type IV physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.149A	Salter-Harris Type IV physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S59.191A	Other physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.192A	Other physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.199A	Other physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.201A	Unspecified physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.202A	Unspecified physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.209A	Unspecified physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.211A	Salter-Harris Type I physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.212A	Salter-Harris Type I physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.219A	Salter-Harris Type I physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.221A	Salter-Harris Type II physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.222A	Salter-Harris Type II physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.229A	Salter-Harris Type II physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.231A	Salter-Harris Type III physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.232A	Salter-Harris Type III physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.239A	Salter-Harris Type III physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.241A	Salter-Harris Type IV physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.242A	Salter-Harris Type IV physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.249A	Salter-Harris Type IV physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.291A	Other physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.292A	Other physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.299A	Other physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S62.90XA	Unspecified fracture of unspecified wrist and hand, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S62.90XB	Unspecified fracture of unspecified wrist and hand, initial encounter for open fracture	ICD-10-CM	Diagnosis
S67.00XA	Crushing injury of unspecified thumb, initial encounter	ICD-10-CM	Diagnosis
S67.01XA	Crushing injury of right thumb, initial encounter	ICD-10-CM	Diagnosis
S67.02XA	Crushing injury of left thumb, initial encounter	ICD-10-CM	Diagnosis
S67.10XA	Crushing injury of unspecified finger(s), initial encounter	ICD-10-CM	Diagnosis
S67.190A	Crushing injury of right index finger, initial encounter	ICD-10-CM	Diagnosis
S67.191A	Crushing injury of left index finger, initial encounter	ICD-10-CM	Diagnosis
S67.192A	Crushing injury of right middle finger, initial encounter	ICD-10-CM	Diagnosis
S67.193A	Crushing injury of left middle finger, initial encounter	ICD-10-CM	Diagnosis
S67.194A	Crushing injury of right ring finger, initial encounter	ICD-10-CM	Diagnosis
S67.195A	Crushing injury of left ring finger, initial encounter	ICD-10-CM	Diagnosis
S67.196A	Crushing injury of right little finger, initial encounter	ICD-10-CM	Diagnosis
S67.197A	Crushing injury of left little finger, initial encounter	ICD-10-CM	Diagnosis
S67.198A	Crushing injury of other finger, initial encounter	ICD-10-CM	Diagnosis
S67.20XA	Crushing injury of unspecified hand, initial encounter	ICD-10-CM	Diagnosis
S67.21XA	Crushing injury of right hand, initial encounter	ICD-10-CM	Diagnosis
S67.22XA	Crushing injury of left hand, initial encounter	ICD-10-CM	Diagnosis
S67.30XA	Crushing injury of unspecified wrist, initial encounter	ICD-10-CM	Diagnosis
S67.31XA	Crushing injury of right wrist, initial encounter	ICD-10-CM	Diagnosis
S67.32XA	Crushing injury of left wrist, initial encounter	ICD-10-CM	Diagnosis
S67.40XA	Crushing injury of unspecified wrist and hand, initial encounter	ICD-10-CM	Diagnosis
S67.41XA	Crushing injury of right wrist and hand, initial encounter	ICD-10-CM	Diagnosis
S67.42XA	Crushing injury of left wrist and hand, initial encounter	ICD-10-CM	Diagnosis
S67.90XA	Crushing injury of unspecified part(s) of unspecified wrist, hand and fingers, initial encounter	ICD-10-CM	Diagnosis
S67.91XA	Crushing injury of unspecified part(s) of right wrist, hand and fingers, initial encounter	ICD-10-CM	Diagnosis
S67.92XA	Crushing injury of unspecified part(s) of left wrist, hand and fingers, initial encounter	ICD-10-CM	Diagnosis
S72.001A	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.001B	Fracture of unspecified part of neck of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.001C	Fracture of unspecified part of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.002A	Fracture of unspecified part of neck of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.002B	Fracture of unspecified part of neck of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.002C	Fracture of unspecified part of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.009A	Fracture of unspecified part of neck of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.009B	Fracture of unspecified part of neck of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.009C	Fracture of unspecified part of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.011A	Unspecified intracapsular fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.011B	Unspecified intracapsular fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.011C	Unspecified intracapsular fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.012A	Unspecified intracapsular fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.012B	Unspecified intracapsular fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.012C	Unspecified intracapsular fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.019A	Unspecified intracapsular fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.019B	Unspecified intracapsular fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.019C	Unspecified intracapsular fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.021A	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.021B	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.021C	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.022A	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.022B	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.022C	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.023A	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.023B	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.023C	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.024A	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.024B	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.024C	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.025A	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.025B	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.025C	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.026A	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.026B	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.026C	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.031A	Displaced midcervical fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.031B	Displaced midcervical fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.031C	Displaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.032A	Displaced midcervical fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.032B	Displaced midcervical fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.032C	Displaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.033A	Displaced midcervical fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.033B	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.033C	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.034A	Nondisplaced midcervical fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.034B	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.034C	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.035A	Nondisplaced midcervical fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.035B	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.035C	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.036A	Nondisplaced midcervical fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.036B	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.036C	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.041A	Displaced fracture of base of neck of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.041B	Displaced fracture of base of neck of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.041C	Displaced fracture of base of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.042A	Displaced fracture of base of neck of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.042B	Displaced fracture of base of neck of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.042C	Displaced fracture of base of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.043A	Displaced fracture of base of neck of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.043B	Displaced fracture of base of neck of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.043C	Displaced fracture of base of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.044A	Nondisplaced fracture of base of neck of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.044B	Nondisplaced fracture of base of neck of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.044C	Nondisplaced fracture of base of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.045A	Nondisplaced fracture of base of neck of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.045B	Nondisplaced fracture of base of neck of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.045C	Nondisplaced fracture of base of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.046A	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.046B	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.046C	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.051A	Unspecified fracture of head of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.051B	Unspecified fracture of head of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.051C	Unspecified fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.052A	Unspecified fracture of head of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.052B	Unspecified fracture of head of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.052C	Unspecified fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.059A	Unspecified fracture of head of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.059B	Unspecified fracture of head of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.059C	Unspecified fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.061A	Displaced articular fracture of head of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.061B	Displaced articular fracture of head of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.061C	Displaced articular fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.062A	Displaced articular fracture of head of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.062B	Displaced articular fracture of head of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.062C	Displaced articular fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.063A	Displaced articular fracture of head of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.063B	Displaced articular fracture of head of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.063C	Displaced articular fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.064A	Nondisplaced articular fracture of head of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.064B	Nondisplaced articular fracture of head of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.064C	Nondisplaced articular fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.065A	Nondisplaced articular fracture of head of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.065B	Nondisplaced articular fracture of head of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.065C	Nondisplaced articular fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.066A	Nondisplaced articular fracture of head of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.066B	Nondisplaced articular fracture of head of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.066C	Nondisplaced articular fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.091A	Other fracture of head and neck of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.091B	Other fracture of head and neck of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.091C	Other fracture of head and neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.092A	Other fracture of head and neck of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.092B	Other fracture of head and neck of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.092C	Other fracture of head and neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.099A	Other fracture of head and neck of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.099B	Other fracture of head and neck of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.099C	Other fracture of head and neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.101A	Unspecified trochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.101B	Unspecified trochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.101C	Unspecified trochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.102A	Unspecified trochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.102B	Unspecified trochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.102C	Unspecified trochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.109A	Unspecified trochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.109B	Unspecified trochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.109C	Unspecified trochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.111A	Displaced fracture of greater trochanter of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.111B	Displaced fracture of greater trochanter of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.111C	Displaced fracture of greater trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.112A	Displaced fracture of greater trochanter of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.112B	Displaced fracture of greater trochanter of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.112C	Displaced fracture of greater trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.113A	Displaced fracture of greater trochanter of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.113B	Displaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.113C	Displaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.114A	Nondisplaced fracture of greater trochanter of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.114B	Nondisplaced fracture of greater trochanter of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.114C	Nondisplaced fracture of greater trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.115A	Nondisplaced fracture of greater trochanter of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.115B	Nondisplaced fracture of greater trochanter of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.115C	Nondisplaced fracture of greater trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.116A	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.116B	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.116C	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.121A	Displaced fracture of lesser trochanter of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.121B	Displaced fracture of lesser trochanter of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.121C	Displaced fracture of lesser trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.122A	Displaced fracture of lesser trochanter of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.122B	Displaced fracture of lesser trochanter of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.122C	Displaced fracture of lesser trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.123A	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.123B	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.123C	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.124A	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.124B	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.124C	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.125A	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.125B	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.125C	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.126A	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.126B	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.126C	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.131A	Displaced apophyseal fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.131B	Displaced apophyseal fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.131C	Displaced apophyseal fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.132A	Displaced apophyseal fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.132B	Displaced apophyseal fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.132C	Displaced apophyseal fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.133A	Displaced apophyseal fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.133B	Displaced apophyseal fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.133C	Displaced apophyseal fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.134A	Nondisplaced apophyseal fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.134B	Nondisplaced apophyseal fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.134C	Nondisplaced apophyseal fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.135A	Nondisplaced apophyseal fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.135B	Nondisplaced apophyseal fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.135C	Nondisplaced apophyseal fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.136A	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.136B	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.136C	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.141A	Displaced intertrochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.141B	Displaced intertrochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.141C	Displaced intertrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.142A	Displaced intertrochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.142B	Displaced intertrochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.142C	Displaced intertrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.143A	Displaced intertrochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.143B	Displaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.143C	Displaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.144A	Nondisplaced intertrochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.144B	Nondisplaced intertrochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.144C	Nondisplaced intertrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.145A	Nondisplaced intertrochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.145B	Nondisplaced intertrochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.145C	Nondisplaced intertrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.146A	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.146B	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.146C	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.21XA	Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.21XB	Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.21XC	Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.22XA	Displaced subtrochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.22XB	Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.22XC	Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.23XA	Displaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.23XB	Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.23XC	Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.24XA	Nondisplaced subtrochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.24XB	Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.24XC	Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.25XA	Nondisplaced subtrochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.25XB	Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.25XC	Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.26XA	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.26XB	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.26XC	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.301A	Unspecified fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.301B	Unspecified fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.301C	Unspecified fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.302A	Unspecified fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.302B	Unspecified fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.302C	Unspecified fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.309A	Unspecified fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.309B	Unspecified fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.309C	Unspecified fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.321A	Displaced transverse fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.321B	Displaced transverse fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.321C	Displaced transverse fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.322A	Displaced transverse fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.322B	Displaced transverse fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.322C	Displaced transverse fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.323A	Displaced transverse fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.323B	Displaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.323C	Displaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.324A	Nondisplaced transverse fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.324B	Nondisplaced transverse fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.324C	Nondisplaced transverse fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.325A	Nondisplaced transverse fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.325B	Nondisplaced transverse fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.325C	Nondisplaced transverse fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.326A	Nondisplaced transverse fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.326B	Nondisplaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.326C	Nondisplaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.331A	Displaced oblique fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.331B	Displaced oblique fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.331C	Displaced oblique fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.332A	Displaced oblique fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.332B	Displaced oblique fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.332C	Displaced oblique fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.333A	Displaced oblique fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.333B	Displaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.333C	Displaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.334A	Nondisplaced oblique fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.334B	Nondisplaced oblique fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.334C	Nondisplaced oblique fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.335A	Nondisplaced oblique fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.335B	Nondisplaced oblique fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.335C	Nondisplaced oblique fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.336A	Nondisplaced oblique fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.336B	Nondisplaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.336C	Nondisplaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.341A	Displaced spiral fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.341B	Displaced spiral fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.341C	Displaced spiral fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.342A	Displaced spiral fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.342B	Displaced spiral fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.342C	Displaced spiral fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.343A	Displaced spiral fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.343B	Displaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.343C	Displaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.344A	Nondisplaced spiral fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.344B	Nondisplaced spiral fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.344C	Nondisplaced spiral fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.345A	Nondisplaced spiral fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.345B	Nondisplaced spiral fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.345C	Nondisplaced spiral fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.346A	Nondisplaced spiral fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.346B	Nondisplaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.346C	Nondisplaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.351A	Displaced comminuted fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.351B	Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.351C	Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.352A	Displaced comminuted fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.352B	Displaced comminuted fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.352C	Displaced comminuted fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.353A	Displaced comminuted fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.353B	Displaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.353C	Displaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.354A	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.354B	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.354C	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.355A	Nondisplaced comminuted fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.355B	Nondisplaced comminuted fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.355C	Nondisplaced comminuted fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.356A	Nondisplaced comminuted fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.356B	Nondisplaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.356C	Nondisplaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.361A	Displaced segmental fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.361B	Displaced segmental fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.361C	Displaced segmental fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.362A	Displaced segmental fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.362B	Displaced segmental fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.362C	Displaced segmental fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.363A	Displaced segmental fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.363B	Displaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.363C	Displaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.364A	Nondisplaced segmental fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.364B	Nondisplaced segmental fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.364C	Nondisplaced segmental fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.365A	Nondisplaced segmental fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.365B	Nondisplaced segmental fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.365C	Nondisplaced segmental fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.366A	Nondisplaced segmental fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.366B	Nondisplaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.366C	Nondisplaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.391A	Other fracture of shaft of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.391B	Other fracture of shaft of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.391C	Other fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.392A	Other fracture of shaft of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.392B	Other fracture of shaft of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.392C	Other fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.399A	Other fracture of shaft of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.399B	Other fracture of shaft of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.399C	Other fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.401A	Unspecified fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.401B	Unspecified fracture of lower end of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.401C	Unspecified fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.402A	Unspecified fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.402B	Unspecified fracture of lower end of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.402C	Unspecified fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.409A	Unspecified fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.409B	Unspecified fracture of lower end of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.409C	Unspecified fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.411A	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.411B	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.411C	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.412A	Displaced unspecified condyle fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.412B	Displaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.412C	Displaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.413A	Displaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.413B	Displaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.413C	Displaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.414A	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.414B	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.414C	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.415A	Nondisplaced unspecified condyle fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.415B	Nondisplaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.415C	Nondisplaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.416A	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.416B	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.416C	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.421A	Displaced fracture of lateral condyle of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.421B	Displaced fracture of lateral condyle of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.421C	Displaced fracture of lateral condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.422A	Displaced fracture of lateral condyle of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.422B	Displaced fracture of lateral condyle of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.422C	Displaced fracture of lateral condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.423A	Displaced fracture of lateral condyle of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.423B	Displaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.423C	Displaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.424A	Nondisplaced fracture of lateral condyle of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.424B	Nondisplaced fracture of lateral condyle of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.424C	Nondisplaced fracture of lateral condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.425A	Nondisplaced fracture of lateral condyle of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.425B	Nondisplaced fracture of lateral condyle of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.425C	Nondisplaced fracture of lateral condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.426A	Nondisplaced fracture of lateral condyle of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.426B	Nondisplaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.426C	Nondisplaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.431A	Displaced fracture of medial condyle of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.431B	Displaced fracture of medial condyle of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.431C	Displaced fracture of medial condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.432A	Displaced fracture of medial condyle of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.432B	Displaced fracture of medial condyle of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.432C	Displaced fracture of medial condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.433A	Displaced fracture of medial condyle of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.433B	Displaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.433C	Displaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.434A	Nondisplaced fracture of medial condyle of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.434B	Nondisplaced fracture of medial condyle of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.434C	Nondisplaced fracture of medial condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.435A	Nondisplaced fracture of medial condyle of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.435B	Nondisplaced fracture of medial condyle of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.435C	Nondisplaced fracture of medial condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.436A	Nondisplaced fracture of medial condyle of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.436B	Nondisplaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.436C	Nondisplaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.441A	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.441B	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.441C	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.442A	Displaced fracture of lower epiphysis (separation) of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.442B	Displaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.442C	Displaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.443A	Displaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.443B	Displaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.443C	Displaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.444A	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.444B	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.444C	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.445A	Nondisplaced fracture of lower epiphysis (separation) of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.445B	Nondisplaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.445C	Nondisplaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.446A	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.446B	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.446C	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.451A	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.451B	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.451C	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.452A	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.452B	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.452C	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.453A	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.453B	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.453C	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.454A	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.454B	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.454C	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.455A	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.455B	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.455C	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.456A	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.456B	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S72.456C	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.461A	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.461B	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.461C	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.462A	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.462B	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.462C	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.463A	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.463B	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.463C	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.464A	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.464B	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.464C	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.465A	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.465B	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.465C	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.466A	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.466B	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.466C	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.471A	Torus fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.472A	Torus fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.479A	Torus fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.491A	Other fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S72.491B	Other fracture of lower end of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.491C	Other fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.492A	Other fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.492B	Other fracture of lower end of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.492C	Other fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.499A	Other fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.499B	Other fracture of lower end of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.499C	Other fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.8X1A	Other fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.8X1B	Other fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.8X1C	Other fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.8X2A	Other fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.8X2B	Other fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.8X2C	Other fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.8X9A	Other fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.8X9B	Other fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.8X9C	Other fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.90XA	Unspecified fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.90XB	Unspecified fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.90XC	Unspecified fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.90XE	Unspecified fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing	ICD-10-CM	Diagnosis
S72.91XA	Unspecified fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.91XB	Unspecified fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.91XC	Unspecified fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.91XE	Unspecified fracture of right femur, subsequent encounter for open fracture type I or II with routine healing	ICD-10-CM	Diagnosis
S72.92XA	Unspecified fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.92XB	Unspecified fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.92XC	Unspecified fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.92XE	Unspecified fracture of left femur, subsequent encounter for open fracture type I or II with routine healing	ICD-10-CM	Diagnosis
S77.00XA	Crushing injury of unspecified hip, initial encounter	ICD-10-CM	Diagnosis
S77.01XA	Crushing injury of right hip, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S77.02XA	Crushing injury of left hip, initial encounter	ICD-10-CM	Diagnosis
S77.10XA	Crushing injury of unspecified thigh, initial encounter	ICD-10-CM	Diagnosis
S77.11XA	Crushing injury of right thigh, initial encounter	ICD-10-CM	Diagnosis
S77.12XA	Crushing injury of left thigh, initial encounter	ICD-10-CM	Diagnosis
S77.20XA	Crushing injury of unspecified hip with thigh, initial encounter	ICD-10-CM	Diagnosis
S77.21XA	Crushing injury of right hip with thigh, initial encounter	ICD-10-CM	Diagnosis
S77.22XA	Crushing injury of left hip with thigh, initial encounter	ICD-10-CM	Diagnosis
S79.001A	Unspecified physeal fracture of upper end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.002A	Unspecified physeal fracture of upper end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.009A	Unspecified physeal fracture of upper end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.011A	Salter-Harris Type I physeal fracture of upper end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.012A	Salter-Harris Type I physeal fracture of upper end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.019A	Salter-Harris Type I physeal fracture of upper end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.091A	Other physeal fracture of upper end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.092A	Other physeal fracture of upper end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.099A	Other physeal fracture of upper end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.101A	Unspecified physeal fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.102A	Unspecified physeal fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.109A	Unspecified physeal fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.111A	Salter-Harris Type I physeal fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.112A	Salter-Harris Type I physeal fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.119A	Salter-Harris Type I physeal fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.121A	Salter-Harris Type II physeal fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.122A	Salter-Harris Type II physeal fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.129A	Salter-Harris Type II physeal fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S79.131A	Salter-Harris Type III physeal fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.132A	Salter-Harris Type III physeal fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.139A	Salter-Harris Type III physeal fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.141A	Salter-Harris Type IV physeal fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.142A	Salter-Harris Type IV physeal fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.149A	Salter-Harris Type IV physeal fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.191A	Other physeal fracture of lower end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.192A	Other physeal fracture of lower end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.199A	Other physeal fracture of lower end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.001A	Unspecified fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.001B	Unspecified fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.001C	Unspecified fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.002A	Unspecified fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.002B	Unspecified fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.002C	Unspecified fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.009A	Unspecified fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.009B	Unspecified fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.009C	Unspecified fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.011A	Displaced osteochondral fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.011B	Displaced osteochondral fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.011C	Displaced osteochondral fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.012A	Displaced osteochondral fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.012B	Displaced osteochondral fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.012C	Displaced osteochondral fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.013A	Displaced osteochondral fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.013B	Displaced osteochondral fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.013C	Displaced osteochondral fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.014A	Nondisplaced osteochondral fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.014B	Nondisplaced osteochondral fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.014C	Nondisplaced osteochondral fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.015A	Nondisplaced osteochondral fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.015B	Nondisplaced osteochondral fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.015C	Nondisplaced osteochondral fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.016A	Nondisplaced osteochondral fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.016B	Nondisplaced osteochondral fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.016C	Nondisplaced osteochondral fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.021A	Displaced longitudinal fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.021B	Displaced longitudinal fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.021C	Displaced longitudinal fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.022A	Displaced longitudinal fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.022B	Displaced longitudinal fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.022C	Displaced longitudinal fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.023A	Displaced longitudinal fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.023B	Displaced longitudinal fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.023C	Displaced longitudinal fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.024A	Nondisplaced longitudinal fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.024B	Nondisplaced longitudinal fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.024C	Nondisplaced longitudinal fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.025A	Nondisplaced longitudinal fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.025B	Nondisplaced longitudinal fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.025C	Nondisplaced longitudinal fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.026A	Nondisplaced longitudinal fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.026B	Nondisplaced longitudinal fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.026C	Nondisplaced longitudinal fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.031A	Displaced transverse fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.031B	Displaced transverse fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.031C	Displaced transverse fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.032A	Displaced transverse fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.032B	Displaced transverse fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.032C	Displaced transverse fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.033A	Displaced transverse fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.033B	Displaced transverse fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.033C	Displaced transverse fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.034A	Nondisplaced transverse fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.034B	Nondisplaced transverse fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.034C	Nondisplaced transverse fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.035A	Nondisplaced transverse fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.035B	Nondisplaced transverse fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.035C	Nondisplaced transverse fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.036A	Nondisplaced transverse fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.036B	Nondisplaced transverse fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.036C	Nondisplaced transverse fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.041A	Displaced comminuted fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.041B	Displaced comminuted fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.041C	Displaced comminuted fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.042A	Displaced comminuted fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.042B	Displaced comminuted fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.042C	Displaced comminuted fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.043A	Displaced comminuted fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.043B	Displaced comminuted fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.043C	Displaced comminuted fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.044A	Nondisplaced comminuted fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.044B	Nondisplaced comminuted fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.044C	Nondisplaced comminuted fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.045A	Nondisplaced comminuted fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.045B	Nondisplaced comminuted fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.045C	Nondisplaced comminuted fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.046A	Nondisplaced comminuted fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.046B	Nondisplaced comminuted fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.046C	Nondisplaced comminuted fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.091A	Other fracture of right patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.091B	Other fracture of right patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.091C	Other fracture of right patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.092A	Other fracture of left patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.092B	Other fracture of left patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.092C	Other fracture of left patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.099A	Other fracture of unspecified patella, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.099B	Other fracture of unspecified patella, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.099C	Other fracture of unspecified patella, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.101A	Unspecified fracture of upper end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.101B	Unspecified fracture of upper end of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.101C	Unspecified fracture of upper end of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.102A	Unspecified fracture of upper end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.102B	Unspecified fracture of upper end of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.102C	Unspecified fracture of upper end of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.109A	Unspecified fracture of upper end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.109B	Unspecified fracture of upper end of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.109C	Unspecified fracture of upper end of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.111A	Displaced fracture of right tibial spine, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.111B	Displaced fracture of right tibial spine, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.111C	Displaced fracture of right tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.112A	Displaced fracture of left tibial spine, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.112B	Displaced fracture of left tibial spine, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.112C	Displaced fracture of left tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.113A	Displaced fracture of unspecified tibial spine, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.113B	Displaced fracture of unspecified tibial spine, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.113C	Displaced fracture of unspecified tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.114A	Nondisplaced fracture of right tibial spine, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.114B	Nondisplaced fracture of right tibial spine, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.114C	Nondisplaced fracture of right tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.115A	Nondisplaced fracture of left tibial spine, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.115B	Nondisplaced fracture of left tibial spine, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.115C	Nondisplaced fracture of left tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.116A	Nondisplaced fracture of unspecified tibial spine, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.116B	Nondisplaced fracture of unspecified tibial spine, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.116C	Nondisplaced fracture of unspecified tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.121A	Displaced fracture of lateral condyle of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.121B	Displaced fracture of lateral condyle of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.121C	Displaced fracture of lateral condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.122A	Displaced fracture of lateral condyle of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.122B	Displaced fracture of lateral condyle of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.122C	Displaced fracture of lateral condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.123A	Displaced fracture of lateral condyle of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.123B	Displaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.123C	Displaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.124A	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.124B	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.124C	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.125A	Nondisplaced fracture of lateral condyle of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.125B	Nondisplaced fracture of lateral condyle of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.125C	Nondisplaced fracture of lateral condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.126A	Nondisplaced fracture of lateral condyle of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.126B	Nondisplaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.126C	Nondisplaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.131A	Displaced fracture of medial condyle of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.131B	Displaced fracture of medial condyle of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.131C	Displaced fracture of medial condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.132A	Displaced fracture of medial condyle of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.132B	Displaced fracture of medial condyle of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.132C	Displaced fracture of medial condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.133A	Displaced fracture of medial condyle of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.133B	Displaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.133C	Displaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.134A	Nondisplaced fracture of medial condyle of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.134B	Nondisplaced fracture of medial condyle of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.134C	Nondisplaced fracture of medial condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.135A	Nondisplaced fracture of medial condyle of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.135B	Nondisplaced fracture of medial condyle of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.135C	Nondisplaced fracture of medial condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.136A	Nondisplaced fracture of medial condyle of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.136B	Nondisplaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.136C	Nondisplaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.141A	Displaced bicondylar fracture of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.141B	Displaced bicondylar fracture of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.141C	Displaced bicondylar fracture of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.142A	Displaced bicondylar fracture of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.142B	Displaced bicondylar fracture of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.142C	Displaced bicondylar fracture of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.143A	Displaced bicondylar fracture of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.143B	Displaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.143C	Displaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.144A	Nondisplaced bicondylar fracture of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.144B	Nondisplaced bicondylar fracture of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.144C	Nondisplaced bicondylar fracture of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.145A	Nondisplaced bicondylar fracture of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.145B	Nondisplaced bicondylar fracture of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.145C	Nondisplaced bicondylar fracture of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.146A	Nondisplaced bicondylar fracture of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.146B	Nondisplaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.146C	Nondisplaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.151A	Displaced fracture of right tibial tuberosity, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.151B	Displaced fracture of right tibial tuberosity, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.151C	Displaced fracture of right tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.152A	Displaced fracture of left tibial tuberosity, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.152B	Displaced fracture of left tibial tuberosity, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.152C	Displaced fracture of left tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.153A	Displaced fracture of unspecified tibial tuberosity, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.153B	Displaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.153C	Displaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.154A	Nondisplaced fracture of right tibial tuberosity, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.154B	Nondisplaced fracture of right tibial tuberosity, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.154C	Nondisplaced fracture of right tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.155A	Nondisplaced fracture of left tibial tuberosity, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.155B	Nondisplaced fracture of left tibial tuberosity, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.155C	Nondisplaced fracture of left tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.156A	Nondisplaced fracture of unspecified tibial tuberosity, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.156B	Nondisplaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.156C	Nondisplaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.161A	Torus fracture of upper end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.162A	Torus fracture of upper end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.169A	Torus fracture of upper end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.191A	Other fracture of upper end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.191B	Other fracture of upper end of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.191C	Other fracture of upper end of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.192A	Other fracture of upper end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.192B	Other fracture of upper end of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.192C	Other fracture of upper end of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.199A	Other fracture of upper end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.199B	Other fracture of upper end of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.199C	Other fracture of upper end of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.201A	Unspecified fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.201B	Unspecified fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.201C	Unspecified fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.202A	Unspecified fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.202B	Unspecified fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.202C	Unspecified fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.209A	Unspecified fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.209B	Unspecified fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.209C	Unspecified fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.221A	Displaced transverse fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.221B	Displaced transverse fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.221C	Displaced transverse fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.222A	Displaced transverse fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.222B	Displaced transverse fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.222C	Displaced transverse fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.223A	Displaced transverse fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.223B	Displaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.223C	Displaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.224A	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.224B	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.224C	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.225A	Nondisplaced transverse fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.225B	Nondisplaced transverse fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.225C	Nondisplaced transverse fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.226A	Nondisplaced transverse fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.226B	Nondisplaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.226C	Nondisplaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.231A	Displaced oblique fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.231B	Displaced oblique fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.231C	Displaced oblique fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.232A	Displaced oblique fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.232B	Displaced oblique fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.232C	Displaced oblique fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.233A	Displaced oblique fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.233B	Displaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.233C	Displaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.234A	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.234B	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.234C	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.235A	Nondisplaced oblique fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.235B	Nondisplaced oblique fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.235C	Nondisplaced oblique fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.236A	Nondisplaced oblique fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.236B	Nondisplaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.236C	Nondisplaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.241A	Displaced spiral fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.241B	Displaced spiral fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.241C	Displaced spiral fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.242A	Displaced spiral fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.242B	Displaced spiral fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.242C	Displaced spiral fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.243A	Displaced spiral fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.243B	Displaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.243C	Displaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.244A	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.244B	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.244C	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.245A	Nondisplaced spiral fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.245B	Nondisplaced spiral fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.245C	Nondisplaced spiral fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.246A	Nondisplaced spiral fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.246B	Nondisplaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.246C	Nondisplaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.251A	Displaced comminuted fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.251B	Displaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.251C	Displaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.252A	Displaced comminuted fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.252B	Displaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.252C	Displaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.253A	Displaced comminuted fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.253B	Displaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.253C	Displaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.254A	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.254B	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.254C	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.255A	Nondisplaced comminuted fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.255B	Nondisplaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.255C	Nondisplaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.256A	Nondisplaced comminuted fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.256B	Nondisplaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.256C	Nondisplaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.261A	Displaced segmental fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.261B	Displaced segmental fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.261C	Displaced segmental fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.262A	Displaced segmental fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.262B	Displaced segmental fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.262C	Displaced segmental fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.263A	Displaced segmental fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.263B	Displaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.263C	Displaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.264A	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.264B	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.264C	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.265A	Nondisplaced segmental fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.265B	Nondisplaced segmental fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.265C	Nondisplaced segmental fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.266A	Nondisplaced segmental fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.266B	Nondisplaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.266C	Nondisplaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.291A	Other fracture of shaft of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.291B	Other fracture of shaft of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.291C	Other fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.292A	Other fracture of shaft of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.292B	Other fracture of shaft of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.292C	Other fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.299A	Other fracture of shaft of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.299B	Other fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.299C	Other fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.301A	Unspecified fracture of lower end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.301B	Unspecified fracture of lower end of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.301C	Unspecified fracture of lower end of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.302A	Unspecified fracture of lower end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.302B	Unspecified fracture of lower end of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.302C	Unspecified fracture of lower end of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.309A	Unspecified fracture of lower end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.309B	Unspecified fracture of lower end of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.309C	Unspecified fracture of lower end of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.311A	Torus fracture of lower end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.312A	Torus fracture of lower end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.319A	Torus fracture of lower end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.391A	Other fracture of lower end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.391B	Other fracture of lower end of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.391C	Other fracture of lower end of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.392A	Other fracture of lower end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.392B	Other fracture of lower end of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.392C	Other fracture of lower end of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.399A	Other fracture of lower end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.399B	Other fracture of lower end of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.399C	Other fracture of lower end of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.401A	Unspecified fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.401B	Unspecified fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.401C	Unspecified fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.402A	Unspecified fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.402B	Unspecified fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.402C	Unspecified fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.409A	Unspecified fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.409B	Unspecified fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.409C	Unspecified fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.421A	Displaced transverse fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.421B	Displaced transverse fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.421C	Displaced transverse fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.422A	Displaced transverse fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.422B	Displaced transverse fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.422C	Displaced transverse fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.423A	Displaced transverse fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.423B	Displaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.423C	Displaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.424A	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.424B	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.424C	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.425A	Nondisplaced transverse fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.425B	Nondisplaced transverse fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.425C	Nondisplaced transverse fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.426A	Nondisplaced transverse fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.426B	Nondisplaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.426C	Nondisplaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.431A	Displaced oblique fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.431B	Displaced oblique fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.431C	Displaced oblique fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.432A	Displaced oblique fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.432B	Displaced oblique fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.432C	Displaced oblique fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.433A	Displaced oblique fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.433B	Displaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.433C	Displaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.434A	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.434B	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.434C	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.435A	Nondisplaced oblique fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.435B	Nondisplaced oblique fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.435C	Nondisplaced oblique fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.436A	Nondisplaced oblique fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.436B	Nondisplaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.436C	Nondisplaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.441A	Displaced spiral fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.441B	Displaced spiral fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.441C	Displaced spiral fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.442A	Displaced spiral fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.442B	Displaced spiral fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.442C	Displaced spiral fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.443A	Displaced spiral fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.443B	Displaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.443C	Displaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.444A	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.444B	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.444C	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.445A	Nondisplaced spiral fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.445B	Nondisplaced spiral fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.445C	Nondisplaced spiral fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.446A	Nondisplaced spiral fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.446B	Nondisplaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.446C	Nondisplaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.451A	Displaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.451B	Displaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.451C	Displaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.452A	Displaced comminuted fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.452B	Displaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.452C	Displaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.453A	Displaced comminuted fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.453B	Displaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.453C	Displaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.454A	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.454B	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.454C	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.455A	Nondisplaced comminuted fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.455B	Nondisplaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.455C	Nondisplaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.456A	Nondisplaced comminuted fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.456B	Nondisplaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.456C	Nondisplaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.461A	Displaced segmental fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.461B	Displaced segmental fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.461C	Displaced segmental fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.462A	Displaced segmental fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.462B	Displaced segmental fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.462C	Displaced segmental fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.463A	Displaced segmental fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.463B	Displaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.463C	Displaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.464A	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.464B	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.464C	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.465A	Nondisplaced segmental fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.465B	Nondisplaced segmental fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.465C	Nondisplaced segmental fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.466A	Nondisplaced segmental fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.466B	Nondisplaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.466C	Nondisplaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.491A	Other fracture of shaft of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.491B	Other fracture of shaft of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.491C	Other fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.492A	Other fracture of shaft of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.492B	Other fracture of shaft of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.492C	Other fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.499A	Other fracture of shaft of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.499B	Other fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.499C	Other fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.51XA	Displaced fracture of medial malleolus of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.51XB	Displaced fracture of medial malleolus of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.51XC	Displaced fracture of medial malleolus of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.52XA	Displaced fracture of medial malleolus of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.52XB	Displaced fracture of medial malleolus of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.52XC	Displaced fracture of medial malleolus of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.53XA	Displaced fracture of medial malleolus of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.53XB	Displaced fracture of medial malleolus of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.53XC	Displaced fracture of medial malleolus of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.54XA	Nondisplaced fracture of medial malleolus of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.54XB	Nondisplaced fracture of medial malleolus of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.54XC	Nondisplaced fracture of medial malleolus of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.55XA	Nondisplaced fracture of medial malleolus of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.55XB	Nondisplaced fracture of medial malleolus of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.55XC	Nondisplaced fracture of medial malleolus of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.56XA	Nondisplaced fracture of medial malleolus of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.56XB	Nondisplaced fracture of medial malleolus of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.56XC	Nondisplaced fracture of medial malleolus of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.61XA	Displaced fracture of lateral malleolus of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.61XB	Displaced fracture of lateral malleolus of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.61XC	Displaced fracture of lateral malleolus of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.62XA	Displaced fracture of lateral malleolus of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.62XB	Displaced fracture of lateral malleolus of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.62XC	Displaced fracture of lateral malleolus of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.63XA	Displaced fracture of lateral malleolus of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.63XB	Displaced fracture of lateral malleolus of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.63XC	Displaced fracture of lateral malleolus of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.64XA	Nondisplaced fracture of lateral malleolus of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.64XB	Nondisplaced fracture of lateral malleolus of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.64XC	Nondisplaced fracture of lateral malleolus of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.65XA	Nondisplaced fracture of lateral malleolus of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.65XB	Nondisplaced fracture of lateral malleolus of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.65XC	Nondisplaced fracture of lateral malleolus of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.66XA	Nondisplaced fracture of lateral malleolus of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.66XB	Nondisplaced fracture of lateral malleolus of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.66XC	Nondisplaced fracture of lateral malleolus of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.811A	Torus fracture of upper end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.812A	Torus fracture of upper end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.819A	Torus fracture of upper end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.821A	Torus fracture of lower end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.822A	Torus fracture of lower end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.829A	Torus fracture of lower end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.831A	Other fracture of upper and lower end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.831B	Other fracture of upper and lower end of right fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.831C	Other fracture of upper and lower end of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.832A	Other fracture of upper and lower end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.832B	Other fracture of upper and lower end of left fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.832C	Other fracture of upper and lower end of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.839A	Other fracture of upper and lower end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.839B	Other fracture of upper and lower end of unspecified fibula, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.839C	Other fracture of upper and lower end of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.841A	Displaced bimalleolar fracture of right lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.841B	Displaced bimalleolar fracture of right lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.841C	Displaced bimalleolar fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.842A	Displaced bimalleolar fracture of left lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.842B	Displaced bimalleolar fracture of left lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.842C	Displaced bimalleolar fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.843A	Displaced bimalleolar fracture of unspecified lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.843B	Displaced bimalleolar fracture of unspecified lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.843C	Displaced bimalleolar fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.844A	Nondisplaced bimalleolar fracture of right lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.844B	Nondisplaced bimalleolar fracture of right lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.844C	Nondisplaced bimalleolar fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.845A	Nondisplaced bimalleolar fracture of left lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.845B	Nondisplaced bimalleolar fracture of left lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S82.845C	Nondisplaced bimalleolar fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.846A	Nondisplaced bimalleolar fracture of unspecified lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.846B	Nondisplaced bimalleolar fracture of unspecified lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.846C	Nondisplaced bimalleolar fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.851A	Displaced trimalleolar fracture of right lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.851B	Displaced trimalleolar fracture of right lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.851C	Displaced trimalleolar fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.852A	Displaced trimalleolar fracture of left lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.852B	Displaced trimalleolar fracture of left lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.852C	Displaced trimalleolar fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.853A	Displaced trimalleolar fracture of unspecified lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.853B	Displaced trimalleolar fracture of unspecified lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.853C	Displaced trimalleolar fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.854A	Nondisplaced trimalleolar fracture of right lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.854B	Nondisplaced trimalleolar fracture of right lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.854C	Nondisplaced trimalleolar fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.855A	Nondisplaced trimalleolar fracture of left lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.855B	Nondisplaced trimalleolar fracture of left lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.855C	Nondisplaced trimalleolar fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.856A	Nondisplaced trimalleolar fracture of unspecified lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.856B	Nondisplaced trimalleolar fracture of unspecified lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.856C	Nondisplaced trimalleolar fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.861A	Displaced Maisonneuve's fracture of right leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.861B	Displaced Maisonneuve's fracture of right leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.861C	Displaced Maisonneuve's fracture of right leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.862A	Displaced Maisonneuve's fracture of left leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.862B	Displaced Maisonneuve's fracture of left leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.862C	Displaced Maisonneuve's fracture of left leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.863A	Displaced Maisonneuve's fracture of unspecified leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.863B	Displaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.863C	Displaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.864A	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.864B	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.864C	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.865A	Nondisplaced Maisonneuve's fracture of left leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.865B	Nondisplaced Maisonneuve's fracture of left leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.865C	Nondisplaced Maisonneuve's fracture of left leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.866A	Nondisplaced Maisonneuve's fracture of unspecified leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.866B	Nondisplaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.866C	Nondisplaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.871A	Displaced pilon fracture of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.871B	Displaced pilon fracture of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.871C	Displaced pilon fracture of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.872A	Displaced pilon fracture of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.872B	Displaced pilon fracture of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.872C	Displaced pilon fracture of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.873A	Displaced pilon fracture of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.873B	Displaced pilon fracture of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S82.873C	Displaced pilon fracture of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.874A	Nondisplaced pilon fracture of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.874B	Nondisplaced pilon fracture of right tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.874C	Nondisplaced pilon fracture of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.875A	Nondisplaced pilon fracture of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.875B	Nondisplaced pilon fracture of left tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.875C	Nondisplaced pilon fracture of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.876A	Nondisplaced pilon fracture of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.876B	Nondisplaced pilon fracture of unspecified tibia, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.876C	Nondisplaced pilon fracture of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.891A	Other fracture of right lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.891B	Other fracture of right lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.891C	Other fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.892A	Other fracture of left lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.892B	Other fracture of left lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.892C	Other fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.899A	Other fracture of unspecified lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.899B	Other fracture of unspecified lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.899C	Other fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.90XA	Unspecified fracture of unspecified lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.90XB	Unspecified fracture of unspecified lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.90XC	Unspecified fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.91XA	Unspecified fracture of right lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.91XB	Unspecified fracture of right lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.91XC	Unspecified fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S82.92XA	Unspecified fracture of left lower leg, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S82.92XB	Unspecified fracture of left lower leg, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S82.92XC	Unspecified fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S87.00XA	Crushing injury of unspecified knee, initial encounter	ICD-10-CM	Diagnosis
S87.01XA	Crushing injury of right knee, initial encounter	ICD-10-CM	Diagnosis
S87.02XA	Crushing injury of left knee, initial encounter	ICD-10-CM	Diagnosis
S87.80XA	Crushing injury of unspecified lower leg, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S87.81XA	Crushing injury of right lower leg, initial encounter	ICD-10-CM	Diagnosis
S87.82XA	Crushing injury of left lower leg, initial encounter	ICD-10-CM	Diagnosis
S89.001A	Unspecified physeal fracture of upper end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.002A	Unspecified physeal fracture of upper end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.009A	Unspecified physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.011A	Salter-Harris Type I physeal fracture of upper end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.012A	Salter-Harris Type I physeal fracture of upper end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.019A	Salter-Harris Type I physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.021A	Salter-Harris Type II physeal fracture of upper end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.022A	Salter-Harris Type II physeal fracture of upper end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.029A	Salter-Harris Type II physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.031A	Salter-Harris Type III physeal fracture of upper end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.032A	Salter-Harris Type III physeal fracture of upper end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.039A	Salter-Harris Type III physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.041A	Salter-Harris Type IV physeal fracture of upper end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.042A	Salter-Harris Type IV physeal fracture of upper end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.049A	Salter-Harris Type IV physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.091A	Other physeal fracture of upper end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.092A	Other physeal fracture of upper end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.099A	Other physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.101A	Unspecified physeal fracture of lower end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.102A	Unspecified physeal fracture of lower end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.109A	Unspecified physeal fracture of lower end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S89.111A	Salter-Harris Type I physeal fracture of lower end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.112A	Salter-Harris Type I physeal fracture of lower end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.119A	Salter-Harris Type I physeal fracture of lower end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.121A	Salter-Harris Type II physeal fracture of lower end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.122A	Salter-Harris Type II physeal fracture of lower end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.129A	Salter-Harris Type II physeal fracture of lower end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.131A	Salter-Harris Type III physeal fracture of lower end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.132A	Salter-Harris Type III physeal fracture of lower end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.139A	Salter-Harris Type III physeal fracture of lower end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.141A	Salter-Harris Type IV physeal fracture of lower end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.142A	Salter-Harris Type IV physeal fracture of lower end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.149A	Salter-Harris Type IV physeal fracture of lower end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.191A	Other physeal fracture of lower end of right tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.192A	Other physeal fracture of lower end of left tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.199A	Other physeal fracture of lower end of unspecified tibia, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.201A	Unspecified physeal fracture of upper end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.202A	Unspecified physeal fracture of upper end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.209A	Unspecified physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.211A	Salter-Harris Type I physeal fracture of upper end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.212A	Salter-Harris Type I physeal fracture of upper end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.219A	Salter-Harris Type I physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.221A	Salter-Harris Type II physeal fracture of upper end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S89.222A	Salter-Harris Type II physeal fracture of upper end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.229A	Salter-Harris Type II physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.291A	Other physeal fracture of upper end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.292A	Other physeal fracture of upper end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.299A	Other physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.301A	Unspecified physeal fracture of lower end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.302A	Unspecified physeal fracture of lower end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.309A	Unspecified physeal fracture of lower end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.311A	Salter-Harris Type I physeal fracture of lower end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.312A	Salter-Harris Type I physeal fracture of lower end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.319A	Salter-Harris Type I physeal fracture of lower end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.321A	Salter-Harris Type II physeal fracture of lower end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.322A	Salter-Harris Type II physeal fracture of lower end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.329A	Salter-Harris Type II physeal fracture of lower end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.391A	Other physeal fracture of lower end of right fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.392A	Other physeal fracture of lower end of left fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S89.399A	Other physeal fracture of lower end of unspecified fibula, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S97.00XA	Crushing injury of unspecified ankle, initial encounter	ICD-10-CM	Diagnosis
S97.01XA	Crushing injury of right ankle, initial encounter	ICD-10-CM	Diagnosis
S97.02XA	Crushing injury of left ankle, initial encounter	ICD-10-CM	Diagnosis
S97.101A	Crushing injury of unspecified right toe(s), initial encounter	ICD-10-CM	Diagnosis
S97.102A	Crushing injury of unspecified left toe(s), initial encounter	ICD-10-CM	Diagnosis
S97.109A	Crushing injury of unspecified toe(s), initial encounter	ICD-10-CM	Diagnosis
S97.111A	Crushing injury of right great toe, initial encounter	ICD-10-CM	Diagnosis
S97.112A	Crushing injury of left great toe, initial encounter	ICD-10-CM	Diagnosis
S97.119A	Crushing injury of unspecified great toe, initial encounter	ICD-10-CM	Diagnosis
S97.121A	Crushing injury of right lesser toe(s), initial encounter	ICD-10-CM	Diagnosis
S97.122A	Crushing injury of left lesser toe(s), initial encounter	ICD-10-CM	Diagnosis
S97.129A	Crushing injury of unspecified lesser toe(s), initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
S97.80XA	Crushing injury of unspecified foot, initial encounter	ICD-10-CM	Diagnosis
S97.81XA	Crushing injury of right foot, initial encounter	ICD-10-CM	Diagnosis
S97.82XA	Crushing injury of left foot, initial encounter	ICD-10-CM	Diagnosis
T14.8XXA	Other injury of unspecified body region, initial encounter	ICD-10-CM	Diagnosis
T79.4XXA	Traumatic shock, initial encounter	ICD-10-CM	Diagnosis
T79.5XXA	Traumatic anuria, initial encounter	ICD-10-CM	Diagnosis
T79.7XXA	Traumatic subcutaneous emphysema, initial encounter	ICD-10-CM	Diagnosis
T82.817A	Embolism due to cardiac prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.818A	Embolism due to vascular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.827A	Fibrosis due to cardiac prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.828A	Fibrosis due to vascular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.837A	Hemorrhage due to cardiac prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.838A	Hemorrhage due to vascular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.847A	Pain due to cardiac prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.848A	Pain due to vascular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.855A	Stenosis of coronary artery stent, initial encounter	ICD-10-CM	Diagnosis
T82.856A	Stenosis of peripheral vascular stent, initial encounter	ICD-10-CM	Diagnosis
T82.857A	Stenosis of other cardiac prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.858A	Stenosis of other vascular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.867A	Thrombosis due to cardiac prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.868A	Thrombosis due to vascular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.897A	Other specified complication of cardiac prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.898A	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.9XXA	Unspecified complication of cardiac and vascular prosthetic device, implant and graft, initial encounter	ICD-10-CM	Diagnosis
T83.81XA	Embolism due to genitourinary prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T83.82XA	Fibrosis due to genitourinary prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T83.83XA	Hemorrhage due to genitourinary prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T83.84XA	Pain due to genitourinary prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T83.85XA	Stenosis due to genitourinary prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T83.86XA	Thrombosis due to genitourinary prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T83.89XA	Other specified complication of genitourinary prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T83.9XXA	Unspecified complication of genitourinary prosthetic device, implant and graft, initial encounter	ICD-10-CM	Diagnosis
T84.81XA	Embolism due to internal orthopedic prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T84.82XA	Fibrosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
T84.83XA	Hemorrhage due to internal orthopedic prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T84.84XA	Pain due to internal orthopedic prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T84.85XA	Stenosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T84.86XA	Thrombosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T84.89XA	Other specified complication of internal orthopedic prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T84.9XXA	Unspecified complication of internal orthopedic prosthetic device, implant and graft, initial encounter	ICD-10-CM	Diagnosis
T85.810A	Embolism due to nervous system prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.818A	Embolism due to other internal prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.820A	Fibrosis due to nervous system prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.828A	Fibrosis due to other internal prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.830A	Hemorrhage due to nervous system prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.838A	Hemorrhage due to other internal prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.840A	Pain due to nervous system prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.848A	Pain due to other internal prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.850A	Stenosis due to nervous system prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.858A	Stenosis due to other internal prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.860A	Thrombosis due to nervous system prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.868A	Thrombosis due to other internal prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.890A	Other specified complication of nervous system prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.898A	Other specified complication of other internal prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T85.9XXA	Unspecified complication of internal prosthetic device, implant and graft, initial encounter	ICD-10-CM	Diagnosis
T86.848	Other complications of corneal transplant	ICD-10-CM	Diagnosis
T86.849	Unspecified complication of corneal transplant	ICD-10-CM	Diagnosis
T88.8XXA	Other specified complications of surgical and medical care, not elsewhere classified, initial encounter	ICD-10-CM	Diagnosis
V05.00XA	Pedestrian on foot injured in collision with railway train or railway vehicle in nontraffic accident, initial encounter	ICD-10-CM	Diagnosis
V05.00XD	Pedestrian on foot injured in collision with railway train or railway vehicle in nontraffic accident, subsequent encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
V05.01XA	Pedestrian on roller-skates injured in collision with railway train or railway vehicle in nontraffic accident, initial encounter	ICD-10-CM	Diagnosis
V05.01XD	Pedestrian on roller-skates injured in collision with railway train or railway vehicle in nontraffic accident, subsequent encounter	ICD-10-CM	Diagnosis
V05.02XA	Pedestrian on skateboard injured in collision with railway train or railway vehicle in nontraffic accident, initial encounter	ICD-10-CM	Diagnosis
V05.02XD	Pedestrian on skateboard injured in collision with railway train or railway vehicle in nontraffic accident, subsequent encounter	ICD-10-CM	Diagnosis
V05.09XA	Pedestrian with other conveyance injured in collision with railway train or railway vehicle in nontraffic accident, initial encounter	ICD-10-CM	Diagnosis
V05.09XD	Pedestrian with other conveyance injured in collision with railway train or railway vehicle in nontraffic accident, subsequent encounter	ICD-10-CM	Diagnosis
V15.2XXA	Unspecified pedal cyclist injured in collision with railway train or railway vehicle in nontraffic accident, initial encounter	ICD-10-CM	Diagnosis
V81.2XXA	Occupant of railway train or railway vehicle injured in collision with or hit by rolling stock, initial encounter	ICD-10-CM	Diagnosis
W11.XXXA	Fall on and from ladder, initial encounter	ICD-10-CM	Diagnosis
W11.XXXD	Fall on and from ladder, subsequent encounter	ICD-10-CM	Diagnosis
W12.XXXA	Fall on and from scaffolding, initial encounter	ICD-10-CM	Diagnosis
W12.XXXD	Fall on and from scaffolding, subsequent encounter	ICD-10-CM	Diagnosis
W13.0XXA	Fall from, out of or through balcony, initial encounter	ICD-10-CM	Diagnosis
W13.0XXD	Fall from, out of or through balcony, subsequent encounter	ICD-10-CM	Diagnosis
W13.1XXA	Fall from, out of or through bridge, initial encounter	ICD-10-CM	Diagnosis
W13.1XXD	Fall from, out of or through bridge, subsequent encounter	ICD-10-CM	Diagnosis
W13.2XXA	Fall from, out of or through roof, initial encounter	ICD-10-CM	Diagnosis
W13.2XXD	Fall from, out of or through roof, subsequent encounter	ICD-10-CM	Diagnosis
W13.3XXA	Fall through floor, initial encounter	ICD-10-CM	Diagnosis
W13.3XXD	Fall through floor, subsequent encounter	ICD-10-CM	Diagnosis
W13.4XXA	Fall from, out of or through window, initial encounter	ICD-10-CM	Diagnosis
W13.4XXD	Fall from, out of or through window, subsequent encounter	ICD-10-CM	Diagnosis
W13.8XXA	Fall from, out of or through other building or structure, initial encounter	ICD-10-CM	Diagnosis
W13.8XXD	Fall from, out of or through other building or structure, subsequent encounter	ICD-10-CM	Diagnosis
W13.9XXA	Fall from, out of or through building, not otherwise specified, initial encounter	ICD-10-CM	Diagnosis
W13.9XXD	Fall from, out of or through building, not otherwise specified, subsequent encounter	ICD-10-CM	Diagnosis
W16.011A	Fall into swimming pool striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.011D	Fall into swimming pool striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.012A	Fall into swimming pool striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.012D	Fall into swimming pool striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
W16.021A	Fall into swimming pool striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.021D	Fall into swimming pool striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.022A	Fall into swimming pool striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.022D	Fall into swimming pool striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.031A	Fall into swimming pool striking wall causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.031D	Fall into swimming pool striking wall causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.032A	Fall into swimming pool striking wall causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.032D	Fall into swimming pool striking wall causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.111A	Fall into natural body of water striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.111D	Fall into natural body of water striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.112A	Fall into natural body of water striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.112D	Fall into natural body of water striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.121A	Fall into natural body of water striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.121D	Fall into natural body of water striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.122A	Fall into natural body of water striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.122D	Fall into natural body of water striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.131A	Fall into natural body of water striking side causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.131D	Fall into natural body of water striking side causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.132A	Fall into natural body of water striking side causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.132D	Fall into natural body of water striking side causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.211A	Fall in (into) filled bathtub causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.211D	Fall in (into) filled bathtub causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.212A	Fall in (into) filled bathtub causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.212D	Fall in (into) filled bathtub causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.221A	Fall in (into) bucket of water causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.221D	Fall in (into) bucket of water causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.222A	Fall in (into) bucket of water causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.222D	Fall in (into) bucket of water causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.311A	Fall into other water striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.311D	Fall into other water striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
W16.312A	Fall into other water striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.312D	Fall into other water striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.321A	Fall into other water striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.321D	Fall into other water striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.322A	Fall into other water striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.322D	Fall into other water striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.331A	Fall into other water striking wall causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.331D	Fall into other water striking wall causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.332A	Fall into other water striking wall causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.332D	Fall into other water striking wall causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.41XA	Fall into unspecified water causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.41XD	Fall into unspecified water causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.42XA	Fall into unspecified water causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.42XD	Fall into unspecified water causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.511A	Jumping or diving into swimming pool striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.511D	Jumping or diving into swimming pool striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.512A	Jumping or diving into swimming pool striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.512D	Jumping or diving into swimming pool striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.521A	Jumping or diving into swimming pool striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.521D	Jumping or diving into swimming pool striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.522A	Jumping or diving into swimming pool striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.522D	Jumping or diving into swimming pool striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.531A	Jumping or diving into swimming pool striking wall causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.531D	Jumping or diving into swimming pool striking wall causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.532A	Jumping or diving into swimming pool striking wall causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.532D	Jumping or diving into swimming pool striking wall causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.611A	Jumping or diving into natural body of water striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
W16.611D	Jumping or diving into natural body of water striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.612A	Jumping or diving into natural body of water striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.612D	Jumping or diving into natural body of water striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.621A	Jumping or diving into natural body of water striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.621D	Jumping or diving into natural body of water striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.622A	Jumping or diving into natural body of water striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.622D	Jumping or diving into natural body of water striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.711A	Jumping or diving from boat striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.711D	Jumping or diving from boat striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.712A	Jumping or diving from boat striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.712D	Jumping or diving from boat striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.721A	Jumping or diving from boat striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.721D	Jumping or diving from boat striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.722A	Jumping or diving from boat striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.722D	Jumping or diving from boat striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.811A	Jumping or diving into other water striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.811D	Jumping or diving into other water striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.812A	Jumping or diving into other water striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.812D	Jumping or diving into other water striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.821A	Jumping or diving into other water striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.821D	Jumping or diving into other water striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.822A	Jumping or diving into other water striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.822D	Jumping or diving into other water striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
W16.831A	Jumping or diving into other water striking wall causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.831D	Jumping or diving into other water striking wall causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.832A	Jumping or diving into other water striking wall causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.832D	Jumping or diving into other water striking wall causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.91XA	Jumping or diving into unspecified water causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.91XD	Jumping or diving into unspecified water causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.92XA	Jumping or diving into unspecified water causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.92XD	Jumping or diving into unspecified water causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W17.0XXA	Fall into well, initial encounter	ICD-10-CM	Diagnosis
W17.0XXD	Fall into well, subsequent encounter	ICD-10-CM	Diagnosis
W17.1XXA	Fall into storm drain or manhole, initial encounter	ICD-10-CM	Diagnosis
W17.1XXD	Fall into storm drain or manhole, subsequent encounter	ICD-10-CM	Diagnosis
W17.2XXA	Fall into hole, initial encounter	ICD-10-CM	Diagnosis
W17.2XXD	Fall into hole, subsequent encounter	ICD-10-CM	Diagnosis
W17.3XXA	Fall into empty swimming pool, initial encounter	ICD-10-CM	Diagnosis
W17.3XXD	Fall into empty swimming pool, subsequent encounter	ICD-10-CM	Diagnosis
W17.4XXA	Fall from dock, initial encounter	ICD-10-CM	Diagnosis
W17.4XXD	Fall from dock, subsequent encounter	ICD-10-CM	Diagnosis
W32.0XXA	Accidental handgun discharge, initial encounter	ICD-10-CM	Diagnosis
W32.0XXD	Accidental handgun discharge, subsequent encounter	ICD-10-CM	Diagnosis
W32.1XXA	Accidental handgun malfunction, initial encounter	ICD-10-CM	Diagnosis
W32.1XXD	Accidental handgun malfunction, subsequent encounter	ICD-10-CM	Diagnosis
W33.00XA	Accidental discharge of unspecified larger firearm, initial encounter	ICD-10-CM	Diagnosis
W33.00XD	Accidental discharge of unspecified larger firearm, subsequent encounter	ICD-10-CM	Diagnosis
W33.01XA	Accidental discharge of shotgun, initial encounter	ICD-10-CM	Diagnosis
W33.01XD	Accidental discharge of shotgun, subsequent encounter	ICD-10-CM	Diagnosis
W33.02XA	Accidental discharge of hunting rifle, initial encounter	ICD-10-CM	Diagnosis
W33.02XD	Accidental discharge of hunting rifle, subsequent encounter	ICD-10-CM	Diagnosis
W33.03XA	Accidental discharge of machine gun, initial encounter	ICD-10-CM	Diagnosis
W33.03XD	Accidental discharge of machine gun, subsequent encounter	ICD-10-CM	Diagnosis
W33.09XA	Accidental discharge of other larger firearm, initial encounter	ICD-10-CM	Diagnosis
W33.09XD	Accidental discharge of other larger firearm, subsequent encounter	ICD-10-CM	Diagnosis
W33.10XA	Accidental malfunction of unspecified larger firearm, initial encounter	ICD-10-CM	Diagnosis
W33.10XD	Accidental malfunction of unspecified larger firearm, subsequent encounter	ICD-10-CM	Diagnosis
W33.11XA	Accidental malfunction of shotgun, initial encounter	ICD-10-CM	Diagnosis
W33.11XD	Accidental malfunction of shotgun, subsequent encounter	ICD-10-CM	Diagnosis
W33.12XA	Accidental malfunction of hunting rifle, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
W33.12XD	Accidental malfunction of hunting rifle, subsequent encounter	ICD-10-CM	Diagnosis
W33.13XA	Accidental malfunction of machine gun, initial encounter	ICD-10-CM	Diagnosis
W33.13XD	Accidental malfunction of machine gun, subsequent encounter	ICD-10-CM	Diagnosis
W33.19XA	Accidental malfunction of other larger firearm, initial encounter	ICD-10-CM	Diagnosis
W33.19XD	Accidental malfunction of other larger firearm, subsequent encounter	ICD-10-CM	Diagnosis
W34.00XA	Accidental discharge from unspecified firearms or gun, initial encounter	ICD-10-CM	Diagnosis
W34.00XD	Accidental discharge from unspecified firearms or gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.010A	Accidental discharge of airgun, initial encounter	ICD-10-CM	Diagnosis
W34.010D	Accidental discharge of airgun, subsequent encounter	ICD-10-CM	Diagnosis
W34.011A	Accidental discharge of paintball gun, initial encounter	ICD-10-CM	Diagnosis
W34.011D	Accidental discharge of paintball gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.018A	Accidental discharge of other gas, air or spring-operated gun, initial encounter	ICD-10-CM	Diagnosis
W34.018D	Accidental discharge of other gas, air or spring-operated gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.09XA	Accidental discharge from other specified firearms, initial encounter	ICD-10-CM	Diagnosis
W34.09XD	Accidental discharge from other specified firearms, subsequent encounter	ICD-10-CM	Diagnosis
W34.10XA	Accidental malfunction from unspecified firearms or gun, initial encounter	ICD-10-CM	Diagnosis
W34.10XD	Accidental malfunction from unspecified firearms or gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.110A	Accidental malfunction of airgun, initial encounter	ICD-10-CM	Diagnosis
W34.110D	Accidental malfunction of airgun, subsequent encounter	ICD-10-CM	Diagnosis
W34.111A	Accidental malfunction of paintball gun, initial encounter	ICD-10-CM	Diagnosis
W34.111D	Accidental malfunction of paintball gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.118A	Accidental malfunction of other gas, air or spring-operated gun, initial encounter	ICD-10-CM	Diagnosis
W34.118D	Accidental malfunction of other gas, air or spring-operated gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.19XA	Accidental malfunction from other specified firearms, initial encounter	ICD-10-CM	Diagnosis
W34.19XD	Accidental malfunction from other specified firearms, subsequent encounter	ICD-10-CM	Diagnosis
W39.XXXA	Discharge of firework, initial encounter	ICD-10-CM	Diagnosis
W39.XXXD	Discharge of firework, subsequent encounter	ICD-10-CM	Diagnosis
W40.0XXA	Explosion of blasting material, initial encounter	ICD-10-CM	Diagnosis
W40.0XXD	Explosion of blasting material, subsequent encounter	ICD-10-CM	Diagnosis
W40.1XXA	Explosion of explosive gases, initial encounter	ICD-10-CM	Diagnosis
W40.1XXD	Explosion of explosive gases, subsequent encounter	ICD-10-CM	Diagnosis
W40.8XXA	Explosion of other specified explosive materials, initial encounter	ICD-10-CM	Diagnosis
W40.8XXD	Explosion of other specified explosive materials, subsequent encounter	ICD-10-CM	Diagnosis
W40.9XXA	Explosion of unspecified explosive materials, initial encounter	ICD-10-CM	Diagnosis
W40.9XXD	Explosion of unspecified explosive materials, subsequent encounter	ICD-10-CM	Diagnosis
X72.XXXA	Intentional self-harm by handgun discharge, initial encounter	ICD-10-CM	Diagnosis
X72.XXXD	Intentional self-harm by handgun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.0XXA	Intentional self-harm by shotgun discharge, initial encounter	ICD-10-CM	Diagnosis
X73.0XXD	Intentional self-harm by shotgun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.1XXA	Intentional self-harm by hunting rifle discharge, initial encounter	ICD-10-CM	Diagnosis
X73.1XXD	Intentional self-harm by hunting rifle discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.2XXA	Intentional self-harm by machine gun discharge, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
X73.2XXD	Intentional self-harm by machine gun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.8XXA	Intentional self-harm by other larger firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X73.8XXD	Intentional self-harm by other larger firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.9XXA	Intentional self-harm by unspecified larger firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X73.9XXD	Intentional self-harm by unspecified larger firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X74.01XA	Intentional self-harm by airgun, initial encounter	ICD-10-CM	Diagnosis
X74.01XD	Intentional self-harm by airgun, subsequent encounter	ICD-10-CM	Diagnosis
X74.02XA	Intentional self-harm by paintball gun, initial encounter	ICD-10-CM	Diagnosis
X74.02XD	Intentional self-harm by paintball gun, subsequent encounter	ICD-10-CM	Diagnosis
X74.09XA	Intentional self-harm by other gas, air or spring-operated gun, initial encounter	ICD-10-CM	Diagnosis
X74.09XD	Intentional self-harm by other gas, air or spring-operated gun, subsequent encounter	ICD-10-CM	Diagnosis
X74.8XXA	Intentional self-harm by other firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X74.8XXD	Intentional self-harm by other firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X74.9XXA	Intentional self-harm by unspecified firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X74.9XXD	Intentional self-harm by unspecified firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X75.XXXA	Intentional self-harm by explosive material, initial encounter	ICD-10-CM	Diagnosis
X75.XXXD	Intentional self-harm by explosive material, subsequent encounter	ICD-10-CM	Diagnosis
X93.XXXA	Assault by handgun discharge, initial encounter	ICD-10-CM	Diagnosis
X93.XXXD	Assault by handgun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X94.0XXA	Assault by shotgun, initial encounter	ICD-10-CM	Diagnosis
X94.0XXD	Assault by shotgun, subsequent encounter	ICD-10-CM	Diagnosis
X94.1XXA	Assault by hunting rifle, initial encounter	ICD-10-CM	Diagnosis
X94.1XXD	Assault by hunting rifle, subsequent encounter	ICD-10-CM	Diagnosis
X94.2XXA	Assault by machine gun, initial encounter	ICD-10-CM	Diagnosis
X94.2XXD	Assault by machine gun, subsequent encounter	ICD-10-CM	Diagnosis
X94.8XXA	Assault by other larger firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X94.8XXD	Assault by other larger firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X94.9XXA	Assault by unspecified larger firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X94.9XXD	Assault by unspecified larger firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X95.02XA	Assault by paintball gun discharge, initial encounter	ICD-10-CM	Diagnosis
X95.02XD	Assault by paintball gun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X95.09XA	Assault by other gas, air or spring-operated gun, initial encounter	ICD-10-CM	Diagnosis
X95.09XD	Assault by other gas, air or spring-operated gun, subsequent encounter	ICD-10-CM	Diagnosis
X95.8XXA	Assault by other firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X95.8XXD	Assault by other firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X95.9XXA	Assault by unspecified firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X95.9XXD	Assault by unspecified firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X96.0XXA	Assault by antipersonnel bomb, initial encounter	ICD-10-CM	Diagnosis
X96.0XXD	Assault by antipersonnel bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.1XXA	Assault by gasoline bomb, initial encounter	ICD-10-CM	Diagnosis
X96.1XXD	Assault by gasoline bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.2XXA	Assault by letter bomb, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
X96.2XXD	Assault by letter bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.3XXA	Assault by fertilizer bomb, initial encounter	ICD-10-CM	Diagnosis
X96.3XXD	Assault by fertilizer bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.4XXA	Assault by pipe bomb, initial encounter	ICD-10-CM	Diagnosis
X96.4XXD	Assault by pipe bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.8XXA	Assault by other specified explosive, initial encounter	ICD-10-CM	Diagnosis
X96.8XXD	Assault by other specified explosive, subsequent encounter	ICD-10-CM	Diagnosis
X96.9XXA	Assault by unspecified explosive, initial encounter	ICD-10-CM	Diagnosis
X96.9XXD	Assault by unspecified explosive, subsequent encounter	ICD-10-CM	Diagnosis
Y04.0XXA	Assault by unarmed brawl or fight, initial encounter	ICD-10-CM	Diagnosis
Y04.0XXD	Assault by unarmed brawl or fight, subsequent encounter	ICD-10-CM	Diagnosis
Y04.2XXA	Assault by strike against or bumped into by another person, initial encounter	ICD-10-CM	Diagnosis
Y04.2XXD	Assault by strike against or bumped into by another person, subsequent encounter	ICD-10-CM	Diagnosis
Y04.8XXA	Assault by other bodily force, initial encounter	ICD-10-CM	Diagnosis
Y04.8XXD	Assault by other bodily force, subsequent encounter	ICD-10-CM	Diagnosis
Y22.XXXA	Handgun discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y22.XXXD	Handgun discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.0XXA	Shotgun discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.0XXD	Shotgun discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.1XXA	Hunting rifle discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.1XXD	Hunting rifle discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.2XXA	Military firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.2XXD	Military firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.3XXA	Machine gun discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.3XXD	Machine gun discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.8XXA	Other larger firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.8XXD	Other larger firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.9XXA	Unspecified larger firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.9XXD	Unspecified larger firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y24.0XXA	Airgun discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y24.0XXD	Airgun discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y24.8XXA	Other firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y24.8XXD	Other firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y24.9XXA	Unspecified firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y24.9XXD	Unspecified firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y25.XXXA	Contact with explosive material, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y25.XXXD	Contact with explosive material, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y35.001A	Legal intervention involving unspecified firearm discharge, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.001D	Legal intervention involving unspecified firearm discharge, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
Y35.002A	Legal intervention involving unspecified firearm discharge, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.002D	Legal intervention involving unspecified firearm discharge, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.003A	Legal intervention involving unspecified firearm discharge, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.003D	Legal intervention involving unspecified firearm discharge, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.011A	Legal intervention involving injury by machine gun, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.011D	Legal intervention involving injury by machine gun, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.012A	Legal intervention involving injury by machine gun, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.012D	Legal intervention involving injury by machine gun, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.013A	Legal intervention involving injury by machine gun, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.013D	Legal intervention involving injury by machine gun, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.021A	Legal intervention involving injury by handgun, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.021D	Legal intervention involving injury by handgun, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.022A	Legal intervention involving injury by handgun, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.022D	Legal intervention involving injury by handgun, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.023A	Legal intervention involving injury by handgun, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.023D	Legal intervention involving injury by handgun, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.031A	Legal intervention involving injury by rifle pellet, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.031D	Legal intervention involving injury by rifle pellet, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.032A	Legal intervention involving injury by rifle pellet, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.032D	Legal intervention involving injury by rifle pellet, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.033A	Legal intervention involving injury by rifle pellet, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.033D	Legal intervention involving injury by rifle pellet, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.041A	Legal intervention involving injury by rubber bullet, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.041D	Legal intervention involving injury by rubber bullet, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.042A	Legal intervention involving injury by rubber bullet, bystander injured, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
Y35.042D	Legal intervention involving injury by rubber bullet, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.043A	Legal intervention involving injury by rubber bullet, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.043D	Legal intervention involving injury by rubber bullet, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.091A	Legal intervention involving other firearm discharge, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.091D	Legal intervention involving other firearm discharge, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.092A	Legal intervention involving other firearm discharge, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.092D	Legal intervention involving other firearm discharge, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.093A	Legal intervention involving other firearm discharge, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.093D	Legal intervention involving other firearm discharge, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
W17.4XXA	Fall from dock, initial encounter	ICD-10-CM	Diagnosis
W17.4XXD	Fall from dock, subsequent encounter	ICD-10-CM	Diagnosis
W32.0XXA	Accidental handgun discharge, initial encounter	ICD-10-CM	Diagnosis
W32.0XXD	Accidental handgun discharge, subsequent encounter	ICD-10-CM	Diagnosis
W32.1XXA	Accidental handgun malfunction, initial encounter	ICD-10-CM	Diagnosis
W32.1XXD	Accidental handgun malfunction, subsequent encounter	ICD-10-CM	Diagnosis
W33.00XA	Accidental discharge of unspecified larger firearm, initial encounter	ICD-10-CM	Diagnosis
W33.00XD	Accidental discharge of unspecified larger firearm, subsequent encounter	ICD-10-CM	Diagnosis
W33.01XA	Accidental discharge of shotgun, initial encounter	ICD-10-CM	Diagnosis
W33.01XD	Accidental discharge of shotgun, subsequent encounter	ICD-10-CM	Diagnosis
W33.02XA	Accidental discharge of hunting rifle, initial encounter	ICD-10-CM	Diagnosis
W33.02XD	Accidental discharge of hunting rifle, subsequent encounter	ICD-10-CM	Diagnosis
W33.03XA	Accidental discharge of machine gun, initial encounter	ICD-10-CM	Diagnosis
W33.03XD	Accidental discharge of machine gun, subsequent encounter	ICD-10-CM	Diagnosis
W33.09XA	Accidental discharge of other larger firearm, initial encounter	ICD-10-CM	Diagnosis
W33.09XD	Accidental discharge of other larger firearm, subsequent encounter	ICD-10-CM	Diagnosis
W33.10XA	Accidental malfunction of unspecified larger firearm, initial encounter	ICD-10-CM	Diagnosis
W33.10XD	Accidental malfunction of unspecified larger firearm, subsequent encounter	ICD-10-CM	Diagnosis
W33.11XA	Accidental malfunction of shotgun, initial encounter	ICD-10-CM	Diagnosis
W33.11XD	Accidental malfunction of shotgun, subsequent encounter	ICD-10-CM	Diagnosis
W33.12XA	Accidental malfunction of hunting rifle, initial encounter	ICD-10-CM	Diagnosis
W33.12XD	Accidental malfunction of hunting rifle, subsequent encounter	ICD-10-CM	Diagnosis
W33.13XA	Accidental malfunction of machine gun, initial encounter	ICD-10-CM	Diagnosis
W33.13XD	Accidental malfunction of machine gun, subsequent encounter	ICD-10-CM	Diagnosis
W33.19XA	Accidental malfunction of other larger firearm, initial encounter	ICD-10-CM	Diagnosis
W33.19XD	Accidental malfunction of other larger firearm, subsequent encounter	ICD-10-CM	Diagnosis
W34.00XA	Accidental discharge from unspecified firearms or gun, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
W34.00XD	Accidental discharge from unspecified firearms or gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.010A	Accidental discharge of airgun, initial encounter	ICD-10-CM	Diagnosis
W34.010D	Accidental discharge of airgun, subsequent encounter	ICD-10-CM	Diagnosis
W34.011A	Accidental discharge of paintball gun, initial encounter	ICD-10-CM	Diagnosis
W34.011D	Accidental discharge of paintball gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.018A	Accidental discharge of other gas, air or spring-operated gun, initial encounter	ICD-10-CM	Diagnosis
W34.018D	Accidental discharge of other gas, air or spring-operated gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.09XA	Accidental discharge from other specified firearms, initial encounter	ICD-10-CM	Diagnosis
W34.09XD	Accidental discharge from other specified firearms, subsequent encounter	ICD-10-CM	Diagnosis
W34.10XA	Accidental malfunction from unspecified firearms or gun, initial encounter	ICD-10-CM	Diagnosis
W34.10XD	Accidental malfunction from unspecified firearms or gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.110A	Accidental malfunction of airgun, initial encounter	ICD-10-CM	Diagnosis
W34.110D	Accidental malfunction of airgun, subsequent encounter	ICD-10-CM	Diagnosis
W34.111A	Accidental malfunction of paintball gun, initial encounter	ICD-10-CM	Diagnosis
W34.111D	Accidental malfunction of paintball gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.118A	Accidental malfunction of other gas, air or spring-operated gun, initial encounter	ICD-10-CM	Diagnosis
W34.118D	Accidental malfunction of other gas, air or spring-operated gun, subsequent encounter	ICD-10-CM	Diagnosis
W34.19XA	Accidental malfunction from other specified firearms, initial encounter	ICD-10-CM	Diagnosis
W34.19XD	Accidental malfunction from other specified firearms, subsequent encounter	ICD-10-CM	Diagnosis
W39.XXXA	Discharge of firework, initial encounter	ICD-10-CM	Diagnosis
W39.XXXD	Discharge of firework, subsequent encounter	ICD-10-CM	Diagnosis
W40.0XXA	Explosion of blasting material, initial encounter	ICD-10-CM	Diagnosis
W40.0XXD	Explosion of blasting material, subsequent encounter	ICD-10-CM	Diagnosis
W40.1XXA	Explosion of explosive gases, initial encounter	ICD-10-CM	Diagnosis
W40.1XXD	Explosion of explosive gases, subsequent encounter	ICD-10-CM	Diagnosis
W40.8XXA	Explosion of other specified explosive materials, initial encounter	ICD-10-CM	Diagnosis
W40.8XXD	Explosion of other specified explosive materials, subsequent encounter	ICD-10-CM	Diagnosis
W40.9XXA	Explosion of unspecified explosive materials, initial encounter	ICD-10-CM	Diagnosis
W40.9XXD	Explosion of unspecified explosive materials, subsequent encounter	ICD-10-CM	Diagnosis
X72.XXXA	Intentional self-harm by handgun discharge, initial encounter	ICD-10-CM	Diagnosis
X72.XXXD	Intentional self-harm by handgun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.0XXA	Intentional self-harm by shotgun discharge, initial encounter	ICD-10-CM	Diagnosis
X73.0XXD	Intentional self-harm by shotgun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.1XXA	Intentional self-harm by hunting rifle discharge, initial encounter	ICD-10-CM	Diagnosis
X73.1XXD	Intentional self-harm by hunting rifle discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.2XXA	Intentional self-harm by machine gun discharge, initial encounter	ICD-10-CM	Diagnosis
X73.2XXD	Intentional self-harm by machine gun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.8XXA	Intentional self-harm by other larger firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X73.8XXD	Intentional self-harm by other larger firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X73.9XXA	Intentional self-harm by unspecified larger firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X73.9XXD	Intentional self-harm by unspecified larger firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X74.01XA	Intentional self-harm by airgun, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
X74.01XD	Intentional self-harm by airgun, subsequent encounter	ICD-10-CM	Diagnosis
X74.02XA	Intentional self-harm by paintball gun, initial encounter	ICD-10-CM	Diagnosis
X74.02XD	Intentional self-harm by paintball gun, subsequent encounter	ICD-10-CM	Diagnosis
X74.09XA	Intentional self-harm by other gas, air or spring-operated gun, initial encounter	ICD-10-CM	Diagnosis
X74.09XD	Intentional self-harm by other gas, air or spring-operated gun, subsequent encounter	ICD-10-CM	Diagnosis
X74.8XXA	Intentional self-harm by other firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X74.8XXD	Intentional self-harm by other firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X74.9XXA	Intentional self-harm by unspecified firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X74.9XXD	Intentional self-harm by unspecified firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X75.XXXA	Intentional self-harm by explosive material, initial encounter	ICD-10-CM	Diagnosis
X75.XXXD	Intentional self-harm by explosive material, subsequent encounter	ICD-10-CM	Diagnosis
X93.XXXA	Assault by handgun discharge, initial encounter	ICD-10-CM	Diagnosis
X93.XXXD	Assault by handgun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X94.0XXA	Assault by shotgun, initial encounter	ICD-10-CM	Diagnosis
X94.0XXD	Assault by shotgun, subsequent encounter	ICD-10-CM	Diagnosis
X94.1XXA	Assault by hunting rifle, initial encounter	ICD-10-CM	Diagnosis
X94.1XXD	Assault by hunting rifle, subsequent encounter	ICD-10-CM	Diagnosis
X94.2XXA	Assault by machine gun, initial encounter	ICD-10-CM	Diagnosis
X94.2XXD	Assault by machine gun, subsequent encounter	ICD-10-CM	Diagnosis
X94.8XXA	Assault by other larger firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X94.8XXD	Assault by other larger firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X94.9XXA	Assault by unspecified larger firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X94.9XXD	Assault by unspecified larger firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X95.02XA	Assault by paintball gun discharge, initial encounter	ICD-10-CM	Diagnosis
X95.02XD	Assault by paintball gun discharge, subsequent encounter	ICD-10-CM	Diagnosis
X95.09XA	Assault by other gas, air or spring-operated gun, initial encounter	ICD-10-CM	Diagnosis
X95.09XD	Assault by other gas, air or spring-operated gun, subsequent encounter	ICD-10-CM	Diagnosis
X95.8XXA	Assault by other firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X95.8XXD	Assault by other firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X95.9XXA	Assault by unspecified firearm discharge, initial encounter	ICD-10-CM	Diagnosis
X95.9XXD	Assault by unspecified firearm discharge, subsequent encounter	ICD-10-CM	Diagnosis
X96.0XXA	Assault by antipersonnel bomb, initial encounter	ICD-10-CM	Diagnosis
X96.0XXD	Assault by antipersonnel bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.1XXA	Assault by gasoline bomb, initial encounter	ICD-10-CM	Diagnosis
X96.1XXD	Assault by gasoline bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.2XXA	Assault by letter bomb, initial encounter	ICD-10-CM	Diagnosis
X96.2XXD	Assault by letter bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.3XXA	Assault by fertilizer bomb, initial encounter	ICD-10-CM	Diagnosis
X96.3XXD	Assault by fertilizer bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.4XXA	Assault by pipe bomb, initial encounter	ICD-10-CM	Diagnosis
X96.4XXD	Assault by pipe bomb, subsequent encounter	ICD-10-CM	Diagnosis
X96.8XXA	Assault by other specified explosive, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
X96.8XXD	Assault by other specified explosive, subsequent encounter	ICD-10-CM	Diagnosis
X96.9XXA	Assault by unspecified explosive, initial encounter	ICD-10-CM	Diagnosis
X96.9XXD	Assault by unspecified explosive, subsequent encounter	ICD-10-CM	Diagnosis
Y04.0XXA	Assault by unarmed brawl or fight, initial encounter	ICD-10-CM	Diagnosis
Y04.0XXD	Assault by unarmed brawl or fight, subsequent encounter	ICD-10-CM	Diagnosis
Y04.2XXA	Assault by strike against or bumped into by another person, initial encounter	ICD-10-CM	Diagnosis
Y04.2XXD	Assault by strike against or bumped into by another person, subsequent encounter	ICD-10-CM	Diagnosis
Y04.8XXA	Assault by other bodily force, initial encounter	ICD-10-CM	Diagnosis
Y04.8XXD	Assault by other bodily force, subsequent encounter	ICD-10-CM	Diagnosis
Y22.XXXA	Handgun discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y22.XXXD	Handgun discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.0XXA	Shotgun discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.0XXD	Shotgun discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.1XXA	Hunting rifle discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.1XXD	Hunting rifle discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.2XXA	Military firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.2XXD	Military firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.3XXA	Machine gun discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.3XXD	Machine gun discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.8XXA	Other larger firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.8XXD	Other larger firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y23.9XXA	Unspecified larger firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y23.9XXD	Unspecified larger firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y24.0XXA	Airgun discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y24.0XXD	Airgun discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y24.8XXA	Other firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y24.8XXD	Other firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y24.9XXA	Unspecified firearm discharge, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y24.9XXD	Unspecified firearm discharge, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y25.XXXA	Contact with explosive material, undetermined intent, initial encounter	ICD-10-CM	Diagnosis
Y25.XXXD	Contact with explosive material, undetermined intent, subsequent encounter	ICD-10-CM	Diagnosis
Y35.001A	Legal intervention involving unspecified firearm discharge, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.001D	Legal intervention involving unspecified firearm discharge, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.002A	Legal intervention involving unspecified firearm discharge, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.002D	Legal intervention involving unspecified firearm discharge, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.003A	Legal intervention involving unspecified firearm discharge, suspect injured, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
Y35.003D	Legal intervention involving unspecified firearm discharge, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.011A	Legal intervention involving injury by machine gun, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.011D	Legal intervention involving injury by machine gun, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.012A	Legal intervention involving injury by machine gun, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.012D	Legal intervention involving injury by machine gun, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.013A	Legal intervention involving injury by machine gun, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.013D	Legal intervention involving injury by machine gun, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.021A	Legal intervention involving injury by handgun, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.021D	Legal intervention involving injury by handgun, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.022A	Legal intervention involving injury by handgun, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.022D	Legal intervention involving injury by handgun, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.023A	Legal intervention involving injury by handgun, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.023D	Legal intervention involving injury by handgun, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.031A	Legal intervention involving injury by rifle pellet, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.031D	Legal intervention involving injury by rifle pellet, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.032A	Legal intervention involving injury by rifle pellet, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.032D	Legal intervention involving injury by rifle pellet, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.033A	Legal intervention involving injury by rifle pellet, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.033D	Legal intervention involving injury by rifle pellet, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.041A	Legal intervention involving injury by rubber bullet, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis
Y35.041D	Legal intervention involving injury by rubber bullet, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.042A	Legal intervention involving injury by rubber bullet, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.042D	Legal intervention involving injury by rubber bullet, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.043A	Legal intervention involving injury by rubber bullet, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.043D	Legal intervention involving injury by rubber bullet, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.091A	Legal intervention involving other firearm discharge, law enforcement official injured, initial encounter	ICD-10-CM	Diagnosis

Appendix C. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Outcomes and Censoring Criteria in this Request

Code	Description	Code Type	Code Category
Y35.091D	Legal intervention involving other firearm discharge, law enforcement official injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.092A	Legal intervention involving other firearm discharge, bystander injured, initial encounter	ICD-10-CM	Diagnosis
Y35.092D	Legal intervention involving other firearm discharge, bystander injured, subsequent encounter	ICD-10-CM	Diagnosis
Y35.093A	Legal intervention involving other firearm discharge, suspect injured, initial encounter	ICD-10-CM	Diagnosis
Y35.093D	Legal intervention involving other firearm discharge, suspect injured, subsequent encounter	ICD-10-CM	Diagnosis

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

Generic Name	Brand Name
Apixaban	Eliquis
Dabigatran etexilate mesylate	Pradaxa
Edoxaban tosylate	Savaysa
Rivaroxaban	Xarelto
Warfarin sodium	Warfarin
Warfarin sodium	Coumadin
Warfarin sodium	Jantoven

Appendix E. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
Atrial Fibrillation			
427.31	Atrial fibrillation	ICD-9-CM	Diagnosis
427.32	Atrial flutter	ICD-9-CM	Diagnosis
427.3	Atrial fibrillation and flutter	ICD-9-CM	Diagnosis
I48.0	Paroxysmal atrial fibrillation	ICD-10-CM	Diagnosis
I48.1	Persistent atrial fibrillation	ICD-10-CM	Diagnosis
I48.2	Chronic atrial fibrillation	ICD-10-CM	Diagnosis
I48.3	Typical atrial flutter	ICD-10-CM	Diagnosis
I48.4	Atypical atrial flutter	ICD-10-CM	Diagnosis
I48.91	Unspecified atrial fibrillation	ICD-10-CM	Diagnosis
I48.92	Unspecified atrial flutter	ICD-10-CM	Diagnosis
Deep Vein Thrombosis			
453.4	Acute venous embolism and thrombosis of deep vessels of lower extremity	ICD-9-CM	Diagnosis
453.4	Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity	ICD-9-CM	Diagnosis
453.41	Acute venous embolism and thrombosis of deep vessels of proximal lower extremity	ICD-9-CM	Diagnosis
453.42	Acute venous embolism and thrombosis of deep vessels of distal lower extremity	ICD-9-CM	Diagnosis
451.1	Phlebitis and thrombophlebitis of deep veins of lower extremities	ICD-9-CM	Diagnosis
451.11	Phlebitis and thrombophlebitis of femoral vein (deep) (superficial)	ICD-9-CM	Diagnosis
451.19	Phlebitis and thrombophlebitis of deep veins of lower extremities, other	ICD-9-CM	Diagnosis
451.2	Phlebitis and thrombophlebitis of lower extremities, unspecified	ICD-9-CM	Diagnosis
451.81	Phlebitis and thrombophlebitis of iliac vein	ICD-9-CM	Diagnosis
451.83	Phlebitis and thrombophlebitis of deep veins of upper extremities	ICD-9-CM	Diagnosis
453.84	Phlebitis and thrombophlebitis of upper extremities, unspecified	ICD-9-CM	Diagnosis
I80.10	Phlebitis and thrombophlebitis of unspecified femoral vein	ICD-10-CM	Diagnosis
I80.11	Phlebitis and thrombophlebitis of right femoral vein	ICD-10-CM	Diagnosis
I80.12	Phlebitis and thrombophlebitis of left femoral vein	ICD-10-CM	Diagnosis
I80.13	Phlebitis and thrombophlebitis of femoral vein, bilateral	ICD-10-CM	Diagnosis
I80.201	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity	ICD-10-CM	Diagnosis
I80.202	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity	ICD-10-CM	Diagnosis
I80.203	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral	ICD-10-CM	Diagnosis
I80.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity	ICD-10-CM	Diagnosis
I80.211	Phlebitis and thrombophlebitis of right iliac vein	ICD-10-CM	Diagnosis
I80.212	Phlebitis and thrombophlebitis of left iliac vein	ICD-10-CM	Diagnosis
I80.213	Phlebitis and thrombophlebitis of iliac vein, bilateral	ICD-10-CM	Diagnosis
I80.219	Phlebitis and thrombophlebitis of unspecified iliac vein	ICD-10-CM	Diagnosis
I80.221	Phlebitis and thrombophlebitis of right popliteal vein	ICD-10-CM	Diagnosis
I80.222	Phlebitis and thrombophlebitis of left popliteal vein	ICD-10-CM	Diagnosis
I80.223	Phlebitis and thrombophlebitis of popliteal vein, bilateral	ICD-10-CM	Diagnosis
I80.229	Phlebitis and thrombophlebitis of unspecified popliteal vein	ICD-10-CM	Diagnosis
I80.231	Phlebitis and thrombophlebitis of right tibial vein	ICD-10-CM	Diagnosis
I80.232	Phlebitis and thrombophlebitis of left tibial vein	ICD-10-CM	Diagnosis
I80.233	Phlebitis and thrombophlebitis of tibial vein, bilateral	ICD-10-CM	Diagnosis
I80.239	Phlebitis and thrombophlebitis of unspecified tibial vein	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I80.291	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity	ICD-10-CM	Diagnosis
I80.292	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity	ICD-10-CM	Diagnosis
I80.293	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral	ICD-10-CM	Diagnosis
I80.299	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity	ICD-10-CM	Diagnosis
I80.3	Phlebitis and thrombophlebitis of lower extremities, unspecified	ICD-10-CM	Diagnosis
I80.8	Phlebitis and thrombophlebitis of other sites	ICD-10-CM	Diagnosis
I82.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity	ICD-10-CM	Diagnosis
I82.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity	ICD-10-CM	Diagnosis
I82.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral	ICD-10-CM	Diagnosis
I82.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity	ICD-10-CM	Diagnosis
I82.411	Acute embolism and thrombosis of right femoral vein	ICD-10-CM	Diagnosis
I82.412	Acute embolism and thrombosis of left femoral vein	ICD-10-CM	Diagnosis
I82.413	Acute embolism and thrombosis of femoral vein, bilateral	ICD-10-CM	Diagnosis
I82.419	Acute embolism and thrombosis of unspecified femoral vein	ICD-10-CM	Diagnosis
I82.421	Acute embolism and thrombosis of right iliac vein	ICD-10-CM	Diagnosis
I82.422	Acute embolism and thrombosis of left iliac vein	ICD-10-CM	Diagnosis
I82.423	Acute embolism and thrombosis of iliac vein, bilateral	ICD-10-CM	Diagnosis
I82.429	Acute embolism and thrombosis of unspecified iliac vein	ICD-10-CM	Diagnosis
I82.431	Acute embolism and thrombosis of right popliteal vein	ICD-10-CM	Diagnosis
I82.432	Acute embolism and thrombosis of left popliteal vein	ICD-10-CM	Diagnosis
I82.433	Acute embolism and thrombosis of popliteal vein, bilateral	ICD-10-CM	Diagnosis
I82.439	Acute embolism and thrombosis of unspecified popliteal vein	ICD-10-CM	Diagnosis
I82.441	Acute embolism and thrombosis of right tibial vein	ICD-10-CM	Diagnosis
I82.442	Acute embolism and thrombosis of left tibial vein	ICD-10-CM	Diagnosis
I82.443	Acute embolism and thrombosis of tibial vein, bilateral	ICD-10-CM	Diagnosis
I82.449	Acute embolism and thrombosis of unspecified tibial vein	ICD-10-CM	Diagnosis
I82.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity	ICD-10-CM	Diagnosis
I82.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity	ICD-10-CM	Diagnosis
I82.493	Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral	ICD-10-CM	Diagnosis
I82.499	Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity	ICD-10-CM	Diagnosis
I82.4Y1	Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity	ICD-10-CM	Diagnosis
I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity	ICD-10-CM	Diagnosis
I82.4Y3	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral	ICD-10-CM	Diagnosis
I82.4Y9	Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity	ICD-10-CM	Diagnosis
I82.4Z1	Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity	ICD-10-CM	Diagnosis
I82.4Z2	Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I82.4Z3	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral	ICD-10-CM	Diagnosis
I82.4Z9	Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity	ICD-10-CM	Diagnosis
I82.A11	Acute embolism and thrombosis of right axillary vein	ICD-10-CM	Diagnosis
I82.A12	Acute embolism and thrombosis of left axillary vein	ICD-10-CM	Diagnosis
I82.A13	Acute embolism and thrombosis of axillary vein, bilateral	ICD-10-CM	Diagnosis
I82.A19	Acute embolism and thrombosis of unspecified axillary vein	ICD-10-CM	Diagnosis
Dialysis			
792.5	Cloudy (hemodialysis) (peritoneal) dialysis affluent	ICD-9-CM	Diagnosis
V45.1	Renal dialysis status	ICD-9-CM	Diagnosis
V45.11	Renal dialysis status	ICD-9-CM	Diagnosis
V45.12	Noncompliance with renal dialysis	ICD-9-CM	Diagnosis
V56.0	Encounter for extracorporeal dialysis	ICD-9-CM	Diagnosis
V56.1	Fitting and adjustment of extracorporeal dialysis catheter	ICD-9-CM	Diagnosis
V56.2	Fitting and adjustment of peritoneal dialysis catheter	ICD-9-CM	Diagnosis
V56.3	Encounter for adequacy testing for dialysis	ICD-9-CM	Diagnosis
V56.31	Encounter for adequacy testing for hemodialysis	ICD-9-CM	Diagnosis
V56.32	Encounter for adequacy testing for peritoneal dialysis	ICD-9-CM	Diagnosis
V56.8	Encounter other dialysis	ICD-9-CM	Diagnosis
R88.0	Cloudy (hemodialysis) (peritoneal) dialysis effluent	ICD-10-CM	Diagnosis
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter	ICD-10-CM	Diagnosis
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter	ICD-10-CM	Diagnosis
Z49.31	Encounter for adequacy testing for hemodialysis	ICD-10-CM	Diagnosis
Z49.32	Encounter for adequacy testing for peritoneal dialysis	ICD-10-CM	Diagnosis
Z91.15	Patient's noncompliance with renal dialysis	ICD-10-CM	Diagnosis
Z99.2	Dependence on renal dialysis	ICD-10-CM	Diagnosis
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	CPT-4	Procedure
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	CPT-4	Procedure
90939	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; transcutaneous measurement and disconnection	CPT-4	Procedure
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	CPT-4	Procedure
90941	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90942	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90943	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90944	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	CPT-4	Procedure

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Code	Description	Code Type	Code Category
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	CPT-4	Procedure
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure

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Code	Description	Code Type	Code Category
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	CPT-4	Procedure
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	CPT-4	Procedure
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	CPT-4	Procedure
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	CPT-4	Procedure
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	CPT-4	Procedure
90976	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90977	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90978	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90979	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90982	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90983	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90984	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90985	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90988	Supervision Of Hemodialysis In Hospital Or Other Facility (excluding Home Dialysis), On Monthly Basis	CPT-4	Procedure
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	CPT-4	Procedure
90990	Hemodialysis Training And/or Counseling	CPT-4	Procedure
90991	Home Hemodialysis Care, Outpatient, For Those Services Either Provided By The Physician Primarily Responsible	CPT-4	Procedure
90992	Peritoneal Dialysis Training And/or Counseling	CPT-4	Procedure
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	CPT-4	Procedure

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Code	Description	Code Type	Code Category
90994	Supervision Of Chronic Ambulatory Peritoneal Dialysis (capd), Home Or Out-patient (monthly)	CPT-4	Procedure
90995	End Stage Renal Disease (esrd) Related Services, Per Full Month	CPT-4	Procedure
90996	Continuous Arteriovenous Hemofiltration (cavh) (per Day)	CPT-4	Procedure
90997	Hemoperfusion (eg, with activated charcoal or resin)	CPT-4	Procedure
90998	End Stage Renal Disease (esrd) Related Services (less Than Full Month), Per Day	CPT-4	Procedure
90999	Unlisted dialysis procedure, inpatient or outpatient	CPT-4	Procedure
Joint Replacement			
V43.6	Joint replaced by other means	ICD-9-CM	Diagnosis
V43.60	Unspecified joint replacement	ICD-9-CM	Diagnosis
V43.61	Shoulder joint replacement	ICD-9-CM	Diagnosis
V43.62	Elbow joint replacement	ICD-9-CM	Diagnosis
V43.63	Wrist joint replacement	ICD-9-CM	Diagnosis
V43.64	Hip joint replacement	ICD-9-CM	Diagnosis
V43.65	Knee joint replacement	ICD-9-CM	Diagnosis
V43.66	Ankle joint replacement	ICD-9-CM	Diagnosis
V43.69	Other joint replacement	ICD-9-CM	Diagnosis
81.5	JOINT REPLACEMENT LOWER EXTREMITY	ICD-9-CM	Procedure
81.51	TOTAL HIP REPLACEMENT	ICD-9-CM	Procedure
81.52	PARTIAL HIP REPLACEMENT	ICD-9-CM	Procedure
81.53	REVISION OF HIP REPLACEMENT NOS	ICD-9-CM	Procedure
81.54	TOTAL KNEE REPLACEMENT	ICD-9-CM	Procedure
81.55	REVISION OF KNEE REPLACEMENT NOS	ICD-9-CM	Procedure
81.56	TOTAL ANKLE REPLACEMENT	ICD-9-CM	Procedure
81.57	REPLACEMENT OF JOINT OF FOOT&TOE	ICD-9-CM	Procedure
81.59	REV JOINT REPLCMT LOWER EXTREM NEC	ICD-9-CM	Procedure
81.8	ARTHROPLASTY&REPAIR SHOULDER&ELBOW	ICD-9-CM	Procedure
81.8	OTHER TOTAL SHOULDER REPLACEMENT	ICD-9-CM	Procedure
81.81	PARTIAL SHOULDER REPLACEMENT	ICD-9-CM	Procedure
81.82	REPAIR RECURRENT DISLOC SHOULDER	ICD-9-CM	Procedure
81.83	OTHER REPAIR OF SHOULDER	ICD-9-CM	Procedure
81.84	TOTAL ELBOW REPLACEMENT	ICD-9-CM	Procedure
81.85	OTHER REPAIR OF ELBOW	ICD-9-CM	Procedure
24363	REPLACE ELBOW JOINT	CPT-4	Procedure
27130	TOTAL HIP ARTHROPLASTY	CPT-4	Procedure
27132	TOTAL HIP ARTHROPLASTY	CPT-4	Procedure
27134	REVISE HIP JOINT REPLACEMENT	CPT-4	Procedure
27137	REVISE HIP JOINT REPLACEMENT	CPT-4	Procedure
27138	REVISE HIP JOINT REPLACEMENT	CPT-4	Procedure
27447	TOTAL KNEE ARTHROPLASTY	CPT-4	Procedure
Z96.60	Presence of unspecified orthopedic joint implant	ICD-10-CM	Diagnosis
Z96.611	Presence of right artificial shoulder joint	ICD-10-CM	Diagnosis
Z96.612	Presence of left artificial shoulder joint	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
Z96.619	Presence of unspecified artificial shoulder joint	ICD-10-CM	Diagnosis
Z96.621	Presence of right artificial elbow joint	ICD-10-CM	Diagnosis
Z96.622	Presence of left artificial elbow joint	ICD-10-CM	Diagnosis
Z96.629	Presence of unspecified artificial elbow joint	ICD-10-CM	Diagnosis
Z96.631	Presence of right artificial wrist joint	ICD-10-CM	Diagnosis
Z96.632	Presence of left artificial wrist joint	ICD-10-CM	Diagnosis
Z96.639	Presence of unspecified artificial wrist joint	ICD-10-CM	Diagnosis
Z96.641	Presence of right artificial hip joint	ICD-10-CM	Diagnosis
Z96.642	Presence of left artificial hip joint	ICD-10-CM	Diagnosis
Z96.643	Presence of artificial hip joint, bilateral	ICD-10-CM	Diagnosis
Z96.649	Presence of unspecified artificial hip joint	ICD-10-CM	Diagnosis
Z96.651	Presence of right artificial knee joint	ICD-10-CM	Diagnosis
Z96.652	Presence of left artificial knee joint	ICD-10-CM	Diagnosis
Z96.653	Presence of artificial knee joint, bilateral	ICD-10-CM	Diagnosis
Z96.659	Presence of unspecified artificial knee joint	ICD-10-CM	Diagnosis
Z96.661	Presence of right artificial ankle joint	ICD-10-CM	Diagnosis
Z96.662	Presence of left artificial ankle joint	ICD-10-CM	Diagnosis
Z96.669	Presence of unspecified artificial ankle joint	ICD-10-CM	Diagnosis
Z96.691	Finger-joint replacement of right hand	ICD-10-CM	Diagnosis
Z96.692	Finger-joint replacement of left hand	ICD-10-CM	Diagnosis
Z96.693	Finger-joint replacement, bilateral	ICD-10-CM	Diagnosis
Z96.698	Presence of other orthopedic joint implants	ICD-10-CM	Diagnosis
Z96.7	Presence of other bone and tendon implants	ICD-10-CM	Diagnosis
ORQE0ZZ	Repair Right Sternoclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORQE3ZZ	Repair Right Sternoclavicular Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQE4ZZ	Repair Right Sternoclavicular Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQEXZZ	Repair Right Sternoclavicular Joint, External Approach	ICD-10-PCS	Procedure
ORQF0ZZ	Repair Left Sternoclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORQF3ZZ	Repair Left Sternoclavicular Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQF4ZZ	Repair Left Sternoclavicular Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQFXZZ	Repair Left Sternoclavicular Joint, External Approach	ICD-10-PCS	Procedure
ORQG0ZZ	Repair Right Acromioclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORQG3ZZ	Repair Right Acromioclavicular Joint, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
ORQG4ZZ	Repair Right Acromioclavicular Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQGZZ	Repair Right Acromioclavicular Joint, External Approach	ICD-10-PCS	Procedure
ORQH0ZZ	Repair Left Acromioclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORQH3ZZ	Repair Left Acromioclavicular Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQH4ZZ	Repair Left Acromioclavicular Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQHZZ	Repair Left Acromioclavicular Joint, External Approach	ICD-10-PCS	Procedure
ORQJ0ZZ	Repair Right Shoulder Joint, Open Approach	ICD-10-PCS	Procedure
ORQJ3ZZ	Repair Right Shoulder Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQJ4ZZ	Repair Right Shoulder Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQJZZ	Repair Right Shoulder Joint, External Approach	ICD-10-PCS	Procedure
ORQK0ZZ	Repair Left Shoulder Joint, Open Approach	ICD-10-PCS	Procedure
ORQK3ZZ	Repair Left Shoulder Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQK4ZZ	Repair Left Shoulder Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQKZZ	Repair Left Shoulder Joint, External Approach	ICD-10-PCS	Procedure
ORQL0ZZ	Repair Right Elbow Joint, Open Approach	ICD-10-PCS	Procedure
ORQL3ZZ	Repair Right Elbow Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQL4ZZ	Repair Right Elbow Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORQLZZ	Repair Right Elbow Joint, External Approach	ICD-10-PCS	Procedure
ORQM0ZZ	Repair Left Elbow Joint, Open Approach	ICD-10-PCS	Procedure
ORQM3ZZ	Repair Left Elbow Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORQM4ZZ	Repair Left Elbow Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
ORQMXZZ	Repair Left Elbow Joint, External Approach	ICD-10-PCS	Procedure
ORRE07Z	Replacement of Right Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRE0JZ	Replacement of Right Sternoclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRE0KZ	Replacement of Right Sternoclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRF07Z	Replacement of Left Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRF0JZ	Replacement of Left Sternoclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRF0KZ	Replacement of Left Sternoclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRG07Z	Replacement of Right Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRG0JZ	Replacement of Right Acromioclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRG0KZ	Replacement of Right Acromioclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRH07Z	Replacement of Left Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRH0JZ	Replacement of Left Acromioclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRH0KZ	Replacement of Left Acromioclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRJ07Z	Replacement of Right Shoulder Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRJ0J6	Replacement of Right Shoulder Joint with Synthetic Substitute, Humeral Surface, Open Approach	ICD-10-PCS	Procedure
ORRJ0J7	Replacement of Right Shoulder Joint with Synthetic Substitute, Glenoid Surface, Open Approach	ICD-10-PCS	Procedure
ORRJ0JZ	Replacement of Right Shoulder Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRJ0KZ	Replacement of Right Shoulder Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRK07Z	Replacement of Left Shoulder Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRK0J6	Replacement of Left Shoulder Joint with Synthetic Substitute, Humeral Surface, Open Approach	ICD-10-PCS	Procedure
ORRK0J7	Replacement of Left Shoulder Joint with Synthetic Substitute, Glenoid Surface, Open Approach	ICD-10-PCS	Procedure

Appendix E. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
ORRK0JZ	Replacement of Left Shoulder Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRK0KZ	Replacement of Left Shoulder Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRL07Z	Replacement of Right Elbow Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRL0JZ	Replacement of Right Elbow Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRL0KZ	Replacement of Right Elbow Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRM07Z	Replacement of Left Elbow Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORRM0JZ	Replacement of Left Elbow Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORRM0KZ	Replacement of Left Elbow Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORSE04Z	Reposition Right Sternoclavicular Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSE0ZZ	Reposition Right Sternoclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORSF04Z	Reposition Left Sternoclavicular Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSF0ZZ	Reposition Left Sternoclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORSG04Z	Reposition Right Acromioclavicular Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSG0ZZ	Reposition Right Acromioclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORSH04Z	Reposition Left Acromioclavicular Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSH0ZZ	Reposition Left Acromioclavicular Joint, Open Approach	ICD-10-PCS	Procedure
ORSJ04Z	Reposition Right Shoulder Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSJ0ZZ	Reposition Right Shoulder Joint, Open Approach	ICD-10-PCS	Procedure
ORSK04Z	Reposition Left Shoulder Joint with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
ORSK0ZZ	Reposition Left Shoulder Joint, Open Approach	ICD-10-PCS	Procedure
ORUE07Z	Supplement Right Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUE0JZ	Supplement Right Sternoclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

Appendix E. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
ORUE0KZ	Supplement Right Sternoclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUE37Z	Supplement Right Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUE3JZ	Supplement Right Sternoclavicular Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUE3KZ	Supplement Right Sternoclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUE47Z	Supplement Right Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUE4JZ	Supplement Right Sternoclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUE4KZ	Supplement Right Sternoclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUF07Z	Supplement Left Sternoclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUF0JZ	Supplement Left Sternoclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUF0KZ	Supplement Left Sternoclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUF37Z	Supplement Left Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUF3JZ	Supplement Left Sternoclavicular Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUF3KZ	Supplement Left Sternoclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUF47Z	Supplement Left Sternoclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUF4JZ	Supplement Left Sternoclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUF4KZ	Supplement Left Sternoclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUG07Z	Supplement Right Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUG0JZ	Supplement Right Acromioclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUG0KZ	Supplement Right Acromioclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUG37Z	Supplement Right Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUG3JZ	Supplement Right Acromioclavicular Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
ORUG3KZ	Supplement Right Acromioclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUG47Z	Supplement Right Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUG4JZ	Supplement Right Acromioclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUG4KZ	Supplement Right Acromioclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUH07Z	Supplement Left Acromioclavicular Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUH0JZ	Supplement Left Acromioclavicular Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUH0KZ	Supplement Left Acromioclavicular Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUH37Z	Supplement Left Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUH3JZ	Supplement Left Acromioclavicular Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUH3KZ	Supplement Left Acromioclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUH47Z	Supplement Left Acromioclavicular Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUH4JZ	Supplement Left Acromioclavicular Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUH4KZ	Supplement Left Acromioclavicular Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUJ07Z	Supplement Right Shoulder Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUJ0JZ	Supplement Right Shoulder Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUJ0KZ	Supplement Right Shoulder Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUJ37Z	Supplement Right Shoulder Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUJ3JZ	Supplement Right Shoulder Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUJ3KZ	Supplement Right Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUJ47Z	Supplement Right Shoulder Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUJ4JZ	Supplement Right Shoulder Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
ORUJ4KZ	Supplement Right Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUK07Z	Supplement Left Shoulder Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUK0JZ	Supplement Left Shoulder Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUK0KZ	Supplement Left Shoulder Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUK37Z	Supplement Left Shoulder Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUK3JZ	Supplement Left Shoulder Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUK3KZ	Supplement Left Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUK47Z	Supplement Left Shoulder Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUK4JZ	Supplement Left Shoulder Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUK4KZ	Supplement Left Shoulder Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUL07Z	Supplement Right Elbow Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUL0JZ	Supplement Right Elbow Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
ORUL0KZ	Supplement Right Elbow Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUL37Z	Supplement Right Elbow Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUL3JZ	Supplement Right Elbow Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUL3KZ	Supplement Right Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUL47Z	Supplement Right Elbow Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUL4JZ	Supplement Right Elbow Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUL4KZ	Supplement Right Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUM07Z	Supplement Left Elbow Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUM0JZ	Supplement Left Elbow Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
ORUM0KZ	Supplement Left Elbow Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
ORUM37Z	Supplement Left Elbow Joint with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUM3JZ	Supplement Left Elbow Joint with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUM3KZ	Supplement Left Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
ORUM47Z	Supplement Left Elbow Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUM4JZ	Supplement Left Elbow Joint with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORUM4KZ	Supplement Left Elbow Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSR9019	Replacement of Right Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSR901A	Replacement of Right Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSR901Z	Replacement of Right Hip Joint with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSR9029	Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSR902A	Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSR902Z	Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSR9039	Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSR903A	Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSR903Z	Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSR9049	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSR904A	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSR904Z	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSR907Z	Replacement of Right Hip Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSR90J9	Replacement of Right Hip Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSR90JA	Replacement of Right Hip Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSR90JZ	Replacement of Right Hip Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSR90KZ	Replacement of Right Hip Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRA009	Replacement of Right Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRA00A	Replacement of Right Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRA00Z	Replacement of Right Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRA019	Replacement of Right Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRA01A	Replacement of Right Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRA01Z	Replacement of Right Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRA039	Replacement of Right Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRA03A	Replacement of Right Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRA03Z	Replacement of Right Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRA07Z	Replacement of Right Hip Joint, Acetabular Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRA0J9	Replacement of Right Hip Joint, Acetabular Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRA0JA	Replacement of Right Hip Joint, Acetabular Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRA0JZ	Replacement of Right Hip Joint, Acetabular Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRA0KZ	Replacement of Right Hip Joint, Acetabular Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRB019	Replacement of Left Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRB01A	Replacement of Left Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRB01Z	Replacement of Left Hip Joint with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRB029	Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSRB02A	Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRB02Z	Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRB039	Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRB03A	Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRB03Z	Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRB049	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRB04A	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRB04Z	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRB07Z	Replacement of Left Hip Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRB0J9	Replacement of Left Hip Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRB0JA	Replacement of Left Hip Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRB0JZ	Replacement of Left Hip Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRB0KZ	Replacement of Left Hip Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRC07Z	Replacement of Right Knee Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRC0J9	Replacement of Right Knee Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRC0JA	Replacement of Right Knee Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRC0JZ	Replacement of Right Knee Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRC0KZ	Replacement of Right Knee Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRC0L9	Replacement of Right Knee Joint with Unicondylar Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRC0LA	Replacement of Right Knee Joint with Unicondylar Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRC0LZ	Replacement of Right Knee Joint with Unicondylar Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRD07Z	Replacement of Left Knee Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSRD0J9	Replacement of Left Knee Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRD0JA	Replacement of Left Knee Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRD0JZ	Replacement of Left Knee Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRD0KZ	Replacement of Left Knee Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRD0L9	Replacement of Left Knee Joint with Unicondylar Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRD0LA	Replacement of Left Knee Joint with Unicondylar Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRD0LZ	Replacement of Left Knee Joint with Unicondylar Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE009	Replacement of Left Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRE00A	Replacement of Left Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRE00Z	Replacement of Left Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE019	Replacement of Left Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRE01A	Replacement of Left Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRE01Z	Replacement of Left Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE039	Replacement of Left Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRE03A	Replacement of Left Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRE03Z	Replacement of Left Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE07Z	Replacement of Left Hip Joint, Acetabular Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE0J9	Replacement of Left Hip Joint, Acetabular Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRE0JA	Replacement of Left Hip Joint, Acetabular Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRE0JZ	Replacement of Left Hip Joint, Acetabular Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRE0KZ	Replacement of Left Hip Joint, Acetabular Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSRF07Z	Replacement of Right Ankle Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRF0J9	Replacement of Right Ankle Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRF0JA	Replacement of Right Ankle Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRF0JZ	Replacement of Right Ankle Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRF0KZ	Replacement of Right Ankle Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRG07Z	Replacement of Left Ankle Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRG0J9	Replacement of Left Ankle Joint with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRG0JA	Replacement of Left Ankle Joint with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRG0JZ	Replacement of Left Ankle Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRG0KZ	Replacement of Left Ankle Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRH07Z	Replacement of Right Tarsal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRH0JZ	Replacement of Right Tarsal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRH0KZ	Replacement of Right Tarsal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRJ07Z	Replacement of Left Tarsal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRJ0JZ	Replacement of Left Tarsal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRJ0KZ	Replacement of Left Tarsal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRK07Z	Replacement of Right Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRK0JZ	Replacement of Right Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRK0KZ	Replacement of Right Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRL07Z	Replacement of Left Metatarsal-Tarsal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRL0JZ	Replacement of Left Metatarsal-Tarsal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSRLOKZ	Replacement of Left Metatarsal-Tarsal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRM07Z	Replacement of Right Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRM0JZ	Replacement of Right Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRM0KZ	Replacement of Right Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRN07Z	Replacement of Left Metatarsal-Phalangeal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRN0JZ	Replacement of Left Metatarsal-Phalangeal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRN0KZ	Replacement of Left Metatarsal-Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRP07Z	Replacement of Right Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRP0JZ	Replacement of Right Toe Phalangeal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRP0KZ	Replacement of Right Toe Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRQ07Z	Replacement of Left Toe Phalangeal Joint with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRQ0JZ	Replacement of Left Toe Phalangeal Joint with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRQ0KZ	Replacement of Left Toe Phalangeal Joint with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRR019	Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRR01A	Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRR01Z	Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRR039	Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRR03A	Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRR03Z	Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRR07Z	Replacement of Right Hip Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRR0J9	Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSRROJA	Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRROJZ	Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRROKZ	Replacement of Right Hip Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS019	Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRS01A	Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRS01Z	Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS039	Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRS03A	Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRS03Z	Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS07Z	Replacement of Left Hip Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS0J9	Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRS0JA	Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRS0JZ	Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRS0KZ	Replacement of Left Hip Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRT07Z	Replacement of Right Knee Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRT0J9	Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRT0JA	Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRT0JZ	Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRT0KZ	Replacement of Right Knee Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRU07Z	Replacement of Left Knee Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRU0J9	Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSRU0JA	Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRU0JZ	Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRU0KZ	Replacement of Left Knee Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRV07Z	Replacement of Right Knee Joint, Tibial Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRV0J9	Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRV0JA	Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRV0JZ	Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRV0KZ	Replacement of Right Knee Joint, Tibial Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRW07Z	Replacement of Left Knee Joint, Tibial Surface with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSRW0J9	Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Cemented, Open Approach	ICD-10-PCS	Procedure
OSRW0JA	Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Uncemented, Open Approach	ICD-10-PCS	Procedure
OSRW0JZ	Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OSRW0KZ	Replacement of Left Knee Joint, Tibial Surface with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
OSW90JZ	Revision of Synthetic Substitute in Right Hip Joint, Open Approach	ICD-10-PCS	Procedure
OSW93JZ	Revision of Synthetic Substitute in Right Hip Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSW94JZ	Revision of Synthetic Substitute in Right Hip Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWA0JZ	Revision of Synthetic Substitute in Right Hip Joint, Acetabular Surface, Open Approach	ICD-10-PCS	Procedure
OSWA3JZ	Revision of Synthetic Substitute in Right Hip Joint, Acetabular Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWA4JZ	Revision of Synthetic Substitute in Right Hip Joint, Acetabular Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWB0JZ	Revision of Synthetic Substitute in Left Hip Joint, Open Approach	ICD-10-PCS	Procedure
OSWB3JZ	Revision of Synthetic Substitute in Left Hip Joint, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSWB4JZ	Revision of Synthetic Substitute in Left Hip Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWC0JC	Revision of Synthetic Substitute in Right Knee Joint, Patellar Surface, Open Approach	ICD-10-PCS	Procedure
OSWC0JZ	Revision of Synthetic Substitute in Right Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSWC3JC	Revision of Synthetic Substitute in Right Knee Joint, Patellar Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWC3JZ	Revision of Synthetic Substitute in Right Knee Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWC4JC	Revision of Synthetic Substitute in Right Knee Joint, Patellar Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWC4JZ	Revision of Synthetic Substitute in Right Knee Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWD0JC	Revision of Synthetic Substitute in Left Knee Joint, Patellar Surface, Open Approach	ICD-10-PCS	Procedure
OSWD0JZ	Revision of Synthetic Substitute in Left Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSWD3JC	Revision of Synthetic Substitute in Left Knee Joint, Patellar Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWD3JZ	Revision of Synthetic Substitute in Left Knee Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWD4JC	Revision of Synthetic Substitute in Left Knee Joint, Patellar Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWD4JZ	Revision of Synthetic Substitute in Left Knee Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWE0JZ	Revision of Synthetic Substitute in Left Hip Joint, Acetabular Surface, Open Approach	ICD-10-PCS	Procedure
OSWE3JZ	Revision of Synthetic Substitute in Left Hip Joint, Acetabular Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWE4JZ	Revision of Synthetic Substitute in Left Hip Joint, Acetabular Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWF0JZ	Revision of Synthetic Substitute in Right Ankle Joint, Open Approach	ICD-10-PCS	Procedure
OSWF3JZ	Revision of Synthetic Substitute in Right Ankle Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWF4JZ	Revision of Synthetic Substitute in Right Ankle Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWG0JZ	Revision of Synthetic Substitute in Left Ankle Joint, Open Approach	ICD-10-PCS	Procedure
OSWG3JZ	Revision of Synthetic Substitute in Left Ankle Joint, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSWG4JZ	Revision of Synthetic Substitute in Left Ankle Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWH0JZ	Revision of Synthetic Substitute in Right Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSWH3JZ	Revision of Synthetic Substitute in Right Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWH4JZ	Revision of Synthetic Substitute in Right Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWJ0JZ	Revision of Synthetic Substitute in Left Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSWJ3JZ	Revision of Synthetic Substitute in Left Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWJ4JZ	Revision of Synthetic Substitute in Left Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWK0JZ	Revision of Synthetic Substitute in Right Metatarsal-Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSWK3JZ	Revision of Synthetic Substitute in Right Metatarsal-Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWK4JZ	Revision of Synthetic Substitute in Right Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWL0JZ	Revision of Synthetic Substitute in Left Metatarsal-Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSWL3JZ	Revision of Synthetic Substitute in Left Metatarsal-Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWL4JZ	Revision of Synthetic Substitute in Left Metatarsal-Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWM0JZ	Revision of Synthetic Substitute in Right Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSWM3JZ	Revision of Synthetic Substitute in Right Metatarsal-Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWM4JZ	Revision of Synthetic Substitute in Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWN0JZ	Revision of Synthetic Substitute in Left Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSWN3JZ	Revision of Synthetic Substitute in Left Metatarsal-Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWN4JZ	Revision of Synthetic Substitute in Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWP0JZ	Revision of Synthetic Substitute in Right Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSWP3JZ	Revision of Synthetic Substitute in Right Toe Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OSWP4JZ	Revision of Synthetic Substitute in Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWQ0JZ	Revision of Synthetic Substitute in Left Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSWQ3JZ	Revision of Synthetic Substitute in Left Toe Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSWQ4JZ	Revision of Synthetic Substitute in Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWR0JZ	Revision of Synthetic Substitute in Right Hip Joint, Femoral Surface, Open Approach	ICD-10-PCS	Procedure
OSWR3JZ	Revision of Synthetic Substitute in Right Hip Joint, Femoral Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWR4JZ	Revision of Synthetic Substitute in Right Hip Joint, Femoral Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWS0JZ	Revision of Synthetic Substitute in Left Hip Joint, Femoral Surface, Open Approach	ICD-10-PCS	Procedure
OSWS3JZ	Revision of Synthetic Substitute in Left Hip Joint, Femoral Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWS4JZ	Revision of Synthetic Substitute in Left Hip Joint, Femoral Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWT0JZ	Revision of Synthetic Substitute in Right Knee Joint, Femoral Surface, Open Approach	ICD-10-PCS	Procedure
OSWT3JZ	Revision of Synthetic Substitute in Right Knee Joint, Femoral Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWT4JZ	Revision of Synthetic Substitute in Right Knee Joint, Femoral Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWU0JZ	Revision of Synthetic Substitute in Left Knee Joint, Femoral Surface, Open Approach	ICD-10-PCS	Procedure
OSWU3JZ	Revision of Synthetic Substitute in Left Knee Joint, Femoral Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWU4JZ	Revision of Synthetic Substitute in Left Knee Joint, Femoral Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWV0JZ	Revision of Synthetic Substitute in Right Knee Joint, Tibial Surface, Open Approach	ICD-10-PCS	Procedure
OSWV3JZ	Revision of Synthetic Substitute in Right Knee Joint, Tibial Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWV4JZ	Revision of Synthetic Substitute in Right Knee Joint, Tibial Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSWW0JZ	Revision of Synthetic Substitute in Left Knee Joint, Tibial Surface, Open Approach	ICD-10-PCS	Procedure
OSWW3JZ	Revision of Synthetic Substitute in Left Knee Joint, Tibial Surface, Percutaneous Approach	ICD-10-PCS	Procedure
OSWW4JZ	Revision of Synthetic Substitute in Left Knee Joint, Tibial Surface, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

Kidney Replacement

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Code	Description	Code Type	Code Category
55.6	Transplant of kidney	ICD-9-CM	Procedure
55.61	Renal autotransplantation	ICD-9-CM	Procedure
55.69	Other kidney transplantation	ICD-9-CM	Procedure
996.81	Complications of transplanted kidney	ICD-9-CM	Diagnosis
V42.0	Kidney replaced by transplant	ICD-9-CM	Diagnosis
T86.10	Unspecified complication of kidney transplant	ICD-10-CM	Diagnosis
T86.11	Kidney transplant rejection	ICD-10-CM	Diagnosis
T86.12	Kidney transplant failure	ICD-10-CM	Diagnosis
T86.13	Kidney transplant infection	ICD-10-CM	Diagnosis
T86.19	Other complication of kidney transplant	ICD-10-CM	Diagnosis
Z48.22	Encounter for aftercare following kidney transplant	ICD-10-CM	Diagnosis
Z94.0	Kidney transplant status	ICD-10-CM	Diagnosis
0TS00ZZ	Reposition Right Kidney, Open Approach	ICD-10-PCS	Procedure
0TS10ZZ	Reposition Left Kidney, Open Approach	ICD-10-PCS	Procedure
0TY00Z0	Transplantation of Right Kidney, Allogeneic, Open Approach	ICD-10-PCS	Procedure
0TY00Z1	Transplantation of Right Kidney, Syngeneic, Open Approach	ICD-10-PCS	Procedure
0TY00Z2	Transplantation of Right Kidney, Zooplastic, Open Approach	ICD-10-PCS	Procedure
0TY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach	ICD-10-PCS	Procedure
0TY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach	ICD-10-PCS	Procedure
0TY10Z2	Transplantation of Left Kidney, Zooplastic, Open Approach	ICD-10-PCS	Procedure
Mitral Stenosis			
394.0	Mitral stenosis	ICD-9-CM	Diagnosis
394.1	Rheumatic mitral insufficiency	ICD-9-CM	Diagnosis
394.2	Mitral stenosis with insufficiency	ICD-9-CM	Diagnosis
396.0	Mitral valve stenosis and aortic valve stenosis	ICD-9-CM	Diagnosis
396.1	Mitral valve stenosis and aortic valve insufficiency	ICD-9-CM	Diagnosis
396.2	Mitral valve insufficiency and aortic valve stenosis	ICD-9-CM	Diagnosis
396.3	Mitral valve insufficiency and aortic valve insufficiency	ICD-9-CM	Diagnosis
746.5	Congenital mitral stenosis	ICD-9-CM	Diagnosis
746.6	Congenital mitral insufficiency	ICD-9-CM	Diagnosis
I05.0	Rheumatic mitral stenosis	ICD-10-CM	Diagnosis
I05.1	Rheumatic mitral insufficiency	ICD-10-CM	Diagnosis
I05.2	Rheumatic mitral stenosis with insufficiency	ICD-10-CM	Diagnosis
I08.0	Rheumatic disorders of both mitral and aortic valves	ICD-10-CM	Diagnosis
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I34.2	Nonrheumatic mitral stenosis	ICD-10-CM	Diagnosis
Q23.2	Congenital mitral stenosis	ICD-10-CM	Diagnosis
Q23.3	Congenital mitral insufficiency	ICD-10-CM	Diagnosis
027G04Z	Dilation of Mitral Valve with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027G0DZ	Dilation of Mitral Valve with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027G0ZZ	Dilation of Mitral Valve, Open Approach	ICD-10-PCS	Procedure
02NG0ZZ	Release Mitral Valve, Open Approach	ICD-10-PCS	Procedure
02QG0ZZ	Repair Mitral Valve, Open Approach	ICD-10-PCS	Procedure
02VG0ZZ	Restriction of Mitral Valve, Open Approach	ICD-10-PCS	Procedure
Pulmonary Embolism			
415.1	Pulmonary embolism and infarction	ICD-9-CM	Diagnosis
415.11	Iatrogenic pulmonary embolism and infarction	ICD-9-CM	Diagnosis
415.12	Septic pulmonary embolism	ICD-9-CM	Diagnosis
415.19	Other pulmonary embolism and infarction	ICD-9-CM	Diagnosis
I26.01	Septic pulmonary embolism with acute cor pulmonale	ICD-10-CM	Diagnosis
I26.09	Other pulmonary embolism with acute cor pulmonale	ICD-10-CM	Diagnosis
I26.90	Septic pulmonary embolism without acute cor pulmonale	ICD-10-CM	Diagnosis
I26.99	Other pulmonary embolism without acute cor pulmonale	ICD-10-CM	Diagnosis
T80.0XXA	Air embolism following infusion, transfusion and therapeutic injection, initial encounter	ICD-10-CM	Diagnosis
T81.718A	Complication of other artery following a procedure, not elsewhere classified, initial encounter	ICD-10-CM	Diagnosis
T81.72XA	Complication of vein following a procedure, not elsewhere classified, initial encounter	ICD-10-CM	Diagnosis
T82.817A	Embolism due to cardiac prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
T82.818A	Embolism due to vascular prosthetic devices, implants and grafts, initial encounter	ICD-10-CM	Diagnosis
Valve Repair			
33400	REPAIR OF AORTIC VALVE	CPT-4	Procedure
33401	VALVULOPLASTY OPEN	CPT-4	Procedure
33403	VALVULOPLASTY W/CP BYPASS	CPT-4	Procedure
33420	REVISION OF MITRAL VALVE	CPT-4	Procedure
33422	REVISION OF MITRAL VALVE	CPT-4	Procedure
33425	REPAIR OF MITRAL VALVE	CPT-4	Procedure
33426	REPAIR OF MITRAL VALVE	CPT-4	Procedure
33427	REPAIR OF MITRAL VALVE	CPT-4	Procedure

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Code	Description	Code Type	Code Category
33463	VALVULOPLASTY TRICUSPID	CPT-4	Procedure
33464	VALVULOPLASTY TRICUSPID	CPT-4	Procedure
33465	REPLACE TRICUSPID VALVE	CPT-4	Procedure
33470	REVISION OF PULMONARY VALVE	CPT-4	Procedure
33471	VALVOTOMY PULMONARY VALVE	CPT-4	Procedure
33472	REVISION OF PULMONARY VALVE	CPT-4	Procedure
33474	REVISION OF PULMONARY VALVE	CPT-4	Procedure
92986	REVISION OF AORTIC VALVE	CPT-4	Procedure
92987	REVISION OF MITRAL VALVE	CPT-4	Procedure
92990	REVISION OF PULMONARY VALVE	CPT-4	Procedure
Valve Replacement			
V42.2	Heart valve replaced by transplant	ICD-9-CM	Diagnosis
V43.3	Heart valve replaced by other means	ICD-9-CM	Diagnosis
35.2	OPEN & OTHR REPLACEMENT HEART VALVE	ICD-9-CM	Procedure
35.2	OPEN & OTHER REPL UNS HEART VALVE	ICD-9-CM	Procedure
35.21	OPEN OTH REPL AORTIC VALVE TISS GFT	ICD-9-CM	Procedure
35.22	OPEN & OTHR REPLACEMENT AORTIC VALVE	ICD-9-CM	Procedure
35.23	OPN OTH REPL MITRL VALVE TISS GRAFT	ICD-9-CM	Procedure
35.24	OPEN & OTHER REPLACEMENT MITRAL VALVE	ICD-9-CM	Procedure
35.25	OPEN OTH REPL PULM VALVE TISS GRAFT	ICD-9-CM	Procedure
35.26	OPEN & OTHER REPL PULMONARY VALVE	ICD-9-CM	Procedure
35.27	OPEN & OTH REPL TV W/TISSUE GRAFT	ICD-9-CM	Procedure
35.28	OPEN & OTHER REPL TRICUSPID VALVE	ICD-9-CM	Procedure
33405	REPLACEMENT OF AORTIC VALVE	CPT-4	Procedure
33406	REPLACEMENT OF AORTIC VALVE	CPT-4	Procedure
33410	REPLACEMENT OF AORTIC VALVE	CPT-4	Procedure
33411	REPLACEMENT OF AORTIC VALVE	CPT-4	Procedure
33412	REPLACEMENT OF AORTIC VALVE	CPT-4	Procedure
33413	REPLACEMENT OF AORTIC VALVE	CPT-4	Procedure
33430	REPLACEMENT OF MITRAL VALVE	CPT-4	Procedure
33465	REPLACE TRICUSPID VALVE	CPT-4	Procedure
33475	REPLACEMENT PULMONARY VALVE	CPT-4	Procedure
33496	REPAIR PROSTH VALVE CLOT	CPT-4	Procedure
Z95.2	Presence of prosthetic heart valve	ICD-10-CM	Diagnosis
Z95.3	Presence of xenogenic heart valve	ICD-10-CM	Diagnosis
Z95.4	Presence of other heart-valve replacement	ICD-10-CM	Diagnosis
02RF07Z	Replacement of Aortic Valve with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02RF08Z	Replacement of Aortic Valve with Zooplasmic Tissue, Open Approach	ICD-10-PCS	Procedure
02RF0JZ	Replacement of Aortic Valve with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02RF0KZ	Replacement of Aortic Valve with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02RF47Z	Replacement of Aortic Valve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

Appendix E. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
02RF48Z	Replacement of Aortic Valve with Zooplasic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RF4JZ	Replacement of Aortic Valve with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RF4KZ	Replacement of Aortic Valve with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RG07Z	Replacement of Mitral Valve with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02RG08Z	Replacement of Mitral Valve with Zooplasic Tissue, Open Approach	ICD-10-PCS	Procedure
02RG0JZ	Replacement of Mitral Valve with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02RG0KZ	Replacement of Mitral Valve with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02RG37Z	Replacement of Mitral Valve with Autologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
02RG38Z	Replacement of Mitral Valve with Zooplasic Tissue, Percutaneous Approach	ICD-10-PCS	Procedure
02RG3JZ	Replacement of Mitral Valve with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
02RG3KZ	Replacement of Mitral Valve with Nonautologous Tissue Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
02RG47Z	Replacement of Mitral Valve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RG48Z	Replacement of Mitral Valve with Zooplasic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RG4JZ	Replacement of Mitral Valve with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RG4KZ	Replacement of Mitral Valve with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RH07Z	Replacement of Pulmonary Valve with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02RH08Z	Replacement of Pulmonary Valve with Zooplasic Tissue, Open Approach	ICD-10-PCS	Procedure
02RH0JZ	Replacement of Pulmonary Valve with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02RH0KZ	Replacement of Pulmonary Valve with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02RH47Z	Replacement of Pulmonary Valve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RH48Z	Replacement of Pulmonary Valve with Zooplasic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RH4JZ	Replacement of Pulmonary Valve with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RH4KZ	Replacement of Pulmonary Valve with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RJ07Z	Replacement of Tricuspid Valve with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02RJ08Z	Replacement of Tricuspid Valve with Zooplasic Tissue, Open Approach	ICD-10-PCS	Procedure
02RJ0JZ	Replacement of Tricuspid Valve with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

Appendix E. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Inclusion and Exclusion Criteria in this Request

Code	Description	Code Type	Code Category
02RJ0KZ	Replacement of Tricuspid Valve with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02RJ47Z	Replacement of Tricuspid Valve with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RJ48Z	Replacement of Tricuspid Valve with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RJ4JZ	Replacement of Tricuspid Valve with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02RJ4KZ	Replacement of Tricuspid Valve with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
X2RF032	Replacement of Aortic Valve using Zooplastic Tissue, Rapid Deployment Technique, Open Approach, New Technology Group 2	ICD-10-PCS	Procedure
X2RF432	Replacement of Aortic Valve using Zooplastic Tissue, Rapid Deployment Technique, Percutaneous Endoscopic Approach, New Technology Group 2	ICD-10-PCS	Procedure

Appendix F. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Censoring Criteria in this Request

Code	Description	Code Type	Code Category
Dialysis			
792.5	Cloudy (hemodialysis) (peritoneal) dialysis affluent	ICD-9-CM	Diagnosis
V45.1	Renal dialysis status	ICD-9-CM	Diagnosis
V45.11	Renal dialysis status	ICD-9-CM	Diagnosis
V45.12	Noncompliance with renal dialysis	ICD-9-CM	Diagnosis
V56.0	Encounter for extracorporeal dialysis	ICD-9-CM	Diagnosis
V56.1	Fitting and adjustment of extracorporeal dialysis catheter	ICD-9-CM	Diagnosis
V56.2	Fitting and adjustment of peritoneal dialysis catheter	ICD-9-CM	Diagnosis
V56.3	Encounter for adequacy testing for dialysis	ICD-9-CM	Diagnosis
V56.31	Encounter for adequacy testing for hemodialysis	ICD-9-CM	Diagnosis
V56.32	Encounter for adequacy testing for peritoneal dialysis	ICD-9-CM	Diagnosis
V56.8	Encounter other dialysis	ICD-9-CM	Diagnosis
R88.0	Cloudy (hemodialysis) (peritoneal) dialysis effluent	ICD-10-CM	Diagnosis
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter	ICD-10-CM	Diagnosis
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter	ICD-10-CM	Diagnosis
Z49.31	Encounter for adequacy testing for hemodialysis	ICD-10-CM	Diagnosis
Z49.32	Encounter for adequacy testing for peritoneal dialysis	ICD-10-CM	Diagnosis
Z91.15	Patient's noncompliance with renal dialysis	ICD-10-CM	Diagnosis
Z99.2	Dependence on renal dialysis	ICD-10-CM	Diagnosis
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	CPT-4	Procedure
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	CPT-4	Procedure
90939	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; transcutaneous measurement and disconnection	CPT-4	Procedure
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	CPT-4	Procedure
90941	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90942	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90943	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90944	Hemodialysis, For Acute Renal Failure And Or Intoxication,	CPT-4	Procedure
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	CPT-4	Procedure
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	CPT-4	Procedure
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure

Appendix F. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Censoring Criteria in this Request

Code	Description	Code Type	Code Category
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	CPT-4	Procedure
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	CPT-4	Procedure

Appendix F. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Censoring Criteria in this Request

Code	Description	Code Type	Code Category
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT-4	Procedure
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	CPT-4	Procedure
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	CPT-4	Procedure
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	CPT-4	Procedure
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	CPT-4	Procedure
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	CPT-4	Procedure
90976	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90977	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90978	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90979	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90982	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90983	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90984	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90985	Peritoneal Dialysis For End-stage Renal Disease (esrd),	CPT-4	Procedure
90988	Supervision Of Hemodialysis In Hospital Or Other Facility (excluding Home Dialysis), On Monthly Basis	CPT-4	Procedure
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	CPT-4	Procedure
90990	Hemodialysis Training And/or Counseling	CPT-4	Procedure
90991	Home Hemodialysis Care, Outpatient, For Those Services Either Provided By The Physician Primarily Responsible	CPT-4	Procedure
90992	Peritoneal Dialysis Training And/or Counseling	CPT-4	Procedure
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	CPT-4	Procedure
90994	Supervision Of Chronic Ambulatory Peritoneal Dialysis (capd), Home Or Out-patient (monthly)	CPT-4	Procedure
90995	End Stage Renal Disease (esrd) Related Services, Per Full Month	CPT-4	Procedure
90996	Continuous Arteriovenous Hemofiltration (cavh) (per Day)	CPT-4	Procedure
90997	Hemoperfusion (eg, with activated charcoal or resin)	CPT-4	Procedure
90998	End Stage Renal Disease (esrd) Related Services (less Than Full Month), Per Day	CPT-4	Procedure

Appendix F. International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS), and Current Procedural Terminology, Fourth Edition (CPT-4) Codes Used to Define Censoring Criteria in this Request

Code	Description	Code Type	Code Category
90999	Unlisted dialysis procedure, inpatient or outpatient	CPT-4	Procedure
Kidney Replacement			
996.81	Complications of transplanted kidney	ICD-9-CM	Diagnosis
V420	Kidney replaced by transplant	ICD-9-CM	Diagnosis
55.6	Transplant of kidney	ICD-9-CM	Procedure
55.61	Renal autotransplantation	ICD-9-CM	Procedure
55.69	Other kidney transplantation	ICD-9-CM	Procedure
T86.10	Unspecified complication of kidney transplant	ICD-10-CM	Diagnosis
T86.11	Kidney transplant rejection	ICD-10-CM	Diagnosis
T86.12	Kidney transplant failure	ICD-10-CM	Diagnosis
T86.13	Kidney transplant infection	ICD-10-CM	Diagnosis
T86.19	Other complication of kidney transplant	ICD-10-CM	Diagnosis
Z48.22	Encounter for aftercare following kidney transplant	ICD-10-CM	Diagnosis
Z94.0	Kidney transplant status	ICD-10-CM	Diagnosis
0TS00ZZ	Reposition Right Kidney, Open Approach	ICD-10-PCS	Procedure
0TS10ZZ	Reposition Left Kidney, Open Approach	ICD-10-PCS	Procedure
0TY00Z0	Transplantation of Right Kidney, Allogeneic, Open Approach	ICD-10-PCS	Procedure
0TY00Z1	Transplantation of Right Kidney, Syngeneic, Open Approach	ICD-10-PCS	Procedure
0TY00Z2	Transplantation of Right Kidney, Zooplastic, Open Approach	ICD-10-PCS	Procedure
0TY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach	ICD-10-PCS	Procedure
0TY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach	ICD-10-PCS	Procedure
0TY10Z2	Transplantation of Left Kidney, Zooplastic, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
Acute Myocardial Infarction			
410	Acute myocardial infarction	ICD-9-CM	Diagnosis
410.0	Acute myocardial infarction of anterolateral wall	ICD-9-CM	Diagnosis
410.00	Acute myocardial infarction of anterolateral wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.01	Acute myocardial infarction of anterolateral wall, initial episode of care	ICD-9-CM	Diagnosis
410.02	Acute myocardial infarction of anterolateral wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.1	Acute myocardial infarction of other anterior wall	ICD-9-CM	Diagnosis
410.10	Acute myocardial infarction of other anterior wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.11	Acute myocardial infarction of other anterior wall, initial episode of care	ICD-9-CM	Diagnosis
410.12	Acute myocardial infarction of other anterior wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.2	Acute myocardial infarction of inferolateral wall	ICD-9-CM	Diagnosis
410.20	Acute myocardial infarction of inferolateral wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.21	Acute myocardial infarction of inferolateral wall, initial episode of care	ICD-9-CM	Diagnosis
410.22	Acute myocardial infarction of inferolateral wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.3	Acute myocardial infarction of inferoposterior wall	ICD-9-CM	Diagnosis
410.30	Acute myocardial infarction of inferoposterior wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.31	Acute myocardial infarction of inferoposterior wall, initial episode of care	ICD-9-CM	Diagnosis
410.32	Acute myocardial infarction of inferoposterior wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.4	Acute myocardial infarction of other inferior wall	ICD-9-CM	Diagnosis
410.40	Acute myocardial infarction of other inferior wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.41	Acute myocardial infarction of other inferior wall, initial episode of care	ICD-9-CM	Diagnosis
410.42	Acute myocardial infarction of other inferior wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.5	Acute myocardial infarction of other lateral wall	ICD-9-CM	Diagnosis
410.50	Acute myocardial infarction of other lateral wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.51	Acute myocardial infarction of other lateral wall, initial episode of care	ICD-9-CM	Diagnosis
410.52	Acute myocardial infarction of other lateral wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.6	Acute myocardial infarction, true posterior wall infarction	ICD-9-CM	Diagnosis
410.60	Acute myocardial infarction, true posterior wall infarction, episode of care unspecified	ICD-9-CM	Diagnosis
410.61	Acute myocardial infarction, true posterior wall infarction, initial episode of care	ICD-9-CM	Diagnosis
410.62	Acute myocardial infarction, true posterior wall infarction, subsequent episode of care	ICD-9-CM	Diagnosis
410.7	Acute myocardial infarction, subendocardial infarction	ICD-9-CM	Diagnosis
410.70	Acute myocardial infarction, subendocardial infarction, episode of care unspecified	ICD-9-CM	Diagnosis
410.71	Acute myocardial infarction, subendocardial infarction, initial episode of care	ICD-9-CM	Diagnosis
410.72	Acute myocardial infarction, subendocardial infarction, subsequent episode of care	ICD-9-CM	Diagnosis
410.8	Acute myocardial infarction of other specified sites	ICD-9-CM	Diagnosis
410.80	Acute myocardial infarction of other specified sites, episode of care unspecified	ICD-9-CM	Diagnosis
410.81	Acute myocardial infarction of other specified sites, initial episode of care	ICD-9-CM	Diagnosis
410.82	Acute myocardial infarction of other specified sites, subsequent episode of care	ICD-9-CM	Diagnosis
410.9	Acute myocardial infarction, unspecified site	ICD-9-CM	Diagnosis
410.90	Acute myocardial infarction, unspecified site, episode of care unspecified	ICD-9-CM	Diagnosis
410.91	Acute myocardial infarction, unspecified site, initial episode of care	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
410.92	Acute myocardial infarction, unspecified site, subsequent episode of care	ICD-9-CM	Diagnosis
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	ICD-10-CM	Diagnosis
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	ICD-10-CM	Diagnosis
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	ICD-10-CM	Diagnosis
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	ICD-10-CM	Diagnosis
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	ICD-10-CM	Diagnosis
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	ICD-10-CM	Diagnosis
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	ICD-10-CM	Diagnosis
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	ICD-10-CM	Diagnosis
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	ICD-10-CM	Diagnosis
I21.9	Acute myocardial infarction, unspecified	ICD-10-CM	Diagnosis
I21.A1	Myocardial infarction type 2	ICD-10-CM	Diagnosis
I21.A9	Other myocardial infarction type	ICD-10-CM	Diagnosis
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	ICD-10-CM	Diagnosis
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	ICD-10-CM	Diagnosis
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	ICD-10-CM	Diagnosis
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	ICD-10-CM	Diagnosis
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	ICD-10-CM	Diagnosis
Acute Kidney Failure			
584	Acute kidney failure	ICD-9-CM	Diagnosis
584.5	Acute kidney failure with lesion of tubular necrosis	ICD-9-CM	Diagnosis
584.6	Acute kidney failure with lesion of renal cortical necrosis	ICD-9-CM	Diagnosis
584.7	Acute kidney failure with lesion of medullary [papillary] necrosis	ICD-9-CM	Diagnosis
584.8	Acute kidney failure with other specified pathological lesion in kidney	ICD-9-CM	Diagnosis
584.9	Acute kidney failure, unspecified	ICD-9-CM	Diagnosis
N17.0	Acute kidney failure with tubular necrosis	ICD-10-CM	Diagnosis
N17.1	Acute kidney failure with acute cortical necrosis	ICD-10-CM	Diagnosis
N17.2	Acute kidney failure with medullary necrosis	ICD-10-CM	Diagnosis
N17.8	Other acute kidney failure	ICD-10-CM	Diagnosis
N17.9	Acute kidney failure, unspecified	ICD-10-CM	Diagnosis
Alcohol Abuse			
303.0	Acute alcoholic intoxication	ICD-9-CM	Diagnosis
303.01	Acute alcoholic intoxication, continuous	ICD-9-CM	Diagnosis
303.02	Acute alcoholic intoxication, episodic	ICD-9-CM	Diagnosis
303.03	Acute alcoholic intoxication, in remission	ICD-9-CM	Diagnosis
303.00	Acute alcoholic intoxication, unspecified	ICD-9-CM	Diagnosis
303	Alcohol dependence syndrome	ICD-9-CM	Diagnosis
305.0	Nondependent alcohol abuse	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
305.01	Nondependent alcohol abuse, continuous	ICD-9-CM	Diagnosis
305.02	Nondependent alcohol abuse, episodic	ICD-9-CM	Diagnosis
305.03	Nondependent alcohol abuse, in remission	ICD-9-CM	Diagnosis
305.00	Nondependent alcohol abuse, unspecified	ICD-9-CM	Diagnosis
303.9	Other and unspecified alcohol dependence	ICD-9-CM	Diagnosis
303.91	Other and unspecified alcohol dependence, continuous	ICD-9-CM	Diagnosis
303.92	Other and unspecified alcohol dependence, episodic	ICD-9-CM	Diagnosis
303.93	Other and unspecified alcohol dependence, in remission	ICD-9-CM	Diagnosis
303.90	Other and unspecified alcohol dependence, unspecified	ICD-9-CM	Diagnosis
790.3	Excessive blood level of alcohol	ICD-9-CM	Diagnosis
571.1	Acute alcoholic hepatitis	ICD-9-CM	Diagnosis
571.2	Alcoholic cirrhosis of liver	ICD-9-CM	Diagnosis
571.0	Alcoholic fatty liver	ICD-9-CM	Diagnosis
571.3	Unspecified alcoholic liver damage	ICD-9-CM	Diagnosis
291	Alcohol-induced mental disorders	ICD-9-CM	Diagnosis
291.1	Alcohol-induced persisting amnesic disorder	ICD-9-CM	Diagnosis
291.2	Alcohol-induced persisting dementia	ICD-9-CM	Diagnosis
291.5	Alcohol-induced psychotic disorder with delusions	ICD-9-CM	Diagnosis
291.3	Alcohol-induced psychotic disorder with hallucinations	ICD-9-CM	Diagnosis
291.82	Alcohol induced sleep disorders	ICD-9-CM	Diagnosis
291.81	Alcohol withdrawal	ICD-9-CM	Diagnosis
291.0	Alcohol withdrawal delirium	ICD-9-CM	Diagnosis
291.4	Idiosyncratic alcohol intoxication	ICD-9-CM	Diagnosis
291.8	Other specified alcohol-induced mental disorders	ICD-9-CM	Diagnosis
291.89	Other specified alcohol-induced mental disorders	ICD-9-CM	Diagnosis
291.9	Unspecified alcohol-induced mental disorders	ICD-9-CM	Diagnosis
980.0	Toxic effect of ethyl alcohol	ICD-9-CM	Diagnosis
E860.0	Accidental poisoning by alcoholic beverages	ICD-9-CM	Diagnosis
94.61	Alcohol rehabilitation	ICD-9-CM	Procedure
94.62	Alcohol detoxification	ICD-9-CM	Procedure
94.63	Alcohol rehabilitation and detoxification	ICD-9-CM	Procedure
94.67	Combined alcohol and drug rehabilitation	ICD-9-CM	Procedure
94.68	Combined alcohol and drug detoxification	ICD-9-CM	Procedure
94.69	Combined alcohol and drug rehabilitation and detoxification	ICD-9-CM	Procedure
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	CPT-4	Procedure
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	CPT-4	Procedure
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	HCPCS	Procedure

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

Code	Description	Code Type	Code Category
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	HCPCS	Procedure
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS	Procedure
H0001	Alcohol and/or drug assessment	HCPCS	Procedure
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	HCPCS	Procedure
H0005	Alcohol and/or drug services; group counseling by a clinician	HCPCS	Procedure
H0006	Alcohol and/or drug services; case management	HCPCS	Procedure
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	HCPCS	Procedure
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	HCPCS	Procedure
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	HCPCS	Procedure
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	HCPCS	Procedure
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	HCPCS	Procedure
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	HCPCS	Procedure
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	HCPCS	Procedure
H0014	Alcohol and/or drug services; ambulatory detoxification	HCPCS	Procedure
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	HCPCS	Procedure
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	HCPCS	Procedure
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	HCPCS	Procedure
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	HCPCS	Procedure
H0022	Alcohol and/or drug intervention service (planned facilitation)	HCPCS	Procedure
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	HCPCS	Procedure
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)	HCPCS	Procedure
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	HCPCS	Procedure
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	HCPCS	Procedure

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

Code	Description	Code Type	Code Category
H0047	Alcohol and/or other drug abuse services, not otherwise specified	HCPCS	Procedure
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	HCPCS	Procedure
H0049	Alcohol and/or drug screening	HCPCS	Procedure
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	HCPCS	Procedure
H2034	Alcohol and/or drug abuse halfway house services, per diem	HCPCS	Procedure
H2035	Alcohol and/or other drug treatment program, per hour	HCPCS	Procedure
H2036	Alcohol and/or other drug treatment program, per diem	HCPCS	Procedure
J2212	Injection, methylnaltrexone, 0.1 mg	HCPCS	Procedure
J2315	Injection, naltrexone, depot form, 1 mg	HCPCS	Procedure
T1006	Alcohol and/or substance abuse services, family/couple counseling	HCPCS	Procedure
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	HCPCS	Procedure
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	HCPCS	Procedure
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	HCPCS	Procedure
T1012	Alcohol and/or substance abuse services, skills development	HCPCS	Procedure
F10	Alcohol related disorders	ICD-10-CM	Diagnosis
F10.1	Alcohol abuse	ICD-10-CM	Diagnosis
F10.10	Alcohol abuse, uncomplicated	ICD-10-CM	Diagnosis
F10.11	Alcohol abuse, in remission	ICD-10-CM	Diagnosis
F10.12	Alcohol abuse with intoxication	ICD-10-CM	Diagnosis
F10.120	Alcohol abuse with intoxication, uncomplicated	ICD-10-CM	Diagnosis
F10.121	Alcohol abuse with intoxication delirium	ICD-10-CM	Diagnosis
F10.129	Alcohol abuse with intoxication, unspecified	ICD-10-CM	Diagnosis
F10.14	Alcohol abuse with alcohol-induced mood disorder	ICD-10-CM	Diagnosis
F10.15	Alcohol abuse with alcohol-induced psychotic disorder	ICD-10-CM	Diagnosis
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions	ICD-10-CM	Diagnosis
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations	ICD-10-CM	Diagnosis
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified	ICD-10-CM	Diagnosis
F10.18	Alcohol abuse with other alcohol-induced disorders	ICD-10-CM	Diagnosis
F10.180	Alcohol abuse with alcohol-induced anxiety disorder	ICD-10-CM	Diagnosis
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction	ICD-10-CM	Diagnosis
F10.182	Alcohol abuse with alcohol-induced sleep disorder	ICD-10-CM	Diagnosis
F10.188	Alcohol abuse with other alcohol-induced disorder	ICD-10-CM	Diagnosis
F10.19	Alcohol abuse with unspecified alcohol-induced disorder	ICD-10-CM	Diagnosis
F10.2	Alcohol dependence	ICD-10-CM	Diagnosis
F10.20	Alcohol dependence, uncomplicated	ICD-10-CM	Diagnosis
F10.21	Alcohol dependence, in remission	ICD-10-CM	Diagnosis
F10.22	Alcohol dependence with intoxication	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
F10.220	Alcohol dependence with intoxication, uncomplicated	ICD-10-CM	Diagnosis
F10.221	Alcohol dependence with intoxication delirium	ICD-10-CM	Diagnosis
F10.229	Alcohol dependence with intoxication, unspecified	ICD-10-CM	Diagnosis
F10.23	Alcohol dependence with withdrawal	ICD-10-CM	Diagnosis
F10.230	Alcohol dependence with withdrawal, uncomplicated	ICD-10-CM	Diagnosis
F10.231	Alcohol dependence with withdrawal delirium	ICD-10-CM	Diagnosis
F10.232	Alcohol dependence with withdrawal with perceptual disturbance	ICD-10-CM	Diagnosis
F10.239	Alcohol dependence with withdrawal, unspecified	ICD-10-CM	Diagnosis
F10.24	Alcohol dependence with alcohol-induced mood disorder	ICD-10-CM	Diagnosis
F10.25	Alcohol dependence with alcohol-induced psychotic disorder	ICD-10-CM	Diagnosis
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions	ICD-10-CM	Diagnosis
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	ICD-10-CM	Diagnosis
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified	ICD-10-CM	Diagnosis
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder	ICD-10-CM	Diagnosis
F10.27	Alcohol dependence with alcohol-induced persisting dementia	ICD-10-CM	Diagnosis
F10.28	Alcohol dependence with other alcohol-induced disorders	ICD-10-CM	Diagnosis
F10.280	Alcohol dependence with alcohol-induced anxiety disorder	ICD-10-CM	Diagnosis
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction	ICD-10-CM	Diagnosis
F10.282	Alcohol dependence with alcohol-induced sleep disorder	ICD-10-CM	Diagnosis
F10.288	Alcohol dependence with other alcohol-induced disorder	ICD-10-CM	Diagnosis
F10.29	Alcohol dependence with unspecified alcohol-induced disorder	ICD-10-CM	Diagnosis
F10.9	Alcohol use, unspecified	ICD-10-CM	Diagnosis
F10.92	Alcohol use, unspecified with intoxication	ICD-10-CM	Diagnosis
F10.920	Alcohol use, unspecified with intoxication, uncomplicated	ICD-10-CM	Diagnosis
F10.921	Alcohol use, unspecified with intoxication delirium	ICD-10-CM	Diagnosis
F10.929	Alcohol use, unspecified with intoxication, unspecified	ICD-10-CM	Diagnosis
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder	ICD-10-CM	Diagnosis
F10.95	Alcohol use, unspecified with alcohol-induced psychotic disorder	ICD-10-CM	Diagnosis
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions	ICD-10-CM	Diagnosis
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations	ICD-10-CM	Diagnosis
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified	ICD-10-CM	Diagnosis
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder	ICD-10-CM	Diagnosis
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia	ICD-10-CM	Diagnosis
F10.98	Alcohol use, unspecified with other alcohol-induced disorders	ICD-10-CM	Diagnosis
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder	ICD-10-CM	Diagnosis
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction	ICD-10-CM	Diagnosis
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder	ICD-10-CM	Diagnosis
F10.988	Alcohol use, unspecified with other alcohol-induced disorder	ICD-10-CM	Diagnosis
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder	ICD-10-CM	Diagnosis
K70	Alcoholic liver disease	ICD-10-CM	Diagnosis
K70.0	Alcoholic fatty liver	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
K70.1	Alcoholic hepatitis	ICD-10-CM	Diagnosis
K70.10	Alcoholic hepatitis without ascites	ICD-10-CM	Diagnosis
K70.11	Alcoholic hepatitis with ascites	ICD-10-CM	Diagnosis
K70.2	Alcoholic fibrosis and sclerosis of liver	ICD-10-CM	Diagnosis
K70.3	Alcoholic cirrhosis of liver	ICD-10-CM	Diagnosis
K70.30	Alcoholic cirrhosis of liver without ascites	ICD-10-CM	Diagnosis
K70.31	Alcoholic cirrhosis of liver with ascites	ICD-10-CM	Diagnosis
K70.4	Alcoholic hepatic failure	ICD-10-CM	Diagnosis
K70.40	Alcoholic hepatic failure without coma	ICD-10-CM	Diagnosis
K70.41	Alcoholic hepatic failure with coma	ICD-10-CM	Diagnosis
K70.9	Alcoholic liver disease, unspecified	ICD-10-CM	Diagnosis
R78.0	Finding of alcohol in blood	ICD-10-CM	Diagnosis
T51.0X1A	Toxic effect of ethanol, accidental (unintentional), initial encounter	ICD-10-CM	Diagnosis
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter	ICD-10-CM	Diagnosis
T51.0X3A	Toxic effect of ethanol, assault, initial encounter	ICD-10-CM	Diagnosis
T51.0X4A	Toxic effect of ethanol, undetermined, initial encounter	ICD-10-CM	Diagnosis
Anemia			
280	Iron deficiency anemias	ICD-9-CM	Diagnosis
280.0	Iron deficiency anemia secondary to blood loss (chronic)	ICD-9-CM	Diagnosis
280.1	Iron deficiency anemia secondary to inadequate dietary iron intake	ICD-9-CM	Diagnosis
280.8	Other specified iron deficiency anemias	ICD-9-CM	Diagnosis
280.9	Unspecified iron deficiency anemia	ICD-9-CM	Diagnosis
281	Other deficiency anemias	ICD-9-CM	Diagnosis
281.0	Pernicious anemia	ICD-9-CM	Diagnosis
281.1	Other vitamin B12 deficiency anemia	ICD-9-CM	Diagnosis
281.2	Folate-deficiency anemia	ICD-9-CM	Diagnosis
281.3	Other specified megaloblastic anemias not elsewhere classified	ICD-9-CM	Diagnosis
281.4	Protein-deficiency anemia	ICD-9-CM	Diagnosis
281.8	Anemia associated with other specified nutritional deficiency	ICD-9-CM	Diagnosis
281.9	Unspecified deficiency anemia	ICD-9-CM	Diagnosis
282	Hereditary hemolytic anemias	ICD-9-CM	Diagnosis
282.0	Hereditary spherocytosis	ICD-9-CM	Diagnosis
282.1	Hereditary elliptocytosis	ICD-9-CM	Diagnosis
282.2	Anemias due to disorders of glutathione metabolism	ICD-9-CM	Diagnosis
282.3	Other hemolytic anemias due to enzyme deficiency	ICD-9-CM	Diagnosis
282.4	Thalassemias	ICD-9-CM	Diagnosis
282.41	Sickle-cell thalassemia without crisis	ICD-9-CM	Diagnosis
282.42	Sickle-cell thalassemia with crisis	ICD-9-CM	Diagnosis
282.49	Other thalassemia	ICD-9-CM	Diagnosis
282.5	Sickle-cell trait	ICD-9-CM	Diagnosis
282.6	Sickle-cell disease	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
282.60	Sickle-cell disease, unspecified	ICD-9-CM	Diagnosis
282.61	Hb-SS disease without crisis	ICD-9-CM	Diagnosis
282.62	Hb-SS disease with crisis	ICD-9-CM	Diagnosis
282.63	Sickle-cell/Hb-C disease without crisis	ICD-9-CM	Diagnosis
282.64	Sickle-cell/Hb-C disease with crisis	ICD-9-CM	Diagnosis
282.68	Other sickle-cell disease without crisis	ICD-9-CM	Diagnosis
282.69	Other sickle-cell disease with crisis	ICD-9-CM	Diagnosis
282.7	Other hemoglobinopathies	ICD-9-CM	Diagnosis
282.8	Other specified hereditary hemolytic anemias	ICD-9-CM	Diagnosis
282.9	Unspecified hereditary hemolytic anemia	ICD-9-CM	Diagnosis
283	Acquired hemolytic anemias	ICD-9-CM	Diagnosis
283.0	Autoimmune hemolytic anemias	ICD-9-CM	Diagnosis
283.1	Non-autoimmune hemolytic anemias	ICD-9-CM	Diagnosis
283.10	Unspecified non-autoimmune hemolytic anemia	ICD-9-CM	Diagnosis
283.11	Hemolytic-uremic syndrome	ICD-9-CM	Diagnosis
283.19	Other non-autoimmune hemolytic anemias	ICD-9-CM	Diagnosis
283.2	Hemoglobinuria due to hemolysis from external causes	ICD-9-CM	Diagnosis
283.9	Acquired hemolytic anemia, unspecified	ICD-9-CM	Diagnosis
285	Other and unspecified anemias	ICD-9-CM	Diagnosis
285.0	Sideroblastic anemia	ICD-9-CM	Diagnosis
285.1	Acute posthemorrhagic anemia	ICD-9-CM	Diagnosis
285.2	Anemia of chronic disease	ICD-9-CM	Diagnosis
285.21	Anemia in chronic kidney disease	ICD-9-CM	Diagnosis
285.22	Anemia in neoplastic disease	ICD-9-CM	Diagnosis
285.29	Anemia of other chronic disease	ICD-9-CM	Diagnosis
285.3	Antineoplastic chemotherapy induced anemia	ICD-9-CM	Diagnosis
285.8	Other specified anemias	ICD-9-CM	Diagnosis
285.9	Unspecified anemia	ICD-9-CM	Diagnosis
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	ICD-10-CM	Diagnosis
D50.1	Sideropenic dysphagia	ICD-10-CM	Diagnosis
D50.8	Other iron deficiency anemias	ICD-10-CM	Diagnosis
D50.9	Iron deficiency anemia, unspecified	ICD-10-CM	Diagnosis
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency	ICD-10-CM	Diagnosis
D51.1	Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria	ICD-10-CM	Diagnosis
D51.2	Transcobalamin II deficiency	ICD-10-CM	Diagnosis
D51.3	Other dietary vitamin B12 deficiency anemia	ICD-10-CM	Diagnosis
D51.8	Other vitamin B12 deficiency anemias	ICD-10-CM	Diagnosis
D51.9	Vitamin B12 deficiency anemia, unspecified	ICD-10-CM	Diagnosis
D52.0	Dietary folate deficiency anemia	ICD-10-CM	Diagnosis
D52.1	Drug-induced folate deficiency anemia	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D52.8	Other folate deficiency anemias	ICD-10-CM	Diagnosis
D52.9	Folate deficiency anemia, unspecified	ICD-10-CM	Diagnosis
D53.0	Protein deficiency anemia	ICD-10-CM	Diagnosis
D53.1	Other megaloblastic anemias, not elsewhere classified	ICD-10-CM	Diagnosis
D53.2	Scorbutic anemia	ICD-10-CM	Diagnosis
D53.8	Other specified nutritional anemias	ICD-10-CM	Diagnosis
D53.9	Nutritional anemia, unspecified	ICD-10-CM	Diagnosis
D55.0	Anemia due to glucose-6-phosphate dehydrogenase [G6PD] deficiency	ICD-10-CM	Diagnosis
D55.1	Anemia due to other disorders of glutathione metabolism	ICD-10-CM	Diagnosis
D55.2	Anemia due to disorders of glycolytic enzymes	ICD-10-CM	Diagnosis
D55.3	Anemia due to disorders of nucleotide metabolism	ICD-10-CM	Diagnosis
D55.8	Other anemias due to enzyme disorders	ICD-10-CM	Diagnosis
D55.9	Anemia due to enzyme disorder, unspecified	ICD-10-CM	Diagnosis
D56.4	Hereditary persistence of fetal hemoglobin [HPFH]	ICD-10-CM	Diagnosis
D56.8	Other thalassemias	ICD-10-CM	Diagnosis
D57.00	Hb-SS disease with crisis, unspecified	ICD-10-CM	Diagnosis
D57.01	Hb-SS disease with acute chest syndrome	ICD-10-CM	Diagnosis
D57.02	Hb-SS disease with splenic sequestration	ICD-10-CM	Diagnosis
D57.1	Sickle-cell disease without crisis	ICD-10-CM	Diagnosis
D57.20	Sickle-cell/Hb-C disease without crisis	ICD-10-CM	Diagnosis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome	ICD-10-CM	Diagnosis
D57.212	Sickle-cell/Hb-C disease with splenic sequestration	ICD-10-CM	Diagnosis
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified	ICD-10-CM	Diagnosis
D57.3	Sickle-cell trait	ICD-10-CM	Diagnosis
D57.40	Sickle-cell thalassemia without crisis	ICD-10-CM	Diagnosis
D57.411	Sickle-cell thalassemia with acute chest syndrome	ICD-10-CM	Diagnosis
D57.412	Sickle-cell thalassemia with splenic sequestration	ICD-10-CM	Diagnosis
D57.419	Sickle-cell thalassemia with crisis, unspecified	ICD-10-CM	Diagnosis
D57.80	Other sickle-cell disorders without crisis	ICD-10-CM	Diagnosis
D57.811	Other sickle-cell disorders with acute chest syndrome	ICD-10-CM	Diagnosis
D57.812	Other sickle-cell disorders with splenic sequestration	ICD-10-CM	Diagnosis
D57.819	Other sickle-cell disorders with crisis, unspecified	ICD-10-CM	Diagnosis
D58.0	Hereditary spherocytosis	ICD-10-CM	Diagnosis
D58.1	Hereditary elliptocytosis	ICD-10-CM	Diagnosis
D58.2	Other hemoglobinopathies	ICD-10-CM	Diagnosis
D58.8	Other specified hereditary hemolytic anemias	ICD-10-CM	Diagnosis
D58.9	Hereditary hemolytic anemia, unspecified	ICD-10-CM	Diagnosis
D59.0	Drug-induced autoimmune hemolytic anemia	ICD-10-CM	Diagnosis
D59.1	Other autoimmune hemolytic anemias	ICD-10-CM	Diagnosis
D59.2	Drug-induced nonautoimmune hemolytic anemia	ICD-10-CM	Diagnosis
D59.3	Hemolytic-uremic syndrome	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D59.4	Other nonautoimmune hemolytic anemias	ICD-10-CM	Diagnosis
D59.5	Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli]	ICD-10-CM	Diagnosis
D59.6	Hemoglobinuria due to hemolysis from other external causes	ICD-10-CM	Diagnosis
D59.8	Other acquired hemolytic anemias	ICD-10-CM	Diagnosis
D59.9	Acquired hemolytic anemia, unspecified	ICD-10-CM	Diagnosis
D62	Acute posthemorrhagic anemia	ICD-10-CM	Diagnosis
D63.0	Anemia in neoplastic disease	ICD-10-CM	Diagnosis
D63.1	Anemia in chronic kidney disease	ICD-10-CM	Diagnosis
D63.8	Anemia in other chronic diseases classified elsewhere	ICD-10-CM	Diagnosis
D64.0	Hereditary sideroblastic anemia	ICD-10-CM	Diagnosis
D64.1	Secondary sideroblastic anemia due to disease	ICD-10-CM	Diagnosis
D64.2	Secondary sideroblastic anemia due to drugs and toxins	ICD-10-CM	Diagnosis
D64.3	Other sideroblastic anemias	ICD-10-CM	Diagnosis
D64.4	Congenital dyserythropoietic anemia	ICD-10-CM	Diagnosis
D64.81	Anemia due to antineoplastic chemotherapy	ICD-10-CM	Diagnosis
D64.89	Other specified anemias	ICD-10-CM	Diagnosis
D64.9	Anemia, unspecified	ICD-10-CM	Diagnosis
Anticoagulants			
C9121	Injection, argatroban, per 5 mg	HCPCS	Procedure
J0583	Injection, bivalirudin, 1 mg	HCPCS	Procedure
J1644	Injection, Heparin sodium, per 1000 units	HCPCS	Procedure
J1645	Injection, dalteparin sodium, per 2500 IU	HCPCS	Procedure
J1650	Injection, enoxaparin sodium, 10 mg	HCPCS	Procedure
J1652	Injection, fondaparinux sodium, 0.5 mg	HCPCS	Procedure
J1655	Injection, tinzaparin sodium, 1000 IU	HCPCS	Procedure
J1945	Injection, lepirudin, 50 mg	HCPCS	Procedure
Cardiac Ablation			
37.33	Excision or destruction of other lesion or tissue of heart, open approach	ICD-9-CM	Procedure
37.34	Excision or destruction of other lesion or tissue of heart, other approach	ICD-9-CM	Procedure
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	CPT-4	Procedure
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	CPT-4	Procedure
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	CPT-4	Procedure
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	CPT-4	Procedure
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	CPT-4	Procedure

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Code	Description	Code Type	Code Category
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	CPT-4	Procedure
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	CPT-4	Procedure
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	CPT-4	Procedure
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	CPT-4	Procedure
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	CPT-4	Procedure
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	CPT-4	Procedure
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	CPT-4	Procedure
93651	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination	CPT-4	Procedure
93652	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	CPT-4	Procedure
C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	HCPCS	Procedure
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	HCPCS	Procedure
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	HCPCS	Procedure
02550ZZ	Destruction of Atrial Septum, Open Approach	ICD-10-PCS	Procedure
02553ZZ	Destruction of Atrial Septum, Percutaneous Approach	ICD-10-PCS	Procedure
02560ZZ	Destruction of Right Atrium, Open Approach	ICD-10-PCS	Procedure
02563ZZ	Destruction of Right Atrium, Percutaneous Approach	ICD-10-PCS	Procedure
02570ZZ	Destruction of Left Atrium, Open Approach	ICD-10-PCS	Procedure
02573ZZ	Destruction of Left Atrium, Percutaneous Approach	ICD-10-PCS	Procedure
02580ZZ	Destruction of Conduction Mechanism, Open Approach	ICD-10-PCS	Procedure
02583ZZ	Destruction of Conduction Mechanism, Percutaneous Approach	ICD-10-PCS	Procedure
02590ZZ	Destruction of Chordae Tendineae, Open Approach	ICD-10-PCS	Procedure
02593ZZ	Destruction of Chordae Tendineae, Percutaneous Approach	ICD-10-PCS	Procedure
025F0ZZ	Destruction of Aortic Valve, Open Approach	ICD-10-PCS	Procedure
025F3ZZ	Destruction of Aortic Valve, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
025G0ZZ	Destruction of Mitral Valve, Open Approach	ICD-10-PCS	Procedure
025G3ZZ	Destruction of Mitral Valve, Percutaneous Approach	ICD-10-PCS	Procedure
025H0ZZ	Destruction of Pulmonary Valve, Open Approach	ICD-10-PCS	Procedure
025H3ZZ	Destruction of Pulmonary Valve, Percutaneous Approach	ICD-10-PCS	Procedure
025J0ZZ	Destruction of Tricuspid Valve, Open Approach	ICD-10-PCS	Procedure
025J3ZZ	Destruction of Tricuspid Valve, Percutaneous Approach	ICD-10-PCS	Procedure
025K0ZZ	Destruction of Right Ventricle, Open Approach	ICD-10-PCS	Procedure
025K3ZZ	Destruction of Right Ventricle, Percutaneous Approach	ICD-10-PCS	Procedure
025L0ZZ	Destruction of Left Ventricle, Open Approach	ICD-10-PCS	Procedure
025L3ZZ	Destruction of Left Ventricle, Percutaneous Approach	ICD-10-PCS	Procedure
025M0ZZ	Destruction of Ventricular Septum, Open Approach	ICD-10-PCS	Procedure
025M3ZZ	Destruction of Ventricular Septum, Percutaneous Approach	ICD-10-PCS	Procedure
02B50ZZ	Excision of Atrial Septum, Open Approach	ICD-10-PCS	Procedure
02B53ZZ	Excision of Atrial Septum, Percutaneous Approach	ICD-10-PCS	Procedure
02B60ZZ	Excision of Right Atrium, Open Approach	ICD-10-PCS	Procedure
02B63ZZ	Excision of Right Atrium, Percutaneous Approach	ICD-10-PCS	Procedure
02B70ZZ	Excision of Left Atrium, Open Approach	ICD-10-PCS	Procedure
02B73ZZ	Excision of Left Atrium, Percutaneous Approach	ICD-10-PCS	Procedure
02B80ZZ	Excision of Conduction Mechanism, Open Approach	ICD-10-PCS	Procedure
02B83ZZ	Excision of Conduction Mechanism, Percutaneous Approach	ICD-10-PCS	Procedure
02B90ZZ	Excision of Chordae Tendineae, Open Approach	ICD-10-PCS	Procedure
02B93ZZ	Excision of Chordae Tendineae, Percutaneous Approach	ICD-10-PCS	Procedure
02BF0ZZ	Excision of Aortic Valve, Open Approach	ICD-10-PCS	Procedure
02BF3ZZ	Excision of Aortic Valve, Percutaneous Approach	ICD-10-PCS	Procedure
02BG0ZZ	Excision of Mitral Valve, Open Approach	ICD-10-PCS	Procedure
02BG3ZZ	Excision of Mitral Valve, Percutaneous Approach	ICD-10-PCS	Procedure
02BH0ZZ	Excision of Pulmonary Valve, Open Approach	ICD-10-PCS	Procedure
02BH3ZZ	Excision of Pulmonary Valve, Percutaneous Approach	ICD-10-PCS	Procedure
02BJ0ZZ	Excision of Tricuspid Valve, Open Approach	ICD-10-PCS	Procedure
02BJ3ZZ	Excision of Tricuspid Valve, Percutaneous Approach	ICD-10-PCS	Procedure
02BK0ZZ	Excision of Right Ventricle, Open Approach	ICD-10-PCS	Procedure
02BK3ZZ	Excision of Right Ventricle, Percutaneous Approach	ICD-10-PCS	Procedure
02BL0ZZ	Excision of Left Ventricle, Open Approach	ICD-10-PCS	Procedure
02BL3ZZ	Excision of Left Ventricle, Percutaneous Approach	ICD-10-PCS	Procedure
02BM0ZZ	Excision of Ventricular Septum, Open Approach	ICD-10-PCS	Procedure
02BM3ZZ	Excision of Ventricular Septum, Percutaneous Approach	ICD-10-PCS	Procedure
02T80ZZ	Resection of Conduction Mechanism, Open Approach	ICD-10-PCS	Procedure
02T83ZZ	Resection of Conduction Mechanism, Percutaneous Approach	ICD-10-PCS	Procedure
C2618	Probe/needle, cryoablation	HCPCS	Procedure
Cardioversion			
99.61	Atrial cardioversion	ICD-9-CM	Procedure

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Code	Description	Code Type	Code Category
99.62	Other electric countershock of heart	ICD-9-CM	Procedure
92960	External shock to heart to regulate heart beat	CPT-4	Procedure
92961	Internal shock to heart to regulate heart beat	CPT-4	Procedure
5A2204Z	Restoration of Cardiac Rhythm, Single	ICD-10-PCS	Procedure
Chronic Liver Disease			
571	Chronic liver disease and cirrhosis	ICD-9-CM	Diagnosis
571.0	Alcoholic fatty liver	ICD-9-CM	Diagnosis
571.1	Acute alcoholic hepatitis	ICD-9-CM	Diagnosis
571.2	Alcoholic cirrhosis of liver	ICD-9-CM	Diagnosis
571.3	Unspecified alcoholic liver damage	ICD-9-CM	Diagnosis
571.4	Chronic hepatitis	ICD-9-CM	Diagnosis
571.40	Unspecified chronic hepatitis	ICD-9-CM	Diagnosis
571.41	Chronic persistent hepatitis	ICD-9-CM	Diagnosis
571.42	Autoimmune hepatitis	ICD-9-CM	Diagnosis
571.49	Other chronic hepatitis	ICD-9-CM	Diagnosis
571.5	Cirrhosis of liver without mention of alcohol	ICD-9-CM	Diagnosis
571.6	Biliary cirrhosis	ICD-9-CM	Diagnosis
571.8	Other chronic nonalcoholic liver disease	ICD-9-CM	Diagnosis
571.9	Unspecified chronic liver disease without mention of alcohol	ICD-9-CM	Diagnosis
K70.0	Alcoholic fatty liver	ICD-10-CM	Diagnosis
K70.10	Alcoholic hepatitis without ascites	ICD-10-CM	Diagnosis
K70.11	Alcoholic hepatitis with ascites	ICD-10-CM	Diagnosis
K70.2	Alcoholic fibrosis and sclerosis of liver	ICD-10-CM	Diagnosis
K70.30	Alcoholic cirrhosis of liver without ascites	ICD-10-CM	Diagnosis
K70.31	Alcoholic cirrhosis of liver with ascites	ICD-10-CM	Diagnosis
K70.40	Alcoholic hepatic failure without coma	ICD-10-CM	Diagnosis
K70.41	Alcoholic hepatic failure with coma	ICD-10-CM	Diagnosis
K70.9	Alcoholic liver disease, unspecified	ICD-10-CM	Diagnosis
K73.0	Chronic persistent hepatitis, not elsewhere classified	ICD-10-CM	Diagnosis
K73.1	Chronic lobular hepatitis, not elsewhere classified	ICD-10-CM	Diagnosis
K73.2	Chronic active hepatitis, not elsewhere classified	ICD-10-CM	Diagnosis
K73.8	Other chronic hepatitis, not elsewhere classified	ICD-10-CM	Diagnosis
K73.9	Chronic hepatitis, unspecified	ICD-10-CM	Diagnosis
K74.0	Hepatic fibrosis	ICD-10-CM	Diagnosis
K74.1	Hepatic sclerosis	ICD-10-CM	Diagnosis
K74.2	Hepatic fibrosis with hepatic sclerosis	ICD-10-CM	Diagnosis
K74.3	Primary biliary cirrhosis	ICD-10-CM	Diagnosis
K74.4	Secondary biliary cirrhosis	ICD-10-CM	Diagnosis
K74.5	Biliary cirrhosis, unspecified	ICD-10-CM	Diagnosis
K74.60	Unspecified cirrhosis of liver	ICD-10-CM	Diagnosis
K74.69	Other cirrhosis of liver	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
K75.4	Autoimmune hepatitis	ICD-10-CM	Diagnosis
K75.81	Nonalcoholic steatohepatitis (NASH)	ICD-10-CM	Diagnosis
K76.0	Fatty (change of) liver, not elsewhere classified	ICD-10-CM	Diagnosis
K76.89	Other specified diseases of liver	ICD-10-CM	Diagnosis
K76.9	Liver disease, unspecified	ICD-10-CM	Diagnosis
Chronic Renal Disease			
585	Chronic kidney disease (CKD)	ICD-9-CM	Diagnosis
585.1	Chronic kidney disease, Stage I	ICD-9-CM	Diagnosis
585.2	Chronic kidney disease, Stage II (mild)	ICD-9-CM	Diagnosis
585.3	Chronic kidney disease, Stage III (moderate)	ICD-9-CM	Diagnosis
585.4	Chronic kidney disease, Stage IV (severe)	ICD-9-CM	Diagnosis
585.5	Chronic kidney disease, Stage V	ICD-9-CM	Diagnosis
585.6	End stage renal disease	ICD-9-CM	Diagnosis
585.9	Chronic kidney disease, unspecified	ICD-9-CM	Diagnosis
586	Unspecified renal failure	ICD-9-CM	Diagnosis
587	Unspecified renal sclerosis	ICD-9-CM	Diagnosis
N18.1	Chronic kidney disease, stage 1	ICD-10-CM	Diagnosis
N18.2	Chronic kidney disease, stage 2 (mild)	ICD-10-CM	Diagnosis
N18.3	Chronic kidney disease, stage 3 (moderate)	ICD-10-CM	Diagnosis
N18.4	Chronic kidney disease, stage 4 (severe)	ICD-10-CM	Diagnosis
N18.5	Chronic kidney disease, stage 5	ICD-10-CM	Diagnosis
N18.6	End stage renal disease	ICD-10-CM	Diagnosis
N18.9	Chronic kidney disease, unspecified	ICD-10-CM	Diagnosis
N19	Unspecified kidney failure	ICD-10-CM	Diagnosis
N26.1	Atrophy of kidney (terminal)	ICD-10-CM	Diagnosis
N26.9	Renal sclerosis, unspecified	ICD-10-CM	Diagnosis
Chronic Obstructive Pulmonary Disease			
491	Chronic bronchitis	ICD-9-CM	Diagnosis
491.0	Simple chronic bronchitis	ICD-9-CM	Diagnosis
491.1	Mucopurulent chronic bronchitis	ICD-9-CM	Diagnosis
491.2	Obstructive chronic bronchitis	ICD-9-CM	Diagnosis
491.20	Obstructive chronic bronchitis, without exacerbation	ICD-9-CM	Diagnosis
491.21	Obstructive chronic bronchitis, with (acute) exacerbation	ICD-9-CM	Diagnosis
491.22	Obstructive chronic bronchitis with acute bronchitis	ICD-9-CM	Diagnosis
491.8	Other chronic bronchitis	ICD-9-CM	Diagnosis
491.9	Unspecified chronic bronchitis	ICD-9-CM	Diagnosis
492	Emphysema	ICD-9-CM	Diagnosis
492.0	Emphysematous bleb	ICD-9-CM	Diagnosis
492.8	Other emphysema	ICD-9-CM	Diagnosis
494	Bronchiectasis	ICD-9-CM	Diagnosis
494.0	Bronchiectasis without acute exacerbation	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
494.1	Bronchiectasis with acute exacerbation	ICD-9-CM	Diagnosis
496	Chronic airway obstruction, not elsewhere classified	ICD-9-CM	Diagnosis
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	CPT-4	Procedure
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	CPT-4	Procedure
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	CPT-4	Procedure
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	CPT-4	Procedure
G8093	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient documented to have received smoking cessation intervention, within 3 months of diagnosis	HCPCS	Procedure
G8094	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient not documented to have received smoking cessation intervention, within 3 months of diagnosis	HCPCS	Procedure
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection	ICD-10-CM	Diagnosis
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	ICD-10-CM	Diagnosis
J44.9	Chronic obstructive pulmonary disease, unspecified	ICD-10-CM	Diagnosis
J44	Other chronic obstructive pulmonary disease	ICD-10-CM	Diagnosis
J41.0	Simple chronic bronchitis	ICD-10-CM	Diagnosis
J41.1	Mucopurulent chronic bronchitis	ICD-10-CM	Diagnosis
J41.8	Mixed simple and mucopurulent chronic bronchitis	ICD-10-CM	Diagnosis
J42	Unspecified chronic bronchitis	ICD-10-CM	Diagnosis
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]	ICD-10-CM	Diagnosis
J43.1	Panlobular emphysema	ICD-10-CM	Diagnosis
J43.2	Centrilobular emphysema	ICD-10-CM	Diagnosis
J43.8	Other emphysema	ICD-10-CM	Diagnosis
J43.9	Emphysema, unspecified	ICD-10-CM	Diagnosis
Coronary Revascularization			
V4581	Postprocedural aortocoronary bypass status	ICD-9-CM	Procedure
V4582	Postprocedural percutaneous transluminal coronary angioplasty status	ICD-9-CM	Procedure
V4588	Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility	ICD-9-CM	Procedure
00.66	Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy	ICD-9-CM	Procedure
36.0	Removal of coronary artery obstruction and insertion of stent(s)	ICD-9-CM	Procedure
36.03	Open chest coronary artery angioplasty	ICD-9-CM	Procedure
36.04	Intracoronary artery thrombolytic infusion	ICD-9-CM	Procedure
36.06	Insertion of non-drug-eluting coronary artery stent(s)	ICD-9-CM	Procedure

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Code	Description	Code Type	Code Category
36.07	Insertion of drug-eluting coronary artery stent(s)	ICD-9-CM	Procedure
36.09	Other removal of coronary artery obstruction	ICD-9-CM	Procedure
36.1	Bypass anastomosis for heart revascularization	ICD-9-CM	Procedure
36.10	Aortocoronary bypass for heart revascularization, not otherwise specified	ICD-9-CM	Procedure
36.11	(Aorto)coronary bypass of one coronary artery	ICD-9-CM	Procedure
36.12	(Aorto)coronary bypass of two coronary arteries	ICD-9-CM	Procedure
36.13	(Aorto)coronary bypass of three coronary arteries	ICD-9-CM	Procedure
36.14	(Aorto)coronary bypass of four or more coronary arteries	ICD-9-CM	Procedure
36.15	Single internal mammary-coronary artery bypass	ICD-9-CM	Procedure
36.16	Double internal mammary-coronary artery bypass	ICD-9-CM	Procedure
36.17	Abdominal-coronary artery bypass	ICD-9-CM	Procedure
36.19	Other bypass anastomosis for heart revascularization	ICD-9-CM	Procedure
36.2	Heart revascularization by arterial implant	ICD-9-CM	Procedure
36.3	Other heart revascularization	ICD-9-CM	Procedure
36.31	Open chest transmyocardial revascularization	ICD-9-CM	Procedure
36.32	Other transmyocardial revascularization	ICD-9-CM	Procedure
36.33	Endoscopic transmyocardial revascularization	ICD-9-CM	Procedure
36.34	Percutaneous transmyocardial revascularization	ICD-9-CM	Procedure
36.39	Other heart revascularization	ICD-9-CM	Procedure
00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	CPT-4	Procedure
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	CPT-4	Procedure
33510	Coronary artery bypass, vein only; single coronary venous graft	CPT-4	Procedure
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	CPT-4	Procedure
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	CPT-4	Procedure
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	CPT-4	Procedure
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	CPT-4	Procedure
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	CPT-4	Procedure
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	CPT-4	Procedure
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure

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Code	Description	Code Type	Code Category
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	CPT-4	Procedure
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	CPT-4	Procedure
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	CPT-4	Procedure
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	CPT-4	Procedure
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	CPT-4	Procedure
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	CPT-4	Procedure
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	CPT-4	Procedure
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	CPT-4	Procedure
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	CPT-4	Procedure
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	CPT-4	Procedure
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	CPT-4	Procedure
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	CPT-4	Procedure
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	CPT-4	Procedure

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Code	Description	Code Type	Code Category
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	CPT-4	Procedure
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	CPT-4	Procedure
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	CPT-4	Procedure
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	CPT-4	Procedure
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	CPT-4	Procedure
92977	Thrombolysis, coronary; by intravenous infusion	CPT-4	Procedure
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	CPT-4	Procedure
92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	CPT-4	Procedure
92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	CPT-4	Procedure
92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
93540	Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, 1 or more coronary arteries	CPT-4	Procedure
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	HCPCS	Procedure

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Code	Description	Code Type	Code Category
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	HCPCS	Procedure
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	HCPCS	Procedure
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	HCPCS	Procedure
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	HCPCS	Procedure
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	HCPCS	Procedure
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	HCPCS	Procedure
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	HCPCS	Procedure
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	HCPCS	Procedure
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	HCPCS	Procedure
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel	HCPCS	Procedure
G8158	Patient documented to have received coronary artery bypass graft with use of internal mammary artery	HCPCS	Procedure
G8159	Patient documented to have received coronary artery bypass graft without use of internal mammary artery	HCPCS	Procedure
G8161	Patient with isolated coronary artery bypass graft documented to have received pre-operative beta-blockade	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G8162	Patient with isolated coronary artery bypass graft not documented to have received preoperative beta-blockade	HCPCS	Procedure
G8163	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for pre-operative beta-blockade measure	HCPCS	Procedure
G8164	Patient with isolated coronary artery bypass graft documented to have prolonged intubation	HCPCS	Procedure
G8165	Patient with isolated coronary artery bypass graft not documented to have prolonged intubation	HCPCS	Procedure
G8166	Patient with isolated coronary artery bypass graft documented to have required surgical re-exploration	HCPCS	Procedure
G8167	Patient with isolated coronary artery bypass graft did not require surgical re-exploration	HCPCS	Procedure
G8170	Patient with isolated coronary artery bypass graft documented to have been discharged on aspirin or clopidogrel	HCPCS	Procedure
G8171	Patient with isolated coronary artery bypass graft not documented to have been discharged on aspirin or clopidogrel	HCPCS	Procedure
G8172	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for antiplatelet therapy at discharge measure	HCPCS	Procedure
Z92.82	Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility	ICD-10-CM	Diagnosis
Z95.1	Presence of aortocoronary bypass graft	ICD-10-CM	Diagnosis
Z95.5	Presence of coronary angioplasty implant and graft	ICD-10-CM	Diagnosis
Z98.61	Coronary angioplasty status	ICD-10-CM	Diagnosis
00.66	Percutaneous transluminal coronary angioplasty [PTCA]	ICD-9-CM	Procedure
0210083	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0210088	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0210089	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021008C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021008F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021008W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0210093	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0210098	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0210099	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021009C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021009F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021009W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02100A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02100KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02100Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02100Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02100ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02100ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
0210344	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02103D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0210444	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210483	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210488	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210489	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021048C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021048F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021048W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210493	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210498	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210499	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021049C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021049F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021049W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02104A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02104Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211083	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0211088	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0211089	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021108C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021108F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021108W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0211093	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0211098	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0211099	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021109C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021109F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021109W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02110A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02110AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02110Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02110Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02110ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02110ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
0211344	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02113D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0211444	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211483	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211488	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0211489	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021148C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021148F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021148W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211493	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211498	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211499	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021149C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021149F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021149W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02114JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212083	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0212088	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0212089	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021208C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021208F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021208W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0212093	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0212098	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0212099	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021209C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021209F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021209W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02120A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02120K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02120Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02120Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02120ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02120ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
0212344	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02123D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0212444	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212483	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212488	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212489	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021248C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021248F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021248W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212493	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212498	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212499	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021249C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021249F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
021249W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02124Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213083	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0213088	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0213089	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021308C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021308F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021308W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0213093	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0213098	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0213099	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021309C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021309F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021309W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02130A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02130AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02130Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02130Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02130ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02130ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
0213344	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02133D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0213444	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213483	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213488	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213489	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021348C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021348F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021348W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213493	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213498	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213499	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021349C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021349F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021349W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02134J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K0Z5	Bypass Right Ventricle to Coronary Circulation, Open Approach	ICD-10-PCS	Procedure
021K0Z8	Bypass Right Ventricle to Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021K0Z9	Bypass Right Ventricle to Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021K0ZC	Bypass Right Ventricle to Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
021K0ZF	Bypass Right Ventricle to Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
021K0ZW	Bypass Right Ventricle to Aorta, Open Approach	ICD-10-PCS	Procedure
021K4Z5	Bypass Right Ventricle to Coronary Circulation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
021K4Z8	Bypass Right Ventricle to Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4Z9	Bypass Right Ventricle to Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4ZC	Bypass Right Ventricle to Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4ZF	Bypass Right Ventricle to Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4ZW	Bypass Right Ventricle to Aorta, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L08P	Bypass Left Ventricle to Pulmonary Trunk with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021L08Q	Bypass Left Ventricle to Right Pulmonary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021L08R	Bypass Left Ventricle to Left Pulmonary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021L09P	Bypass Left Ventricle to Pulmonary Trunk with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021L09Q	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021L09R	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021L0AP	Bypass Left Ventricle to Pulmonary Trunk with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021L0AQ	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021L0AR	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021L0JP	Bypass Left Ventricle to Pulmonary Trunk with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021L0JQ	Bypass Left Ventricle to Right Pulmonary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021L0JR	Bypass Left Ventricle to Left Pulmonary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021L0KP	Bypass Left Ventricle to Pulmonary Trunk with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021L0KQ	Bypass Left Ventricle to Right Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021L0KR	Bypass Left Ventricle to Left Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021L0Z5	Bypass Left Ventricle to Coronary Circulation, Open Approach	ICD-10-PCS	Procedure
021L0Z8	Bypass Left Ventricle to Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021L0Z9	Bypass Left Ventricle to Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021L0ZC	Bypass Left Ventricle to Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
021L0ZF	Bypass Left Ventricle to Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
021L0ZP	Bypass Left Ventricle to Pulmonary Trunk, Open Approach	ICD-10-PCS	Procedure
021L0ZQ	Bypass Left Ventricle to Right Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
021L0ZR	Bypass Left Ventricle to Left Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
021L48P	Bypass Left Ventricle to Pulmonary Trunk with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L48Q	Bypass Left Ventricle to Right Pulmonary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
021L48R	Bypass Left Ventricle to Left Pulmonary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L49P	Bypass Left Ventricle to Pulmonary Trunk with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L49Q	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L49R	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4AP	Bypass Left Ventricle to Pulmonary Trunk with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4AQ	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4AR	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4JP	Bypass Left Ventricle to Pulmonary Trunk with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4JQ	Bypass Left Ventricle to Right Pulmonary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4JR	Bypass Left Ventricle to Left Pulmonary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4KP	Bypass Left Ventricle to Pulmonary Trunk with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4KQ	Bypass Left Ventricle to Right Pulmonary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4KR	Bypass Left Ventricle to Left Pulmonary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4Z5	Bypass Left Ventricle to Coronary Circulation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4Z8	Bypass Left Ventricle to Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4Z9	Bypass Left Ventricle to Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZC	Bypass Left Ventricle to Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZF	Bypass Left Ventricle to Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZP	Bypass Left Ventricle to Pulmonary Trunk, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZQ	Bypass Left Ventricle to Right Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZR	Bypass Left Ventricle to Left Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270046	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027004Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0270056	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
027005Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0270066	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027006Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0270076	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027007Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02700ZZ	Dilation of Coronary Artery, One Artery, Open Approach	ICD-10-PCS	Procedure
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0270356	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027035Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0270366	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027036Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0270376	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027037Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0270446	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027044Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270456	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027045Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270466	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027046Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270476	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
027047Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271046	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027104Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0271056	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027105Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0271066	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027106Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0271076	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027107Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
02710D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02710ZZ	Dilation of Coronary Artery, Two Arteries, Open Approach	ICD-10-PCS	Procedure
0271346	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027134Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027135Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0271366	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027136Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0271376	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027137Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
0271446	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027144Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271456	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027145Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271466	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027146Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271476	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027147Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02714EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272046	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027204Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0272056	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027205Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0272066	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027206Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0272076	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027207Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02720F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02720ZZ	Dilation of Coronary Artery, Three Arteries, Open Approach	ICD-10-PCS	Procedure
0272346	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027234Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0272356	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027235Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027236Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0272376	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027237Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02723DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02723E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02723FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02723TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02723Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02723ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
0272446	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027244Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272456	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027245Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272466	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027246Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272476	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027247Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02724G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273046	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027304Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0273056	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027305Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0273066	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027306Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0273076	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027307Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02730GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02730ZZ	Dilation of Coronary Artery, Four or More Arteries, Open Approach	ICD-10-PCS	Procedure
0273346	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027334Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0273356	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027335Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0273366	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027336Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027337Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02733T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
0273446	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027344Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273456	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027345Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273466	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02734TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C00Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C00ZZ	Extirpation of Matter from Coronary Artery, One Artery, Open Approach	ICD-10-PCS	Procedure
02C03Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach	ICD-10-PCS	Procedure
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C10Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C10ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Open Approach	ICD-10-PCS	Procedure
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C20Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C20ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Open Approach	ICD-10-PCS	Procedure
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C30Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C30ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Open Approach	ICD-10-PCS	Procedure
02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02QA0ZZ	Repair Heart, Open Approach	ICD-10-PCS	Procedure
02QA3ZZ	Repair Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02QA4ZZ	Repair Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02QB0ZZ	Repair Right Heart, Open Approach	ICD-10-PCS	Procedure
02QB3ZZ	Repair Right Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02QB4ZZ	Repair Right Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02QC0ZZ	Repair Left Heart, Open Approach	ICD-10-PCS	Procedure
02QC3ZZ	Repair Left Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02QC4ZZ	Repair Left Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
3E07017	Introduction of Other Thrombolytic into Coronary Artery, Open Approach	ICD-10-PCS	Procedure
3E070PZ	Introduction of Platelet Inhibitor into Coronary Artery, Open Approach	ICD-10-PCS	Procedure
3E07317	Introduction of Other Thrombolytic into Coronary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
3E073PZ	Introduction of Platelet Inhibitor into Coronary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	CPT-4	Procedure
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	CPT-4	Procedure
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	CPT-4	Procedure
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	CPT-4	Procedure
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	CPT-4	Procedure
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	CPT-4	Procedure

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Code	Description	Code Type	Code Category
93508	Catheter placement in coronary artery(s), arterial coronary conduit(s), and/or venous coronary bypass graft(s) for coronary angiography without concomitant left heart catheterization	CPT-4	Procedure
93556	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)	CPT-4	Procedure
Dementia			
094.1	General paresis	ICD-9-CM	Diagnosis
290.0	Senile dementia, uncomplicated	ICD-9-CM	Diagnosis
290.1	Presenile dementia	ICD-9-CM	Diagnosis
290.10	Presenile dementia, uncomplicated	ICD-9-CM	Diagnosis
290.11	Presenile dementia with delirium	ICD-9-CM	Diagnosis
290.12	Presenile dementia with delusional features	ICD-9-CM	Diagnosis
290.13	Presenile dementia with depressive features	ICD-9-CM	Diagnosis
290.2	Senile dementia with delusional or depressive features	ICD-9-CM	Diagnosis
290.20	Senile dementia with delusional features	ICD-9-CM	Diagnosis
290.21	Senile dementia with depressive features	ICD-9-CM	Diagnosis
290.3	Senile dementia with delirium	ICD-9-CM	Diagnosis
290.4	Vascular dementia	ICD-9-CM	Diagnosis
290.40	Vascular dementia, uncomplicated	ICD-9-CM	Diagnosis
290.41	Vascular dementia, with delirium	ICD-9-CM	Diagnosis
290.42	Vascular dementia, with delusions	ICD-9-CM	Diagnosis
290.43	Vascular dementia, with depressed mood	ICD-9-CM	Diagnosis
291.1	Alcohol-induced persisting amnestic disorder	ICD-9-CM	Diagnosis
291.2	Alcohol-induced persisting dementia	ICD-9-CM	Diagnosis
292.82	Drug-induced persisting dementia	ICD-9-CM	Diagnosis
294	Persistent mental disorders due to conditions classified elsewhere	ICD-9-CM	Diagnosis
294.0	Amnestic disorder in conditions classified elsewhere	ICD-9-CM	Diagnosis
294.1	Dementia in conditions classified elsewhere	ICD-9-CM	Diagnosis
294.10	Dementia in conditions classified elsewhere without behavioral disturbance	ICD-9-CM	Diagnosis
294.11	Dementia in conditions classified elsewhere with behavioral disturbance	ICD-9-CM	Diagnosis
331.0	Alzheimer's disease	ICD-9-CM	Diagnosis
331.1	Frontotemporal dementia	ICD-9-CM	Diagnosis
331.11	Pick's disease	ICD-9-CM	Diagnosis
331.19	Other frontotemporal dementia	ICD-9-CM	Diagnosis
331.82	Dementia with Lewy bodies	ICD-9-CM	Diagnosis
A52.17	General paresis	ICD-10-CM	Diagnosis
F01.50	Vascular dementia without behavioral disturbance	ICD-10-CM	Diagnosis
F01.51	Vascular dementia with behavioral disturbance	ICD-10-CM	Diagnosis
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance	ICD-10-CM	Diagnosis
F03.90	Unspecified dementia without behavioral disturbance	ICD-10-CM	Diagnosis
F04	Amnestic disorder due to known physiological condition	ICD-10-CM	Diagnosis
F05	Delirium due to known physiological condition	ICD-10-CM	Diagnosis
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder	ICD-10-CM	Diagnosis
F10.27	Alcohol dependence with alcohol-induced persisting dementia	ICD-10-CM	Diagnosis
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder	ICD-10-CM	Diagnosis
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia	ICD-10-CM	Diagnosis
F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia	ICD-10-CM	Diagnosis
F13.97	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia	ICD-10-CM	Diagnosis
F18.17	Inhalant abuse with inhalant-induced dementia	ICD-10-CM	Diagnosis
F18.27	Inhalant dependence with inhalant-induced dementia	ICD-10-CM	Diagnosis
F18.97	Inhalant use, unspecified with inhalant-induced persisting dementia	ICD-10-CM	Diagnosis
F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia	ICD-10-CM	Diagnosis
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia	ICD-10-CM	Diagnosis
F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia	ICD-10-CM	Diagnosis
G30.0	Alzheimer's disease with early onset	ICD-10-CM	Diagnosis
G30.1	Alzheimer's disease with late onset	ICD-10-CM	Diagnosis
G30.8	Other Alzheimer's disease	ICD-10-CM	Diagnosis
G30.9	Alzheimer's disease, unspecified	ICD-10-CM	Diagnosis
G31.01	Pick's disease	ICD-10-CM	Diagnosis
G31.09	Other frontotemporal dementia	ICD-10-CM	Diagnosis
G31.83	Dementia with Lewy bodies	ICD-10-CM	Diagnosis
Diabetes			
250	Diabetes mellitus	ICD-9-CM	Diagnosis
250.0	Diabetes mellitus without mention of complication	ICD-9-CM	Diagnosis
250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.02	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.1	Diabetes with ketoacidosis	ICD-9-CM	Diagnosis
250.10	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.11	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.12	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.2	Diabetes with hyperosmolarity	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
250.20	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.21	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.22	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.3	Diabetes with other coma	ICD-9-CM	Diagnosis
250.30	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.32	Diabetes with other coma, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.33	Diabetes with other coma, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.4	Diabetes with renal manifestations	ICD-9-CM	Diagnosis
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.5	Diabetes with ophthalmic manifestations	ICD-9-CM	Diagnosis
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.6	Diabetes with neurological manifestations	ICD-9-CM	Diagnosis
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.8	Diabetes with other specified manifestations	ICD-9-CM	Diagnosis
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
250.9	Diabetes with unspecified complication	ICD-9-CM	Diagnosis
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	HCPCS	Procedure
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	HCPCS	Procedure
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	HCPCS	Procedure
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	HCPCS	Procedure
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	HCPCS	Procedure
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	HCPCS	Procedure
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	HCPCS	Procedure
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	HCPCS	Procedure
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	HCPCS	Procedure
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each	HCPCS	Procedure
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	HCPCS	Procedure
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	HCPCS	Procedure
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education	HCPCS	Procedure
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	HCPCS	Procedure
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	HCPCS	Procedure
G8015	Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as greater than 9%	HCPCS	Procedure
G8016	Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as less than or equal to 9%	HCPCS	Procedure
G8017	Clinician documented that diabetic patient was not eligible candidate for hemoglobin A1c measure	HCPCS	Procedure
G8018	Clinician has not provided care for the diabetic patient for the required time for hemoglobin A1c measure (6 months)	HCPCS	Procedure
G8019	Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as greater than or equal to 100 mg/dl	HCPCS	Procedure
G8020	Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as less than 100 mg/dl	HCPCS	Procedure
G8021	Clinician documented that diabetic patient was not eligible candidate for low-density lipoprotein measure	HCPCS	Procedure
G8022	Clinician has not provided care for the diabetic patient for the required time for low-density lipoprotein measure (12 months)	HCPCS	Procedure
G8023	Diabetic patient with most recent blood pressure (within the last 6 months) documented as equal to or greater than 140 systolic or equal to or greater than 80 mm Hg diastolic	HCPCS	Procedure
G8024	Diabetic patient with most recent blood pressure (within the last 6 months) documented as less than 140 systolic and less than 80 diastolic	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G8025	Clinician documented that the diabetic patient was not eligible candidate for blood pressure measure	HCPCS	Procedure
G8026	Clinician has not provided care for the diabetic patient for the required time for blood pressure measure (within the last 6 months)	HCPCS	Procedure
G8332	Clinician has not provided care for the diabetic retinopathy patient for the required time for macular edema and retinopathy measurement	HCPCS	Procedure
G8333	Patient documented to have had findings of macular or fundus exam communicated to the physician managing the diabetes care	HCPCS	Procedure
G8334	Documentation of findings of macular or fundus exam not communicated to the physician managing the patient's ongoing diabetes care	HCPCS	Procedure
G8335	Clinician documentation that patient was not an eligible candidate for the findings of their macular or fundus exam being communicated to the physician managing their diabetes care during the reporting year	HCPCS	Procedure
G8336	Clinician has not provided care for the diabetic retinopathy patient for the required time for physician communication measurement	HCPCS	Procedure
G8385	Diabetic patients with no documentation of hemoglobin A1c level (within the last 12 months)	HCPCS	Procedure
G8386	Diabetic patients with no documentation of low-density lipoprotein (within the last 12 months)	HCPCS	Procedure
G8390	Diabetic patients with no documentation of blood pressure measurement (within the last 12 months)	HCPCS	Procedure
E11.9	Type 2 diabetes mellitus without complications	ICD-10-CM	Diagnosis
E10.9	Type 1 diabetes mellitus without complications	ICD-10-CM	Diagnosis
E11.65	Type 2 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E10.65	Type 1 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E11.69	Type 2 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E10.69	Type 1 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E11.36	Type 2 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E10.36	Type 1 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E11.621	Type 2 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E11.622	Type 2 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E11.628	Type 2 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E11.630	Type 2 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E11.638	Type 2 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E10.621	Type 1 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E10.622	Type 1 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E10.628	Type 1 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E10.630	Type 1 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E10.638	Type 1 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E11.8	Type 2 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E10.8	Type 1 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E13.9	Other specified diabetes mellitus without complications	ICD-10-CM	Diagnosis
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E13.21	Other specified diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E13.36	Other specified diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.59	Other specified diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E11.59	Type 2 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E10.59	Type 1 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E13.620	Other specified diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E13.621	Other specified diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E13.622	Other specified diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E13.628	Other specified diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E13.630	Other specified diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E13.638	Other specified diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E13.65	Other specified diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E13.69	Other specified diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E13.8	Other specified diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
Gout			
274	Gout	ICD-9-CM	Diagnosis
274.0	Gouty arthropathy	ICD-9-CM	Diagnosis
274.00	Gouty arthropathy, unspecified	ICD-9-CM	Diagnosis
274.01	Acute gouty arthropathy	ICD-9-CM	Diagnosis
274.02	Chronic gouty arthropathy without mention of tophus (tophi)	ICD-9-CM	Diagnosis
274.03	Chronic gouty arthropathy with tophus (tophi)	ICD-9-CM	Diagnosis
274.1	Gouty nephropathy	ICD-9-CM	Diagnosis
274.10	Gouty nephropathy, unspecified	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
274.11	Uric acid nephrolithiasis	ICD-9-CM	Diagnosis
274.19	Other gouty nephropathy	ICD-9-CM	Diagnosis
274.8	Gout with other specified manifestations	ICD-9-CM	Diagnosis
274.81	Gouty tophi of ear	ICD-9-CM	Diagnosis
274.82	Gouty tophi of other sites	ICD-9-CM	Diagnosis
274.89	Gout with other specified manifestations	ICD-9-CM	Diagnosis
274.9	Gout, unspecified	ICD-9-CM	Diagnosis
M10	Gout	ICD-10-CM	Diagnosis
M10.0	Idiopathic gout	ICD-10-CM	Diagnosis
M10.00	Idiopathic gout, unspecified site	ICD-10-CM	Diagnosis
M10.01	Idiopathic gout, shoulder	ICD-10-CM	Diagnosis
M10.011	Idiopathic gout, right shoulder	ICD-10-CM	Diagnosis
M10.012	Idiopathic gout, left shoulder	ICD-10-CM	Diagnosis
M10.019	Idiopathic gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.02	Idiopathic gout, elbow	ICD-10-CM	Diagnosis
M10.021	Idiopathic gout, right elbow	ICD-10-CM	Diagnosis
M10.022	Idiopathic gout, left elbow	ICD-10-CM	Diagnosis
M10.029	Idiopathic gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.03	Idiopathic gout, wrist	ICD-10-CM	Diagnosis
M10.031	Idiopathic gout, right wrist	ICD-10-CM	Diagnosis
M10.032	Idiopathic gout, left wrist	ICD-10-CM	Diagnosis
M10.039	Idiopathic gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.04	Idiopathic gout, hand	ICD-10-CM	Diagnosis
M10.041	Idiopathic gout, right hand	ICD-10-CM	Diagnosis
M10.042	Idiopathic gout, left hand	ICD-10-CM	Diagnosis
M10.049	Idiopathic gout, unspecified hand	ICD-10-CM	Diagnosis
M10.05	Idiopathic gout, hip	ICD-10-CM	Diagnosis
M10.051	Idiopathic gout, right hip	ICD-10-CM	Diagnosis
M10.052	Idiopathic gout, left hip	ICD-10-CM	Diagnosis
M10.059	Idiopathic gout, unspecified hip	ICD-10-CM	Diagnosis
M10.06	Idiopathic gout, knee	ICD-10-CM	Diagnosis
M10.061	Idiopathic gout, right knee	ICD-10-CM	Diagnosis
M10.062	Idiopathic gout, left knee	ICD-10-CM	Diagnosis
M10.069	Idiopathic gout, unspecified knee	ICD-10-CM	Diagnosis
M10.07	Idiopathic gout, ankle and foot	ICD-10-CM	Diagnosis
M10.071	Idiopathic gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.072	Idiopathic gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.079	Idiopathic gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.08	Idiopathic gout, vertebrae	ICD-10-CM	Diagnosis
M10.09	Idiopathic gout, multiple sites	ICD-10-CM	Diagnosis
M10.1	Lead-induced gout	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M10.10	Lead-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.11	Lead-induced gout, shoulder	ICD-10-CM	Diagnosis
M10.111	Lead-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.112	Lead-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.119	Lead-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.12	Lead-induced gout, elbow	ICD-10-CM	Diagnosis
M10.121	Lead-induced gout, right elbow	ICD-10-CM	Diagnosis
M10.122	Lead-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.129	Lead-induced gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.13	Lead-induced gout, wrist	ICD-10-CM	Diagnosis
M10.131	Lead-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.132	Lead-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.139	Lead-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.14	Lead-induced gout, hand	ICD-10-CM	Diagnosis
M10.141	Lead-induced gout, right hand	ICD-10-CM	Diagnosis
M10.142	Lead-induced gout, left hand	ICD-10-CM	Diagnosis
M10.149	Lead-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.15	Lead-induced gout, hip	ICD-10-CM	Diagnosis
M10.151	Lead-induced gout, right hip	ICD-10-CM	Diagnosis
M10.152	Lead-induced gout, left hip	ICD-10-CM	Diagnosis
M10.159	Lead-induced gout, unspecified hip	ICD-10-CM	Diagnosis
M10.16	Lead-induced gout, knee	ICD-10-CM	Diagnosis
M10.161	Lead-induced gout, right knee	ICD-10-CM	Diagnosis
M10.162	Lead-induced gout, left knee	ICD-10-CM	Diagnosis
M10.169	Lead-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.17	Lead-induced gout, ankle and foot	ICD-10-CM	Diagnosis
M10.171	Lead-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.172	Lead-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.179	Lead-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.18	Lead-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.19	Lead-induced gout, multiple sites	ICD-10-CM	Diagnosis
M10.2	Drug-induced gout	ICD-10-CM	Diagnosis
M10.20	Drug-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.21	Drug-induced gout, shoulder	ICD-10-CM	Diagnosis
M10.211	Drug-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.212	Drug-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.219	Drug-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.22	Drug-induced gout, elbow	ICD-10-CM	Diagnosis
M10.221	Drug-induced gout, right elbow	ICD-10-CM	Diagnosis
M10.222	Drug-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.229	Drug-induced gout, unspecified elbow	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M10.23	Drug-induced gout, wrist	ICD-10-CM	Diagnosis
M10.231	Drug-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.232	Drug-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.239	Drug-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.24	Drug-induced gout, hand	ICD-10-CM	Diagnosis
M10.241	Drug-induced gout, right hand	ICD-10-CM	Diagnosis
M10.242	Drug-induced gout, left hand	ICD-10-CM	Diagnosis
M10.249	Drug-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.25	Drug-induced gout, hip	ICD-10-CM	Diagnosis
M10.251	Drug-induced gout, right hip	ICD-10-CM	Diagnosis
M10.252	Drug-induced gout, left hip	ICD-10-CM	Diagnosis
M10.259	Drug-induced gout, unspecified hip	ICD-10-CM	Diagnosis
M10.26	Drug-induced gout, knee	ICD-10-CM	Diagnosis
M10.261	Drug-induced gout, right knee	ICD-10-CM	Diagnosis
M10.262	Drug-induced gout, left knee	ICD-10-CM	Diagnosis
M10.269	Drug-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.27	Drug-induced gout, ankle and foot	ICD-10-CM	Diagnosis
M10.271	Drug-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.272	Drug-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.279	Drug-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.28	Drug-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.29	Drug-induced gout, multiple sites	ICD-10-CM	Diagnosis
M10.3	Gout due to renal impairment	ICD-10-CM	Diagnosis
M10.30	Gout due to renal impairment, unspecified site	ICD-10-CM	Diagnosis
M10.31	Gout due to renal impairment, shoulder	ICD-10-CM	Diagnosis
M10.311	Gout due to renal impairment, right shoulder	ICD-10-CM	Diagnosis
M10.312	Gout due to renal impairment, left shoulder	ICD-10-CM	Diagnosis
M10.319	Gout due to renal impairment, unspecified shoulder	ICD-10-CM	Diagnosis
M10.32	Gout due to renal impairment, elbow	ICD-10-CM	Diagnosis
M10.321	Gout due to renal impairment, right elbow	ICD-10-CM	Diagnosis
M10.322	Gout due to renal impairment, left elbow	ICD-10-CM	Diagnosis
M10.329	Gout due to renal impairment, unspecified elbow	ICD-10-CM	Diagnosis
M10.33	Gout due to renal impairment, wrist	ICD-10-CM	Diagnosis
M10.331	Gout due to renal impairment, right wrist	ICD-10-CM	Diagnosis
M10.332	Gout due to renal impairment, left wrist	ICD-10-CM	Diagnosis
M10.339	Gout due to renal impairment, unspecified wrist	ICD-10-CM	Diagnosis
M10.34	Gout due to renal impairment, hand	ICD-10-CM	Diagnosis
M10.341	Gout due to renal impairment, right hand	ICD-10-CM	Diagnosis
M10.342	Gout due to renal impairment, left hand	ICD-10-CM	Diagnosis
M10.349	Gout due to renal impairment, unspecified hand	ICD-10-CM	Diagnosis
M10.35	Gout due to renal impairment, hip	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M10.351	Gout due to renal impairment, right hip	ICD-10-CM	Diagnosis
M10.352	Gout due to renal impairment, left hip	ICD-10-CM	Diagnosis
M10.359	Gout due to renal impairment, unspecified hip	ICD-10-CM	Diagnosis
M10.36	Gout due to renal impairment, knee	ICD-10-CM	Diagnosis
M10.361	Gout due to renal impairment, right knee	ICD-10-CM	Diagnosis
M10.362	Gout due to renal impairment, left knee	ICD-10-CM	Diagnosis
M10.369	Gout due to renal impairment, unspecified knee	ICD-10-CM	Diagnosis
M10.37	Gout due to renal impairment, ankle and foot	ICD-10-CM	Diagnosis
M10.371	Gout due to renal impairment, right ankle and foot	ICD-10-CM	Diagnosis
M10.372	Gout due to renal impairment, left ankle and foot	ICD-10-CM	Diagnosis
M10.379	Gout due to renal impairment, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.38	Gout due to renal impairment, vertebrae	ICD-10-CM	Diagnosis
M10.39	Gout due to renal impairment, multiple sites	ICD-10-CM	Diagnosis
M10.4	Other secondary gout	ICD-10-CM	Diagnosis
M10.40	Other secondary gout, unspecified site	ICD-10-CM	Diagnosis
M10.41	Other secondary gout, shoulder	ICD-10-CM	Diagnosis
M10.411	Other secondary gout, right shoulder	ICD-10-CM	Diagnosis
M10.412	Other secondary gout, left shoulder	ICD-10-CM	Diagnosis
M10.419	Other secondary gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.42	Other secondary gout, elbow	ICD-10-CM	Diagnosis
M10.421	Other secondary gout, right elbow	ICD-10-CM	Diagnosis
M10.422	Other secondary gout, left elbow	ICD-10-CM	Diagnosis
M10.429	Other secondary gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.43	Other secondary gout, wrist	ICD-10-CM	Diagnosis
M10.431	Other secondary gout, right wrist	ICD-10-CM	Diagnosis
M10.432	Other secondary gout, left wrist	ICD-10-CM	Diagnosis
M10.439	Other secondary gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.44	Other secondary gout, hand	ICD-10-CM	Diagnosis
M10.441	Other secondary gout, right hand	ICD-10-CM	Diagnosis
M10.442	Other secondary gout, left hand	ICD-10-CM	Diagnosis
M10.449	Other secondary gout, unspecified hand	ICD-10-CM	Diagnosis
M10.45	Other secondary gout, hip	ICD-10-CM	Diagnosis
M10.451	Other secondary gout, right hip	ICD-10-CM	Diagnosis
M10.452	Other secondary gout, left hip	ICD-10-CM	Diagnosis
M10.459	Other secondary gout, unspecified hip	ICD-10-CM	Diagnosis
M10.46	Other secondary gout, knee	ICD-10-CM	Diagnosis
M10.461	Other secondary gout, right knee	ICD-10-CM	Diagnosis
M10.462	Other secondary gout, left knee	ICD-10-CM	Diagnosis
M10.469	Other secondary gout, unspecified knee	ICD-10-CM	Diagnosis
M10.47	Other secondary gout, ankle and foot	ICD-10-CM	Diagnosis
M10.471	Other secondary gout, right ankle and foot	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M10.472	Other secondary gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.479	Other secondary gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.48	Other secondary gout, vertebrae	ICD-10-CM	Diagnosis
M10.49	Other secondary gout, multiple sites	ICD-10-CM	Diagnosis
M10.9	Gout, unspecified	ICD-10-CM	Diagnosis
M1A	Chronic gout	ICD-10-CM	Diagnosis
M1A.0	Idiopathic chronic gout	ICD-10-CM	Diagnosis
M1A.00	Idiopathic chronic gout, unspecified site	ICD-10-CM	Diagnosis
M1A.00X0	Idiopathic chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.00X1	Idiopathic chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.01	Idiopathic chronic gout, shoulder	ICD-10-CM	Diagnosis
M1A.011	Idiopathic chronic gout, right shoulder	ICD-10-CM	Diagnosis
M1A.0110	Idiopathic chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0111	Idiopathic chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.012	Idiopathic chronic gout, left shoulder	ICD-10-CM	Diagnosis
M1A.0120	Idiopathic chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0121	Idiopathic chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.019	Idiopathic chronic gout, unspecified shoulder	ICD-10-CM	Diagnosis
M1A.0190	Idiopathic chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0191	Idiopathic chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.02	Idiopathic chronic gout, elbow	ICD-10-CM	Diagnosis
M1A.021	Idiopathic chronic gout, right elbow	ICD-10-CM	Diagnosis
M1A.0210	Idiopathic chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0211	Idiopathic chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.022	Idiopathic chronic gout, left elbow	ICD-10-CM	Diagnosis
M1A.0220	Idiopathic chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0221	Idiopathic chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.029	Idiopathic chronic gout, unspecified elbow	ICD-10-CM	Diagnosis
M1A.0290	Idiopathic chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0291	Idiopathic chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.03	Idiopathic chronic gout, wrist	ICD-10-CM	Diagnosis
M1A.031	Idiopathic chronic gout, right wrist	ICD-10-CM	Diagnosis
M1A.0310	Idiopathic chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0311	Idiopathic chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.032	Idiopathic chronic gout, left wrist	ICD-10-CM	Diagnosis
M1A.0320	Idiopathic chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0321	Idiopathic chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.039	Idiopathic chronic gout, unspecified wrist	ICD-10-CM	Diagnosis
M1A.0390	Idiopathic chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0391	Idiopathic chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.04	Idiopathic chronic gout, hand	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M1A.041	Idiopathic chronic gout, right hand	ICD-10-CM	Diagnosis
M1A.0410	Idiopathic chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0411	Idiopathic chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.042	Idiopathic chronic gout, left hand	ICD-10-CM	Diagnosis
M1A.0420	Idiopathic chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0421	Idiopathic chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.049	Idiopathic chronic gout, unspecified hand	ICD-10-CM	Diagnosis
M1A.0490	Idiopathic chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0491	Idiopathic chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.05	Idiopathic chronic gout, hip	ICD-10-CM	Diagnosis
M1A.051	Idiopathic chronic gout, right hip	ICD-10-CM	Diagnosis
M1A.0510	Idiopathic chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0511	Idiopathic chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.052	Idiopathic chronic gout, left hip	ICD-10-CM	Diagnosis
M1A.0520	Idiopathic chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0521	Idiopathic chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.059	Idiopathic chronic gout, unspecified hip	ICD-10-CM	Diagnosis
M1A.0590	Idiopathic chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0591	Idiopathic chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.06	Idiopathic chronic gout, knee	ICD-10-CM	Diagnosis
M1A.061	Idiopathic chronic gout, right knee	ICD-10-CM	Diagnosis
M1A.0610	Idiopathic chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0611	Idiopathic chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.062	Idiopathic chronic gout, left knee	ICD-10-CM	Diagnosis
M1A.0620	Idiopathic chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0621	Idiopathic chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.069	Idiopathic chronic gout, unspecified knee	ICD-10-CM	Diagnosis
M1A.0690	Idiopathic chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0691	Idiopathic chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.07	Idiopathic chronic gout, ankle and foot	ICD-10-CM	Diagnosis
M1A.071	Idiopathic chronic gout, right ankle and foot	ICD-10-CM	Diagnosis
M1A.0710	Idiopathic chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0711	Idiopathic chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.072	Idiopathic chronic gout, left ankle and foot	ICD-10-CM	Diagnosis
M1A.0720	Idiopathic chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0721	Idiopathic chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.079	Idiopathic chronic gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M1A.0790	Idiopathic chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0791	Idiopathic chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08	Idiopathic chronic gout, vertebrae	ICD-10-CM	Diagnosis
M1A.08X0	Idiopathic chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M1A.08X1	Idiopathic chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09	Idiopathic chronic gout, multiple sites	ICD-10-CM	Diagnosis
M1A.09X0	Idiopathic chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X1	Idiopathic chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1	Lead-induced chronic gout	ICD-10-CM	Diagnosis
M1A.10	Lead-induced chronic gout, unspecified site	ICD-10-CM	Diagnosis
M1A.10X0	Lead-induced chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.10X1	Lead-induced chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.11	Lead-induced chronic gout, shoulder	ICD-10-CM	Diagnosis
M1A.111	Lead-induced chronic gout, right shoulder	ICD-10-CM	Diagnosis
M1A.1110	Lead-induced chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1111	Lead-induced chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.112	Lead-induced chronic gout, left shoulder	ICD-10-CM	Diagnosis
M1A.1120	Lead-induced chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1121	Lead-induced chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.119	Lead-induced chronic gout, unspecified shoulder	ICD-10-CM	Diagnosis
M1A.1190	Lead-induced chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1191	Lead-induced chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.12	Lead-induced chronic gout, elbow	ICD-10-CM	Diagnosis
M1A.121	Lead-induced chronic gout, right elbow	ICD-10-CM	Diagnosis
M1A.1210	Lead-induced chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1211	Lead-induced chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.122	Lead-induced chronic gout, left elbow	ICD-10-CM	Diagnosis
M1A.1220	Lead-induced chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1221	Lead-induced chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.129	Lead-induced chronic gout, unspecified elbow	ICD-10-CM	Diagnosis
M1A.1290	Lead-induced chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1291	Lead-induced chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.13	Lead-induced chronic gout, wrist	ICD-10-CM	Diagnosis
M1A.131	Lead-induced chronic gout, right wrist	ICD-10-CM	Diagnosis
M1A.1310	Lead-induced chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1311	Lead-induced chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.132	Lead-induced chronic gout, left wrist	ICD-10-CM	Diagnosis
M1A.1320	Lead-induced chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1321	Lead-induced chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.139	Lead-induced chronic gout, unspecified wrist	ICD-10-CM	Diagnosis
M1A.1390	Lead-induced chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1391	Lead-induced chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.14	Lead-induced chronic gout, hand	ICD-10-CM	Diagnosis
M1A.141	Lead-induced chronic gout, right hand	ICD-10-CM	Diagnosis
M1A.1410	Lead-induced chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M1A.1411	Lead-induced chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.142	Lead-induced chronic gout, left hand	ICD-10-CM	Diagnosis
M1A.1420	Lead-induced chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1421	Lead-induced chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.149	Lead-induced chronic gout, unspecified hand	ICD-10-CM	Diagnosis
M1A.1490	Lead-induced chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1491	Lead-induced chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.15	Lead-induced chronic gout, hip	ICD-10-CM	Diagnosis
M1A.151	Lead-induced chronic gout, right hip	ICD-10-CM	Diagnosis
M1A.1510	Lead-induced chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1511	Lead-induced chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.152	Lead-induced chronic gout, left hip	ICD-10-CM	Diagnosis
M1A.1520	Lead-induced chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1521	Lead-induced chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.159	Lead-induced chronic gout, unspecified hip	ICD-10-CM	Diagnosis
M1A.1590	Lead-induced chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1591	Lead-induced chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.16	Lead-induced chronic gout, knee	ICD-10-CM	Diagnosis
M1A.161	Lead-induced chronic gout, right knee	ICD-10-CM	Diagnosis
M1A.1610	Lead-induced chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1611	Lead-induced chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.162	Lead-induced chronic gout, left knee	ICD-10-CM	Diagnosis
M1A.1620	Lead-induced chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1621	Lead-induced chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.169	Lead-induced chronic gout, unspecified knee	ICD-10-CM	Diagnosis
M1A.1690	Lead-induced chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1691	Lead-induced chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.17	Lead-induced chronic gout, ankle and foot	ICD-10-CM	Diagnosis
M1A.171	Lead-induced chronic gout, right ankle and foot	ICD-10-CM	Diagnosis
M1A.1710	Lead-induced chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1711	Lead-induced chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.172	Lead-induced chronic gout, left ankle and foot	ICD-10-CM	Diagnosis
M1A.1720	Lead-induced chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1721	Lead-induced chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.179	Lead-induced chronic gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M1A.1790	Lead-induced chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.1791	Lead-induced chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.18	Lead-induced chronic gout, vertebrae	ICD-10-CM	Diagnosis
M1A.18X0	Lead-induced chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.18X1	Lead-induced chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.19	Lead-induced chronic gout, multiple sites	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M1A.19X0	Lead-induced chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.19X1	Lead-induced chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2	Drug-induced chronic gout	ICD-10-CM	Diagnosis
M1A.20	Drug-induced chronic gout, unspecified site	ICD-10-CM	Diagnosis
M1A.20X0	Drug-induced chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X1	Drug-induced chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.21	Drug-induced chronic gout, shoulder	ICD-10-CM	Diagnosis
M1A.211	Drug-induced chronic gout, right shoulder	ICD-10-CM	Diagnosis
M1A.2110	Drug-induced chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2111	Drug-induced chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.212	Drug-induced chronic gout, left shoulder	ICD-10-CM	Diagnosis
M1A.2120	Drug-induced chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2121	Drug-induced chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.219	Drug-induced chronic gout, unspecified shoulder	ICD-10-CM	Diagnosis
M1A.2190	Drug-induced chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2191	Drug-induced chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.22	Drug-induced chronic gout, elbow	ICD-10-CM	Diagnosis
M1A.221	Drug-induced chronic gout, right elbow	ICD-10-CM	Diagnosis
M1A.2210	Drug-induced chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2211	Drug-induced chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.222	Drug-induced chronic gout, left elbow	ICD-10-CM	Diagnosis
M1A.2220	Drug-induced chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2221	Drug-induced chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.229	Drug-induced chronic gout, unspecified elbow	ICD-10-CM	Diagnosis
M1A.2290	Drug-induced chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2291	Drug-induced chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.23	Drug-induced chronic gout, wrist	ICD-10-CM	Diagnosis
M1A.231	Drug-induced chronic gout, right wrist	ICD-10-CM	Diagnosis
M1A.2310	Drug-induced chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2311	Drug-induced chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.232	Drug-induced chronic gout, left wrist	ICD-10-CM	Diagnosis
M1A.2320	Drug-induced chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2321	Drug-induced chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.239	Drug-induced chronic gout, unspecified wrist	ICD-10-CM	Diagnosis
M1A.2390	Drug-induced chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2391	Drug-induced chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.24	Drug-induced chronic gout, hand	ICD-10-CM	Diagnosis
M1A.241	Drug-induced chronic gout, right hand	ICD-10-CM	Diagnosis
M1A.2410	Drug-induced chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2411	Drug-induced chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.242	Drug-induced chronic gout, left hand	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M1A.2420	Drug-induced chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2421	Drug-induced chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.249	Drug-induced chronic gout, unspecified hand	ICD-10-CM	Diagnosis
M1A.2490	Drug-induced chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2491	Drug-induced chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.25	Drug-induced chronic gout, hip	ICD-10-CM	Diagnosis
M1A.251	Drug-induced chronic gout, right hip	ICD-10-CM	Diagnosis
M1A.2510	Drug-induced chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2511	Drug-induced chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.252	Drug-induced chronic gout, left hip	ICD-10-CM	Diagnosis
M1A.2520	Drug-induced chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2521	Drug-induced chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.259	Drug-induced chronic gout, unspecified hip	ICD-10-CM	Diagnosis
M1A.2590	Drug-induced chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2591	Drug-induced chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.26	Drug-induced chronic gout, knee	ICD-10-CM	Diagnosis
M1A.261	Drug-induced chronic gout, right knee	ICD-10-CM	Diagnosis
M1A.2610	Drug-induced chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2611	Drug-induced chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.262	Drug-induced chronic gout, left knee	ICD-10-CM	Diagnosis
M1A.2620	Drug-induced chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2621	Drug-induced chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.269	Drug-induced chronic gout, unspecified knee	ICD-10-CM	Diagnosis
M1A.2690	Drug-induced chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2691	Drug-induced chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.27	Drug-induced chronic gout, ankle and foot	ICD-10-CM	Diagnosis
M1A.271	Drug-induced chronic gout, right ankle and foot	ICD-10-CM	Diagnosis
M1A.2710	Drug-induced chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2711	Drug-induced chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.272	Drug-induced chronic gout, left ankle and foot	ICD-10-CM	Diagnosis
M1A.2720	Drug-induced chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2721	Drug-induced chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.279	Drug-induced chronic gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M1A.2790	Drug-induced chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2791	Drug-induced chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28	Drug-induced chronic gout, vertebrae	ICD-10-CM	Diagnosis
M1A.28X0	Drug-induced chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X1	Drug-induced chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29	Drug-induced chronic gout, multiple sites	ICD-10-CM	Diagnosis
M1A.29X0	Drug-induced chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29X1	Drug-induced chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M1A.3	Chronic gout due to renal impairment	ICD-10-CM	Diagnosis
M1A.30	Chronic gout due to renal impairment, unspecified site	ICD-10-CM	Diagnosis
M1A.30X0	Chronic gout due to renal impairment, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X1	Chronic gout due to renal impairment, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.31	Chronic gout due to renal impairment, shoulder	ICD-10-CM	Diagnosis
M1A.311	Chronic gout due to renal impairment, right shoulder	ICD-10-CM	Diagnosis
M1A.3110	Chronic gout due to renal impairment, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3111	Chronic gout due to renal impairment, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.312	Chronic gout due to renal impairment, left shoulder	ICD-10-CM	Diagnosis
M1A.3120	Chronic gout due to renal impairment, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3121	Chronic gout due to renal impairment, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.319	Chronic gout due to renal impairment, unspecified shoulder	ICD-10-CM	Diagnosis
M1A.3190	Chronic gout due to renal impairment, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3191	Chronic gout due to renal impairment, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.32	Chronic gout due to renal impairment, elbow	ICD-10-CM	Diagnosis
M1A.321	Chronic gout due to renal impairment, right elbow	ICD-10-CM	Diagnosis
M1A.3210	Chronic gout due to renal impairment, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3211	Chronic gout due to renal impairment, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.322	Chronic gout due to renal impairment, left elbow	ICD-10-CM	Diagnosis
M1A.3220	Chronic gout due to renal impairment, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3221	Chronic gout due to renal impairment, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.329	Chronic gout due to renal impairment, unspecified elbow	ICD-10-CM	Diagnosis
M1A.3290	Chronic gout due to renal impairment, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3291	Chronic gout due to renal impairment, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.33	Chronic gout due to renal impairment, wrist	ICD-10-CM	Diagnosis
M1A.331	Chronic gout due to renal impairment, right wrist	ICD-10-CM	Diagnosis
M1A.3310	Chronic gout due to renal impairment, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3311	Chronic gout due to renal impairment, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.332	Chronic gout due to renal impairment, left wrist	ICD-10-CM	Diagnosis
M1A.3320	Chronic gout due to renal impairment, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3321	Chronic gout due to renal impairment, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.339	Chronic gout due to renal impairment, unspecified wrist	ICD-10-CM	Diagnosis
M1A.3390	Chronic gout due to renal impairment, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3391	Chronic gout due to renal impairment, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.34	Chronic gout due to renal impairment, hand	ICD-10-CM	Diagnosis
M1A.341	Chronic gout due to renal impairment, right hand	ICD-10-CM	Diagnosis
M1A.3410	Chronic gout due to renal impairment, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3411	Chronic gout due to renal impairment, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.342	Chronic gout due to renal impairment, left hand	ICD-10-CM	Diagnosis
M1A.3420	Chronic gout due to renal impairment, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3421	Chronic gout due to renal impairment, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M1A.349	Chronic gout due to renal impairment, unspecified hand	ICD-10-CM	Diagnosis
M1A.3490	Chronic gout due to renal impairment, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3491	Chronic gout due to renal impairment, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.35	Chronic gout due to renal impairment, hip	ICD-10-CM	Diagnosis
M1A.351	Chronic gout due to renal impairment, right hip	ICD-10-CM	Diagnosis
M1A.3510	Chronic gout due to renal impairment, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3511	Chronic gout due to renal impairment, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.352	Chronic gout due to renal impairment, left hip	ICD-10-CM	Diagnosis
M1A.3520	Chronic gout due to renal impairment, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3521	Chronic gout due to renal impairment, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.359	Chronic gout due to renal impairment, unspecified hip	ICD-10-CM	Diagnosis
M1A.3590	Chronic gout due to renal impairment, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3591	Chronic gout due to renal impairment, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.36	Chronic gout due to renal impairment, knee	ICD-10-CM	Diagnosis
M1A.361	Chronic gout due to renal impairment, right knee	ICD-10-CM	Diagnosis
M1A.3610	Chronic gout due to renal impairment, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3611	Chronic gout due to renal impairment, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.362	Chronic gout due to renal impairment, left knee	ICD-10-CM	Diagnosis
M1A.3620	Chronic gout due to renal impairment, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3621	Chronic gout due to renal impairment, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.369	Chronic gout due to renal impairment, unspecified knee	ICD-10-CM	Diagnosis
M1A.3690	Chronic gout due to renal impairment, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3691	Chronic gout due to renal impairment, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.37	Chronic gout due to renal impairment, ankle and foot	ICD-10-CM	Diagnosis
M1A.371	Chronic gout due to renal impairment, right ankle and foot	ICD-10-CM	Diagnosis
M1A.3710	Chronic gout due to renal impairment, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3711	Chronic gout due to renal impairment, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.372	Chronic gout due to renal impairment, left ankle and foot	ICD-10-CM	Diagnosis
M1A.3720	Chronic gout due to renal impairment, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3721	Chronic gout due to renal impairment, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.379	Chronic gout due to renal impairment, unspecified ankle and foot	ICD-10-CM	Diagnosis
M1A.3790	Chronic gout due to renal impairment, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3791	Chronic gout due to renal impairment, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38	Chronic gout due to renal impairment, vertebrae	ICD-10-CM	Diagnosis
M1A.38X0	Chronic gout due to renal impairment, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X1	Chronic gout due to renal impairment, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39	Chronic gout due to renal impairment, multiple sites	ICD-10-CM	Diagnosis
M1A.39X0	Chronic gout due to renal impairment, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X1	Chronic gout due to renal impairment, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4	Other secondary chronic gout	ICD-10-CM	Diagnosis
M1A.40	Other secondary chronic gout, unspecified site	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M1A.40X0	Other secondary chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X1	Other secondary chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.41	Other secondary chronic gout, shoulder	ICD-10-CM	Diagnosis
M1A.411	Other secondary chronic gout, right shoulder	ICD-10-CM	Diagnosis
M1A.4110	Other secondary chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4111	Other secondary chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.412	Other secondary chronic gout, left shoulder	ICD-10-CM	Diagnosis
M1A.4120	Other secondary chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4121	Other secondary chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.419	Other secondary chronic gout, unspecified shoulder	ICD-10-CM	Diagnosis
M1A.4190	Other secondary chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4191	Other secondary chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.42	Other secondary chronic gout, elbow	ICD-10-CM	Diagnosis
M1A.421	Other secondary chronic gout, right elbow	ICD-10-CM	Diagnosis
M1A.4210	Other secondary chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4211	Other secondary chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.422	Other secondary chronic gout, left elbow	ICD-10-CM	Diagnosis
M1A.4220	Other secondary chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4221	Other secondary chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.429	Other secondary chronic gout, unspecified elbow	ICD-10-CM	Diagnosis
M1A.4290	Other secondary chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4291	Other secondary chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.43	Other secondary chronic gout, wrist	ICD-10-CM	Diagnosis
M1A.431	Other secondary chronic gout, right wrist	ICD-10-CM	Diagnosis
M1A.4310	Other secondary chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4311	Other secondary chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.432	Other secondary chronic gout, left wrist	ICD-10-CM	Diagnosis
M1A.4320	Other secondary chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4321	Other secondary chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.439	Other secondary chronic gout, unspecified wrist	ICD-10-CM	Diagnosis
M1A.4390	Other secondary chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4391	Other secondary chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.44	Other secondary chronic gout, hand	ICD-10-CM	Diagnosis
M1A.441	Other secondary chronic gout, right hand	ICD-10-CM	Diagnosis
M1A.4410	Other secondary chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4411	Other secondary chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.442	Other secondary chronic gout, left hand	ICD-10-CM	Diagnosis
M1A.4420	Other secondary chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4421	Other secondary chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.449	Other secondary chronic gout, unspecified hand	ICD-10-CM	Diagnosis
M1A.4490	Other secondary chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M1A.4491	Other secondary chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.45	Other secondary chronic gout, hip	ICD-10-CM	Diagnosis
M1A.451	Other secondary chronic gout, right hip	ICD-10-CM	Diagnosis
M1A.4510	Other secondary chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4511	Other secondary chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.452	Other secondary chronic gout, left hip	ICD-10-CM	Diagnosis
M1A.4520	Other secondary chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4521	Other secondary chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.459	Other secondary chronic gout, unspecified hip	ICD-10-CM	Diagnosis
M1A.4590	Other secondary chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4591	Other secondary chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.46	Other secondary chronic gout, knee	ICD-10-CM	Diagnosis
M1A.461	Other secondary chronic gout, right knee	ICD-10-CM	Diagnosis
M1A.4610	Other secondary chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4611	Other secondary chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.462	Other secondary chronic gout, left knee	ICD-10-CM	Diagnosis
M1A.4620	Other secondary chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4621	Other secondary chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.469	Other secondary chronic gout, unspecified knee	ICD-10-CM	Diagnosis
M1A.4690	Other secondary chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4691	Other secondary chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.47	Other secondary chronic gout, ankle and foot	ICD-10-CM	Diagnosis
M1A.471	Other secondary chronic gout, right ankle and foot	ICD-10-CM	Diagnosis
M1A.4710	Other secondary chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4711	Other secondary chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.472	Other secondary chronic gout, left ankle and foot	ICD-10-CM	Diagnosis
M1A.4720	Other secondary chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4721	Other secondary chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.479	Other secondary chronic gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M1A.4790	Other secondary chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4791	Other secondary chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48	Other secondary chronic gout, vertebrae	ICD-10-CM	Diagnosis
M1A.48X0	Other secondary chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X1	Other secondary chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49	Other secondary chronic gout, multiple sites	ICD-10-CM	Diagnosis
M1A.49X0	Other secondary chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X1	Other secondary chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9	Chronic gout, unspecified	ICD-10-CM	Diagnosis
M1A.9XX0	Chronic gout, unspecified, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX1	Chronic gout, unspecified, with tophus (tophi)	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
Heart Failure			
402.01	Malignant hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.11	Benign hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.91	Hypertensive heart disease, unspecified, with heart failure	ICD-9-CM	Diagnosis
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
428	Heart failure	ICD-9-CM	Diagnosis
428.0	Congestive heart failure, unspecified	ICD-9-CM	Diagnosis
428.1	Left heart failure	ICD-9-CM	Diagnosis
428.2	Systolic heart failure	ICD-9-CM	Diagnosis
428.20	Unspecified systolic heart failure	ICD-9-CM	Diagnosis
428.21	Acute systolic heart failure	ICD-9-CM	Diagnosis
428.22	Chronic systolic heart failure	ICD-9-CM	Diagnosis
428.23	Acute on chronic systolic heart failure	ICD-9-CM	Diagnosis
428.3	Diastolic heart failure	ICD-9-CM	Diagnosis
428.30	Unspecified diastolic heart failure	ICD-9-CM	Diagnosis
428.31	Acute diastolic heart failure	ICD-9-CM	Diagnosis
428.32	Chronic diastolic heart failure	ICD-9-CM	Diagnosis
428.33	Acute on chronic diastolic heart failure	ICD-9-CM	Diagnosis
428.4	Combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.40	Unspecified combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.41	Acute combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.42	Chronic combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.43	Acute on chronic combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.9	Unspecified heart failure	ICD-9-CM	Diagnosis
37.66	Insertion of implantable heart assist system	ICD-9-CM	Procedure
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	CPT-4	Procedure
92970	Cardioassist-method of circulatory assist; internal	CPT-4	Procedure
92971	Cardioassist-method of circulatory assist; external	CPT-4	Procedure

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Code	Description	Code Type	Code Category
G8027	Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	HCPCS	Procedure
G8028	Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	HCPCS	Procedure
G8029	Clinician documented that heart failure patient was not an eligible candidate for either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy measure	HCPCS	Procedure
G8030	Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on beta-blocker therapy	HCPCS	Procedure
G8031	Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on beta-blocker therapy	HCPCS	Procedure
G8032	Clinician documented that heart failure patient was not eligible candidate for beta-blocker therapy measure	HCPCS	Procedure
G8184	Clinician documented that patient with heart failure and atrial fibrillation was not an eligible candidate for warfarin therapy measure	HCPCS	Procedure
I11.0	Hypertensive heart disease with heart failure	ICD-10-CM	Diagnosis
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	ICD-10-CM	Diagnosis
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis
I50.1	Left ventricular failure, unspecified	ICD-10-CM	Diagnosis
I50.20	Unspecified systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.21	Acute systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.22	Chronic systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.23	Acute on chronic systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.30	Unspecified diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.31	Acute diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.32	Chronic diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.33	Acute on chronic diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.810	Right heart failure, unspecified	ICD-10-CM	Diagnosis
I50.811	Acute right heart failure	ICD-10-CM	Diagnosis
I50.812	Chronic right heart failure	ICD-10-CM	Diagnosis
I50.813	Acute on chronic right heart failure	ICD-10-CM	Diagnosis
I50.814	Right heart failure due to left heart failure	ICD-10-CM	Diagnosis
I50.82	Biventricular heart failure	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I50.83	High output heart failure	ICD-10-CM	Diagnosis
I50.84	End stage heart failure	ICD-10-CM	Diagnosis
I50.89	Other heart failure	ICD-10-CM	Diagnosis
I50.9	Heart failure, unspecified	ICD-10-CM	Diagnosis
02HA0QZ	Insertion of Implantable Heart Assist System into Heart, Open Approach	ICD-10-PCS	Procedure
02HA3QZ	Insertion of Implantable Heart Assist System into Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02HA4QZ	Insertion of Implantable Heart Assist System into Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
G8183	Patient with heart failure and atrial fibrillation documented to be on warfarin therapy	HCPCS	Procedure
Hospitalized Bleeding			
280.0	Iron deficiency anemia secondary to blood loss (chronic)	ICD-9-CM	Diagnosis
285.1	Acute posthemorrhagic anemia	ICD-9-CM	Diagnosis
285.9	Unspecified anemia	ICD-9-CM	Diagnosis
423.0	Hemopericardium	ICD-9-CM	Diagnosis
430	Subarachnoid hemorrhage	ICD-9-CM	Diagnosis
431	Intracerebral hemorrhage	ICD-9-CM	Diagnosis
432.0	Nontraumatic extradural hemorrhage	ICD-9-CM	Diagnosis
432.1	Subdural hemorrhage	ICD-9-CM	Diagnosis
432.9	Unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
455	Hemorrhoids	ICD-9-CM	Diagnosis
455.0	Internal hemorrhoids without mention of complication	ICD-9-CM	Diagnosis
455.1	Internal thrombosed hemorrhoids	ICD-9-CM	Diagnosis
455.2	Internal hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.3	External hemorrhoids without mention of complication	ICD-9-CM	Diagnosis
455.4	External thrombosed hemorrhoids	ICD-9-CM	Diagnosis
455.5	External hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.6	Unspecified hemorrhoids without mention of complication	ICD-9-CM	Diagnosis
455.7	Unspecified thrombosed hemorrhoids	ICD-9-CM	Diagnosis
455.8	Unspecified hemorrhoids with other complication	ICD-9-CM	Diagnosis
455.9	Residual hemorrhoidal skin tags	ICD-9-CM	Diagnosis
456.0	Esophageal varices with bleeding	ICD-9-CM	Diagnosis
456.20	Esophageal varices with bleeding in diseases classified elsewhere	ICD-9-CM	Diagnosis
459.0	Unspecified hemorrhage	ICD-9-CM	Diagnosis
530.1	Esophagitis	ICD-9-CM	Diagnosis
530.10	Unspecified esophagitis	ICD-9-CM	Diagnosis
530.11	Reflux esophagitis	ICD-9-CM	Diagnosis
530.12	Acute esophagitis	ICD-9-CM	Diagnosis
530.13	Eosinophilic esophagitis	ICD-9-CM	Diagnosis
530.19	Other esophagitis	ICD-9-CM	Diagnosis
530.7	Gastroesophageal laceration-hemorrhage syndrome	ICD-9-CM	Diagnosis
530.82	Esophageal hemorrhage	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
531.0	Acute gastric ulcer with hemorrhage	ICD-9-CM	Diagnosis
531.00	Acute gastric ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
531.01	Acute gastric ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
531.1	Acute gastric ulcer with perforation	ICD-9-CM	Diagnosis
531.10	Acute gastric ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.11	Acute gastric ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
531.2	Acute gastric ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
531.20	Acute gastric ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.21	Acute gastric ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
531.3	Acute gastric ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
531.30	Acute gastric ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
531.31	Acute gastric ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
531.4	Chronic or unspecified gastric ulcer with hemorrhage	ICD-9-CM	Diagnosis
531.40	Chronic or unspecified gastric ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
531.41	Chronic or unspecified gastric ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
531.5	Chronic or unspecified gastric ulcer with perforation	ICD-9-CM	Diagnosis
531.50	Chronic or unspecified gastric ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.51	Chronic or unspecified gastric ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
531.6	Chronic or unspecified gastric ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
531.60	Chronic or unspecified gastric ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.61	Chronic or unspecified gastric ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
531.7	Chronic gastric ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
531.70	Chronic gastric ulcer without mention of hemorrhage, perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.71	Chronic gastric ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
531.9	Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
531.90	Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
531.91	Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
532.0	Acute duodenal ulcer with hemorrhage	ICD-9-CM	Diagnosis
532.00	Acute duodenal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
532.01	Acute duodenal ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
532.1	Acute duodenal ulcer with perforation	ICD-9-CM	Diagnosis
532.10	Acute duodenal ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.11	Acute duodenal ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
532.2	Acute duodenal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
532.20	Acute duodenal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.21	Acute duodenal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
532.3	Acute duodenal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.30	Acute duodenal ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
532.31	Acute duodenal ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
532.4	Chronic or unspecified duodenal ulcer with hemorrhage	ICD-9-CM	Diagnosis
532.40	Duodenal ulcer, chronic or unspecified, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
532.41	Chronic or unspecified duodenal ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
532.5	Chronic or unspecified duodenal ulcer with perforation	ICD-9-CM	Diagnosis
532.50	Chronic or unspecified duodenal ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.51	Chronic or unspecified duodenal ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
532.6	Chronic or unspecified duodenal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
532.60	Chronic or unspecified duodenal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.61	Chronic or unspecified duodenal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
532.7	Chronic duodenal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.70	Chronic duodenal ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
532.71	Chronic duodenal ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
532.9	Duodenal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.90	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
532.91	Duodenal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
533.0	Acute peptic ulcer, unspecified site, with hemorrhage	ICD-9-CM	Diagnosis
533.00	Acute peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
533.01	Acute peptic ulcer, unspecified site, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
533.1	Acute peptic ulcer, unspecified site, with perforation	ICD-9-CM	Diagnosis
533.10	Acute peptic ulcer, unspecified site, with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.11	Acute peptic ulcer, unspecified site, with perforation and obstruction	ICD-9-CM	Diagnosis
533.2	Acute peptic ulcer, unspecified site, with hemorrhage and perforation	ICD-9-CM	Diagnosis
533.20	Acute peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.21	Acute peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
533.3	Acute peptic ulcer, unspecified site, without mention of hemorrhage and perforation	ICD-9-CM	Diagnosis
533.30	Acute peptic ulcer, unspecified site, without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
533.31	Acute peptic ulcer, unspecified site, without mention of hemorrhage and perforation, with obstruction	ICD-9-CM	Diagnosis
533.4	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage	ICD-9-CM	Diagnosis
533.40	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
533.41	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and obstruction	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
533.5	Chronic or unspecified peptic ulcer, unspecified site, with perforation	ICD-9-CM	Diagnosis
533.50	Chronic or unspecified peptic ulcer, unspecified site, with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.51	Chronic or unspecified peptic ulcer, unspecified site, with perforation and obstruction	ICD-9-CM	Diagnosis
533.6	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation	ICD-9-CM	Diagnosis
533.60	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.61	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
533.7	Chronic peptic ulcer, unspecified site, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
533.70	Chronic peptic ulcer, unspecified site, without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
533.71	Chronic peptic ulcer of unspecified site without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
533.9	Peptic ulcer, unspecified site, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
533.90	Peptic ulcer, unspecified site, unspecified as acute or chronic, without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
533.91	Peptic ulcer, unspecified site, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
534.0	Acute gastrojejunal ulcer with hemorrhage	ICD-9-CM	Diagnosis
534.00	Acute gastrojejunal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
534.01	Acute gastrojejunal ulcer, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
534.1	Acute gastrojejunal ulcer with perforation	ICD-9-CM	Diagnosis
534.10	Acute gastrojejunal ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.11	Acute gastrojejunal ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
534.2	Acute gastrojejunal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
534.20	Acute gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.21	Acute gastrojejunal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
534.3	Acute gastrojejunal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.30	Acute gastrojejunal ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
534.31	Acute gastrojejunal ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
534.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage	ICD-9-CM	Diagnosis
534.40	Chronic or unspecified gastrojejunal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
534.41	Chronic or unspecified gastrojejunal ulcer, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
534.5	Chronic or unspecified gastrojejunal ulcer with perforation	ICD-9-CM	Diagnosis
534.50	Chronic or unspecified gastrojejunal ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.51	Chronic or unspecified gastrojejunal ulcer with perforation and obstruction	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
534.6	Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
534.60	Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.61	Chronic or unspecified gastrojejunal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
534.7	Chronic gastrojejunal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.70	Chronic gastrojejunal ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
534.71	Chronic gastrojejunal ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
534.9	Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.90	Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
534.91	Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
535.00	Acute gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.01	Acute gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.10	Atrophic gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.11	Atrophic gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.20	Gastric mucosal hypertrophy without mention of hemorrhage	ICD-9-CM	Diagnosis
535.21	Gastric mucosal hypertrophy with hemorrhage	ICD-9-CM	Diagnosis
535.30	Alcoholic gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.31	Alcoholic gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.40	Other specified gastritis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.41	Other specified gastritis with hemorrhage	ICD-9-CM	Diagnosis
535.50	Unspecified gastritis and gastroduodenitis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.51	Unspecified gastritis and gastroduodenitis with hemorrhage	ICD-9-CM	Diagnosis
535.60	Duodenitis without mention of hemorrhage	ICD-9-CM	Diagnosis
535.61	Duodenitis with hemorrhage	ICD-9-CM	Diagnosis
537.83	Angiodysplasia of stomach and duodenum with hemorrhage	ICD-9-CM	Diagnosis
562.00	Diverticulosis of small intestine (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.01	Diverticulitis of small intestine (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.02	Diverticulosis of small intestine with hemorrhage	ICD-9-CM	Diagnosis
562.03	Diverticulitis of small intestine with hemorrhage	ICD-9-CM	Diagnosis
562.10	Diverticulosis of colon (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.11	Diverticulitis of colon (without mention of hemorrhage)	ICD-9-CM	Diagnosis
562.12	Diverticulosis of colon with hemorrhage	ICD-9-CM	Diagnosis
562.13	Diverticulitis of colon with hemorrhage	ICD-9-CM	Diagnosis
568.81	Hemoperitoneum (nontraumatic)	ICD-9-CM	Diagnosis
569.3	Hemorrhage of rectum and anus	ICD-9-CM	Diagnosis
569.85	Angiodysplasia of intestine with hemorrhage	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
578.0	Hematemesis	ICD-9-CM	Diagnosis
578.1	Blood in stool	ICD-9-CM	Diagnosis
578.9	Hemorrhage of gastrointestinal tract, unspecified	ICD-9-CM	Diagnosis
593.81	Vascular disorders of kidney	ICD-9-CM	Diagnosis
599.7	Hematuria	ICD-9-CM	Diagnosis
599.70	Hematuria, unspecified	ICD-9-CM	Diagnosis
599.71	Gross hematuria	ICD-9-CM	Diagnosis
599.72	Microscopic hematuria	ICD-9-CM	Diagnosis
623.8	Other specified noninflammatory disorder of vagina	ICD-9-CM	Diagnosis
626.2	Excessive or frequent menstruation	ICD-9-CM	Diagnosis
626.6	Metrorrhagia	ICD-9-CM	Diagnosis
719.1	Hemarthrosis	ICD-9-CM	Diagnosis
719.10	Hemarthrosis, site unspecified	ICD-9-CM	Diagnosis
719.11	Hemarthrosis, shoulder region	ICD-9-CM	Diagnosis
719.12	Hemarthrosis, upper arm	ICD-9-CM	Diagnosis
719.13	Hemarthrosis, forearm	ICD-9-CM	Diagnosis
719.14	Hemarthrosis, hand	ICD-9-CM	Diagnosis
719.15	Hemarthrosis, pelvic region and thigh	ICD-9-CM	Diagnosis
719.16	Hemarthrosis, lower leg	ICD-9-CM	Diagnosis
719.17	Hemarthrosis, ankle and foot	ICD-9-CM	Diagnosis
719.18	Hemarthrosis, other specified site	ICD-9-CM	Diagnosis
719.19	Hemarthrosis, multiple sites	ICD-9-CM	Diagnosis
784.7	Epistaxis	ICD-9-CM	Diagnosis
784.8	Hemorrhage from throat	ICD-9-CM	Diagnosis
786.3	Hemoptysis	ICD-9-CM	Diagnosis
790.92	Abnormal coagulation profile	ICD-9-CM	Diagnosis
852.0	Subarachnoid hemorrhage following injury without mention of open intracranial wound	ICD-9-CM	Diagnosis
852.00	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, unspecified state of consciousness	ICD-9-CM	Diagnosis
852.01	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, no loss of consciousness	ICD-9-CM	Diagnosis
852.02	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, brief (less than 1 hour) loss of consciousness	ICD-9-CM	Diagnosis
852.03	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
852.04	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.05	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
852.06	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
852.09	Subarachnoid hemorrhage following injury, without mention of open intracranial wound, unspecified concussion	ICD-9-CM	Diagnosis
852.2	Subdural hemorrhage following injury without mention of open intracranial wound	ICD-9-CM	Diagnosis
852.20	Subdural hemorrhage following injury, without mention of open intracranial wound, unspecified state of consciousness	ICD-9-CM	Diagnosis
852.21	Subdural hemorrhage following injury, without mention of open intracranial wound, no loss of consciousness	ICD-9-CM	Diagnosis
852.22	Subdural hemorrhage following injury, without mention of open intracranial wound, brief (less than one hour) loss of consciousness	ICD-9-CM	Diagnosis
852.23	Subdural hemorrhage following injury, without mention of open intracranial wound, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
852.24	Subdural hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.25	Subdural hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.26	Subdural hemorrhage following injury, without mention of open intracranial wound, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis
852.29	Subdural hemorrhage following injury, without mention of open intracranial wound, unspecified concussion	ICD-9-CM	Diagnosis
852.4	Extradural hemorrhage following injury without mention of open intracranial wound	ICD-9-CM	Diagnosis
852.40	Extradural hemorrhage following injury, without mention of open intracranial wound, unspecified state of consciousness	ICD-9-CM	Diagnosis
852.41	Extradural hemorrhage following injury, without mention of open intracranial wound, no loss of consciousness	ICD-9-CM	Diagnosis
852.42	Extradural hemorrhage following injury, without mention of open intracranial wound, brief (less than 1 hour) loss of consciousness	ICD-9-CM	Diagnosis
852.43	Extradural hemorrhage following injury, without mention of open intracranial wound, moderate (1-24 hours) loss of consciousness	ICD-9-CM	Diagnosis
852.44	Extradural hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness and return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.45	Extradural hemorrhage following injury, without mention of open intracranial wound, prolonged (more than 24 hours) loss of consciousness, without return to pre-existing conscious level	ICD-9-CM	Diagnosis
852.46	Extradural hemorrhage following injury, without mention of open intracranial wound, loss of consciousness of unspecified duration	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
852.49	Extradural hemorrhage following injury, without mention of open intracranial wound, unspecified concussion	ICD-9-CM	Diagnosis
853.0	Other and unspecified intracranial hemorrhage following injury, without mention of open intracranial wound	ICD-9-CM	Diagnosis
D50.0	Iron deficiency anemia secondary to blood loss (chronic)	ICD-10-CM	Diagnosis
D62	Acute posthemorrhagic anemia	ICD-10-CM	Diagnosis
D64.9	Anemia, unspecified	ICD-10-CM	Diagnosis
I31.2	Hemopericardium, not elsewhere classified	ICD-10-CM	Diagnosis
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	ICD-10-CM	Diagnosis
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	ICD-10-CM	Diagnosis
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	ICD-10-CM	Diagnosis
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	ICD-10-CM	Diagnosis
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	ICD-10-CM	Diagnosis
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	ICD-10-CM	Diagnosis
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	ICD-10-CM	Diagnosis
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	ICD-10-CM	Diagnosis
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	ICD-10-CM	Diagnosis
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	ICD-10-CM	Diagnosis
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	ICD-10-CM	Diagnosis
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	ICD-10-CM	Diagnosis
I60.8	Other nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	ICD-10-CM	Diagnosis
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	ICD-10-CM	Diagnosis
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	ICD-10-CM	Diagnosis
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	ICD-10-CM	Diagnosis
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	ICD-10-CM	Diagnosis
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	ICD-10-CM	Diagnosis
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	ICD-10-CM	Diagnosis
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	ICD-10-CM	Diagnosis
I61.8	Other nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	ICD-10-CM	Diagnosis
I62.00	Nontraumatic subdural hemorrhage, unspecified	ICD-10-CM	Diagnosis
I62.01	Nontraumatic acute subdural hemorrhage	ICD-10-CM	Diagnosis
I62.02	Nontraumatic subacute subdural hemorrhage	ICD-10-CM	Diagnosis
I62.03	Nontraumatic chronic subdural hemorrhage	ICD-10-CM	Diagnosis
I62.1	Nontraumatic extradural hemorrhage	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I62.9	Nontraumatic intracranial hemorrhage, unspecified	ICD-10-CM	Diagnosis
I85.01	Esophageal varices with bleeding	ICD-10-CM	Diagnosis
I85.11	Secondary esophageal varices with bleeding	ICD-10-CM	Diagnosis
K20.0	Eosinophilic esophagitis	ICD-10-CM	Diagnosis
K20.8	Other esophagitis	ICD-10-CM	Diagnosis
K20.9	Esophagitis, unspecified	ICD-10-CM	Diagnosis
K21.0	Gastro-esophageal reflux disease with esophagitis	ICD-10-CM	Diagnosis
K22.6	Gastro-esophageal laceration-hemorrhage syndrome	ICD-10-CM	Diagnosis
K22.8	Other specified diseases of esophagus	ICD-10-CM	Diagnosis
K25.0	Acute gastric ulcer with hemorrhage	ICD-10-CM	Diagnosis
K25.1	Acute gastric ulcer with perforation	ICD-10-CM	Diagnosis
K25.2	Acute gastric ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K25.3	Acute gastric ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K25.4	Chronic or unspecified gastric ulcer with hemorrhage	ICD-10-CM	Diagnosis
K25.5	Chronic or unspecified gastric ulcer with perforation	ICD-10-CM	Diagnosis
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K25.7	Chronic gastric ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation	ICD-10-CM	Diagnosis
K26.0	Acute duodenal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K26.1	Acute duodenal ulcer with perforation	ICD-10-CM	Diagnosis
K26.2	Acute duodenal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K26.3	Acute duodenal ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K26.5	Chronic or unspecified duodenal ulcer with perforation	ICD-10-CM	Diagnosis
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K26.7	Chronic duodenal ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation	ICD-10-CM	Diagnosis
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage	ICD-10-CM	Diagnosis
K27.1	Acute peptic ulcer, site unspecified, with perforation	ICD-10-CM	Diagnosis
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation	ICD-10-CM	Diagnosis
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage	ICD-10-CM	Diagnosis
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation	ICD-10-CM	Diagnosis
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation	ICD-10-CM	Diagnosis
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation	ICD-10-CM	Diagnosis
K28.0	Acute gastrojejunal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K28.1	Acute gastrojejunal ulcer with perforation	ICD-10-CM	Diagnosis
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation	ICD-10-CM	Diagnosis
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K28.9	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation	ICD-10-CM	Diagnosis
K29.00	Acute gastritis without bleeding	ICD-10-CM	Diagnosis
K29.01	Acute gastritis with bleeding	ICD-10-CM	Diagnosis
K29.20	Alcoholic gastritis without bleeding	ICD-10-CM	Diagnosis
K29.21	Alcoholic gastritis with bleeding	ICD-10-CM	Diagnosis
K29.30	Chronic superficial gastritis without bleeding	ICD-10-CM	Diagnosis
K29.31	Chronic superficial gastritis with bleeding	ICD-10-CM	Diagnosis
K29.40	Chronic atrophic gastritis without bleeding	ICD-10-CM	Diagnosis
K29.41	Chronic atrophic gastritis with bleeding	ICD-10-CM	Diagnosis
K29.50	Unspecified chronic gastritis without bleeding	ICD-10-CM	Diagnosis
K29.51	Unspecified chronic gastritis with bleeding	ICD-10-CM	Diagnosis
K29.60	Other gastritis without bleeding	ICD-10-CM	Diagnosis
K29.61	Other gastritis with bleeding	ICD-10-CM	Diagnosis
K29.70	Gastritis, unspecified, without bleeding	ICD-10-CM	Diagnosis
K29.71	Gastritis, unspecified, with bleeding	ICD-10-CM	Diagnosis
K29.80	Duodenitis without bleeding	ICD-10-CM	Diagnosis
K29.81	Duodenitis with bleeding	ICD-10-CM	Diagnosis
K29.90	Gastroduodenitis, unspecified, without bleeding	ICD-10-CM	Diagnosis
K29.91	Gastroduodenitis, unspecified, with bleeding	ICD-10-CM	Diagnosis
K31.811	Angiodysplasia of stomach and duodenum with bleeding	ICD-10-CM	Diagnosis
K55.21	Angiodysplasia of colon with hemorrhage	ICD-10-CM	Diagnosis
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction	ICD-10-CM	Diagnosis
K57.00	Diverticulitis of small intestine with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.10	Diverticulosis of small intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.11	Diverticulosis of small intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.12	Diverticulitis of small intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.20	Diverticulitis of large intestine with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.30	Diverticulosis of large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.32	Diverticulitis of large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.40	Diverticulitis of both small and large intestine with perforation and abscess without bleeding	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.50	Diverticulosis of both small and large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.52	Diverticulitis of both small and large intestine without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.80	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding	ICD-10-CM	Diagnosis
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding	ICD-10-CM	Diagnosis
K57.90	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K57.92	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding	ICD-10-CM	Diagnosis
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding	ICD-10-CM	Diagnosis
K62.5	Hemorrhage of anus and rectum	ICD-10-CM	Diagnosis
K64.0	First degree hemorrhoids	ICD-10-CM	Diagnosis
K64.1	Second degree hemorrhoids	ICD-10-CM	Diagnosis
K64.2	Third degree hemorrhoids	ICD-10-CM	Diagnosis
K64.3	Fourth degree hemorrhoids	ICD-10-CM	Diagnosis
K64.4	Residual hemorrhoidal skin tags	ICD-10-CM	Diagnosis
K64.5	Perianal venous thrombosis	ICD-10-CM	Diagnosis
K64.8	Other hemorrhoids	ICD-10-CM	Diagnosis
K64.9	Unspecified hemorrhoids	ICD-10-CM	Diagnosis
K66.1	Hemoperitoneum	ICD-10-CM	Diagnosis
K92.0	Hematemesis	ICD-10-CM	Diagnosis
K92.1	Melena	ICD-10-CM	Diagnosis
K92.2	Gastrointestinal hemorrhage, unspecified	ICD-10-CM	Diagnosis
M25.00	Hemarthrosis, unspecified joint	ICD-10-CM	Diagnosis
M25.011	Hemarthrosis, right shoulder	ICD-10-CM	Diagnosis
M25.012	Hemarthrosis, left shoulder	ICD-10-CM	Diagnosis
M25.019	Hemarthrosis, unspecified shoulder	ICD-10-CM	Diagnosis
M25.021	Hemarthrosis, right elbow	ICD-10-CM	Diagnosis
M25.022	Hemarthrosis, left elbow	ICD-10-CM	Diagnosis
M25.029	Hemarthrosis, unspecified elbow	ICD-10-CM	Diagnosis
M25.031	Hemarthrosis, right wrist	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
M25.032	Hemarthrosis, left wrist	ICD-10-CM	Diagnosis
M25.039	Hemarthrosis, unspecified wrist	ICD-10-CM	Diagnosis
M25.041	Hemarthrosis, right hand	ICD-10-CM	Diagnosis
M25.042	Hemarthrosis, left hand	ICD-10-CM	Diagnosis
M25.049	Hemarthrosis, unspecified hand	ICD-10-CM	Diagnosis
M25.051	Hemarthrosis, right hip	ICD-10-CM	Diagnosis
M25.052	Hemarthrosis, left hip	ICD-10-CM	Diagnosis
M25.059	Hemarthrosis, unspecified hip	ICD-10-CM	Diagnosis
M25.061	Hemarthrosis, right knee	ICD-10-CM	Diagnosis
M25.062	Hemarthrosis, left knee	ICD-10-CM	Diagnosis
M25.069	Hemarthrosis, unspecified knee	ICD-10-CM	Diagnosis
M25.071	Hemarthrosis, right ankle	ICD-10-CM	Diagnosis
M25.072	Hemarthrosis, left ankle	ICD-10-CM	Diagnosis
M25.073	Hemarthrosis, unspecified ankle	ICD-10-CM	Diagnosis
M25.074	Hemarthrosis, right foot	ICD-10-CM	Diagnosis
M25.075	Hemarthrosis, left foot	ICD-10-CM	Diagnosis
M25.076	Hemarthrosis, unspecified foot	ICD-10-CM	Diagnosis
M25.08	Hemarthrosis, other specified site	ICD-10-CM	Diagnosis
N28.0	Ischemia and infarction of kidney	ICD-10-CM	Diagnosis
N89.8	Other specified noninflammatory disorders of vagina	ICD-10-CM	Diagnosis
N92.0	Excessive and frequent menstruation with regular cycle	ICD-10-CM	Diagnosis
N92.1	Excessive and frequent menstruation with irregular cycle	ICD-10-CM	Diagnosis
R04.0	Epistaxis	ICD-10-CM	Diagnosis
R04.1	Hemorrhage from throat	ICD-10-CM	Diagnosis
R31.0	Gross hematuria	ICD-10-CM	Diagnosis
R31.1	Benign essential microscopic hematuria	ICD-10-CM	Diagnosis
R31.21	Asymptomatic microscopic hematuria	ICD-10-CM	Diagnosis
R31.29	Other microscopic hematuria	ICD-10-CM	Diagnosis
R31.9	Hematuria, unspecified	ICD-10-CM	Diagnosis
R58	Hemorrhage, not elsewhere classified	ICD-10-CM	Diagnosis
R79.1	Abnormal coagulation profile	ICD-10-CM	Diagnosis
S06.4X0A	Epidural hemorrhage without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.4X1A	Epidural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.4X2A	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.4X3A	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.4X4A	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.4X5A	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S06.4X6A	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.4X7A	Epidural hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.4X8A	Epidural hemorrhage with loss of consciousness of any duration with death due to other causes prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.4X9A	Epidural hemorrhage with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.5X0A	Traumatic subdural hemorrhage without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.5X1A	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.5X2A	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.5X3A	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.5X4A	Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.5X5A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis
S06.5X6A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.5X7A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to brain injury before regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.5X8A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to other cause before regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.5X9A	Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
S06.6X0A	Traumatic subarachnoid hemorrhage without loss of consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.6X1A	Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, initial encounter	ICD-10-CM	Diagnosis
S06.6X2A	Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.6X3A	Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	ICD-10-CM	Diagnosis
S06.6X4A	Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter	ICD-10-CM	Diagnosis
S06.6X5A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S06.6X6A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	ICD-10-CM	Diagnosis
S06.6X7A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.6X8A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	ICD-10-CM	Diagnosis
S06.6X9A	Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, initial encounter	ICD-10-CM	Diagnosis
Hypercholesterolemia			
272.0	Pure hypercholesterolemia	ICD-9-CM	Diagnosis
272.2	Mixed hyperlipidemia	ICD-9-CM	Diagnosis
E78.00	Pure hypercholesterolemia, unspecified	ICD-10-CM	Diagnosis
E78.01	Familial hypercholesterolemia	ICD-10-CM	Diagnosis
E78.2	Mixed hyperlipidemia	ICD-10-CM	Diagnosis
Hypertension			
401	Essential hypertension	ICD-9-CM	Diagnosis
401.0	Essential hypertension, malignant	ICD-9-CM	Diagnosis
401.1	Essential hypertension, benign	ICD-9-CM	Diagnosis
401.9	Unspecified essential hypertension	ICD-9-CM	Diagnosis
402	Hypertensive heart disease	ICD-9-CM	Diagnosis
402.0	Malignant hypertensive heart disease	ICD-9-CM	Diagnosis
402.00	Malignant hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
402.01	Malignant hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.1	Benign hypertensive heart disease	ICD-9-CM	Diagnosis
402.10	Benign hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
402.11	Benign hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.9	Unspecified hypertensive heart disease	ICD-9-CM	Diagnosis
402.90	Unspecified hypertensive heart disease without heart failure	ICD-9-CM	Diagnosis
402.91	Hypertensive heart disease, unspecified, with heart failure	ICD-9-CM	Diagnosis
403	Hypertensive chronic kidney disease	ICD-9-CM	Diagnosis
403.0	Hypertensive chronic kidney disease, malignant	ICD-9-CM	Diagnosis
403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
403.1	Hypertensive chronic kidney disease, benign	ICD-9-CM	Diagnosis
403.10	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
403.9	Hypertensive chronic kidney disease, unspecified	ICD-9-CM	Diagnosis
403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404	Hypertensive heart and chronic kidney disease	ICD-9-CM	Diagnosis
404.0	Hypertensive heart and chronic kidney disease, malignant	ICD-9-CM	Diagnosis
404.00	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.02	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.1	Hypertensive heart and chronic kidney disease, benign	ICD-9-CM	Diagnosis
404.10	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.9	Hypertensive heart and chronic kidney disease, unspecified	ICD-9-CM	Diagnosis
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
405	Secondary hypertension	ICD-9-CM	Diagnosis
405.0	Secondary hypertension, malignant	ICD-9-CM	Diagnosis
405.01	Secondary renovascular hypertension, malignant	ICD-9-CM	Diagnosis
405.09	Other secondary hypertension, malignant	ICD-9-CM	Diagnosis
405.1	Secondary hypertension, benign	ICD-9-CM	Diagnosis
405.11	Secondary renovascular hypertension, benign	ICD-9-CM	Diagnosis
405.19	Other secondary hypertension, benign	ICD-9-CM	Diagnosis
405.9	Unspecified secondary hypertension, unspecified	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
405.91	Secondary renovascular hypertension, unspecified	ICD-9-CM	Diagnosis
405.99	Other secondary hypertension, unspecified	ICD-9-CM	Diagnosis
997.91	Hypertension	ICD-9-CM	Diagnosis
I10	Essential (primary) hypertension	ICD-10-CM	Diagnosis
I11.0	Hypertensive heart disease with heart failure	ICD-10-CM	Diagnosis
I11.9	Hypertensive heart disease without heart failure	ICD-10-CM	Diagnosis
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	ICD-10-CM	Diagnosis
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	ICD-10-CM	Diagnosis
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	ICD-10-CM	Diagnosis
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	ICD-10-CM	Diagnosis
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis
I15.0	Renovascular hypertension	ICD-10-CM	Diagnosis
I15.1	Hypertension secondary to other renal disorders	ICD-10-CM	Diagnosis
I15.2	Hypertension secondary to endocrine disorders	ICD-10-CM	Diagnosis
I15.8	Other secondary hypertension	ICD-10-CM	Diagnosis
I15.9	Secondary hypertension, unspecified	ICD-10-CM	Diagnosis
I16.0	Hypertensive urgency	ICD-10-CM	Diagnosis
I16.1	Hypertensive emergency	ICD-10-CM	Diagnosis
I16.9	Hypertensive crisis, unspecified	ICD-10-CM	Diagnosis
I97.3	Postprocedural hypertension	ICD-10-CM	Diagnosis
N26.2	Page kidney	ICD-10-CM	Diagnosis
Malignancy			
140	Malignant neoplasm of lip	ICD-9-CM	Diagnosis
140.0	Malignant neoplasm of upper lip, vermilion border	ICD-9-CM	Diagnosis
140.1	Malignant neoplasm of lower lip, vermilion border	ICD-9-CM	Diagnosis
140.3	Malignant neoplasm of upper lip, inner aspect	ICD-9-CM	Diagnosis
140.4	Malignant neoplasm of lower lip, inner aspect	ICD-9-CM	Diagnosis
140.5	Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower	ICD-9-CM	Diagnosis
140.6	Malignant neoplasm of commissure of lip	ICD-9-CM	Diagnosis
140.8	Malignant neoplasm of other sites of lip	ICD-9-CM	Diagnosis
140.9	Malignant neoplasm of lip, vermilion border, unspecified as to upper or lower	ICD-9-CM	Diagnosis
141	Malignant neoplasm of tongue	ICD-9-CM	Diagnosis
141.0	Malignant neoplasm of base of tongue	ICD-9-CM	Diagnosis
141.1	Malignant neoplasm of dorsal surface of tongue	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
141.2	Malignant neoplasm of tip and lateral border of tongue	ICD-9-CM	Diagnosis
141.3	Malignant neoplasm of ventral surface of tongue	ICD-9-CM	Diagnosis
141.4	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	ICD-9-CM	Diagnosis
141.5	Malignant neoplasm of junctional zone of tongue	ICD-9-CM	Diagnosis
141.6	Malignant neoplasm of lingual tonsil	ICD-9-CM	Diagnosis
141.8	Malignant neoplasm of other sites of tongue	ICD-9-CM	Diagnosis
141.9	Malignant neoplasm of tongue, unspecified site	ICD-9-CM	Diagnosis
142	Malignant neoplasm of major salivary glands	ICD-9-CM	Diagnosis
142.0	Malignant neoplasm of parotid gland	ICD-9-CM	Diagnosis
142.1	Malignant neoplasm of submandibular gland	ICD-9-CM	Diagnosis
142.2	Malignant neoplasm of sublingual gland	ICD-9-CM	Diagnosis
142.8	Malignant neoplasm of other major salivary glands	ICD-9-CM	Diagnosis
142.9	Malignant neoplasm of salivary gland, unspecified	ICD-9-CM	Diagnosis
143	Malignant neoplasm of gum	ICD-9-CM	Diagnosis
143.0	Malignant neoplasm of upper gum	ICD-9-CM	Diagnosis
143.1	Malignant neoplasm of lower gum	ICD-9-CM	Diagnosis
143.8	Malignant neoplasm of other sites of gum	ICD-9-CM	Diagnosis
143.9	Malignant neoplasm of gum, unspecified site	ICD-9-CM	Diagnosis
144	Malignant neoplasm of floor of mouth	ICD-9-CM	Diagnosis
144.0	Malignant neoplasm of anterior portion of floor of mouth	ICD-9-CM	Diagnosis
144.1	Malignant neoplasm of lateral portion of floor of mouth	ICD-9-CM	Diagnosis
144.8	Malignant neoplasm of other sites of floor of mouth	ICD-9-CM	Diagnosis
144.9	Malignant neoplasm of floor of mouth, part unspecified	ICD-9-CM	Diagnosis
145	Malignant neoplasm of other and unspecified parts of mouth	ICD-9-CM	Diagnosis
145.0	Malignant neoplasm of cheek mucosa	ICD-9-CM	Diagnosis
145.1	Malignant neoplasm of vestibule of mouth	ICD-9-CM	Diagnosis
145.2	Malignant neoplasm of hard palate	ICD-9-CM	Diagnosis
145.3	Malignant neoplasm of soft palate	ICD-9-CM	Diagnosis
145.4	Malignant neoplasm of uvula	ICD-9-CM	Diagnosis
145.5	Malignant neoplasm of palate, unspecified	ICD-9-CM	Diagnosis
145.6	Malignant neoplasm of retromolar area	ICD-9-CM	Diagnosis
145.8	Malignant neoplasm of other specified parts of mouth	ICD-9-CM	Diagnosis
145.9	Malignant neoplasm of mouth, unspecified site	ICD-9-CM	Diagnosis
146	Malignant neoplasm of oropharynx	ICD-9-CM	Diagnosis
146.0	Malignant neoplasm of tonsil	ICD-9-CM	Diagnosis
146.1	Malignant neoplasm of tonsillar fossa	ICD-9-CM	Diagnosis
146.2	Malignant neoplasm of tonsillar pillars (anterior) (posterior)	ICD-9-CM	Diagnosis
146.3	Malignant neoplasm of vallecula	ICD-9-CM	Diagnosis
146.4	Malignant neoplasm of anterior aspect of epiglottis	ICD-9-CM	Diagnosis
146.5	Malignant neoplasm of junctional region of oropharynx	ICD-9-CM	Diagnosis
146.6	Malignant neoplasm of lateral wall of oropharynx	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
146.7	Malignant neoplasm of posterior wall of oropharynx	ICD-9-CM	Diagnosis
146.8	Malignant neoplasm of other specified sites of oropharynx	ICD-9-CM	Diagnosis
146.9	Malignant neoplasm of oropharynx, unspecified site	ICD-9-CM	Diagnosis
147	Malignant neoplasm of nasopharynx	ICD-9-CM	Diagnosis
147.0	Malignant neoplasm of superior wall of nasopharynx	ICD-9-CM	Diagnosis
147.1	Malignant neoplasm of posterior wall of nasopharynx	ICD-9-CM	Diagnosis
147.2	Malignant neoplasm of lateral wall of nasopharynx	ICD-9-CM	Diagnosis
147.3	Malignant neoplasm of anterior wall of nasopharynx	ICD-9-CM	Diagnosis
147.8	Malignant neoplasm of other specified sites of nasopharynx	ICD-9-CM	Diagnosis
147.9	Malignant neoplasm of nasopharynx, unspecified site	ICD-9-CM	Diagnosis
148	Malignant neoplasm of hypopharynx	ICD-9-CM	Diagnosis
148.0	Malignant neoplasm of postcricoid region of hypopharynx	ICD-9-CM	Diagnosis
148.1	Malignant neoplasm of pyriform sinus	ICD-9-CM	Diagnosis
148.2	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	ICD-9-CM	Diagnosis
148.3	Malignant neoplasm of posterior hypopharyngeal wall	ICD-9-CM	Diagnosis
148.8	Malignant neoplasm of other specified sites of hypopharynx	ICD-9-CM	Diagnosis
148.9	Malignant neoplasm of hypopharynx, unspecified site	ICD-9-CM	Diagnosis
149	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx	ICD-9-CM	Diagnosis
149.0	Malignant neoplasm of pharynx, unspecified	ICD-9-CM	Diagnosis
149.1	Malignant neoplasm of Waldeyer's ring	ICD-9-CM	Diagnosis
149.8	Malignant neoplasm of other sites within the lip and oral cavity	ICD-9-CM	Diagnosis
149.9	Malignant neoplasm of ill-defined sites of lip and oral cavity	ICD-9-CM	Diagnosis
150	Malignant neoplasm of esophagus	ICD-9-CM	Diagnosis
150.0	Malignant neoplasm of cervical esophagus	ICD-9-CM	Diagnosis
150.1	Malignant neoplasm of thoracic esophagus	ICD-9-CM	Diagnosis
150.2	Malignant neoplasm of abdominal esophagus	ICD-9-CM	Diagnosis
150.3	Malignant neoplasm of upper third of esophagus	ICD-9-CM	Diagnosis
150.4	Malignant neoplasm of middle third of esophagus	ICD-9-CM	Diagnosis
150.5	Malignant neoplasm of lower third of esophagus	ICD-9-CM	Diagnosis
150.8	Malignant neoplasm of other specified part of esophagus	ICD-9-CM	Diagnosis
150.9	Malignant neoplasm of esophagus, unspecified site	ICD-9-CM	Diagnosis
151	Malignant neoplasm of stomach	ICD-9-CM	Diagnosis
151.0	Malignant neoplasm of cardia	ICD-9-CM	Diagnosis
151.1	Malignant neoplasm of pylorus	ICD-9-CM	Diagnosis
151.2	Malignant neoplasm of pyloric antrum	ICD-9-CM	Diagnosis
151.3	Malignant neoplasm of fundus of stomach	ICD-9-CM	Diagnosis
151.4	Malignant neoplasm of body of stomach	ICD-9-CM	Diagnosis
151.5	Malignant neoplasm of lesser curvature of stomach, unspecified	ICD-9-CM	Diagnosis
151.6	Malignant neoplasm of greater curvature of stomach, unspecified	ICD-9-CM	Diagnosis
151.8	Malignant neoplasm of other specified sites of stomach	ICD-9-CM	Diagnosis
151.9	Malignant neoplasm of stomach, unspecified site	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
152	Malignant neoplasm of small intestine, including duodenum	ICD-9-CM	Diagnosis
152.0	Malignant neoplasm of duodenum	ICD-9-CM	Diagnosis
152.1	Malignant neoplasm of jejunum	ICD-9-CM	Diagnosis
152.2	Malignant neoplasm of ileum	ICD-9-CM	Diagnosis
152.3	Malignant neoplasm of Meckel's diverticulum	ICD-9-CM	Diagnosis
152.8	Malignant neoplasm of other specified sites of small intestine	ICD-9-CM	Diagnosis
152.9	Malignant neoplasm of small intestine, unspecified site	ICD-9-CM	Diagnosis
153	Malignant neoplasm of colon	ICD-9-CM	Diagnosis
153.0	Malignant neoplasm of hepatic flexure	ICD-9-CM	Diagnosis
153.1	Malignant neoplasm of transverse colon	ICD-9-CM	Diagnosis
153.2	Malignant neoplasm of descending colon	ICD-9-CM	Diagnosis
153.3	Malignant neoplasm of sigmoid colon	ICD-9-CM	Diagnosis
153.4	Malignant neoplasm of cecum	ICD-9-CM	Diagnosis
153.5	Malignant neoplasm of appendix	ICD-9-CM	Diagnosis
153.6	Malignant neoplasm of ascending colon	ICD-9-CM	Diagnosis
153.7	Malignant neoplasm of splenic flexure	ICD-9-CM	Diagnosis
153.8	Malignant neoplasm of other specified sites of large intestine	ICD-9-CM	Diagnosis
153.9	Malignant neoplasm of colon, unspecified site	ICD-9-CM	Diagnosis
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus	ICD-9-CM	Diagnosis
154.0	Malignant neoplasm of rectosigmoid junction	ICD-9-CM	Diagnosis
154.1	Malignant neoplasm of rectum	ICD-9-CM	Diagnosis
154.2	Malignant neoplasm of anal canal	ICD-9-CM	Diagnosis
154.3	Malignant neoplasm of anus, unspecified site	ICD-9-CM	Diagnosis
154.8	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus	ICD-9-CM	Diagnosis
155	Malignant neoplasm of liver and intrahepatic bile ducts	ICD-9-CM	Diagnosis
155.0	Malignant neoplasm of liver, primary	ICD-9-CM	Diagnosis
155.1	Malignant neoplasm of intrahepatic bile ducts	ICD-9-CM	Diagnosis
155.2	Malignant neoplasm of liver, not specified as primary or secondary	ICD-9-CM	Diagnosis
156	Malignant neoplasm of gallbladder and extrahepatic bile ducts	ICD-9-CM	Diagnosis
156.0	Malignant neoplasm of gallbladder	ICD-9-CM	Diagnosis
156.1	Malignant neoplasm of extrahepatic bile ducts	ICD-9-CM	Diagnosis
156.2	Malignant neoplasm of ampulla of Vater	ICD-9-CM	Diagnosis
156.8	Malignant neoplasm of other specified sites of gallbladder and extrahepatic bile ducts	ICD-9-CM	Diagnosis
156.9	Malignant neoplasm of biliary tract, part unspecified site	ICD-9-CM	Diagnosis
157	Malignant neoplasm of pancreas	ICD-9-CM	Diagnosis
157.0	Malignant neoplasm of head of pancreas	ICD-9-CM	Diagnosis
157.1	Malignant neoplasm of body of pancreas	ICD-9-CM	Diagnosis
157.2	Malignant neoplasm of tail of pancreas	ICD-9-CM	Diagnosis
157.3	Malignant neoplasm of pancreatic duct	ICD-9-CM	Diagnosis
157.4	Malignant neoplasm of islets of Langerhans	ICD-9-CM	Diagnosis
157.8	Malignant neoplasm of other specified sites of pancreas	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
157.9	Malignant neoplasm of pancreas, part unspecified	ICD-9-CM	Diagnosis
158	Malignant neoplasm of retroperitoneum and peritoneum	ICD-9-CM	Diagnosis
158.0	Malignant neoplasm of retroperitoneum	ICD-9-CM	Diagnosis
158.8	Malignant neoplasm of specified parts of peritoneum	ICD-9-CM	Diagnosis
158.9	Malignant neoplasm of peritoneum, unspecified	ICD-9-CM	Diagnosis
159	Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum	ICD-9-CM	Diagnosis
159.0	Malignant neoplasm of intestinal tract, part unspecified	ICD-9-CM	Diagnosis
159.1	Malignant neoplasm of spleen, not elsewhere classified	ICD-9-CM	Diagnosis
159.8	Malignant neoplasm of other sites of digestive system and intra-abdominal organs	ICD-9-CM	Diagnosis
159.9	Malignant neoplasm of ill-defined sites of digestive organs and peritoneum	ICD-9-CM	Diagnosis
160	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses	ICD-9-CM	Diagnosis
160.0	Malignant neoplasm of nasal cavities	ICD-9-CM	Diagnosis
160.1	Malignant neoplasm of auditory tube, middle ear, and mastoid air cells	ICD-9-CM	Diagnosis
160.2	Malignant neoplasm of maxillary sinus	ICD-9-CM	Diagnosis
160.3	Malignant neoplasm of ethmoidal sinus	ICD-9-CM	Diagnosis
160.4	Malignant neoplasm of frontal sinus	ICD-9-CM	Diagnosis
160.5	Malignant neoplasm of sphenoidal sinus	ICD-9-CM	Diagnosis
160.8	Malignant neoplasm of other sites of nasal cavities, middle ear, and accessory sinuses	ICD-9-CM	Diagnosis
160.9	Malignant neoplasm of site of nasal cavities, middle ear, and accessory sinus, unspecified site	ICD-9-CM	Diagnosis
161	Malignant neoplasm of larynx	ICD-9-CM	Diagnosis
161.0	Malignant neoplasm of glottis	ICD-9-CM	Diagnosis
161.1	Malignant neoplasm of supraglottis	ICD-9-CM	Diagnosis
161.2	Malignant neoplasm of subglottis	ICD-9-CM	Diagnosis
161.3	Malignant neoplasm of laryngeal cartilages	ICD-9-CM	Diagnosis
161.8	Malignant neoplasm of other specified sites of larynx	ICD-9-CM	Diagnosis
161.9	Malignant neoplasm of larynx, unspecified site	ICD-9-CM	Diagnosis
162	Malignant neoplasm of trachea, bronchus, and lung	ICD-9-CM	Diagnosis
162.0	Malignant neoplasm of trachea	ICD-9-CM	Diagnosis
162.2	Malignant neoplasm of main bronchus	ICD-9-CM	Diagnosis
162.3	Malignant neoplasm of upper lobe, bronchus, or lung	ICD-9-CM	Diagnosis
162.4	Malignant neoplasm of middle lobe, bronchus, or lung	ICD-9-CM	Diagnosis
162.5	Malignant neoplasm of lower lobe, bronchus, or lung	ICD-9-CM	Diagnosis
162.8	Malignant neoplasm of other parts of bronchus or lung	ICD-9-CM	Diagnosis
162.9	Malignant neoplasm of bronchus and lung, unspecified site	ICD-9-CM	Diagnosis
163	Malignant neoplasm of pleura	ICD-9-CM	Diagnosis
163.0	Malignant neoplasm of parietal pleura	ICD-9-CM	Diagnosis
163.1	Malignant neoplasm of visceral pleura	ICD-9-CM	Diagnosis
163.8	Malignant neoplasm of other specified sites of pleura	ICD-9-CM	Diagnosis
163.9	Malignant neoplasm of pleura, unspecified site	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
164	Malignant neoplasm of thymus, heart, and mediastinum	ICD-9-CM	Diagnosis
164.0	Malignant neoplasm of thymus	ICD-9-CM	Diagnosis
164.1	Malignant neoplasm of heart	ICD-9-CM	Diagnosis
164.2	Malignant neoplasm of anterior mediastinum	ICD-9-CM	Diagnosis
164.3	Malignant neoplasm of posterior mediastinum	ICD-9-CM	Diagnosis
164.8	Malignant neoplasm of other parts of mediastinum	ICD-9-CM	Diagnosis
164.9	Malignant neoplasm of mediastinum, part unspecified	ICD-9-CM	Diagnosis
165	Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs	ICD-9-CM	Diagnosis
165.0	Malignant neoplasm of upper respiratory tract, part unspecified	ICD-9-CM	Diagnosis
165.8	Malignant neoplasm of other sites within the respiratory system and intrathoracic organs	ICD-9-CM	Diagnosis
165.9	Malignant neoplasm of ill-defined sites within the respiratory system	ICD-9-CM	Diagnosis
170	Malignant neoplasm of bone and articular cartilage	ICD-9-CM	Diagnosis
170.0	Malignant neoplasm of bones of skull and face, except mandible	ICD-9-CM	Diagnosis
170.1	Malignant neoplasm of mandible	ICD-9-CM	Diagnosis
170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx	ICD-9-CM	Diagnosis
170.3	Malignant neoplasm of ribs, sternum, and clavicle	ICD-9-CM	Diagnosis
170.4	Malignant neoplasm of scapula and long bones of upper limb	ICD-9-CM	Diagnosis
170.5	Malignant neoplasm of short bones of upper limb	ICD-9-CM	Diagnosis
170.6	Malignant neoplasm of pelvic bones, sacrum, and coccyx	ICD-9-CM	Diagnosis
170.7	Malignant neoplasm of long bones of lower limb	ICD-9-CM	Diagnosis
170.8	Malignant neoplasm of short bones of lower limb	ICD-9-CM	Diagnosis
170.9	Malignant neoplasm of bone and articular cartilage, site unspecified	ICD-9-CM	Diagnosis
171	Malignant neoplasm of connective and other soft tissue	ICD-9-CM	Diagnosis
171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck	ICD-9-CM	Diagnosis
171.2	Malignant neoplasm of connective and other soft tissue of upper limb, including shoulder	ICD-9-CM	Diagnosis
171.3	Malignant neoplasm of connective and other soft tissue of lower limb, including hip	ICD-9-CM	Diagnosis
171.4	Malignant neoplasm of connective and other soft tissue of thorax	ICD-9-CM	Diagnosis
171.5	Malignant neoplasm of connective and other soft tissue of abdomen	ICD-9-CM	Diagnosis
171.6	Malignant neoplasm of connective and other soft tissue of pelvis	ICD-9-CM	Diagnosis
171.7	Malignant neoplasm of connective and other soft tissue of trunk, unspecified site	ICD-9-CM	Diagnosis
171.8	Malignant neoplasm of other specified sites of connective and other soft tissue	ICD-9-CM	Diagnosis
171.9	Malignant neoplasm of connective and other soft tissue, site unspecified	ICD-9-CM	Diagnosis
172	Malignant melanoma of skin	ICD-9-CM	Diagnosis
172.0	Malignant melanoma of skin of lip	ICD-9-CM	Diagnosis
172.1	Malignant melanoma of skin of eyelid, including canthus	ICD-9-CM	Diagnosis
172.2	Malignant melanoma of skin of ear and external auditory canal	ICD-9-CM	Diagnosis
172.3	Malignant melanoma of skin of other and unspecified parts of face	ICD-9-CM	Diagnosis
172.4	Malignant melanoma of skin of scalp and neck	ICD-9-CM	Diagnosis
172.5	Malignant melanoma of skin of trunk, except scrotum	ICD-9-CM	Diagnosis
172.6	Malignant melanoma of skin of upper limb, including shoulder	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
172.7	Malignant melanoma of skin of lower limb, including hip	ICD-9-CM	Diagnosis
172.8	Malignant melanoma of other specified sites of skin	ICD-9-CM	Diagnosis
172.9	Melanoma of skin, site unspecified	ICD-9-CM	Diagnosis
174	Malignant neoplasm of female breast	ICD-9-CM	Diagnosis
174.0	Malignant neoplasm of nipple and areola of female breast	ICD-9-CM	Diagnosis
174.1	Malignant neoplasm of central portion of female breast	ICD-9-CM	Diagnosis
174.2	Malignant neoplasm of upper-inner quadrant of female breast	ICD-9-CM	Diagnosis
174.3	Malignant neoplasm of lower-inner quadrant of female breast	ICD-9-CM	Diagnosis
174.4	Malignant neoplasm of upper-outer quadrant of female breast	ICD-9-CM	Diagnosis
174.5	Malignant neoplasm of lower-outer quadrant of female breast	ICD-9-CM	Diagnosis
174.6	Malignant neoplasm of axillary tail of female breast	ICD-9-CM	Diagnosis
174.8	Malignant neoplasm of other specified sites of female breast	ICD-9-CM	Diagnosis
174.9	Malignant neoplasm of breast (female), unspecified site	ICD-9-CM	Diagnosis
175	Malignant neoplasm of male breast	ICD-9-CM	Diagnosis
175.0	Malignant neoplasm of nipple and areola of male breast	ICD-9-CM	Diagnosis
175.9	Malignant neoplasm of other and unspecified sites of male breast	ICD-9-CM	Diagnosis
176	Kaposi's sarcoma	ICD-9-CM	Diagnosis
176.0	Kaposi's sarcoma of skin	ICD-9-CM	Diagnosis
176.1	Kaposi's sarcoma of soft tissue	ICD-9-CM	Diagnosis
176.2	Kaposi's sarcoma of palate	ICD-9-CM	Diagnosis
176.3	Kaposi's sarcoma of gastrointestinal sites	ICD-9-CM	Diagnosis
176.4	Kaposi's sarcoma of lung	ICD-9-CM	Diagnosis
176.5	Kaposi's sarcoma of lymph nodes	ICD-9-CM	Diagnosis
176.8	Kaposi's sarcoma of other specified sites	ICD-9-CM	Diagnosis
176.9	Kaposi's sarcoma of unspecified site	ICD-9-CM	Diagnosis
179	Malignant neoplasm of uterus, part unspecified	ICD-9-CM	Diagnosis
180	Malignant neoplasm of cervix uteri	ICD-9-CM	Diagnosis
180.0	Malignant neoplasm of endocervix	ICD-9-CM	Diagnosis
180.1	Malignant neoplasm of exocervix	ICD-9-CM	Diagnosis
180.8	Malignant neoplasm of other specified sites of cervix	ICD-9-CM	Diagnosis
180.9	Malignant neoplasm of cervix uteri, unspecified site	ICD-9-CM	Diagnosis
181	Malignant neoplasm of placenta	ICD-9-CM	Diagnosis
182	Malignant neoplasm of body of uterus	ICD-9-CM	Diagnosis
182.0	Malignant neoplasm of corpus uteri, except isthmus	ICD-9-CM	Diagnosis
182.1	Malignant neoplasm of isthmus	ICD-9-CM	Diagnosis
182.8	Malignant neoplasm of other specified sites of body of uterus	ICD-9-CM	Diagnosis
183	Malignant neoplasm of ovary and other uterine adnexa	ICD-9-CM	Diagnosis
183.0	Malignant neoplasm of ovary	ICD-9-CM	Diagnosis
183.2	Malignant neoplasm of fallopian tube	ICD-9-CM	Diagnosis
183.3	Malignant neoplasm of broad ligament of uterus	ICD-9-CM	Diagnosis
183.4	Malignant neoplasm of parametrium of uterus	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
183.5	Malignant neoplasm of round ligament of uterus	ICD-9-CM	Diagnosis
183.8	Malignant neoplasm of other specified sites of uterine adnexa	ICD-9-CM	Diagnosis
183.9	Malignant neoplasm of uterine adnexa, unspecified site	ICD-9-CM	Diagnosis
184	Malignant neoplasm of other and unspecified female genital organs	ICD-9-CM	Diagnosis
184.0	Malignant neoplasm of vagina	ICD-9-CM	Diagnosis
184.1	Malignant neoplasm of labia majora	ICD-9-CM	Diagnosis
184.2	Malignant neoplasm of labia minora	ICD-9-CM	Diagnosis
184.3	Malignant neoplasm of clitoris	ICD-9-CM	Diagnosis
184.4	Malignant neoplasm of vulva, unspecified site	ICD-9-CM	Diagnosis
184.8	Malignant neoplasm of other specified sites of female genital organs	ICD-9-CM	Diagnosis
184.9	Malignant neoplasm of female genital organ, site unspecified	ICD-9-CM	Diagnosis
185	Malignant neoplasm of prostate	ICD-9-CM	Diagnosis
186	Malignant neoplasm of testis	ICD-9-CM	Diagnosis
186.0	Malignant neoplasm of undescended testis	ICD-9-CM	Diagnosis
186.9	Malignant neoplasm of other and unspecified testis	ICD-9-CM	Diagnosis
187	Malignant neoplasm of penis and other male genital organs	ICD-9-CM	Diagnosis
187.1	Malignant neoplasm of prepuce	ICD-9-CM	Diagnosis
187.2	Malignant neoplasm of glans penis	ICD-9-CM	Diagnosis
187.3	Malignant neoplasm of body of penis	ICD-9-CM	Diagnosis
187.4	Malignant neoplasm of penis, part unspecified	ICD-9-CM	Diagnosis
187.5	Malignant neoplasm of epididymis	ICD-9-CM	Diagnosis
187.6	Malignant neoplasm of spermatic cord	ICD-9-CM	Diagnosis
187.7	Malignant neoplasm of scrotum	ICD-9-CM	Diagnosis
187.8	Malignant neoplasm of other specified sites of male genital organs	ICD-9-CM	Diagnosis
187.9	Malignant neoplasm of male genital organ, site unspecified	ICD-9-CM	Diagnosis
188	Malignant neoplasm of bladder	ICD-9-CM	Diagnosis
188.0	Malignant neoplasm of trigone of urinary bladder	ICD-9-CM	Diagnosis
188.1	Malignant neoplasm of dome of urinary bladder	ICD-9-CM	Diagnosis
188.2	Malignant neoplasm of lateral wall of urinary bladder	ICD-9-CM	Diagnosis
188.3	Malignant neoplasm of anterior wall of urinary bladder	ICD-9-CM	Diagnosis
188.4	Malignant neoplasm of posterior wall of urinary bladder	ICD-9-CM	Diagnosis
188.5	Malignant neoplasm of bladder neck	ICD-9-CM	Diagnosis
188.6	Malignant neoplasm of ureteric orifice	ICD-9-CM	Diagnosis
188.7	Malignant neoplasm of urachus	ICD-9-CM	Diagnosis
188.8	Malignant neoplasm of other specified sites of bladder	ICD-9-CM	Diagnosis
188.9	Malignant neoplasm of bladder, part unspecified	ICD-9-CM	Diagnosis
189	Malignant neoplasm of kidney and other and unspecified urinary organs	ICD-9-CM	Diagnosis
189.0	Malignant neoplasm of kidney, except pelvis	ICD-9-CM	Diagnosis
189.1	Malignant neoplasm of renal pelvis	ICD-9-CM	Diagnosis
189.2	Malignant neoplasm of ureter	ICD-9-CM	Diagnosis
189.3	Malignant neoplasm of urethra	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
189.4	Malignant neoplasm of paraurethral glands	ICD-9-CM	Diagnosis
189.8	Malignant neoplasm of other specified sites of urinary organs	ICD-9-CM	Diagnosis
189.9	Malignant neoplasm of urinary organ, site unspecified	ICD-9-CM	Diagnosis
190	Malignant neoplasm of eye	ICD-9-CM	Diagnosis
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	ICD-9-CM	Diagnosis
190.1	Malignant neoplasm of orbit	ICD-9-CM	Diagnosis
190.2	Malignant neoplasm of lacrimal gland	ICD-9-CM	Diagnosis
190.3	Malignant neoplasm of conjunctiva	ICD-9-CM	Diagnosis
190.4	Malignant neoplasm of cornea	ICD-9-CM	Diagnosis
190.5	Malignant neoplasm of retina	ICD-9-CM	Diagnosis
190.6	Malignant neoplasm of choroid	ICD-9-CM	Diagnosis
190.7	Malignant neoplasm of lacrimal duct	ICD-9-CM	Diagnosis
190.8	Malignant neoplasm of other specified sites of eye	ICD-9-CM	Diagnosis
190.9	Malignant neoplasm of eye, part unspecified	ICD-9-CM	Diagnosis
191	Malignant neoplasm of brain	ICD-9-CM	Diagnosis
191.0	Malignant neoplasm of cerebrum, except lobes and ventricles	ICD-9-CM	Diagnosis
191.1	Malignant neoplasm of frontal lobe of brain	ICD-9-CM	Diagnosis
191.2	Malignant neoplasm of temporal lobe of brain	ICD-9-CM	Diagnosis
191.3	Malignant neoplasm of parietal lobe of brain	ICD-9-CM	Diagnosis
191.4	Malignant neoplasm of occipital lobe of brain	ICD-9-CM	Diagnosis
191.5	Malignant neoplasm of ventricles of brain	ICD-9-CM	Diagnosis
191.6	Malignant neoplasm of cerebellum NOS	ICD-9-CM	Diagnosis
191.7	Malignant neoplasm of brain stem	ICD-9-CM	Diagnosis
191.8	Malignant neoplasm of other parts of brain	ICD-9-CM	Diagnosis
191.9	Malignant neoplasm of brain, unspecified site	ICD-9-CM	Diagnosis
192	Malignant neoplasm of other and unspecified parts of nervous system	ICD-9-CM	Diagnosis
192.0	Malignant neoplasm of cranial nerves	ICD-9-CM	Diagnosis
192.1	Malignant neoplasm of cerebral meninges	ICD-9-CM	Diagnosis
192.2	Malignant neoplasm of spinal cord	ICD-9-CM	Diagnosis
192.3	Malignant neoplasm of spinal meninges	ICD-9-CM	Diagnosis
192.8	Malignant neoplasm of other specified sites of nervous system	ICD-9-CM	Diagnosis
192.9	Malignant neoplasm of nervous system, part unspecified	ICD-9-CM	Diagnosis
193	Malignant neoplasm of thyroid gland	ICD-9-CM	Diagnosis
194	Malignant neoplasm of other endocrine glands and related structures	ICD-9-CM	Diagnosis
194.0	Malignant neoplasm of adrenal gland	ICD-9-CM	Diagnosis
194.1	Malignant neoplasm of parathyroid gland	ICD-9-CM	Diagnosis
194.3	Malignant neoplasm of pituitary gland and craniopharyngeal duct	ICD-9-CM	Diagnosis
194.4	Malignant neoplasm of pineal gland	ICD-9-CM	Diagnosis
194.5	Malignant neoplasm of carotid body	ICD-9-CM	Diagnosis
194.6	Malignant neoplasm of aortic body and other paraganglia	ICD-9-CM	Diagnosis
194.8	Malignant neoplasm of other endocrine glands and related structures	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
194.9	Malignant neoplasm of endocrine gland, site unspecified	ICD-9-CM	Diagnosis
195	Malignant neoplasm of other and ill-defined sites	ICD-9-CM	Diagnosis
195.0	Malignant neoplasm of head, face, and neck	ICD-9-CM	Diagnosis
195.1	Malignant neoplasm of thorax	ICD-9-CM	Diagnosis
195.2	Malignant neoplasm of abdomen	ICD-9-CM	Diagnosis
195.3	Malignant neoplasm of pelvis	ICD-9-CM	Diagnosis
195.4	Malignant neoplasm of upper limb	ICD-9-CM	Diagnosis
195.5	Malignant neoplasm of lower limb	ICD-9-CM	Diagnosis
195.8	Malignant neoplasm of other specified sites	ICD-9-CM	Diagnosis
196	Secondary and unspecified malignant neoplasm of lymph nodes	ICD-9-CM	Diagnosis
196.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck	ICD-9-CM	Diagnosis
196.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	ICD-9-CM	Diagnosis
196.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	ICD-9-CM	Diagnosis
196.3	Secondary and unspecified malignant neoplasm of lymph nodes of axilla and upper limb	ICD-9-CM	Diagnosis
196.5	Secondary and unspecified malignant neoplasm of lymph nodes of inguinal region and lower limb	ICD-9-CM	Diagnosis
196.6	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	ICD-9-CM	Diagnosis
196.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple sites	ICD-9-CM	Diagnosis
196.9	Secondary and unspecified malignant neoplasm of lymph nodes, site unspecified	ICD-9-CM	Diagnosis
197	Secondary malignant neoplasm of respiratory and digestive systems	ICD-9-CM	Diagnosis
197.0	Secondary malignant neoplasm of lung	ICD-9-CM	Diagnosis
197.1	Secondary malignant neoplasm of mediastinum	ICD-9-CM	Diagnosis
197.2	Secondary malignant neoplasm of pleura	ICD-9-CM	Diagnosis
197.3	Secondary malignant neoplasm of other respiratory organs	ICD-9-CM	Diagnosis
197.4	Secondary malignant neoplasm of small intestine including duodenum	ICD-9-CM	Diagnosis
197.5	Secondary malignant neoplasm of large intestine and rectum	ICD-9-CM	Diagnosis
197.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	ICD-9-CM	Diagnosis
197.7	Secondary malignant neoplasm of liver	ICD-9-CM	Diagnosis
197.8	Secondary malignant neoplasm of other digestive organs and spleen	ICD-9-CM	Diagnosis
198	Secondary malignant neoplasm of other specified sites	ICD-9-CM	Diagnosis
198.0	Secondary malignant neoplasm of kidney	ICD-9-CM	Diagnosis
198.1	Secondary malignant neoplasm of other urinary organs	ICD-9-CM	Diagnosis
198.2	Secondary malignant neoplasm of skin	ICD-9-CM	Diagnosis
198.3	Secondary malignant neoplasm of brain and spinal cord	ICD-9-CM	Diagnosis
198.4	Secondary malignant neoplasm of other parts of nervous system	ICD-9-CM	Diagnosis
198.5	Secondary malignant neoplasm of bone and bone marrow	ICD-9-CM	Diagnosis
198.6	Secondary malignant neoplasm of ovary	ICD-9-CM	Diagnosis
198.7	Secondary malignant neoplasm of adrenal gland	ICD-9-CM	Diagnosis
198.8	Secondary malignant neoplasm of other specified sites	ICD-9-CM	Diagnosis
198.81	Secondary malignant neoplasm of breast	ICD-9-CM	Diagnosis
198.82	Secondary malignant neoplasm of genital organs	ICD-9-CM	Diagnosis

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

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

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

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

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

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

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

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

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Code	Description	Code Type	Code Category
204.21	Subacute lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.22	Subacute lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.8	Other lymphoid leukemia	ICD-9-CM	Diagnosis
204.80	Other lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.81	Other lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.82	Other lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
204.9	Unspecified lymphoid leukemia	ICD-9-CM	Diagnosis
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
204.91	Unspecified lymphoid leukemia in remission	ICD-9-CM	Diagnosis
204.92	Unspecified lymphoid leukemia, in relapse	ICD-9-CM	Diagnosis
205	Myeloid leukemia	ICD-9-CM	Diagnosis
205.0	Acute myeloid leukemia	ICD-9-CM	Diagnosis
205.00	Acute myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.01	Acute myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.02	Acute myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.1	Chronic myeloid leukemia	ICD-9-CM	Diagnosis
205.10	Chronic myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.11	Chronic myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.12	Chronic myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.2	Subacute myeloid leukemia	ICD-9-CM	Diagnosis
205.20	Subacute myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.21	Subacute myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.22	Subacute myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.3	Myeloid sarcoma	ICD-9-CM	Diagnosis
205.30	Myeloid sarcoma, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.31	Myeloid sarcoma in remission	ICD-9-CM	Diagnosis
205.32	Myeloid sarcoma, in relapse	ICD-9-CM	Diagnosis
205.8	Other myeloid leukemia	ICD-9-CM	Diagnosis
205.80	Other myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.81	Other myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.82	Other myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
205.9	Unspecified myeloid leukemia	ICD-9-CM	Diagnosis
205.90	Unspecified myeloid leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
205.91	Unspecified myeloid leukemia in remission	ICD-9-CM	Diagnosis
205.92	Unspecified myeloid leukemia, in relapse	ICD-9-CM	Diagnosis
206	Monocytic leukemia	ICD-9-CM	Diagnosis
206.0	Acute monocytic leukemia	ICD-9-CM	Diagnosis
206.00	Acute monocytic leukemia, without mention of having achieved remission	ICD-9-CM	Diagnosis
206.01	Acute monocytic leukemia in remission	ICD-9-CM	Diagnosis
206.02	Acute monocytic leukemia, in relapse	ICD-9-CM	Diagnosis
206.1	Chronic monocytic leukemia	ICD-9-CM	Diagnosis

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

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

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

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Code	Description	Code Type	Code Category
230.4	Carcinoma in situ of rectum	ICD-9-CM	Diagnosis
230.5	Carcinoma in situ of anal canal	ICD-9-CM	Diagnosis
230.6	Carcinoma in situ of anus, unspecified	ICD-9-CM	Diagnosis
230.7	Carcinoma in situ of other and unspecified parts of intestine	ICD-9-CM	Diagnosis
230.8	Carcinoma in situ of liver and biliary system	ICD-9-CM	Diagnosis
230.9	Carcinoma in situ of other and unspecified digestive organs	ICD-9-CM	Diagnosis
231	Carcinoma in situ of respiratory system	ICD-9-CM	Diagnosis
231.0	Carcinoma in situ of larynx	ICD-9-CM	Diagnosis
231.1	Carcinoma in situ of trachea	ICD-9-CM	Diagnosis
231.2	Carcinoma in situ of bronchus and lung	ICD-9-CM	Diagnosis
231.8	Carcinoma in situ of other specified parts of respiratory system	ICD-9-CM	Diagnosis
231.9	Carcinoma in situ of respiratory system, part unspecified	ICD-9-CM	Diagnosis
233	Carcinoma in situ of breast and genitourinary system	ICD-9-CM	Diagnosis
233.0	Carcinoma in situ of breast	ICD-9-CM	Diagnosis
233.1	Carcinoma in situ of cervix uteri	ICD-9-CM	Diagnosis
233.2	Carcinoma in situ of other and unspecified parts of uterus	ICD-9-CM	Diagnosis
233.3	Carcinoma in situ, other and unspecified female genital organs	ICD-9-CM	Diagnosis
233.30	Carcinoma in situ, unspecified female genital organ	ICD-9-CM	Diagnosis
233.31	Carcinoma in situ, vagina	ICD-9-CM	Diagnosis
233.32	Carcinoma in situ, vulva	ICD-9-CM	Diagnosis
233.39	Carcinoma in situ, other female genital organ	ICD-9-CM	Diagnosis
233.4	Carcinoma in situ of prostate	ICD-9-CM	Diagnosis
233.5	Carcinoma in situ of penis	ICD-9-CM	Diagnosis
233.6	Carcinoma in situ of other and unspecified male genital organs	ICD-9-CM	Diagnosis
233.7	Carcinoma in situ of bladder	ICD-9-CM	Diagnosis
233.9	Carcinoma in situ of other and unspecified urinary organs	ICD-9-CM	Diagnosis
234	Carcinoma in situ of other and unspecified sites	ICD-9-CM	Diagnosis
234.0	Carcinoma in situ of eye	ICD-9-CM	Diagnosis
234.8	Carcinoma in situ of other specified sites	ICD-9-CM	Diagnosis
234.9	Carcinoma in situ, site unspecified	ICD-9-CM	Diagnosis
235	Neoplasm of uncertain behavior of digestive and respiratory systems	ICD-9-CM	Diagnosis
235.0	Neoplasm of uncertain behavior of major salivary glands	ICD-9-CM	Diagnosis
235.1	Neoplasm of uncertain behavior of lip, oral cavity, and pharynx	ICD-9-CM	Diagnosis
235.2	Neoplasm of uncertain behavior of stomach, intestines, and rectum	ICD-9-CM	Diagnosis
235.3	Neoplasm of uncertain behavior of liver and biliary passages	ICD-9-CM	Diagnosis
235.4	Neoplasm of uncertain behavior of retroperitoneum and peritoneum	ICD-9-CM	Diagnosis
235.5	Neoplasm of uncertain behavior of other and unspecified digestive organs	ICD-9-CM	Diagnosis
235.6	Neoplasm of uncertain behavior of larynx	ICD-9-CM	Diagnosis
235.7	Neoplasm of uncertain behavior of trachea, bronchus, and lung	ICD-9-CM	Diagnosis
235.8	Neoplasm of uncertain behavior of pleura, thymus, and mediastinum	ICD-9-CM	Diagnosis
235.9	Neoplasm of uncertain behavior of other and unspecified respiratory organs	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
236	Neoplasm of uncertain behavior of genitourinary organs	ICD-9-CM	Diagnosis
236.0	Neoplasm of uncertain behavior of uterus	ICD-9-CM	Diagnosis
236.1	Neoplasm of uncertain behavior of placenta	ICD-9-CM	Diagnosis
236.2	Neoplasm of uncertain behavior of ovary	ICD-9-CM	Diagnosis
236.3	Neoplasm of uncertain behavior of other and unspecified female genital organs	ICD-9-CM	Diagnosis
236.4	Neoplasm of uncertain behavior of testis	ICD-9-CM	Diagnosis
236.5	Neoplasm of uncertain behavior of prostate	ICD-9-CM	Diagnosis
236.6	Neoplasm of uncertain behavior of other and unspecified male genital organs	ICD-9-CM	Diagnosis
236.7	Neoplasm of uncertain behavior of bladder	ICD-9-CM	Diagnosis
236.9	Neoplasm of uncertain behavior of other and unspecified urinary organs	ICD-9-CM	Diagnosis
236.90	Neoplasm of uncertain behavior of urinary organ, unspecified	ICD-9-CM	Diagnosis
236.91	Neoplasm of uncertain behavior of kidney and ureter	ICD-9-CM	Diagnosis
236.99	Neoplasm of uncertain behavior of other and unspecified urinary organs	ICD-9-CM	Diagnosis
237	Neoplasm of uncertain behavior of endocrine glands and nervous system	ICD-9-CM	Diagnosis
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct	ICD-9-CM	Diagnosis
237.1	Neoplasm of uncertain behavior of pineal gland	ICD-9-CM	Diagnosis
237.2	Neoplasm of uncertain behavior of adrenal gland	ICD-9-CM	Diagnosis
237.3	Neoplasm of uncertain behavior of paraganglia	ICD-9-CM	Diagnosis
237.4	Neoplasm of uncertain behavior of other and unspecified endocrine glands	ICD-9-CM	Diagnosis
237.5	Neoplasm of uncertain behavior of brain and spinal cord	ICD-9-CM	Diagnosis
237.6	Neoplasm of uncertain behavior of meninges	ICD-9-CM	Diagnosis
237.7	Neurofibromatosis	ICD-9-CM	Diagnosis
237.70	Neurofibromatosis, unspecified	ICD-9-CM	Diagnosis
237.71	Neurofibromatosis, Type 1 (von Recklinghausen's disease)	ICD-9-CM	Diagnosis
237.72	Neurofibromatosis, Type 2 (acoustic neurofibromatosis)	ICD-9-CM	Diagnosis
237.9	Neoplasm of uncertain behavior of other and unspecified parts of nervous system	ICD-9-CM	Diagnosis
238	Neoplasm of uncertain behavior of other and unspecified sites and tissues	ICD-9-CM	Diagnosis
238.0	Neoplasm of uncertain behavior of bone and articular cartilage	ICD-9-CM	Diagnosis
238.1	Neoplasm of uncertain behavior of connective and other soft tissue	ICD-9-CM	Diagnosis
238.2	Neoplasm of uncertain behavior of skin	ICD-9-CM	Diagnosis
238.3	Neoplasm of uncertain behavior of breast	ICD-9-CM	Diagnosis
238.4	Neoplasm of uncertain behavior of polycythemia vera	ICD-9-CM	Diagnosis
238.5	Neoplasm of uncertain behavior of histiocytic and mast cells	ICD-9-CM	Diagnosis
238.6	Neoplasm of uncertain behavior of plasma cells	ICD-9-CM	Diagnosis
238.7	Other lymphatic and hematopoietic tissues	ICD-9-CM	Diagnosis
238.71	Essential thrombocythemia	ICD-9-CM	Diagnosis
238.72	Low grade myelodysplastic syndrome lesions	ICD-9-CM	Diagnosis
238.73	High grade myelodysplastic syndrome lesions	ICD-9-CM	Diagnosis
238.74	Myelodysplastic syndrome with 5q deletion	ICD-9-CM	Diagnosis
238.75	Myelodysplastic syndrome, unspecified	ICD-9-CM	Diagnosis
238.76	Myelofibrosis with myeloid metaplasia	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
238.77	Post-transplant lymphoproliferative disorder [PTLD]	ICD-9-CM	Diagnosis
238.79	Other lymphatic and hematopoietic tissues	ICD-9-CM	Diagnosis
238.8	Neoplasm of uncertain behavior of other specified sites	ICD-9-CM	Diagnosis
238.9	Neoplasm of uncertain behavior, site unspecified	ICD-9-CM	Diagnosis
239	Neoplasms of unspecified nature	ICD-9-CM	Diagnosis
239.0	Neoplasm of unspecified nature of digestive system	ICD-9-CM	Diagnosis
239.1	Neoplasm of unspecified nature of respiratory system	ICD-9-CM	Diagnosis
239.2	Neoplasms of unspecified nature of bone, soft tissue, and skin	ICD-9-CM	Diagnosis
239.3	Neoplasm of unspecified nature of breast	ICD-9-CM	Diagnosis
239.4	Neoplasm of unspecified nature of bladder	ICD-9-CM	Diagnosis
239.5	Neoplasm of unspecified nature of other genitourinary organs	ICD-9-CM	Diagnosis
239.6	Neoplasm of unspecified nature of brain	ICD-9-CM	Diagnosis
239.7	Neoplasm of unspecified nature of endocrine glands and other parts of nervous system	ICD-9-CM	Diagnosis
239.8	Neoplasm of unspecified nature of other specified sites	ICD-9-CM	Diagnosis
239.81	Neoplasms of unspecified nature, retina and choroid	ICD-9-CM	Diagnosis
239.89	Neoplasms of unspecified nature, other specified sites	ICD-9-CM	Diagnosis
239.9	Neoplasm of unspecified nature, site unspecified	ICD-9-CM	Diagnosis
338.3	Neoplasm related pain (acute) (chronic)	ICD-9-CM	Diagnosis
789.51	Malignant ascites	ICD-9-CM	Diagnosis
00.10	Implantation of chemotherapeutic agent	ICD-9-CM	Procedure
41.09	Autologous bone marrow transplant with purging	ICD-9-CM	Procedure
99.25	Injection or infusion of cancer chemotherapeutic substance	ICD-9-CM	Procedure
99.85	Hyperthermia for treatment of cancer	ICD-9-CM	Procedure
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	CPT-3	Procedure
0182T	High dose rate electronic brachytherapy, per fraction	CPT-3	Procedure
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	CPT-3	Procedure
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	CPT-4	Procedure
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	CPT-4	Procedure
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	CPT-4	Procedure

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Code	Description	Code Type	Code Category
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	CPT-4	Procedure
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	CPT-4	Procedure
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	CPT-4	Procedure
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	CPT-4	Procedure
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	CPT-4	Procedure
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	CPT-4	Procedure
51720	Bladder instillation of anticarcinogenic agent (including retention time)	CPT-4	Procedure
53220	Excision or fulguration of carcinoma of urethra	CPT-4	Procedure
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	CPT-4	Procedure
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	CPT-4	Procedure
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	CPT-4	Procedure
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	CPT-4	Procedure
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	CPT-4	Procedure
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	CPT-4	Procedure
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	CPT-4	Procedure
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	CPT-4	Procedure
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	CPT-4	Procedure
58346	Insertion of Heyman capsules for clinical brachytherapy	CPT-4	Procedure

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Code	Description	Code Type	Code Category
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	CPT-4	Procedure
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	CPT-4	Procedure
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	CPT-4	Procedure
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	CPT-4	Procedure
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	CPT-4	Procedure
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	CPT-4	Procedure
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	CPT-4	Procedure
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	CPT-4	Procedure
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	CPT-4	Procedure
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	CPT-4	Procedure
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	CPT-4	Procedure
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	CPT-4	Procedure
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions	CPT-4	Procedure
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	CPT-4	Procedure
76950	Ultrasonic guidance for placement of radiation therapy fields	CPT-4	Procedure
76960	Ultrasonic guidance for placement of radiation therapy fields, except for B-scan echography	CPT-4	Procedure
76965	Ultrasonic guidance for interstitial radioelement application	CPT-4	Procedure
77014	Computed tomography guidance for placement of radiation therapy fields	CPT-4	Procedure
77261	Therapeutic radiology treatment planning; simple	CPT-4	Procedure

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Code	Description	Code Type	Code Category
77262	Therapeutic radiology treatment planning; intermediate	CPT-4	Procedure
77263	Therapeutic radiology treatment planning; complex	CPT-4	Procedure
77280	Therapeutic radiology simulation-aided field setting; simple	CPT-4	Procedure
77285	Therapeutic radiology simulation-aided field setting; intermediate	CPT-4	Procedure
77290	Therapeutic radiology simulation-aided field setting; complex	CPT-4	Procedure
77295	3-dimensional radiotherapy plan, including dose-volume histograms	CPT-4	Procedure
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	CPT-4	Procedure
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	CPT-4	Procedure
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	CPT-4	Procedure
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	CPT-4	Procedure
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	CPT-4	Procedure
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	CPT-4	Procedure
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)	CPT-4	Procedure
77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	CPT-4	Procedure
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	CPT-4	Procedure
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	CPT-4	Procedure
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	CPT-4	Procedure
77321	Special teletherapy port plan, particles, hemibody, total body	CPT-4	Procedure
77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	CPT-4	Procedure
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	CPT-4	Procedure

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Code	Description	Code Type	Code Category
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)	CPT-4	Procedure
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	CPT-4	Procedure
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	CPT-4	Procedure
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	CPT-4	Procedure
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	CPT-4	Procedure
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	CPT-4	Procedure
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	CPT-4	Procedure
77370	Special medical radiation physics consultation	CPT-4	Procedure
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	CPT-4	Procedure
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	CPT-4	Procedure
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	CPT-4	Procedure
77380	Proton beam delivery to a single treatment area, single port, custom block, with or without compensation, with treatment set-up and verification images	CPT-4	Procedure
77381	Proton beam treatment to one or two treatment areas, two or more ports, two or more custom blocks, and two or more compensators, with treatment set-up and verification images	CPT-4	Procedure
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	CPT-4	Procedure
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	CPT-4	Procedure
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	CPT-4	Procedure
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	CPT-4	Procedure
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	CPT-4	Procedure
77402	Radiation treatment delivery, => 1 MeV; simple	CPT-4	Procedure
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	CPT-4	Procedure
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	CPT-4	Procedure

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Code	Description	Code Type	Code Category
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	CPT-4	Procedure
77407	Radiation treatment delivery, => 1 MeV; intermediate	CPT-4	Procedure
77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	CPT-4	Procedure
77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	CPT-4	Procedure
77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater	CPT-4	Procedure
77412	Radiation treatment delivery, => 1 MeV; complex	CPT-4	Procedure
77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	CPT-4	Procedure
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	CPT-4	Procedure
77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	CPT-4	Procedure
77417	Therapeutic radiology port image(s)	CPT-4	Procedure
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	CPT-4	Procedure
77419	Weekly radiation therapy management; conformal	CPT-4	Procedure
77420	WK RAD THERAP MGMT; SIMPL	CPT-4	Procedure
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	CPT-4	Procedure
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	CPT-4	Procedure
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	CPT-4	Procedure
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	CPT-4	Procedure
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	CPT-4	Procedure
77427	Radiation treatment management, 5 treatments	CPT-4	Procedure
77430	WK RAD THERAP MGMT; COMPLX	CPT-4	Procedure
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	CPT-4	Procedure
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	CPT-4	Procedure
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	CPT-4	Procedure
77469	Intraoperative radiation treatment management	CPT-4	Procedure

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Code	Description	Code Type	Code Category
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	CPT-4	Procedure
77499	Unlisted procedure, therapeutic radiology treatment management	CPT-4	Procedure
77520	Proton treatment delivery; simple, without compensation	CPT-4	Procedure
77522	Proton treatment delivery; simple, with compensation	CPT-4	Procedure
77523	Proton treatment delivery; intermediate	CPT-4	Procedure
77525	Proton treatment delivery; complex	CPT-4	Procedure
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	CPT-4	Procedure
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	CPT-4	Procedure
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	CPT-4	Procedure
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	CPT-4	Procedure
77620	Hyperthermia generated by intracavitary probe(s)	CPT-4	Procedure
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	CPT-4	Procedure
77761	Intracavitary radiation source application; simple	CPT-4	Procedure
77762	Intracavitary radiation source application; intermediate	CPT-4	Procedure
77763	Intracavitary radiation source application; complex	CPT-4	Procedure
77776	Interstitial radiation source application; simple	CPT-4	Procedure
77777	Interstitial radiation source application; intermediate	CPT-4	Procedure
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	CPT-4	Procedure
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters	CPT-4	Procedure
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters	CPT-4	Procedure
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters	CPT-4	Procedure
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters	CPT-4	Procedure
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	CPT-4	Procedure
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	CPT-4	Procedure
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	CPT-4	Procedure
77789	Surface application of low dose rate radionuclide source	CPT-4	Procedure
77790	Supervision, handling, loading of radiation source	CPT-4	Procedure
77799	Unlisted procedure, clinical brachytherapy	CPT-4	Procedure
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	CPT-4	Procedure
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	CPT-4	Procedure
78018	Thyroid carcinoma metastases imaging; whole body	CPT-4	Procedure
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	CPT-4	Procedure
79200	Radiopharmaceutical therapy, by intracavitary administration	CPT-4	Procedure
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	CPT-4	Procedure
79440	Radiopharmaceutical therapy, by intra-articular administration	CPT-4	Procedure
79999	Radiopharmaceutical therapy, unlisted procedure	CPT-4	Procedure
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	CPT-4	Procedure

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Code	Description	Code Type	Code Category
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	CPT-4	Procedure
96400	Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia	CPT-4	Procedure
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	CPT-4	Procedure
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	CPT-4	Procedure
96405	Chemotherapy administration; intralesional, up to and including 7 lesions	CPT-4	Procedure
96406	Chemotherapy administration; intralesional, more than 7 lesions	CPT-4	Procedure
96408	Chemotherapy administration, intravenous; push technique	CPT-4	Procedure
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	CPT-4	Procedure
96410	Chemotherapy administration, intravenous; infusion technique, up to one hour	CPT-4	Procedure
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	CPT-4	Procedure
96412	Chemotherapy administration, intravenous; infusion technique, one to 8 hours, each additional hour (List separately in addition to code for primary procedure)	CPT-4	Procedure
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	CPT-4	Procedure
96414	Chemotherapy administration, intravenous; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	CPT-4	Procedure
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	CPT-4	Procedure
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	CPT-4	Procedure
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	CPT-4	Procedure
96420	Chemotherapy administration, intra-arterial; push technique	CPT-4	Procedure
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	CPT-4	Procedure
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	CPT-4	Procedure
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	CPT-4	Procedure
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	CPT-4	Procedure

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Code	Description	Code Type	Code Category
96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis	CPT-4	Procedure
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	CPT-4	Procedure
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	CPT-4	Procedure
96520	Refilling and maintenance of portable pump	CPT-4	Procedure
96521	Refilling and maintenance of portable pump	CPT-4	Procedure
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	CPT-4	Procedure
96523	Irrigation of implanted venous access device for drug delivery systems	CPT-4	Procedure
96530	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	CPT-4	Procedure
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	CPT-4	Procedure
96545	Provision of chemotherapy agent	CPT-4	Procedure
96549	Unlisted chemotherapy procedure	CPT-4	Procedure
99555	Home infusion for chemotherapy, per visit	CPT-4	Procedure
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	HCPCS	Procedure
A4650	Implantable radiation dosimeter, each	HCPCS	Procedure
C8953	Chemotherapy administration, intravenous; push technique	HCPCS	Procedure
C8954	Chemotherapy administration, intravenous; infusion technique, up to one hour	HCPCS	Procedure
C8955	Chemotherapy administration, intravenous; infusion technique, each additional hour (List separately in addition to C8954)	HCPCS	Procedure
C9021	Injection, obinutuzumab, 10 mg	HCPCS	Procedure
C9025	Injection, ramucirumab, 5 mg	HCPCS	Procedure
C9131	Injection, ado-trastuzumab emtansine, 1 mg	HCPCS	Procedure
C9259	Injection, pralatrexate, 1 mg	HCPCS	Procedure
C9260	Injection, ofatumumab, 10 mg	HCPCS	Procedure
C9262	Fludarabine phosphate, oral, 1 mg	HCPCS	Procedure
C9265	Injection, romidepsin, 1 mg	HCPCS	Procedure
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	HCPCS	Procedure
C9276	Injection, cabazitaxel, 1 mg	HCPCS	Procedure
C9280	Injection, eribulin mesylate, 1 mg	HCPCS	Procedure
C9284	Injection, ipilimumab, 1 mg	HCPCS	Procedure
C9287	Injection, brentuximab vedotin, 1 mg	HCPCS	Procedure
C9289	Injection, asparaginase Erwinia chrysanthemi, 1,000 IU	HCPCS	Procedure
C9292	Injection, pertuzumab, 10 mg	HCPCS	Procedure
C9295	Injection, carfilzomib, 1 mg	HCPCS	Procedure
C9296	Injection, ziv-aflibercept, 1 mg	HCPCS	Procedure

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

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

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Code	Description	Code Type	Code Category
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	HCPCS	Procedure
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	HCPCS	Procedure
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	HCPCS	Procedure
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	HCPCS	Procedure
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	HCPCS	Procedure
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	HCPCS	Procedure
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	HCPCS	Procedure
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	HCPCS	Procedure
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	HCPCS	Procedure
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	HCPCS	Procedure
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	HCPCS	Procedure
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	HCPCS	Procedure
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	HCPCS	Procedure
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	HCPCS	Procedure
G8371	Chemotherapy documented as not received or prescribed for Stage III colon cancer patients	HCPCS	Procedure
G8372	Chemotherapy documented as received or prescribed for Stage III colon cancer patients	HCPCS	Procedure
G8373	Chemotherapy plan documented prior to chemotherapy administration	HCPCS	Procedure
G8374	Chemotherapy plan not documented prior to chemotherapy administration	HCPCS	Procedure
G8376	Clinician documentation that breast cancer patient was not eligible for tamoxifen or aromatase inhibitor therapy measure	HCPCS	Procedure
G8377	Clinician documentation that colon cancer patient is not eligible for chemotherapy measure	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G8379	Documentation of radiation therapy recommended within 12 months of first office visit	HCPCS	Procedure
G8380	For patients with ER or PR positive, Stage IC-III breast cancer, clinician did not document that the patient received or was prescribed tamoxifen or aromatase inhibitor	HCPCS	Procedure
G8381	For patients with ER or PR positive, Stage IC-III breast cancer, clinician documented or prescribed that the patient is receiving tamoxifen or aromatase inhibitor	HCPCS	Procedure
G8389	Myelodysplastic syndrome (MDS) patients with no documentation of iron stores prior to receiving erythropoietin therapy	HCPCS	Procedure
G8464	Clinician documented that prostate cancer patient is not an eligible candidate for adjuvant hormonal therapy; low or intermediate risk of recurrence or risk of recurrence not determined	HCPCS	Procedure
G8465	High or very high risk of recurrence of prostate cancer	HCPCS	Procedure
G8518	Clinical stage prior to surgery for lung cancer and esophageal cancer resection was recorded	HCPCS	Procedure
G8519	Clinician documented that patient was not eligible for clinical stage prior to surgery for lung cancer and esophageal cancer resection measure	HCPCS	Procedure
G8520	Clinician stage prior to surgery for lung cancer and esophageal cancer resection was not recorded, reason not specified	HCPCS	Procedure
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	HCPCS	Procedure
G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0	HCPCS	Procedure
G8927	Adjuvant chemotherapy referred, prescribed or previously received for AJCC stage III, colon cancer	HCPCS	Procedure
G8944	AJCC melanoma cancer stage 0 through IIC melanoma	HCPCS	Procedure
G9021	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 1: not at all (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9022	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 2: a little (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9023	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 3: quite a bit (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9024	Chemotherapy assessment for nausea and/or vomiting, patient reported, performed at the time of chemotherapy administration; assessment Level 4: very much (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9025	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 1: not at all (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9026	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 2: a little (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9027	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 3: quite a bit (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9028	Chemotherapy assessment for pain, patient reported, performed at the time of chemotherapy administration; assessment Level 4: very much (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9029	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration; assessment Level 1: not at all (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9030	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration; assessment Level 2: a little (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9031	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment Level 3: quite a bit (for use in a Medicare approved demonstration project)	HCPCS	Procedure
G9032	Chemotherapy assessment for lack of energy (fatigue), patient reported, performed at the time of chemotherapy administration, assessment Level 4: very much (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer-directed therapy or managing consequences of cancer-directed therapy (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer-directed therapy is being administered or arranged at present; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board-approved clinical trial (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9063	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage I (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9064	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage II (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9065	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage III a (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9066	Oncology; disease status; limited to nonsmall cell lung cancer; Stage III B-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9067	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall cell; extensive Stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9076	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, under evaluation, presurgical or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2C and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3B-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9081	Oncology; disease status; prostate cancer, limited to adenocarcinoma, non-castrate, incompletely castrate; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9082	Oncology; disease status; prostate cancer, limited to adenocarcinoma; castrate; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage 1A-B (Grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 2-3); or stage IC (all grades); or stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and /or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on antiandrogen therapy or postorchiectomy); clinical metastases (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9134	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9135	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9136	Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9138	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or nonresponse to therapy, or not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)	HCPCS	Procedure
J0207	Injection, amifostine, 500 mg	HCPCS	Procedure
J1260	Injection, dolasetron mesylate, 10 mg	HCPCS	Procedure
J8510	Busulfan, oral, 2 mg	HCPCS	Procedure
J8520	Capecitabine, oral, 150 mg	HCPCS	Procedure
J8521	Capecitabine, oral, 500 mg	HCPCS	Procedure
J8530	Cyclophosphamide, oral, 25 mg	HCPCS	Procedure
J8560	Etoposide, oral, 50 mg	HCPCS	Procedure
J8562	Fludarabine phosphate, oral, 10 mg	HCPCS	Procedure
J8600	Melphalan, oral, 2 mg	HCPCS	Procedure
J8610	Methotrexate, oral, 2.5 mg	HCPCS	Procedure
J8700	Temozolomide, oral, 5 mg	HCPCS	Procedure
J8705	Topotecan, oral, 0.25 mg	HCPCS	Procedure

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Code	Description	Code Type	Code Category
J8999	Prescription drug, oral, chemotherapeutic, NOS	HCPCS	Procedure
J9000	Injection, doxorubicin HCl, 10 mg	HCPCS	Procedure
J9002	Injection, doxorubicin hydrochloride, liposomal, Doxil, 10 mg	HCPCS	Procedure
J9015	Injection, aldesleukin, per single use vial	HCPCS	Procedure
J9017	Injection, arsenic trioxide, 1 mg	HCPCS	Procedure
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	HCPCS	Procedure
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	HCPCS	Procedure
J9025	Injection, azacitidine, 1 mg	HCPCS	Procedure
J9031	BCG (intravesical) per instillation	HCPCS	Procedure
J9033	Injection, bendamustine HCl (Treanda), 1 mg	HCPCS	Procedure
J9040	Injection, bleomycin sulfate, 15 units	HCPCS	Procedure
J9042	Injection, brentuximab vedotin, 1 mg	HCPCS	Procedure
J9043	Injection, cabazitaxel, 1 mg	HCPCS	Procedure
J9045	Injection, carboplatin, 50 mg	HCPCS	Procedure
J9047	Injection, carfilzomib, 1 mg	HCPCS	Procedure
J9050	Injection, carmustine, 100 mg	HCPCS	Procedure
J9060	Injection, cisplatin, powder or solution, 10 mg	HCPCS	Procedure
J9062	Cisplatin, 50 mg	HCPCS	Procedure
J9065	Injection, cladribine, per 1 mg	HCPCS	Procedure
J9070	Cyclophosphamide, 100 mg	HCPCS	Procedure
J9080	Cyclophosphamide, 200 mg	HCPCS	Procedure
J9090	Cyclophosphamide, 500 mg	HCPCS	Procedure
J9091	Cyclophosphamide, 1 g	HCPCS	Procedure
J9092	Cyclophosphamide, 2 g	HCPCS	Procedure
J9093	Cyclophosphamide, lyophilized, 100 mg	HCPCS	Procedure
J9094	Cyclophosphamide, lyophilized, 200 mg	HCPCS	Procedure
J9095	Cyclophosphamide, lyophilized, 500 mg	HCPCS	Procedure
J9096	Cyclophosphamide, lyophilized, 1 g	HCPCS	Procedure
J9097	Cyclophosphamide, lyophilized, 2 g	HCPCS	Procedure
J9100	Injection, cytarabine, 100 mg	HCPCS	Procedure
J9110	Injection, cytarabine, 500 mg	HCPCS	Procedure
J9120	Injection, dactinomycin, 0.5 mg	HCPCS	Procedure
J9130	Dacarbazine, 100 mg	HCPCS	Procedure
J9140	Dacarbazine, 200 mg	HCPCS	Procedure
J9150	Injection, daunorubicin, 10 mg	HCPCS	Procedure
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	HCPCS	Procedure
J9179	Injection, eribulin mesylate, 0.1 mg	HCPCS	Procedure
J9181	Injection, etoposide, 10 mg	HCPCS	Procedure
J9185	Injection, fludarabine phosphate, 50 mg	HCPCS	Procedure
J9190	Injection, fluorouracil, 500 mg	HCPCS	Procedure
J9200	Injection, floxuridine, 500 mg	HCPCS	Procedure

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Code	Description	Code Type	Code Category
J9201	Injection, gemcitabine HCl, 200 mg	HCPCS	Procedure
J9202	Goserelin acetate implant, per 3.6 mg	HCPCS	Procedure
J9206	Injection, irinotecan, 20 mg	HCPCS	Procedure
J9207	Injection, ixabepilone, 1 mg	HCPCS	Procedure
J9208	Injection, ifosfamide, 1 g	HCPCS	Procedure
J9209	Injection, mesna, 200 mg	HCPCS	Procedure
J9211	Injection, idarubicin HCl, 5 mg	HCPCS	Procedure
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	HCPCS	Procedure
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	HCPCS	Procedure
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	HCPCS	Procedure
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	HCPCS	Procedure
J9218	Leuprolide acetate, per 1 mg	HCPCS	Procedure
J9219	Leuprolide acetate implant, 65 mg	HCPCS	Procedure
J9225	Histrelin implant (Vantas), 50 mg	HCPCS	Procedure
J9226	Histrelin implant (Supprelin LA), 50 mg	HCPCS	Procedure
J9228	Injection, ipilimumab, 1 mg	HCPCS	Procedure
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	HCPCS	Procedure
J9245	Injection, melphalan HCl, 50 mg	HCPCS	Procedure
J9250	Methotrexate sodium, 5 mg	HCPCS	Procedure
J9260	Methotrexate sodium, 50 mg	HCPCS	Procedure
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	HCPCS	Procedure
J9263	Injection, oxaliplatin, 0.5 mg	HCPCS	Procedure
J9265	Injection, paclitaxel, 30 mg	HCPCS	Procedure
J9266	Injection, pegaspargase, per single dose vial	HCPCS	Procedure
J9267	Injection, paclitaxel, 1 mg	HCPCS	Procedure
J9268	Injection, pentostatin, 10 mg	HCPCS	Procedure
J9270	Injection, plicamycin, 2.5 mg	HCPCS	Procedure
J9280	Injection, mitomycin, 5 mg	HCPCS	Procedure
J9290	Mitomycin, 20 mg	HCPCS	Procedure
J9291	Mitomycin, 40 mg	HCPCS	Procedure
J9293	Injection, mitoxantrone HCl, per 5 mg	HCPCS	Procedure
J9300	Injection, gemtuzumab ozogamicin, 5 mg	HCPCS	Procedure
J9301	Injection, obinutuzumab, 10 mg	HCPCS	Procedure
J9302	Injection, ofatumumab, 10 mg	HCPCS	Procedure
J9303	Injection, panitumumab, 10 mg	HCPCS	Procedure
J9306	Injection, pertuzumab, 1 mg	HCPCS	Procedure
J9310	Injection, rituximab, 100 mg	HCPCS	Procedure
J9315	Injection, romidepsin, 1 mg	HCPCS	Procedure
J9320	Injection, streptozocin, 1 g	HCPCS	Procedure
J9328	Injection, temozolomide, 1 mg	HCPCS	Procedure
J9330	Injection, temsirolimus, 1 mg	HCPCS	Procedure

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Code	Description	Code Type	Code Category
J9340	Injection, thiotepa, 15 mg	HCPCS	Procedure
J9350	Injection, topotecan, 4 mg	HCPCS	Procedure
J9351	Injection, topotecan, 0.1 mg	HCPCS	Procedure
J9354	Injection, ado-trastuzumab emtansine, 1 mg	HCPCS	Procedure
J9360	Injection, vinblastine sulfate, 1 mg	HCPCS	Procedure
J9370	Vincristine sulfate, 1 mg	HCPCS	Procedure
J9371	Injection, vincristine sulfate liposome, 1 mg	HCPCS	Procedure
J9375	Vincristine sulfate, 2 mg	HCPCS	Procedure
J9380	Vincristine sulfate, 5 mg	HCPCS	Procedure
J9390	Injection, vinorelbine tartrate, 10 mg	HCPCS	Procedure
J9600	Injection, porfimer sodium, 75 mg	HCPCS	Procedure
J9999	Not otherwise classified, antineoplastic drugs	HCPCS	Procedure
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	HCPCS	Procedure
Q0084	Chemotherapy administration by infusion technique only, per visit	HCPCS	Procedure
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit	HCPCS	Procedure
Q0161	Chlorpromazine 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	HCPCS	Procedure
Q0162	Ondansetron 1 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	HCPCS	Procedure
Q0163	Diphenhydramine HCl, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0165	Prochlorperazine maleate, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0166	Granisetron HCl, 1 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	HCPCS	Procedure
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0168	Dronabinol, 5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure

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Code	Description	Code Type	Code Category
Q0169	Promethazine HCl, 12.5 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0170	Promethazine HCl, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0171	Chlorpromazine HCl, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0172	Chlorpromazine HCl, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0173	Trimethobenzamide HCl, 250 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	HCPCS	Procedure
Q0176	Perphenazine, 8 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	HCPCS	Procedure
Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0178	Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0179	Ondansetron HCl 8 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	HCPCS	Procedure
Q0181	Unspecified oral dosage form, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	HCPCS	Procedure
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period	HCPCS	Procedure

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Code	Description	Code Type	Code Category
Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	HCPCS	Procedure
Q2017	Injection, teniposide, 50 mg	HCPCS	Procedure
Q2025	Fludarabine phosphate, oral, 1 mg	HCPCS	Procedure
Q2048	Injection, doxorubicin hydrochloride, liposomal, DOXIL, 10 mg	HCPCS	Procedure
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	HCPCS	Procedure
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	HCPCS	Procedure
Q3001	Radioelements for brachytherapy, any type, each	HCPCS	Procedure
C00.0	Malignant neoplasm of external upper lip	ICD-10-CM	Diagnosis
C00.1	Malignant neoplasm of external lower lip	ICD-10-CM	Diagnosis
C00.2	Malignant neoplasm of external lip, unspecified	ICD-10-CM	Diagnosis
C00.3	Malignant neoplasm of upper lip, inner aspect	ICD-10-CM	Diagnosis
C00.4	Malignant neoplasm of lower lip, inner aspect	ICD-10-CM	Diagnosis
C00.5	Malignant neoplasm of lip, unspecified, inner aspect	ICD-10-CM	Diagnosis
C00.6	Malignant neoplasm of commissure of lip, unspecified	ICD-10-CM	Diagnosis
C00.8	Malignant neoplasm of overlapping sites of lip	ICD-10-CM	Diagnosis
C00.9	Malignant neoplasm of lip, unspecified	ICD-10-CM	Diagnosis
C01	Malignant neoplasm of base of tongue	ICD-10-CM	Diagnosis
C02.0	Malignant neoplasm of dorsal surface of tongue	ICD-10-CM	Diagnosis
C02.1	Malignant neoplasm of border of tongue	ICD-10-CM	Diagnosis
C02.2	Malignant neoplasm of ventral surface of tongue	ICD-10-CM	Diagnosis
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	ICD-10-CM	Diagnosis
C02.4	Malignant neoplasm of lingual tonsil	ICD-10-CM	Diagnosis
C02.8	Malignant neoplasm of overlapping sites of tongue	ICD-10-CM	Diagnosis
C02.9	Malignant neoplasm of tongue, unspecified	ICD-10-CM	Diagnosis
C03.0	Malignant neoplasm of upper gum	ICD-10-CM	Diagnosis
C03.1	Malignant neoplasm of lower gum	ICD-10-CM	Diagnosis
C03.9	Malignant neoplasm of gum, unspecified	ICD-10-CM	Diagnosis
C04.0	Malignant neoplasm of anterior floor of mouth	ICD-10-CM	Diagnosis
C04.1	Malignant neoplasm of lateral floor of mouth	ICD-10-CM	Diagnosis
C04.8	Malignant neoplasm of overlapping sites of floor of mouth	ICD-10-CM	Diagnosis
C04.9	Malignant neoplasm of floor of mouth, unspecified	ICD-10-CM	Diagnosis
C05.0	Malignant neoplasm of hard palate	ICD-10-CM	Diagnosis
C05.1	Malignant neoplasm of soft palate	ICD-10-CM	Diagnosis
C05.2	Malignant neoplasm of uvula	ICD-10-CM	Diagnosis
C05.8	Malignant neoplasm of overlapping sites of palate	ICD-10-CM	Diagnosis
C05.9	Malignant neoplasm of palate, unspecified	ICD-10-CM	Diagnosis
C06.0	Malignant neoplasm of cheek mucosa	ICD-10-CM	Diagnosis
C06.1	Malignant neoplasm of vestibule of mouth	ICD-10-CM	Diagnosis
C06.2	Malignant neoplasm of retromolar area	ICD-10-CM	Diagnosis
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth	ICD-10-CM	Diagnosis
C06.9	Malignant neoplasm of mouth, unspecified	ICD-10-CM	Diagnosis
C07	Malignant neoplasm of parotid gland	ICD-10-CM	Diagnosis
C08.0	Malignant neoplasm of submandibular gland	ICD-10-CM	Diagnosis
C08.1	Malignant neoplasm of sublingual gland	ICD-10-CM	Diagnosis
C08.9	Malignant neoplasm of major salivary gland, unspecified	ICD-10-CM	Diagnosis
C09.0	Malignant neoplasm of tonsillar fossa	ICD-10-CM	Diagnosis
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	ICD-10-CM	Diagnosis
C09.8	Malignant neoplasm of overlapping sites of tonsil	ICD-10-CM	Diagnosis
C09.9	Malignant neoplasm of tonsil, unspecified	ICD-10-CM	Diagnosis
C10.0	Malignant neoplasm of vallecula	ICD-10-CM	Diagnosis
C10.1	Malignant neoplasm of anterior surface of epiglottis	ICD-10-CM	Diagnosis
C10.2	Malignant neoplasm of lateral wall of oropharynx	ICD-10-CM	Diagnosis
C10.3	Malignant neoplasm of posterior wall of oropharynx	ICD-10-CM	Diagnosis
C10.4	Malignant neoplasm of branchial cleft	ICD-10-CM	Diagnosis
C10.8	Malignant neoplasm of overlapping sites of oropharynx	ICD-10-CM	Diagnosis
C10.9	Malignant neoplasm of oropharynx, unspecified	ICD-10-CM	Diagnosis
C11.0	Malignant neoplasm of superior wall of nasopharynx	ICD-10-CM	Diagnosis
C11.1	Malignant neoplasm of posterior wall of nasopharynx	ICD-10-CM	Diagnosis
C11.2	Malignant neoplasm of lateral wall of nasopharynx	ICD-10-CM	Diagnosis
C11.3	Malignant neoplasm of anterior wall of nasopharynx	ICD-10-CM	Diagnosis
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	ICD-10-CM	Diagnosis
C11.9	Malignant neoplasm of nasopharynx, unspecified	ICD-10-CM	Diagnosis
C12	Malignant neoplasm of pyriform sinus	ICD-10-CM	Diagnosis
C13.0	Malignant neoplasm of postcricoid region	ICD-10-CM	Diagnosis
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	ICD-10-CM	Diagnosis
C13.2	Malignant neoplasm of posterior wall of hypopharynx	ICD-10-CM	Diagnosis
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	ICD-10-CM	Diagnosis
C13.9	Malignant neoplasm of hypopharynx, unspecified	ICD-10-CM	Diagnosis
C14.0	Malignant neoplasm of pharynx, unspecified	ICD-10-CM	Diagnosis
C14.2	Malignant neoplasm of Waldeyer's ring	ICD-10-CM	Diagnosis
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	ICD-10-CM	Diagnosis
C15.3	Malignant neoplasm of upper third of esophagus	ICD-10-CM	Diagnosis
C15.4	Malignant neoplasm of middle third of esophagus	ICD-10-CM	Diagnosis
C15.5	Malignant neoplasm of lower third of esophagus	ICD-10-CM	Diagnosis
C15.8	Malignant neoplasm of overlapping sites of esophagus	ICD-10-CM	Diagnosis
C15.9	Malignant neoplasm of esophagus, unspecified	ICD-10-CM	Diagnosis
C16.0	Malignant neoplasm of cardia	ICD-10-CM	Diagnosis
C16.1	Malignant neoplasm of fundus of stomach	ICD-10-CM	Diagnosis
C16.2	Malignant neoplasm of body of stomach	ICD-10-CM	Diagnosis
C16.3	Malignant neoplasm of pyloric antrum	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C16.4	Malignant neoplasm of pylorus	ICD-10-CM	Diagnosis
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified	ICD-10-CM	Diagnosis
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified	ICD-10-CM	Diagnosis
C16.8	Malignant neoplasm of overlapping sites of stomach	ICD-10-CM	Diagnosis
C16.9	Malignant neoplasm of stomach, unspecified	ICD-10-CM	Diagnosis
C17.0	Malignant neoplasm of duodenum	ICD-10-CM	Diagnosis
C17.1	Malignant neoplasm of jejunum	ICD-10-CM	Diagnosis
C17.2	Malignant neoplasm of ileum	ICD-10-CM	Diagnosis
C17.3	Meckel's diverticulum, malignant	ICD-10-CM	Diagnosis
C17.8	Malignant neoplasm of overlapping sites of small intestine	ICD-10-CM	Diagnosis
C17.9	Malignant neoplasm of small intestine, unspecified	ICD-10-CM	Diagnosis
C18.0	Malignant neoplasm of cecum	ICD-10-CM	Diagnosis
C18.1	Malignant neoplasm of appendix	ICD-10-CM	Diagnosis
C18.2	Malignant neoplasm of ascending colon	ICD-10-CM	Diagnosis
C18.3	Malignant neoplasm of hepatic flexure	ICD-10-CM	Diagnosis
C18.4	Malignant neoplasm of transverse colon	ICD-10-CM	Diagnosis
C18.5	Malignant neoplasm of splenic flexure	ICD-10-CM	Diagnosis
C18.6	Malignant neoplasm of descending colon	ICD-10-CM	Diagnosis
C18.7	Malignant neoplasm of sigmoid colon	ICD-10-CM	Diagnosis
C18.8	Malignant neoplasm of overlapping sites of colon	ICD-10-CM	Diagnosis
C18.9	Malignant neoplasm of colon, unspecified	ICD-10-CM	Diagnosis
C19	Malignant neoplasm of rectosigmoid junction	ICD-10-CM	Diagnosis
C20	Malignant neoplasm of rectum	ICD-10-CM	Diagnosis
C21.0	Malignant neoplasm of anus, unspecified	ICD-10-CM	Diagnosis
C21.1	Malignant neoplasm of anal canal	ICD-10-CM	Diagnosis
C21.2	Malignant neoplasm of cloacogenic zone	ICD-10-CM	Diagnosis
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	ICD-10-CM	Diagnosis
C22.0	Liver cell carcinoma	ICD-10-CM	Diagnosis
C22.1	Intrahepatic bile duct carcinoma	ICD-10-CM	Diagnosis
C22.2	Hepatoblastoma	ICD-10-CM	Diagnosis
C22.3	Angiosarcoma of liver	ICD-10-CM	Diagnosis
C22.4	Other sarcomas of liver	ICD-10-CM	Diagnosis
C22.7	Other specified carcinomas of liver	ICD-10-CM	Diagnosis
C22.8	Malignant neoplasm of liver, primary, unspecified as to type	ICD-10-CM	Diagnosis
C22.9	Malignant neoplasm of liver, not specified as primary or secondary	ICD-10-CM	Diagnosis
C23	Malignant neoplasm of gallbladder	ICD-10-CM	Diagnosis
C24.0	Malignant neoplasm of extrahepatic bile duct	ICD-10-CM	Diagnosis
C24.1	Malignant neoplasm of ampulla of Vater	ICD-10-CM	Diagnosis
C24.8	Malignant neoplasm of overlapping sites of biliary tract	ICD-10-CM	Diagnosis
C24.9	Malignant neoplasm of biliary tract, unspecified	ICD-10-CM	Diagnosis
C25.0	Malignant neoplasm of head of pancreas	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C25.1	Malignant neoplasm of body of pancreas	ICD-10-CM	Diagnosis
C25.2	Malignant neoplasm of tail of pancreas	ICD-10-CM	Diagnosis
C25.3	Malignant neoplasm of pancreatic duct	ICD-10-CM	Diagnosis
C25.4	Malignant neoplasm of endocrine pancreas	ICD-10-CM	Diagnosis
C25.7	Malignant neoplasm of other parts of pancreas	ICD-10-CM	Diagnosis
C25.8	Malignant neoplasm of overlapping sites of pancreas	ICD-10-CM	Diagnosis
C25.9	Malignant neoplasm of pancreas, unspecified	ICD-10-CM	Diagnosis
C26.0	Malignant neoplasm of intestinal tract, part unspecified	ICD-10-CM	Diagnosis
C26.1	Malignant neoplasm of spleen	ICD-10-CM	Diagnosis
C26.9	Malignant neoplasm of ill-defined sites within the digestive system	ICD-10-CM	Diagnosis
C30.0	Malignant neoplasm of nasal cavity	ICD-10-CM	Diagnosis
C30.1	Malignant neoplasm of middle ear	ICD-10-CM	Diagnosis
C31.0	Malignant neoplasm of maxillary sinus	ICD-10-CM	Diagnosis
C31.1	Malignant neoplasm of ethmoidal sinus	ICD-10-CM	Diagnosis
C31.2	Malignant neoplasm of frontal sinus	ICD-10-CM	Diagnosis
C31.3	Malignant neoplasm of sphenoid sinus	ICD-10-CM	Diagnosis
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	ICD-10-CM	Diagnosis
C31.9	Malignant neoplasm of accessory sinus, unspecified	ICD-10-CM	Diagnosis
C32.0	Malignant neoplasm of glottis	ICD-10-CM	Diagnosis
C32.1	Malignant neoplasm of supraglottis	ICD-10-CM	Diagnosis
C32.2	Malignant neoplasm of subglottis	ICD-10-CM	Diagnosis
C32.3	Malignant neoplasm of laryngeal cartilage	ICD-10-CM	Diagnosis
C32.8	Malignant neoplasm of overlapping sites of larynx	ICD-10-CM	Diagnosis
C32.9	Malignant neoplasm of larynx, unspecified	ICD-10-CM	Diagnosis
C33	Malignant neoplasm of trachea	ICD-10-CM	Diagnosis
C34.00	Malignant neoplasm of unspecified main bronchus	ICD-10-CM	Diagnosis
C34.01	Malignant neoplasm of right main bronchus	ICD-10-CM	Diagnosis
C34.02	Malignant neoplasm of left main bronchus	ICD-10-CM	Diagnosis
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	ICD-10-CM	Diagnosis
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	ICD-10-CM	Diagnosis
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	ICD-10-CM	Diagnosis
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	ICD-10-CM	Diagnosis
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	ICD-10-CM	Diagnosis
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	ICD-10-CM	Diagnosis
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	ICD-10-CM	Diagnosis
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	ICD-10-CM	Diagnosis
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	ICD-10-CM	Diagnosis
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	ICD-10-CM	Diagnosis
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C37	Malignant neoplasm of thymus	ICD-10-CM	Diagnosis
C38.0	Malignant neoplasm of heart	ICD-10-CM	Diagnosis
C38.1	Malignant neoplasm of anterior mediastinum	ICD-10-CM	Diagnosis
C38.2	Malignant neoplasm of posterior mediastinum	ICD-10-CM	Diagnosis
C38.3	Malignant neoplasm of mediastinum, part unspecified	ICD-10-CM	Diagnosis
C38.4	Malignant neoplasm of pleura	ICD-10-CM	Diagnosis
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	ICD-10-CM	Diagnosis
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified	ICD-10-CM	Diagnosis
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified	ICD-10-CM	Diagnosis
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb	ICD-10-CM	Diagnosis
C40.01	Malignant neoplasm of scapula and long bones of right upper limb	ICD-10-CM	Diagnosis
C40.02	Malignant neoplasm of scapula and long bones of left upper limb	ICD-10-CM	Diagnosis
C40.10	Malignant neoplasm of short bones of unspecified upper limb	ICD-10-CM	Diagnosis
C40.11	Malignant neoplasm of short bones of right upper limb	ICD-10-CM	Diagnosis
C40.12	Malignant neoplasm of short bones of left upper limb	ICD-10-CM	Diagnosis
C40.20	Malignant neoplasm of long bones of unspecified lower limb	ICD-10-CM	Diagnosis
C40.21	Malignant neoplasm of long bones of right lower limb	ICD-10-CM	Diagnosis
C40.22	Malignant neoplasm of long bones of left lower limb	ICD-10-CM	Diagnosis
C40.30	Malignant neoplasm of short bones of unspecified lower limb	ICD-10-CM	Diagnosis
C40.31	Malignant neoplasm of short bones of right lower limb	ICD-10-CM	Diagnosis
C40.32	Malignant neoplasm of short bones of left lower limb	ICD-10-CM	Diagnosis
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	ICD-10-CM	Diagnosis
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	ICD-10-CM	Diagnosis
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	ICD-10-CM	Diagnosis
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	ICD-10-CM	Diagnosis
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb	ICD-10-CM	Diagnosis
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb	ICD-10-CM	Diagnosis
C41.0	Malignant neoplasm of bones of skull and face	ICD-10-CM	Diagnosis
C41.1	Malignant neoplasm of mandible	ICD-10-CM	Diagnosis
C41.2	Malignant neoplasm of vertebral column	ICD-10-CM	Diagnosis
C41.3	Malignant neoplasm of ribs, sternum and clavicle	ICD-10-CM	Diagnosis
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx	ICD-10-CM	Diagnosis
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified	ICD-10-CM	Diagnosis
C43.0	Malignant melanoma of lip	ICD-10-CM	Diagnosis
C43.10	Malignant melanoma of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C43.11	Malignant melanoma of right eyelid, including canthus	ICD-10-CM	Diagnosis
C43.12	Malignant melanoma of left eyelid, including canthus	ICD-10-CM	Diagnosis
C43.20	Malignant melanoma of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C43.21	Malignant melanoma of right ear and external auricular canal	ICD-10-CM	Diagnosis
C43.22	Malignant melanoma of left ear and external auricular canal	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C43.30	Malignant melanoma of unspecified part of face	ICD-10-CM	Diagnosis
C43.31	Malignant melanoma of nose	ICD-10-CM	Diagnosis
C43.39	Malignant melanoma of other parts of face	ICD-10-CM	Diagnosis
C43.4	Malignant melanoma of scalp and neck	ICD-10-CM	Diagnosis
C43.51	Malignant melanoma of anal skin	ICD-10-CM	Diagnosis
C43.52	Malignant melanoma of skin of breast	ICD-10-CM	Diagnosis
C43.59	Malignant melanoma of other part of trunk	ICD-10-CM	Diagnosis
C43.60	Malignant melanoma of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.61	Malignant melanoma of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.62	Malignant melanoma of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C43.70	Malignant melanoma of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C43.71	Malignant melanoma of right lower limb, including hip	ICD-10-CM	Diagnosis
C43.72	Malignant melanoma of left lower limb, including hip	ICD-10-CM	Diagnosis
C43.8	Malignant melanoma of overlapping sites of skin	ICD-10-CM	Diagnosis
C43.9	Malignant melanoma of skin, unspecified	ICD-10-CM	Diagnosis
C45.0	Mesothelioma of pleura	ICD-10-CM	Diagnosis
C45.1	Mesothelioma of peritoneum	ICD-10-CM	Diagnosis
C45.2	Mesothelioma of pericardium	ICD-10-CM	Diagnosis
C45.7	Mesothelioma of other sites	ICD-10-CM	Diagnosis
C45.9	Mesothelioma, unspecified	ICD-10-CM	Diagnosis
C46.0	Kaposi's sarcoma of skin	ICD-10-CM	Diagnosis
C46.1	Kaposi's sarcoma of soft tissue	ICD-10-CM	Diagnosis
C46.2	Kaposi's sarcoma of palate	ICD-10-CM	Diagnosis
C46.3	Kaposi's sarcoma of lymph nodes	ICD-10-CM	Diagnosis
C46.4	Kaposi's sarcoma of gastrointestinal sites	ICD-10-CM	Diagnosis
C46.50	Kaposi's sarcoma of unspecified lung	ICD-10-CM	Diagnosis
C46.51	Kaposi's sarcoma of right lung	ICD-10-CM	Diagnosis
C46.52	Kaposi's sarcoma of left lung	ICD-10-CM	Diagnosis
C46.7	Kaposi's sarcoma of other sites	ICD-10-CM	Diagnosis
C46.9	Kaposi's sarcoma, unspecified	ICD-10-CM	Diagnosis
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck	ICD-10-CM	Diagnosis
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip	ICD-10-CM	Diagnosis
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip	ICD-10-CM	Diagnosis
C47.3	Malignant neoplasm of peripheral nerves of thorax	ICD-10-CM	Diagnosis
C47.4	Malignant neoplasm of peripheral nerves of abdomen	ICD-10-CM	Diagnosis
C47.5	Malignant neoplasm of peripheral nerves of pelvis	ICD-10-CM	Diagnosis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	ICD-10-CM	Diagnosis
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	ICD-10-CM	Diagnosis
C48.0	Malignant neoplasm of retroperitoneum	ICD-10-CM	Diagnosis
C48.1	Malignant neoplasm of specified parts of peritoneum	ICD-10-CM	Diagnosis
C48.2	Malignant neoplasm of peritoneum, unspecified	ICD-10-CM	Diagnosis
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	ICD-10-CM	Diagnosis
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck	ICD-10-CM	Diagnosis
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	ICD-10-CM	Diagnosis
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	ICD-10-CM	Diagnosis
C49.3	Malignant neoplasm of connective and soft tissue of thorax	ICD-10-CM	Diagnosis
C49.4	Malignant neoplasm of connective and soft tissue of abdomen	ICD-10-CM	Diagnosis
C49.5	Malignant neoplasm of connective and soft tissue of pelvis	ICD-10-CM	Diagnosis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified	ICD-10-CM	Diagnosis
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue	ICD-10-CM	Diagnosis
C49.9	Malignant neoplasm of connective and soft tissue, unspecified	ICD-10-CM	Diagnosis
C49.A0	Gastrointestinal stromal tumor, unspecified site	ICD-10-CM	Diagnosis
C49.A1	Gastrointestinal stromal tumor of esophagus	ICD-10-CM	Diagnosis
C49.A2	Gastrointestinal stromal tumor of stomach	ICD-10-CM	Diagnosis
C49.A3	Gastrointestinal stromal tumor of small intestine	ICD-10-CM	Diagnosis
C49.A4	Gastrointestinal stromal tumor of large intestine	ICD-10-CM	Diagnosis
C49.A5	Gastrointestinal stromal tumor of rectum	ICD-10-CM	Diagnosis
C49.A9	Gastrointestinal stromal tumor of other sites	ICD-10-CM	Diagnosis
C4A.0	Merkel cell carcinoma of lip	ICD-10-CM	Diagnosis
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.11	Merkel cell carcinoma of right eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.12	Merkel cell carcinoma of left eyelid, including canthus	ICD-10-CM	Diagnosis
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	ICD-10-CM	Diagnosis
C4A.30	Merkel cell carcinoma of unspecified part of face	ICD-10-CM	Diagnosis
C4A.31	Merkel cell carcinoma of nose	ICD-10-CM	Diagnosis
C4A.39	Merkel cell carcinoma of other parts of face	ICD-10-CM	Diagnosis
C4A.4	Merkel cell carcinoma of scalp and neck	ICD-10-CM	Diagnosis
C4A.51	Merkel cell carcinoma of anal skin	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C4A.52	Merkel cell carcinoma of skin of breast	ICD-10-CM	Diagnosis
C4A.59	Merkel cell carcinoma of other part of trunk	ICD-10-CM	Diagnosis
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	ICD-10-CM	Diagnosis
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
C4A.71	Merkel cell carcinoma of right lower limb, including hip	ICD-10-CM	Diagnosis
C4A.72	Merkel cell carcinoma of left lower limb, including hip	ICD-10-CM	Diagnosis
C4A.8	Merkel cell carcinoma of overlapping sites	ICD-10-CM	Diagnosis
C4A.9	Merkel cell carcinoma, unspecified	ICD-10-CM	Diagnosis
C50.011	Malignant neoplasm of nipple and areola, right female breast	ICD-10-CM	Diagnosis
C50.012	Malignant neoplasm of nipple and areola, left female breast	ICD-10-CM	Diagnosis
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast	ICD-10-CM	Diagnosis
C50.021	Malignant neoplasm of nipple and areola, right male breast	ICD-10-CM	Diagnosis
C50.022	Malignant neoplasm of nipple and areola, left male breast	ICD-10-CM	Diagnosis
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast	ICD-10-CM	Diagnosis
C50.111	Malignant neoplasm of central portion of right female breast	ICD-10-CM	Diagnosis
C50.112	Malignant neoplasm of central portion of left female breast	ICD-10-CM	Diagnosis
C50.119	Malignant neoplasm of central portion of unspecified female breast	ICD-10-CM	Diagnosis
C50.121	Malignant neoplasm of central portion of right male breast	ICD-10-CM	Diagnosis
C50.122	Malignant neoplasm of central portion of left male breast	ICD-10-CM	Diagnosis
C50.129	Malignant neoplasm of central portion of unspecified male breast	ICD-10-CM	Diagnosis
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast	ICD-10-CM	Diagnosis
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast	ICD-10-CM	Diagnosis
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast	ICD-10-CM	Diagnosis
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast	ICD-10-CM	Diagnosis
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast	ICD-10-CM	Diagnosis
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast	ICD-10-CM	Diagnosis
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast	ICD-10-CM	Diagnosis
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast	ICD-10-CM	Diagnosis
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast	ICD-10-CM	Diagnosis
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast	ICD-10-CM	Diagnosis
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast	ICD-10-CM	Diagnosis
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast	ICD-10-CM	Diagnosis
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast	ICD-10-CM	Diagnosis
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	ICD-10-CM	Diagnosis
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast	ICD-10-CM	Diagnosis
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast	ICD-10-CM	Diagnosis
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	ICD-10-CM	Diagnosis
C50.611	Malignant neoplasm of axillary tail of right female breast	ICD-10-CM	Diagnosis
C50.612	Malignant neoplasm of axillary tail of left female breast	ICD-10-CM	Diagnosis
C50.619	Malignant neoplasm of axillary tail of unspecified female breast	ICD-10-CM	Diagnosis
C50.621	Malignant neoplasm of axillary tail of right male breast	ICD-10-CM	Diagnosis
C50.622	Malignant neoplasm of axillary tail of left male breast	ICD-10-CM	Diagnosis
C50.629	Malignant neoplasm of axillary tail of unspecified male breast	ICD-10-CM	Diagnosis
C50.811	Malignant neoplasm of overlapping sites of right female breast	ICD-10-CM	Diagnosis
C50.812	Malignant neoplasm of overlapping sites of left female breast	ICD-10-CM	Diagnosis
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast	ICD-10-CM	Diagnosis
C50.821	Malignant neoplasm of overlapping sites of right male breast	ICD-10-CM	Diagnosis
C50.822	Malignant neoplasm of overlapping sites of left male breast	ICD-10-CM	Diagnosis
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast	ICD-10-CM	Diagnosis
C50.911	Malignant neoplasm of unspecified site of right female breast	ICD-10-CM	Diagnosis
C50.912	Malignant neoplasm of unspecified site of left female breast	ICD-10-CM	Diagnosis
C50.919	Malignant neoplasm of unspecified site of unspecified female breast	ICD-10-CM	Diagnosis
C50.921	Malignant neoplasm of unspecified site of right male breast	ICD-10-CM	Diagnosis
C50.922	Malignant neoplasm of unspecified site of left male breast	ICD-10-CM	Diagnosis
C50.929	Malignant neoplasm of unspecified site of unspecified male breast	ICD-10-CM	Diagnosis
C51.0	Malignant neoplasm of labium majus	ICD-10-CM	Diagnosis
C51.1	Malignant neoplasm of labium minus	ICD-10-CM	Diagnosis
C51.2	Malignant neoplasm of clitoris	ICD-10-CM	Diagnosis
C51.8	Malignant neoplasm of overlapping sites of vulva	ICD-10-CM	Diagnosis
C51.9	Malignant neoplasm of vulva, unspecified	ICD-10-CM	Diagnosis
C52	Malignant neoplasm of vagina	ICD-10-CM	Diagnosis
C53.0	Malignant neoplasm of endocervix	ICD-10-CM	Diagnosis
C53.1	Malignant neoplasm of exocervix	ICD-10-CM	Diagnosis
C53.8	Malignant neoplasm of overlapping sites of cervix uteri	ICD-10-CM	Diagnosis
C53.9	Malignant neoplasm of cervix uteri, unspecified	ICD-10-CM	Diagnosis
C54.0	Malignant neoplasm of isthmus uteri	ICD-10-CM	Diagnosis
C54.1	Malignant neoplasm of endometrium	ICD-10-CM	Diagnosis
C54.2	Malignant neoplasm of myometrium	ICD-10-CM	Diagnosis
C54.3	Malignant neoplasm of fundus uteri	ICD-10-CM	Diagnosis
C54.8	Malignant neoplasm of overlapping sites of corpus uteri	ICD-10-CM	Diagnosis
C54.9	Malignant neoplasm of corpus uteri, unspecified	ICD-10-CM	Diagnosis
C55	Malignant neoplasm of uterus, part unspecified	ICD-10-CM	Diagnosis
C56.1	Malignant neoplasm of right ovary	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C56.2	Malignant neoplasm of left ovary	ICD-10-CM	Diagnosis
C56.9	Malignant neoplasm of unspecified ovary	ICD-10-CM	Diagnosis
C57.00	Malignant neoplasm of unspecified fallopian tube	ICD-10-CM	Diagnosis
C57.01	Malignant neoplasm of right fallopian tube	ICD-10-CM	Diagnosis
C57.02	Malignant neoplasm of left fallopian tube	ICD-10-CM	Diagnosis
C57.10	Malignant neoplasm of unspecified broad ligament	ICD-10-CM	Diagnosis
C57.11	Malignant neoplasm of right broad ligament	ICD-10-CM	Diagnosis
C57.12	Malignant neoplasm of left broad ligament	ICD-10-CM	Diagnosis
C57.20	Malignant neoplasm of unspecified round ligament	ICD-10-CM	Diagnosis
C57.21	Malignant neoplasm of right round ligament	ICD-10-CM	Diagnosis
C57.22	Malignant neoplasm of left round ligament	ICD-10-CM	Diagnosis
C57.3	Malignant neoplasm of parametrium	ICD-10-CM	Diagnosis
C57.4	Malignant neoplasm of uterine adnexa, unspecified	ICD-10-CM	Diagnosis
C57.7	Malignant neoplasm of other specified female genital organs	ICD-10-CM	Diagnosis
C57.8	Malignant neoplasm of overlapping sites of female genital organs	ICD-10-CM	Diagnosis
C57.9	Malignant neoplasm of female genital organ, unspecified	ICD-10-CM	Diagnosis
C58	Malignant neoplasm of placenta	ICD-10-CM	Diagnosis
C60.0	Malignant neoplasm of prepuce	ICD-10-CM	Diagnosis
C60.1	Malignant neoplasm of glans penis	ICD-10-CM	Diagnosis
C60.2	Malignant neoplasm of body of penis	ICD-10-CM	Diagnosis
C60.8	Malignant neoplasm of overlapping sites of penis	ICD-10-CM	Diagnosis
C60.9	Malignant neoplasm of penis, unspecified	ICD-10-CM	Diagnosis
C61	Malignant neoplasm of prostate	ICD-10-CM	Diagnosis
C62.00	Malignant neoplasm of unspecified undescended testis	ICD-10-CM	Diagnosis
C62.01	Malignant neoplasm of undescended right testis	ICD-10-CM	Diagnosis
C62.02	Malignant neoplasm of undescended left testis	ICD-10-CM	Diagnosis
C62.10	Malignant neoplasm of unspecified descended testis	ICD-10-CM	Diagnosis
C62.11	Malignant neoplasm of descended right testis	ICD-10-CM	Diagnosis
C62.12	Malignant neoplasm of descended left testis	ICD-10-CM	Diagnosis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended	ICD-10-CM	Diagnosis
C63.00	Malignant neoplasm of unspecified epididymis	ICD-10-CM	Diagnosis
C63.01	Malignant neoplasm of right epididymis	ICD-10-CM	Diagnosis
C63.02	Malignant neoplasm of left epididymis	ICD-10-CM	Diagnosis
C63.10	Malignant neoplasm of unspecified spermatic cord	ICD-10-CM	Diagnosis
C63.11	Malignant neoplasm of right spermatic cord	ICD-10-CM	Diagnosis
C63.12	Malignant neoplasm of left spermatic cord	ICD-10-CM	Diagnosis
C63.2	Malignant neoplasm of scrotum	ICD-10-CM	Diagnosis
C63.7	Malignant neoplasm of other specified male genital organs	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C63.8	Malignant neoplasm of overlapping sites of male genital organs	ICD-10-CM	Diagnosis
C63.9	Malignant neoplasm of male genital organ, unspecified	ICD-10-CM	Diagnosis
C64.1	Malignant neoplasm of right kidney, except renal pelvis	ICD-10-CM	Diagnosis
C64.2	Malignant neoplasm of left kidney, except renal pelvis	ICD-10-CM	Diagnosis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	ICD-10-CM	Diagnosis
C65.1	Malignant neoplasm of right renal pelvis	ICD-10-CM	Diagnosis
C65.2	Malignant neoplasm of left renal pelvis	ICD-10-CM	Diagnosis
C65.9	Malignant neoplasm of unspecified renal pelvis	ICD-10-CM	Diagnosis
C66.1	Malignant neoplasm of right ureter	ICD-10-CM	Diagnosis
C66.2	Malignant neoplasm of left ureter	ICD-10-CM	Diagnosis
C66.9	Malignant neoplasm of unspecified ureter	ICD-10-CM	Diagnosis
C67.0	Malignant neoplasm of trigone of bladder	ICD-10-CM	Diagnosis
C67.1	Malignant neoplasm of dome of bladder	ICD-10-CM	Diagnosis
C67.2	Malignant neoplasm of lateral wall of bladder	ICD-10-CM	Diagnosis
C67.3	Malignant neoplasm of anterior wall of bladder	ICD-10-CM	Diagnosis
C67.4	Malignant neoplasm of posterior wall of bladder	ICD-10-CM	Diagnosis
C67.5	Malignant neoplasm of bladder neck	ICD-10-CM	Diagnosis
C67.6	Malignant neoplasm of ureteric orifice	ICD-10-CM	Diagnosis
C67.7	Malignant neoplasm of urachus	ICD-10-CM	Diagnosis
C67.8	Malignant neoplasm of overlapping sites of bladder	ICD-10-CM	Diagnosis
C67.9	Malignant neoplasm of bladder, unspecified	ICD-10-CM	Diagnosis
C68.0	Malignant neoplasm of urethra	ICD-10-CM	Diagnosis
C68.1	Malignant neoplasm of paraurethral glands	ICD-10-CM	Diagnosis
C68.8	Malignant neoplasm of overlapping sites of urinary organs	ICD-10-CM	Diagnosis
C68.9	Malignant neoplasm of urinary organ, unspecified	ICD-10-CM	Diagnosis
C69.00	Malignant neoplasm of unspecified conjunctiva	ICD-10-CM	Diagnosis
C69.01	Malignant neoplasm of right conjunctiva	ICD-10-CM	Diagnosis
C69.02	Malignant neoplasm of left conjunctiva	ICD-10-CM	Diagnosis
C69.10	Malignant neoplasm of unspecified cornea	ICD-10-CM	Diagnosis
C69.11	Malignant neoplasm of right cornea	ICD-10-CM	Diagnosis
C69.12	Malignant neoplasm of left cornea	ICD-10-CM	Diagnosis
C69.20	Malignant neoplasm of unspecified retina	ICD-10-CM	Diagnosis
C69.21	Malignant neoplasm of right retina	ICD-10-CM	Diagnosis
C69.22	Malignant neoplasm of left retina	ICD-10-CM	Diagnosis
C69.30	Malignant neoplasm of unspecified choroid	ICD-10-CM	Diagnosis
C69.31	Malignant neoplasm of right choroid	ICD-10-CM	Diagnosis
C69.32	Malignant neoplasm of left choroid	ICD-10-CM	Diagnosis
C69.40	Malignant neoplasm of unspecified ciliary body	ICD-10-CM	Diagnosis
C69.41	Malignant neoplasm of right ciliary body	ICD-10-CM	Diagnosis
C69.42	Malignant neoplasm of left ciliary body	ICD-10-CM	Diagnosis
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C69.51	Malignant neoplasm of right lacrimal gland and duct	ICD-10-CM	Diagnosis
C69.52	Malignant neoplasm of left lacrimal gland and duct	ICD-10-CM	Diagnosis
C69.60	Malignant neoplasm of unspecified orbit	ICD-10-CM	Diagnosis
C69.61	Malignant neoplasm of right orbit	ICD-10-CM	Diagnosis
C69.62	Malignant neoplasm of left orbit	ICD-10-CM	Diagnosis
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	ICD-10-CM	Diagnosis
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa	ICD-10-CM	Diagnosis
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa	ICD-10-CM	Diagnosis
C69.90	Malignant neoplasm of unspecified site of unspecified eye	ICD-10-CM	Diagnosis
C69.91	Malignant neoplasm of unspecified site of right eye	ICD-10-CM	Diagnosis
C69.92	Malignant neoplasm of unspecified site of left eye	ICD-10-CM	Diagnosis
C70.0	Malignant neoplasm of cerebral meninges	ICD-10-CM	Diagnosis
C70.1	Malignant neoplasm of spinal meninges	ICD-10-CM	Diagnosis
C70.9	Malignant neoplasm of meninges, unspecified	ICD-10-CM	Diagnosis
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	ICD-10-CM	Diagnosis
C71.1	Malignant neoplasm of frontal lobe	ICD-10-CM	Diagnosis
C71.2	Malignant neoplasm of temporal lobe	ICD-10-CM	Diagnosis
C71.3	Malignant neoplasm of parietal lobe	ICD-10-CM	Diagnosis
C71.4	Malignant neoplasm of occipital lobe	ICD-10-CM	Diagnosis
C71.5	Malignant neoplasm of cerebral ventricle	ICD-10-CM	Diagnosis
C71.6	Malignant neoplasm of cerebellum	ICD-10-CM	Diagnosis
C71.7	Malignant neoplasm of brain stem	ICD-10-CM	Diagnosis
C71.8	Malignant neoplasm of overlapping sites of brain	ICD-10-CM	Diagnosis
C71.9	Malignant neoplasm of brain, unspecified	ICD-10-CM	Diagnosis
C72.0	Malignant neoplasm of spinal cord	ICD-10-CM	Diagnosis
C72.1	Malignant neoplasm of cauda equina	ICD-10-CM	Diagnosis
C72.20	Malignant neoplasm of unspecified olfactory nerve	ICD-10-CM	Diagnosis
C72.21	Malignant neoplasm of right olfactory nerve	ICD-10-CM	Diagnosis
C72.22	Malignant neoplasm of left olfactory nerve	ICD-10-CM	Diagnosis
C72.30	Malignant neoplasm of unspecified optic nerve	ICD-10-CM	Diagnosis
C72.31	Malignant neoplasm of right optic nerve	ICD-10-CM	Diagnosis
C72.32	Malignant neoplasm of left optic nerve	ICD-10-CM	Diagnosis
C72.40	Malignant neoplasm of unspecified acoustic nerve	ICD-10-CM	Diagnosis
C72.41	Malignant neoplasm of right acoustic nerve	ICD-10-CM	Diagnosis
C72.42	Malignant neoplasm of left acoustic nerve	ICD-10-CM	Diagnosis
C72.50	Malignant neoplasm of unspecified cranial nerve	ICD-10-CM	Diagnosis
C72.59	Malignant neoplasm of other cranial nerves	ICD-10-CM	Diagnosis
C72.9	Malignant neoplasm of central nervous system, unspecified	ICD-10-CM	Diagnosis
C73	Malignant neoplasm of thyroid gland	ICD-10-CM	Diagnosis
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.01	Malignant neoplasm of cortex of right adrenal gland	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
C74.02	Malignant neoplasm of cortex of left adrenal gland	ICD-10-CM	Diagnosis
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.11	Malignant neoplasm of medulla of right adrenal gland	ICD-10-CM	Diagnosis
C74.12	Malignant neoplasm of medulla of left adrenal gland	ICD-10-CM	Diagnosis
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland	ICD-10-CM	Diagnosis
C74.91	Malignant neoplasm of unspecified part of right adrenal gland	ICD-10-CM	Diagnosis
C74.92	Malignant neoplasm of unspecified part of left adrenal gland	ICD-10-CM	Diagnosis
C75.0	Malignant neoplasm of parathyroid gland	ICD-10-CM	Diagnosis
C75.1	Malignant neoplasm of pituitary gland	ICD-10-CM	Diagnosis
C75.2	Malignant neoplasm of craniopharyngeal duct	ICD-10-CM	Diagnosis
C75.3	Malignant neoplasm of pineal gland	ICD-10-CM	Diagnosis
C75.4	Malignant neoplasm of carotid body	ICD-10-CM	Diagnosis
C75.5	Malignant neoplasm of aortic body and other paraganglia	ICD-10-CM	Diagnosis
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified	ICD-10-CM	Diagnosis
C75.9	Malignant neoplasm of endocrine gland, unspecified	ICD-10-CM	Diagnosis
C76.0	Malignant neoplasm of head, face and neck	ICD-10-CM	Diagnosis
C76.1	Malignant neoplasm of thorax	ICD-10-CM	Diagnosis
C76.2	Malignant neoplasm of abdomen	ICD-10-CM	Diagnosis
C76.3	Malignant neoplasm of pelvis	ICD-10-CM	Diagnosis
C76.40	Malignant neoplasm of unspecified upper limb	ICD-10-CM	Diagnosis
C76.41	Malignant neoplasm of right upper limb	ICD-10-CM	Diagnosis
C76.42	Malignant neoplasm of left upper limb	ICD-10-CM	Diagnosis
C76.50	Malignant neoplasm of unspecified lower limb	ICD-10-CM	Diagnosis
C76.51	Malignant neoplasm of right lower limb	ICD-10-CM	Diagnosis
C76.52	Malignant neoplasm of left lower limb	ICD-10-CM	Diagnosis
C76.8	Malignant neoplasm of other specified ill-defined sites	ICD-10-CM	Diagnosis
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	ICD-10-CM	Diagnosis
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	ICD-10-CM	Diagnosis
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	ICD-10-CM	Diagnosis
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	ICD-10-CM	Diagnosis
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified	ICD-10-CM	Diagnosis
C78.00	Secondary malignant neoplasm of unspecified lung	ICD-10-CM	Diagnosis
C78.01	Secondary malignant neoplasm of right lung	ICD-10-CM	Diagnosis
C78.02	Secondary malignant neoplasm of left lung	ICD-10-CM	Diagnosis
C78.1	Secondary malignant neoplasm of mediastinum	ICD-10-CM	Diagnosis
C78.2	Secondary malignant neoplasm of pleura	ICD-10-CM	Diagnosis
C78.30	Secondary malignant neoplasm of unspecified respiratory organ	ICD-10-CM	Diagnosis
C78.39	Secondary malignant neoplasm of other respiratory organs	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
C78.4	Secondary malignant neoplasm of small intestine	ICD-10-CM	Diagnosis
C78.5	Secondary malignant neoplasm of large intestine and rectum	ICD-10-CM	Diagnosis
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum	ICD-10-CM	Diagnosis
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct	ICD-10-CM	Diagnosis
C78.80	Secondary malignant neoplasm of unspecified digestive organ	ICD-10-CM	Diagnosis
C78.89	Secondary malignant neoplasm of other digestive organs	ICD-10-CM	Diagnosis
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis	ICD-10-CM	Diagnosis
C79.10	Secondary malignant neoplasm of unspecified urinary organs	ICD-10-CM	Diagnosis
C79.11	Secondary malignant neoplasm of bladder	ICD-10-CM	Diagnosis
C79.19	Secondary malignant neoplasm of other urinary organs	ICD-10-CM	Diagnosis
C79.2	Secondary malignant neoplasm of skin	ICD-10-CM	Diagnosis
C79.31	Secondary malignant neoplasm of brain	ICD-10-CM	Diagnosis
C79.32	Secondary malignant neoplasm of cerebral meninges	ICD-10-CM	Diagnosis
C79.40	Secondary malignant neoplasm of unspecified part of nervous system	ICD-10-CM	Diagnosis
C79.49	Secondary malignant neoplasm of other parts of nervous system	ICD-10-CM	Diagnosis
C79.51	Secondary malignant neoplasm of bone	ICD-10-CM	Diagnosis
C79.52	Secondary malignant neoplasm of bone marrow	ICD-10-CM	Diagnosis
C79.60	Secondary malignant neoplasm of unspecified ovary	ICD-10-CM	Diagnosis
C79.61	Secondary malignant neoplasm of right ovary	ICD-10-CM	Diagnosis
C79.62	Secondary malignant neoplasm of left ovary	ICD-10-CM	Diagnosis
C79.70	Secondary malignant neoplasm of unspecified adrenal gland	ICD-10-CM	Diagnosis
C79.71	Secondary malignant neoplasm of right adrenal gland	ICD-10-CM	Diagnosis
C79.72	Secondary malignant neoplasm of left adrenal gland	ICD-10-CM	Diagnosis
C79.81	Secondary malignant neoplasm of breast	ICD-10-CM	Diagnosis
C79.82	Secondary malignant neoplasm of genital organs	ICD-10-CM	Diagnosis
C79.89	Secondary malignant neoplasm of other specified sites	ICD-10-CM	Diagnosis
C79.9	Secondary malignant neoplasm of unspecified site	ICD-10-CM	Diagnosis
C7A.00	Malignant carcinoid tumor of unspecified site	ICD-10-CM	Diagnosis
C7A.010	Malignant carcinoid tumor of the duodenum	ICD-10-CM	Diagnosis
C7A.011	Malignant carcinoid tumor of the jejunum	ICD-10-CM	Diagnosis
C7A.012	Malignant carcinoid tumor of the ileum	ICD-10-CM	Diagnosis
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion	ICD-10-CM	Diagnosis
C7A.020	Malignant carcinoid tumor of the appendix	ICD-10-CM	Diagnosis
C7A.021	Malignant carcinoid tumor of the cecum	ICD-10-CM	Diagnosis
C7A.022	Malignant carcinoid tumor of the ascending colon	ICD-10-CM	Diagnosis
C7A.023	Malignant carcinoid tumor of the transverse colon	ICD-10-CM	Diagnosis
C7A.024	Malignant carcinoid tumor of the descending colon	ICD-10-CM	Diagnosis
C7A.025	Malignant carcinoid tumor of the sigmoid colon	ICD-10-CM	Diagnosis
C7A.026	Malignant carcinoid tumor of the rectum	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion	ICD-10-CM	Diagnosis
C7A.090	Malignant carcinoid tumor of the bronchus and lung	ICD-10-CM	Diagnosis
C7A.091	Malignant carcinoid tumor of the thymus	ICD-10-CM	Diagnosis
C7A.092	Malignant carcinoid tumor of the stomach	ICD-10-CM	Diagnosis
C7A.093	Malignant carcinoid tumor of the kidney	ICD-10-CM	Diagnosis
C7A.094	Malignant carcinoid tumor of the foregut, unspecified	ICD-10-CM	Diagnosis
C7A.095	Malignant carcinoid tumor of the midgut, unspecified	ICD-10-CM	Diagnosis
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified	ICD-10-CM	Diagnosis
C7A.098	Malignant carcinoid tumors of other sites	ICD-10-CM	Diagnosis
C7A.1	Malignant poorly differentiated neuroendocrine tumors	ICD-10-CM	Diagnosis
C7A.8	Other malignant neuroendocrine tumors	ICD-10-CM	Diagnosis
C7B.00	Secondary carcinoid tumors, unspecified site	ICD-10-CM	Diagnosis
C7B.01	Secondary carcinoid tumors of distant lymph nodes	ICD-10-CM	Diagnosis
C7B.02	Secondary carcinoid tumors of liver	ICD-10-CM	Diagnosis
C7B.03	Secondary carcinoid tumors of bone	ICD-10-CM	Diagnosis
C7B.04	Secondary carcinoid tumors of peritoneum	ICD-10-CM	Diagnosis
C7B.09	Secondary carcinoid tumors of other sites	ICD-10-CM	Diagnosis
C7B.1	Secondary Merkel cell carcinoma	ICD-10-CM	Diagnosis
C7B.8	Other secondary neuroendocrine tumors	ICD-10-CM	Diagnosis
C80.0	Disseminated malignant neoplasm, unspecified	ICD-10-CM	Diagnosis
C80.1	Malignant (primary) neoplasm, unspecified	ICD-10-CM	Diagnosis
C80.2	Malignant neoplasm associated with transplanted organ	ICD-10-CM	Diagnosis
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.27	Mixed cellularity Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.70	Other Hodgkin lymphoma, unspecified site	ICD-10-CM	Diagnosis
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C81.77	Other Hodgkin lymphoma, spleen	ICD-10-CM	Diagnosis
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C81.90	Hodgkin lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C81.97	Hodgkin lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.00	Follicular lymphoma grade I, unspecified site	ICD-10-CM	Diagnosis
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.07	Follicular lymphoma grade I, spleen	ICD-10-CM	Diagnosis
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.10	Follicular lymphoma grade II, unspecified site	ICD-10-CM	Diagnosis
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.17	Follicular lymphoma grade II, spleen	ICD-10-CM	Diagnosis
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.20	Follicular lymphoma grade III, unspecified, unspecified site	ICD-10-CM	Diagnosis
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C82.27	Follicular lymphoma grade III, unspecified, spleen	ICD-10-CM	Diagnosis
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.30	Follicular lymphoma grade IIIa, unspecified site	ICD-10-CM	Diagnosis
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.37	Follicular lymphoma grade IIIa, spleen	ICD-10-CM	Diagnosis
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.40	Follicular lymphoma grade IIIb, unspecified site	ICD-10-CM	Diagnosis
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.47	Follicular lymphoma grade IIIb, spleen	ICD-10-CM	Diagnosis
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.50	Diffuse follicle center lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.57	Diffuse follicle center lymphoma, spleen	ICD-10-CM	Diagnosis
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.60	Cutaneous follicle center lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.67	Cutaneous follicle center lymphoma, spleen	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.80	Other types of follicular lymphoma, unspecified site	ICD-10-CM	Diagnosis
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.87	Other types of follicular lymphoma, spleen	ICD-10-CM	Diagnosis
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C82.90	Follicular lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C82.97	Follicular lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.00	Small cell B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.07	Small cell B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.10	Mantle cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.17	Mantle cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
C83.19	Mantle cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.30	Diffuse large B-cell lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.37	Diffuse large B-cell lymphoma, spleen	ICD-10-CM	Diagnosis
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.57	Lymphoblastic (diffuse) lymphoma, spleen	ICD-10-CM	Diagnosis
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.70	Burkitt lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.72	Burkitt lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.76	Burkitt lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.77	Burkitt lymphoma, spleen	ICD-10-CM	Diagnosis
C83.78	Burkitt lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.79	Burkitt lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C83.80	Other non-follicular lymphoma, unspecified site	ICD-10-CM	Diagnosis
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.87	Other non-follicular lymphoma, spleen	ICD-10-CM	Diagnosis
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.00	Mycosis fungoides, unspecified site	ICD-10-CM	Diagnosis
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.02	Mycosis fungoides, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.06	Mycosis fungoides, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.07	Mycosis fungoides, spleen	ICD-10-CM	Diagnosis
C84.08	Mycosis fungoides, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.09	Mycosis fungoides, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.10	Sezary disease, unspecified site	ICD-10-CM	Diagnosis
C84.11	Sezary disease, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.12	Sezary disease, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.13	Sezary disease, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.14	Sezary disease, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.16	Sezary disease, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.17	Sezary disease, spleen	ICD-10-CM	Diagnosis
C84.18	Sezary disease, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.19	Sezary disease, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	ICD-10-CM	Diagnosis
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.47	Peripheral T-cell lymphoma, not classified, spleen	ICD-10-CM	Diagnosis
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site	ICD-10-CM	Diagnosis
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen	ICD-10-CM	Diagnosis
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site	ICD-10-CM	Diagnosis
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen	ICD-10-CM	Diagnosis
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site	ICD-10-CM	Diagnosis
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen	ICD-10-CM	Diagnosis
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	ICD-10-CM	Diagnosis
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	ICD-10-CM	Diagnosis
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	ICD-10-CM	Diagnosis
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	ICD-10-CM	Diagnosis
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	ICD-10-CM	Diagnosis
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	ICD-10-CM	Diagnosis
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	ICD-10-CM	Diagnosis
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	ICD-10-CM	Diagnosis
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	ICD-10-CM	Diagnosis
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen	ICD-10-CM	Diagnosis

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

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

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

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Code	Description	Code Type	Code Category
C92.52	Acute myelomonocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	ICD-10-CM	Diagnosis
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission	ICD-10-CM	Diagnosis
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse	ICD-10-CM	Diagnosis
C92.90	Myeloid leukemia, unspecified, not having achieved remission	ICD-10-CM	Diagnosis
C92.91	Myeloid leukemia, unspecified in remission	ICD-10-CM	Diagnosis
C92.92	Myeloid leukemia, unspecified in relapse	ICD-10-CM	Diagnosis
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	ICD-10-CM	Diagnosis
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission	ICD-10-CM	Diagnosis
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	ICD-10-CM	Diagnosis
C92.Z0	Other myeloid leukemia not having achieved remission	ICD-10-CM	Diagnosis
C92.Z1	Other myeloid leukemia, in remission	ICD-10-CM	Diagnosis
C92.Z2	Other myeloid leukemia, in relapse	ICD-10-CM	Diagnosis
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.01	Acute monoblastic/monocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.02	Acute monoblastic/monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C93.10	Chronic myelomonocytic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C93.11	Chronic myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.12	Chronic myelomonocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.31	Juvenile myelomonocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.32	Juvenile myelomonocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C93.90	Monocytic leukemia, unspecified, not having achieved remission	ICD-10-CM	Diagnosis
C93.91	Monocytic leukemia, unspecified in remission	ICD-10-CM	Diagnosis
C93.92	Monocytic leukemia, unspecified in relapse	ICD-10-CM	Diagnosis
C93.Z0	Other monocytic leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C93.Z1	Other monocytic leukemia, in remission	ICD-10-CM	Diagnosis
C93.Z2	Other monocytic leukemia, in relapse	ICD-10-CM	Diagnosis
C94.00	Acute erythroid leukemia, not having achieved remission	ICD-10-CM	Diagnosis
C94.01	Acute erythroid leukemia, in remission	ICD-10-CM	Diagnosis
C94.02	Acute erythroid leukemia, in relapse	ICD-10-CM	Diagnosis
C94.20	Acute megakaryoblastic leukemia not having achieved remission	ICD-10-CM	Diagnosis
C94.21	Acute megakaryoblastic leukemia, in remission	ICD-10-CM	Diagnosis
C94.22	Acute megakaryoblastic leukemia, in relapse	ICD-10-CM	Diagnosis
C94.30	Mast cell leukemia not having achieved remission	ICD-10-CM	Diagnosis
C94.31	Mast cell leukemia, in remission	ICD-10-CM	Diagnosis
C94.32	Mast cell leukemia, in relapse	ICD-10-CM	Diagnosis
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	ICD-10-CM	Diagnosis
C94.41	Acute panmyelosis with myelofibrosis, in remission	ICD-10-CM	Diagnosis
C94.42	Acute panmyelosis with myelofibrosis, in relapse	ICD-10-CM	Diagnosis
C94.6	Myelodysplastic disease, not classified	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
C94.80	Other specified leukemias not having achieved remission	ICD-10-CM	Diagnosis
C94.81	Other specified leukemias, in remission	ICD-10-CM	Diagnosis
C94.82	Other specified leukemias, in relapse	ICD-10-CM	Diagnosis
C95.00	Acute leukemia of unspecified cell type not having achieved remission	ICD-10-CM	Diagnosis
C95.01	Acute leukemia of unspecified cell type, in remission	ICD-10-CM	Diagnosis
C95.02	Acute leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	ICD-10-CM	Diagnosis
C95.11	Chronic leukemia of unspecified cell type, in remission	ICD-10-CM	Diagnosis
C95.12	Chronic leukemia of unspecified cell type, in relapse	ICD-10-CM	Diagnosis
C95.90	Leukemia, unspecified not having achieved remission	ICD-10-CM	Diagnosis
C95.91	Leukemia, unspecified, in remission	ICD-10-CM	Diagnosis
C95.92	Leukemia, unspecified, in relapse	ICD-10-CM	Diagnosis
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	ICD-10-CM	Diagnosis
C96.20	Malignant mast cell neoplasm, unspecified	ICD-10-CM	Diagnosis
C96.21	Aggressive systemic mastocytosis	ICD-10-CM	Diagnosis
C96.22	Mast cell sarcoma	ICD-10-CM	Diagnosis
C96.29	Other malignant mast cell neoplasm	ICD-10-CM	Diagnosis
C96.4	Sarcoma of dendritic cells (accessory cells)	ICD-10-CM	Diagnosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	ICD-10-CM	Diagnosis
C96.A	Histiocytic sarcoma	ICD-10-CM	Diagnosis
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	ICD-10-CM	Diagnosis
D00.00	Carcinoma in situ of oral cavity, unspecified site	ICD-10-CM	Diagnosis
D00.01	Carcinoma in situ of labial mucosa and vermilion border	ICD-10-CM	Diagnosis
D00.02	Carcinoma in situ of buccal mucosa	ICD-10-CM	Diagnosis
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge	ICD-10-CM	Diagnosis
D00.04	Carcinoma in situ of soft palate	ICD-10-CM	Diagnosis
D00.05	Carcinoma in situ of hard palate	ICD-10-CM	Diagnosis
D00.06	Carcinoma in situ of floor of mouth	ICD-10-CM	Diagnosis
D00.07	Carcinoma in situ of tongue	ICD-10-CM	Diagnosis
D00.08	Carcinoma in situ of pharynx	ICD-10-CM	Diagnosis
D00.1	Carcinoma in situ of esophagus	ICD-10-CM	Diagnosis
D00.2	Carcinoma in situ of stomach	ICD-10-CM	Diagnosis
D01.0	Carcinoma in situ of colon	ICD-10-CM	Diagnosis
D01.1	Carcinoma in situ of rectosigmoid junction	ICD-10-CM	Diagnosis
D01.2	Carcinoma in situ of rectum	ICD-10-CM	Diagnosis
D01.3	Carcinoma in situ of anus and anal canal	ICD-10-CM	Diagnosis
D01.40	Carcinoma in situ of unspecified part of intestine	ICD-10-CM	Diagnosis
D01.49	Carcinoma in situ of other parts of intestine	ICD-10-CM	Diagnosis
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts	ICD-10-CM	Diagnosis
D01.7	Carcinoma in situ of other specified digestive organs	ICD-10-CM	Diagnosis
D01.9	Carcinoma in situ of digestive organ, unspecified	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D02.0	Carcinoma in situ of larynx	ICD-10-CM	Diagnosis
D02.1	Carcinoma in situ of trachea	ICD-10-CM	Diagnosis
D02.20	Carcinoma in situ of unspecified bronchus and lung	ICD-10-CM	Diagnosis
D02.21	Carcinoma in situ of right bronchus and lung	ICD-10-CM	Diagnosis
D02.22	Carcinoma in situ of left bronchus and lung	ICD-10-CM	Diagnosis
D02.3	Carcinoma in situ of other parts of respiratory system	ICD-10-CM	Diagnosis
D02.4	Carcinoma in situ of respiratory system, unspecified	ICD-10-CM	Diagnosis
D03.0	Melanoma in situ of lip	ICD-10-CM	Diagnosis
D03.10	Melanoma in situ of unspecified eyelid, including canthus	ICD-10-CM	Diagnosis
D03.11	Melanoma in situ of right eyelid, including canthus	ICD-10-CM	Diagnosis
D03.12	Melanoma in situ of left eyelid, including canthus	ICD-10-CM	Diagnosis
D03.20	Melanoma in situ of unspecified ear and external auricular canal	ICD-10-CM	Diagnosis
D03.21	Melanoma in situ of right ear and external auricular canal	ICD-10-CM	Diagnosis
D03.22	Melanoma in situ of left ear and external auricular canal	ICD-10-CM	Diagnosis
D03.30	Melanoma in situ of unspecified part of face	ICD-10-CM	Diagnosis
D03.39	Melanoma in situ of other parts of face	ICD-10-CM	Diagnosis
D03.4	Melanoma in situ of scalp and neck	ICD-10-CM	Diagnosis
D03.51	Melanoma in situ of anal skin	ICD-10-CM	Diagnosis
D03.52	Melanoma in situ of breast (skin) (soft tissue)	ICD-10-CM	Diagnosis
D03.59	Melanoma in situ of other part of trunk	ICD-10-CM	Diagnosis
D03.60	Melanoma in situ of unspecified upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.61	Melanoma in situ of right upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.62	Melanoma in situ of left upper limb, including shoulder	ICD-10-CM	Diagnosis
D03.70	Melanoma in situ of unspecified lower limb, including hip	ICD-10-CM	Diagnosis
D03.71	Melanoma in situ of right lower limb, including hip	ICD-10-CM	Diagnosis
D03.72	Melanoma in situ of left lower limb, including hip	ICD-10-CM	Diagnosis
D03.8	Melanoma in situ of other sites	ICD-10-CM	Diagnosis
D03.9	Melanoma in situ, unspecified	ICD-10-CM	Diagnosis
D05.00	Lobular carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.01	Lobular carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.02	Lobular carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D05.10	Intraductal carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.11	Intraductal carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.12	Intraductal carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D05.80	Other specified type of carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.81	Other specified type of carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.82	Other specified type of carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D05.90	Unspecified type of carcinoma in situ of unspecified breast	ICD-10-CM	Diagnosis
D05.91	Unspecified type of carcinoma in situ of right breast	ICD-10-CM	Diagnosis
D05.92	Unspecified type of carcinoma in situ of left breast	ICD-10-CM	Diagnosis
D06.0	Carcinoma in situ of endocervix	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D06.1	Carcinoma in situ of exocervix	ICD-10-CM	Diagnosis
D06.7	Carcinoma in situ of other parts of cervix	ICD-10-CM	Diagnosis
D06.9	Carcinoma in situ of cervix, unspecified	ICD-10-CM	Diagnosis
D07.0	Carcinoma in situ of endometrium	ICD-10-CM	Diagnosis
D07.1	Carcinoma in situ of vulva	ICD-10-CM	Diagnosis
D07.2	Carcinoma in situ of vagina	ICD-10-CM	Diagnosis
D07.30	Carcinoma in situ of unspecified female genital organs	ICD-10-CM	Diagnosis
D07.39	Carcinoma in situ of other female genital organs	ICD-10-CM	Diagnosis
D07.4	Carcinoma in situ of penis	ICD-10-CM	Diagnosis
D07.5	Carcinoma in situ of prostate	ICD-10-CM	Diagnosis
D07.60	Carcinoma in situ of unspecified male genital organs	ICD-10-CM	Diagnosis
D07.61	Carcinoma in situ of scrotum	ICD-10-CM	Diagnosis
D07.69	Carcinoma in situ of other male genital organs	ICD-10-CM	Diagnosis
D09.0	Carcinoma in situ of bladder	ICD-10-CM	Diagnosis
D09.10	Carcinoma in situ of unspecified urinary organ	ICD-10-CM	Diagnosis
D09.19	Carcinoma in situ of other urinary organs	ICD-10-CM	Diagnosis
D09.20	Carcinoma in situ of unspecified eye	ICD-10-CM	Diagnosis
D09.21	Carcinoma in situ of right eye	ICD-10-CM	Diagnosis
D09.22	Carcinoma in situ of left eye	ICD-10-CM	Diagnosis
D09.3	Carcinoma in situ of thyroid and other endocrine glands	ICD-10-CM	Diagnosis
D09.8	Carcinoma in situ of other specified sites	ICD-10-CM	Diagnosis
D09.9	Carcinoma in situ, unspecified	ICD-10-CM	Diagnosis
D37.01	Neoplasm of uncertain behavior of lip	ICD-10-CM	Diagnosis
D37.02	Neoplasm of uncertain behavior of tongue	ICD-10-CM	Diagnosis
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	ICD-10-CM	Diagnosis
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	ICD-10-CM	Diagnosis
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	ICD-10-CM	Diagnosis
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	ICD-10-CM	Diagnosis
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	ICD-10-CM	Diagnosis
D37.05	Neoplasm of uncertain behavior of pharynx	ICD-10-CM	Diagnosis
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	ICD-10-CM	Diagnosis
D37.1	Neoplasm of uncertain behavior of stomach	ICD-10-CM	Diagnosis
D37.2	Neoplasm of uncertain behavior of small intestine	ICD-10-CM	Diagnosis
D37.3	Neoplasm of uncertain behavior of appendix	ICD-10-CM	Diagnosis
D37.4	Neoplasm of uncertain behavior of colon	ICD-10-CM	Diagnosis
D37.5	Neoplasm of uncertain behavior of rectum	ICD-10-CM	Diagnosis
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	ICD-10-CM	Diagnosis
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	ICD-10-CM	Diagnosis
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	ICD-10-CM	Diagnosis
D38.0	Neoplasm of uncertain behavior of larynx	ICD-10-CM	Diagnosis
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D38.2	Neoplasm of uncertain behavior of pleura	ICD-10-CM	Diagnosis
D38.3	Neoplasm of uncertain behavior of mediastinum	ICD-10-CM	Diagnosis
D38.4	Neoplasm of uncertain behavior of thymus	ICD-10-CM	Diagnosis
D38.5	Neoplasm of uncertain behavior of other respiratory organs	ICD-10-CM	Diagnosis
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified	ICD-10-CM	Diagnosis
D39.0	Neoplasm of uncertain behavior of uterus	ICD-10-CM	Diagnosis
D39.10	Neoplasm of uncertain behavior of unspecified ovary	ICD-10-CM	Diagnosis
D39.11	Neoplasm of uncertain behavior of right ovary	ICD-10-CM	Diagnosis
D39.12	Neoplasm of uncertain behavior of left ovary	ICD-10-CM	Diagnosis
D39.2	Neoplasm of uncertain behavior of placenta	ICD-10-CM	Diagnosis
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	ICD-10-CM	Diagnosis
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified	ICD-10-CM	Diagnosis
D3A.00	Benign carcinoid tumor of unspecified site	ICD-10-CM	Diagnosis
D3A.010	Benign carcinoid tumor of the duodenum	ICD-10-CM	Diagnosis
D3A.011	Benign carcinoid tumor of the jejunum	ICD-10-CM	Diagnosis
D3A.012	Benign carcinoid tumor of the ileum	ICD-10-CM	Diagnosis
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion	ICD-10-CM	Diagnosis
D3A.020	Benign carcinoid tumor of the appendix	ICD-10-CM	Diagnosis
D3A.021	Benign carcinoid tumor of the cecum	ICD-10-CM	Diagnosis
D3A.022	Benign carcinoid tumor of the ascending colon	ICD-10-CM	Diagnosis
D3A.023	Benign carcinoid tumor of the transverse colon	ICD-10-CM	Diagnosis
D3A.024	Benign carcinoid tumor of the descending colon	ICD-10-CM	Diagnosis
D3A.025	Benign carcinoid tumor of the sigmoid colon	ICD-10-CM	Diagnosis
D3A.026	Benign carcinoid tumor of the rectum	ICD-10-CM	Diagnosis
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion	ICD-10-CM	Diagnosis
D3A.090	Benign carcinoid tumor of the bronchus and lung	ICD-10-CM	Diagnosis
D3A.091	Benign carcinoid tumor of the thymus	ICD-10-CM	Diagnosis
D3A.092	Benign carcinoid tumor of the stomach	ICD-10-CM	Diagnosis
D3A.093	Benign carcinoid tumor of the kidney	ICD-10-CM	Diagnosis
D3A.094	Benign carcinoid tumor of the foregut, unspecified	ICD-10-CM	Diagnosis
D3A.095	Benign carcinoid tumor of the midgut, unspecified	ICD-10-CM	Diagnosis
D3A.096	Benign carcinoid tumor of the hindgut, unspecified	ICD-10-CM	Diagnosis
D3A.098	Benign carcinoid tumors of other sites	ICD-10-CM	Diagnosis
D3A.8	Other benign neuroendocrine tumors	ICD-10-CM	Diagnosis
D40.0	Neoplasm of uncertain behavior of prostate	ICD-10-CM	Diagnosis
D40.10	Neoplasm of uncertain behavior of unspecified testis	ICD-10-CM	Diagnosis
D40.11	Neoplasm of uncertain behavior of right testis	ICD-10-CM	Diagnosis
D40.12	Neoplasm of uncertain behavior of left testis	ICD-10-CM	Diagnosis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs	ICD-10-CM	Diagnosis
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified	ICD-10-CM	Diagnosis
D41.00	Neoplasm of uncertain behavior of unspecified kidney	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D41.01	Neoplasm of uncertain behavior of right kidney	ICD-10-CM	Diagnosis
D41.02	Neoplasm of uncertain behavior of left kidney	ICD-10-CM	Diagnosis
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis	ICD-10-CM	Diagnosis
D41.11	Neoplasm of uncertain behavior of right renal pelvis	ICD-10-CM	Diagnosis
D41.12	Neoplasm of uncertain behavior of left renal pelvis	ICD-10-CM	Diagnosis
D41.20	Neoplasm of uncertain behavior of unspecified ureter	ICD-10-CM	Diagnosis
D41.21	Neoplasm of uncertain behavior of right ureter	ICD-10-CM	Diagnosis
D41.22	Neoplasm of uncertain behavior of left ureter	ICD-10-CM	Diagnosis
D41.3	Neoplasm of uncertain behavior of urethra	ICD-10-CM	Diagnosis
D41.4	Neoplasm of uncertain behavior of bladder	ICD-10-CM	Diagnosis
D41.8	Neoplasm of uncertain behavior of other specified urinary organs	ICD-10-CM	Diagnosis
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ	ICD-10-CM	Diagnosis
D42.0	Neoplasm of uncertain behavior of cerebral meninges	ICD-10-CM	Diagnosis
D42.1	Neoplasm of uncertain behavior of spinal meninges	ICD-10-CM	Diagnosis
D42.9	Neoplasm of uncertain behavior of meninges, unspecified	ICD-10-CM	Diagnosis
D43.0	Neoplasm of uncertain behavior of brain, supratentorial	ICD-10-CM	Diagnosis
D43.1	Neoplasm of uncertain behavior of brain, infratentorial	ICD-10-CM	Diagnosis
D43.2	Neoplasm of uncertain behavior of brain, unspecified	ICD-10-CM	Diagnosis
D43.3	Neoplasm of uncertain behavior of cranial nerves	ICD-10-CM	Diagnosis
D43.4	Neoplasm of uncertain behavior of spinal cord	ICD-10-CM	Diagnosis
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system	ICD-10-CM	Diagnosis
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified	ICD-10-CM	Diagnosis
D44.0	Neoplasm of uncertain behavior of thyroid gland	ICD-10-CM	Diagnosis
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland	ICD-10-CM	Diagnosis
D44.11	Neoplasm of uncertain behavior of right adrenal gland	ICD-10-CM	Diagnosis
D44.12	Neoplasm of uncertain behavior of left adrenal gland	ICD-10-CM	Diagnosis
D44.2	Neoplasm of uncertain behavior of parathyroid gland	ICD-10-CM	Diagnosis
D44.3	Neoplasm of uncertain behavior of pituitary gland	ICD-10-CM	Diagnosis
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct	ICD-10-CM	Diagnosis
D44.5	Neoplasm of uncertain behavior of pineal gland	ICD-10-CM	Diagnosis
D44.6	Neoplasm of uncertain behavior of carotid body	ICD-10-CM	Diagnosis
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia	ICD-10-CM	Diagnosis
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland	ICD-10-CM	Diagnosis
D45	Polycythemia vera	ICD-10-CM	Diagnosis
D46.0	Refractory anemia without ring sideroblasts, so stated	ICD-10-CM	Diagnosis
D46.1	Refractory anemia with ring sideroblasts	ICD-10-CM	Diagnosis
D46.20	Refractory anemia with excess of blasts, unspecified	ICD-10-CM	Diagnosis
D46.21	Refractory anemia with excess of blasts 1	ICD-10-CM	Diagnosis
D46.22	Refractory anemia with excess of blasts 2	ICD-10-CM	Diagnosis
D46.4	Refractory anemia, unspecified	ICD-10-CM	Diagnosis
D46.9	Myelodysplastic syndrome, unspecified	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
D46.A	Refractory cytopenia with multilineage dysplasia	ICD-10-CM	Diagnosis
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts	ICD-10-CM	Diagnosis
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality	ICD-10-CM	Diagnosis
D46.Z	Other myelodysplastic syndromes	ICD-10-CM	Diagnosis
D47.01	Cutaneous mastocytosis	ICD-10-CM	Diagnosis
D47.02	Systemic mastocytosis	ICD-10-CM	Diagnosis
D47.09	Other mast cell neoplasms of uncertain behavior	ICD-10-CM	Diagnosis
D47.1	Chronic myeloproliferative disease	ICD-10-CM	Diagnosis
D47.3	Essential (hemorrhagic) thrombocythemia	ICD-10-CM	Diagnosis
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	ICD-10-CM	Diagnosis
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	ICD-10-CM	Diagnosis
D47.Z2	Castleman disease	ICD-10-CM	Diagnosis
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	ICD-10-CM	Diagnosis
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage	ICD-10-CM	Diagnosis
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue	ICD-10-CM	Diagnosis
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	ICD-10-CM	Diagnosis
D48.3	Neoplasm of uncertain behavior of retroperitoneum	ICD-10-CM	Diagnosis
D48.4	Neoplasm of uncertain behavior of peritoneum	ICD-10-CM	Diagnosis
D48.5	Neoplasm of uncertain behavior of skin	ICD-10-CM	Diagnosis
D48.60	Neoplasm of uncertain behavior of unspecified breast	ICD-10-CM	Diagnosis
D48.61	Neoplasm of uncertain behavior of right breast	ICD-10-CM	Diagnosis
D48.62	Neoplasm of uncertain behavior of left breast	ICD-10-CM	Diagnosis
D48.7	Neoplasm of uncertain behavior of other specified sites	ICD-10-CM	Diagnosis
D48.9	Neoplasm of uncertain behavior, unspecified	ICD-10-CM	Diagnosis
D49.0	Neoplasm of unspecified behavior of digestive system	ICD-10-CM	Diagnosis
D49.1	Neoplasm of unspecified behavior of respiratory system	ICD-10-CM	Diagnosis
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin	ICD-10-CM	Diagnosis
D49.3	Neoplasm of unspecified behavior of breast	ICD-10-CM	Diagnosis
D49.4	Neoplasm of unspecified behavior of bladder	ICD-10-CM	Diagnosis
D49.511	Neoplasm of unspecified behavior of right kidney	ICD-10-CM	Diagnosis
D49.512	Neoplasm of unspecified behavior of left kidney	ICD-10-CM	Diagnosis
D49.519	Neoplasm of unspecified behavior of unspecified kidney	ICD-10-CM	Diagnosis
D49.59	Neoplasm of unspecified behavior of other genitourinary organ	ICD-10-CM	Diagnosis
D49.6	Neoplasm of unspecified behavior of brain	ICD-10-CM	Diagnosis
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	ICD-10-CM	Diagnosis
D49.81	Neoplasm of unspecified behavior of retina and choroid	ICD-10-CM	Diagnosis
D49.89	Neoplasm of unspecified behavior of other specified sites	ICD-10-CM	Diagnosis
D49.9	Neoplasm of unspecified behavior of unspecified site	ICD-10-CM	Diagnosis
G89.3	Neoplasm related pain (acute) (chronic)	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
Q85.00	Neurofibromatosis, unspecified	ICD-10-CM	Diagnosis
Q85.01	Neurofibromatosis, type 1	ICD-10-CM	Diagnosis
Q85.02	Neurofibromatosis, type 2	ICD-10-CM	Diagnosis
R18.0	Malignant ascites	ICD-10-CM	Diagnosis
30230G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Open Approach	ICD-10-PCS	Procedure
30233G0	Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach	ICD-10-PCS	Procedure
30240G0	Transfusion of Autologous Bone Marrow into Central Vein, Open Approach	ICD-10-PCS	Procedure
30243G0	Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach	ICD-10-PCS	Procedure
30250G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Open Approach	ICD-10-PCS	Procedure
30253G0	Transfusion of Autologous Bone Marrow into Peripheral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
30260G0	Transfusion of Autologous Bone Marrow into Central Artery, Open Approach	ICD-10-PCS	Procedure
30263G0	Transfusion of Autologous Bone Marrow into Central Artery, Percutaneous Approach	ICD-10-PCS	Procedure
3E00X05	Introduction of Other Antineoplastic into Skin and Mucous Membranes, External Approach	ICD-10-PCS	Procedure
3E01305	Introduction of Other Antineoplastic into Subcutaneous Tissue, Percutaneous Approach	ICD-10-PCS	Procedure
3E02305	Introduction of Other Antineoplastic into Muscle, Percutaneous Approach	ICD-10-PCS	Procedure
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	ICD-10-PCS	Procedure
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	ICD-10-PCS	Procedure
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	ICD-10-PCS	Procedure
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	ICD-10-PCS	Procedure
3E05005	Introduction of Other Antineoplastic into Peripheral Artery, Open Approach	ICD-10-PCS	Procedure
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	ICD-10-PCS	Procedure
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	ICD-10-PCS	Procedure
3E09305	Introduction of Other Antineoplastic into Nose, Percutaneous Approach	ICD-10-PCS	Procedure
3E09705	Introduction of Other Antineoplastic into Nose, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E09X05	Introduction of Other Antineoplastic into Nose, External Approach	ICD-10-PCS	Procedure
3E0A305	Introduction of Other Antineoplastic into Bone Marrow, Percutaneous Approach	ICD-10-PCS	Procedure
3E0B305	Introduction of Other Antineoplastic into Ear, Percutaneous Approach	ICD-10-PCS	Procedure
3E0B705	Introduction of Other Antineoplastic into Ear, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0BX05	Introduction of Other Antineoplastic into Ear, External Approach	ICD-10-PCS	Procedure
3E0C305	Introduction of Other Antineoplastic into Eye, Percutaneous Approach	ICD-10-PCS	Procedure
3E0C705	Introduction of Other Antineoplastic into Eye, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0CX05	Introduction of Other Antineoplastic into Eye, External Approach	ICD-10-PCS	Procedure
3E0D305	Introduction of Other Antineoplastic into Mouth and Pharynx, Percutaneous Approach	ICD-10-PCS	Procedure
3E0D705	Introduction of Other Antineoplastic into Mouth and Pharynx, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0DX05	Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach	ICD-10-PCS	Procedure
3E0F305	Introduction of Other Antineoplastic into Respiratory Tract, Percutaneous Approach	ICD-10-PCS	Procedure
3E0F705	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
3E0F805	Introduction of Other Antineoplastic into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
3E0G305	Introduction of Other Antineoplastic into Upper GI, Percutaneous Approach	ICD-10-PCS	Procedure
3E0G705	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0G805	Introduction of Other Antineoplastic into Upper GI, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
3E0H305	Introduction of Other Antineoplastic into Lower GI, Percutaneous Approach	ICD-10-PCS	Procedure
3E0H705	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0H805	Introduction of Other Antineoplastic into Lower GI, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
3E0J305	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Percutaneous Approach	ICD-10-PCS	Procedure
3E0J705	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0J805	Introduction of Other Antineoplastic into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
3E0K305	Introduction of Other Antineoplastic into Genitourinary Tract, Percutaneous Approach	ICD-10-PCS	Procedure
3E0K705	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0K805	Introduction of Other Antineoplastic into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
3E0L305	Introduction of Other Antineoplastic into Pleural Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
3E0L705	Introduction of Other Antineoplastic into Pleural Cavity, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0M305	Introduction of Other Antineoplastic into Peritoneal Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
3E0M705	Introduction of Other Antineoplastic into Peritoneal Cavity, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0N305	Introduction of Other Antineoplastic into Male Reproductive, Percutaneous Approach	ICD-10-PCS	Procedure
3E0N705	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0N805	Introduction of Other Antineoplastic into Male Reproductive, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
3E0P305	Introduction of Other Antineoplastic into Female Reproductive, Percutaneous Approach	ICD-10-PCS	Procedure
3E0P705	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0P805	Introduction of Other Antineoplastic into Female Reproductive, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
3E0Q005	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Open Approach	ICD-10-PCS	Procedure
3E0Q305	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
3E0Q705	Introduction of Other Antineoplastic into Cranial Cavity and Brain, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
3E0R305	Introduction of Other Antineoplastic into Spinal Canal, Percutaneous Approach	ICD-10-PCS	Procedure
3E0S305	Introduction of Other Antineoplastic into Epidural Space, Percutaneous Approach	ICD-10-PCS	Procedure
3E0U305	Introduction of Other Antineoplastic into Joints, Percutaneous Approach	ICD-10-PCS	Procedure
3E0V305	Introduction of Other Antineoplastic into Bones, Percutaneous Approach	ICD-10-PCS	Procedure
3E0W305	Introduction of Other Antineoplastic into Lymphatics, Percutaneous Approach	ICD-10-PCS	Procedure
3E0Y305	Introduction of Other Antineoplastic into Pericardial Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
3E0Y705	Introduction of Other Antineoplastic into Pericardial Cavity, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
D0Y08ZZ	Hyperthermia of Brain	ICD-10-PCS	Procedure
D0Y18ZZ	Hyperthermia of Brain Stem	ICD-10-PCS	Procedure
D0Y68ZZ	Hyperthermia of Spinal Cord	ICD-10-PCS	Procedure
D0Y78ZZ	Hyperthermia of Peripheral Nerve	ICD-10-PCS	Procedure
D7Y08ZZ	Hyperthermia of Bone Marrow	ICD-10-PCS	Procedure
D7Y18ZZ	Hyperthermia of Thymus	ICD-10-PCS	Procedure
D7Y28ZZ	Hyperthermia of Spleen	ICD-10-PCS	Procedure
D7Y38ZZ	Hyperthermia of Neck Lymphatics	ICD-10-PCS	Procedure
D7Y48ZZ	Hyperthermia of Axillary Lymphatics	ICD-10-PCS	Procedure
D7Y58ZZ	Hyperthermia of Thorax Lymphatics	ICD-10-PCS	Procedure
D7Y68ZZ	Hyperthermia of Abdomen Lymphatics	ICD-10-PCS	Procedure
D7Y78ZZ	Hyperthermia of Pelvis Lymphatics	ICD-10-PCS	Procedure
D7Y88ZZ	Hyperthermia of Inguinal Lymphatics	ICD-10-PCS	Procedure
D8Y08ZZ	Hyperthermia of Eye	ICD-10-PCS	Procedure
D9Y08ZZ	Hyperthermia of Ear	ICD-10-PCS	Procedure
D9Y18ZZ	Hyperthermia of Nose	ICD-10-PCS	Procedure
D9Y38ZZ	Hyperthermia of Hypopharynx	ICD-10-PCS	Procedure
D9Y48ZZ	Hyperthermia of Mouth	ICD-10-PCS	Procedure
D9Y58ZZ	Hyperthermia of Tongue	ICD-10-PCS	Procedure
D9Y68ZZ	Hyperthermia of Salivary Glands	ICD-10-PCS	Procedure
D9Y78ZZ	Hyperthermia of Sinuses	ICD-10-PCS	Procedure
D9Y88ZZ	Hyperthermia of Hard Palate	ICD-10-PCS	Procedure
D9Y98ZZ	Hyperthermia of Soft Palate	ICD-10-PCS	Procedure
D9YB8ZZ	Hyperthermia of Larynx	ICD-10-PCS	Procedure
D9YD8ZZ	Hyperthermia of Nasopharynx	ICD-10-PCS	Procedure
D9YF8ZZ	Hyperthermia of Oropharynx	ICD-10-PCS	Procedure
DBY08ZZ	Hyperthermia of Trachea	ICD-10-PCS	Procedure
DBY18ZZ	Hyperthermia of Bronchus	ICD-10-PCS	Procedure
DBY28ZZ	Hyperthermia of Lung	ICD-10-PCS	Procedure
DBY58ZZ	Hyperthermia of Pleura	ICD-10-PCS	Procedure
DBY68ZZ	Hyperthermia of Mediastinum	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
DBY78ZZ	Hyperthermia of Chest Wall	ICD-10-PCS	Procedure
DBY88ZZ	Hyperthermia of Diaphragm	ICD-10-PCS	Procedure
DDY08ZZ	Hyperthermia of Esophagus	ICD-10-PCS	Procedure
DDY18ZZ	Hyperthermia of Stomach	ICD-10-PCS	Procedure
DDY28ZZ	Hyperthermia of Duodenum	ICD-10-PCS	Procedure
DDY38ZZ	Hyperthermia of Jejunum	ICD-10-PCS	Procedure
DDY48ZZ	Hyperthermia of Ileum	ICD-10-PCS	Procedure
DDY58ZZ	Hyperthermia of Colon	ICD-10-PCS	Procedure
DDY78ZZ	Hyperthermia of Rectum	ICD-10-PCS	Procedure
DFY08ZZ	Hyperthermia of Liver	ICD-10-PCS	Procedure
DFY18ZZ	Hyperthermia of Gallbladder	ICD-10-PCS	Procedure
DFY28ZZ	Hyperthermia of Bile Ducts	ICD-10-PCS	Procedure
DFY38ZZ	Hyperthermia of Pancreas	ICD-10-PCS	Procedure
DGY08ZZ	Hyperthermia of Pituitary Gland	ICD-10-PCS	Procedure
DGY18ZZ	Hyperthermia of Pineal Body	ICD-10-PCS	Procedure
DGY28ZZ	Hyperthermia of Adrenal Glands	ICD-10-PCS	Procedure
DGY48ZZ	Hyperthermia of Parathyroid Glands	ICD-10-PCS	Procedure
DGY58ZZ	Hyperthermia of Thyroid	ICD-10-PCS	Procedure
DHY28ZZ	Hyperthermia of Face Skin	ICD-10-PCS	Procedure
DHY38ZZ	Hyperthermia of Neck Skin	ICD-10-PCS	Procedure
DHY48ZZ	Hyperthermia of Arm Skin	ICD-10-PCS	Procedure
DHY68ZZ	Hyperthermia of Chest Skin	ICD-10-PCS	Procedure
DHY78ZZ	Hyperthermia of Back Skin	ICD-10-PCS	Procedure
DHY88ZZ	Hyperthermia of Abdomen Skin	ICD-10-PCS	Procedure
DHY98ZZ	Hyperthermia of Buttock Skin	ICD-10-PCS	Procedure
DHYB8ZZ	Hyperthermia of Leg Skin	ICD-10-PCS	Procedure
DMY08ZZ	Hyperthermia of Left Breast	ICD-10-PCS	Procedure
DMY18ZZ	Hyperthermia of Right Breast	ICD-10-PCS	Procedure
DPY08ZZ	Hyperthermia of Skull	ICD-10-PCS	Procedure
DPY28ZZ	Hyperthermia of Maxilla	ICD-10-PCS	Procedure
DPY38ZZ	Hyperthermia of Mandible	ICD-10-PCS	Procedure
DPY48ZZ	Hyperthermia of Sternum	ICD-10-PCS	Procedure
DPY58ZZ	Hyperthermia of Rib(s)	ICD-10-PCS	Procedure
DPY68ZZ	Hyperthermia of Humerus	ICD-10-PCS	Procedure
DPY78ZZ	Hyperthermia of Radius/Ulna	ICD-10-PCS	Procedure
DPY88ZZ	Hyperthermia of Pelvic Bones	ICD-10-PCS	Procedure
DPY98ZZ	Hyperthermia of Femur	ICD-10-PCS	Procedure
DPYB8ZZ	Hyperthermia of Tibia/Fibula	ICD-10-PCS	Procedure
DPYC8ZZ	Hyperthermia of Other Bone	ICD-10-PCS	Procedure
DTY08ZZ	Hyperthermia of Kidney	ICD-10-PCS	Procedure
DTY18ZZ	Hyperthermia of Ureter	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
DTY28ZZ	Hyperthermia of Bladder	ICD-10-PCS	Procedure
DTY38ZZ	Hyperthermia of Urethra	ICD-10-PCS	Procedure
DUY08ZZ	Hyperthermia of Ovary	ICD-10-PCS	Procedure
DUY18ZZ	Hyperthermia of Cervix	ICD-10-PCS	Procedure
DUY28ZZ	Hyperthermia of Uterus	ICD-10-PCS	Procedure
DVY08ZZ	Hyperthermia of Prostate	ICD-10-PCS	Procedure
DVY18ZZ	Hyperthermia of Testis	ICD-10-PCS	Procedure
DWY18ZZ	Hyperthermia of Head and Neck	ICD-10-PCS	Procedure
DWY28ZZ	Hyperthermia of Chest	ICD-10-PCS	Procedure
DWY38ZZ	Hyperthermia of Abdomen	ICD-10-PCS	Procedure
DWY48ZZ	Hyperthermia of Hemibody	ICD-10-PCS	Procedure
DWY58ZZ	Hyperthermia of Whole Body	ICD-10-PCS	Procedure
DWY68ZZ	Hyperthermia of Pelvic Region	ICD-10-PCS	Procedure
XW03351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure
XW033B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 3	ICD-10-PCS	Procedure
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3	ICD-10-PCS	Procedure
XW04351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure
XW043B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 3	ICD-10-PCS	Procedure
XW043C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3	ICD-10-PCS	Procedure
Nicotine Dependency			
305.1	Nondependent tobacco use disorder	ICD-9-CM	Diagnosis
989.84	Toxic effect of tobacco	ICD-9-CM	Diagnosis
V1582	Personal history of tobacco use, presenting hazards to health	ICD-9-CM	Procedure
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	CPT-4	Procedure
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	CPT-4	Procedure
C9801	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	HCPCS	Procedure
C9802	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	HCPCS	Procedure
D1320	tobacco counseling for the control and prevention of oral disease	HCPCS	Procedure
G0375	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	HCPCS	Procedure
G0376	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	HCPCS	Procedure

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Code	Description	Code Type	Code Category
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	HCPCS	Procedure
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	HCPCS	Procedure
G8093	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient documented to have received smoking cessation intervention, within 3 months of diagnosis	HCPCS	Procedure
G8094	Newly diagnosed chronic obstructive pulmonary disease (COPD) patient not documented to have received smoking cessation intervention, within 3 months of diagnosis	HCPCS	Procedure
G8402	Tobacco (smoke) use cessation intervention, counseling	HCPCS	Procedure
G8403	Tobacco (smoke) use cessation intervention not counseled	HCPCS	Procedure
G8453	Tobacco use cessation intervention, counseling	HCPCS	Procedure
G8454	Tobacco use cessation intervention not counseled, reason not specified	HCPCS	Procedure
G8455	Current tobacco smoker	HCPCS	Procedure
G8690	Current tobacco smoker or current exposure to secondhand smoke	HCPCS	Procedure
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]	HCPCS	Procedure
G9276	Documentation that patient is a current tobacco user	HCPCS	Procedure
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	HCPCS	Procedure
F17.200	Nicotine dependence, unspecified, uncomplicated	ICD-10-CM	Diagnosis
F17.201	Nicotine dependence, unspecified, in remission	ICD-10-CM	Diagnosis
F17.210	Nicotine dependence, cigarettes, uncomplicated	ICD-10-CM	Diagnosis
F17.211	Nicotine dependence, cigarettes, in remission	ICD-10-CM	Diagnosis
F17.220	Nicotine dependence, chewing tobacco, uncomplicated	ICD-10-CM	Diagnosis
F17.221	Nicotine dependence, chewing tobacco, in remission	ICD-10-CM	Diagnosis
F17.290	Nicotine dependence, other tobacco product, uncomplicated	ICD-10-CM	Diagnosis
F17.291	Nicotine dependence, other tobacco product, in remission	ICD-10-CM	Diagnosis
T65.211A	Toxic effect of chewing tobacco, accidental (unintentional), initial encounter	ICD-10-CM	Diagnosis
T65.212A	Toxic effect of chewing tobacco, intentional self-harm, initial encounter	ICD-10-CM	Diagnosis
T65.213A	Toxic effect of chewing tobacco, assault, initial encounter	ICD-10-CM	Diagnosis
T65.214A	Toxic effect of chewing tobacco, undetermined, initial encounter	ICD-10-CM	Diagnosis
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter	ICD-10-CM	Diagnosis
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter	ICD-10-CM	Diagnosis
T65.223A	Toxic effect of tobacco cigarettes, assault, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
T65.224A	Toxic effect of tobacco cigarettes, undetermined, initial encounter	ICD-10-CM	Diagnosis
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter	ICD-10-CM	Diagnosis
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter	ICD-10-CM	Diagnosis
T65.293A	Toxic effect of other tobacco and nicotine, assault, initial encounter	ICD-10-CM	Diagnosis
T65.294A	Toxic effect of other tobacco and nicotine, undetermined, initial encounter	ICD-10-CM	Diagnosis
Z87.891	Personal history of nicotine dependence	ICD-10-CM	Diagnosis
G8456	Current smokeless tobacco user	HCPCS	Procedure
G8688	Currently a smokeless tobacco user (e.g., chew, snuff) and no exposure to secondhand smoke	HCPCS	Procedure
G8692	Current smokeless tobacco user (e.g., chew, snuff) and no exposure to secondhand smoke	HCPCS	Procedure
Obesity			
278.0	Overweight and obesity	ICD-9-CM	Diagnosis
278.00	Obesity, unspecified	ICD-9-CM	Diagnosis
278.01	Morbid obesity	ICD-9-CM	Diagnosis
278.02	Overweight	ICD-9-CM	Diagnosis
278.1	Localized adiposity	ICD-9-CM	Diagnosis
V4586	Bariatric surgery status	ICD-9-CM	Diagnosis
V853	Body Mass Index between 30-39, adult	ICD-9-CM	Diagnosis
V8530	Body Mass Index 30.0-30.9, adult	ICD-9-CM	Diagnosis
V8531	Body Mass Index 31.0-31.9, adult	ICD-9-CM	Diagnosis
V8532	Body Mass Index 32.0-32.9, adult	ICD-9-CM	Diagnosis
V8533	Body Mass Index 33.0-33.9, adult	ICD-9-CM	Diagnosis
V8534	Body Mass Index 34.0-34.9, adult	ICD-9-CM	Diagnosis
V8535	Body Mass Index 35.0-35.9, adult	ICD-9-CM	Diagnosis
V8536	Body Mass Index 36.0-36.9, adult	ICD-9-CM	Diagnosis
V8537	Body Mass Index 37.0-37.9, adult	ICD-9-CM	Diagnosis
V8538	Body Mass Index 38.0-38.9, adult	ICD-9-CM	Diagnosis
V8539	Body Mass Index 39.0-39.9, adult	ICD-9-CM	Diagnosis
V854	Body Mass Index 40 and over, adult	ICD-9-CM	Diagnosis
44.31	High gastric bypass	ICD-9-CM	Procedure
44.68	Laparoscopic gastroplasty	ICD-9-CM	Procedure
44.95	Laparoscopic gastric restrictive procedure	ICD-9-CM	Procedure
E65	Localized adiposity	ICD-10-CM	Diagnosis
E66.01	Morbid (severe) obesity due to excess calories	ICD-10-CM	Diagnosis
E66.09	Other obesity due to excess calories	ICD-10-CM	Diagnosis
E66.1	Drug-induced obesity	ICD-10-CM	Diagnosis
E66.3	Overweight	ICD-10-CM	Diagnosis
E66.8	Other obesity	ICD-10-CM	Diagnosis
E66.9	Obesity, unspecified	ICD-10-CM	Diagnosis
Z68.30	Body mass index (BMI) 30.0-30.9, adult	ICD-10-CM	Diagnosis
Z68.31	Body mass index (BMI) 31.0-31.9, adult	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
Z68.32	Body mass index (BMI) 32.0-32.9, adult	ICD-10-CM	Diagnosis
Z68.33	Body mass index (BMI) 33.0-33.9, adult	ICD-10-CM	Diagnosis
Z68.34	Body mass index (BMI) 34.0-34.9, adult	ICD-10-CM	Diagnosis
Z68.35	Body mass index (BMI) 35.0-35.9, adult	ICD-10-CM	Diagnosis
Z68.36	Body mass index (BMI) 36.0-36.9, adult	ICD-10-CM	Diagnosis
Z68.37	Body mass index (BMI) 37.0-37.9, adult	ICD-10-CM	Diagnosis
Z68.38	Body mass index (BMI) 38.0-38.9, adult	ICD-10-CM	Diagnosis
Z68.39	Body mass index (BMI) 39.0-39.9, adult	ICD-10-CM	Diagnosis
Z98.84	Bariatric surgery status	ICD-10-CM	Diagnosis
0D1607A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
0D160JA	Bypass Stomach to Jejunum with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0D160KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
0D160ZA	Bypass Stomach to Jejunum, Open Approach	ICD-10-PCS	Procedure
0D1687A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
0D168JA	Bypass Stomach to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
0D168KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
0D168ZA	Bypass Stomach to Jejunum, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
0DQ64ZZ	Repair Stomach, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0DV64CZ	Restriction of Stomach with Extraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
Other Cerebrovascular Disease			
437	Other and ill-defined cerebrovascular disease	ICD-9-CM	Diagnosis
437.0	Cerebral atherosclerosis	ICD-9-CM	Diagnosis
437.1	Other generalized ischemic cerebrovascular disease	ICD-9-CM	Diagnosis
437.2	Hypertensive encephalopathy	ICD-9-CM	Diagnosis
437.3	Cerebral aneurysm, nonruptured	ICD-9-CM	Diagnosis
437.4	Cerebral arteritis	ICD-9-CM	Diagnosis
437.5	Moyamoya disease	ICD-9-CM	Diagnosis
437.6	Nonpyogenic thrombosis of intracranial venous sinus	ICD-9-CM	Diagnosis
437.7	Transient global amnesia	ICD-9-CM	Diagnosis
437.8	Other ill-defined cerebrovascular disease	ICD-9-CM	Diagnosis
437.9	Unspecified cerebrovascular disease	ICD-9-CM	Diagnosis
438	Late effects of cerebrovascular disease	ICD-9-CM	Diagnosis
438.0	Cognitive deficits due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.1	Speech and language deficits due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.10	Unspecified speech and language deficit due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.11	Aphasia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.12	Dysphasia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.13	Late effects of cerebrovascular disease, speech and language deficits, dysarthria	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
438.14	Late effects of cerebrovascular disease, speech and language deficits, fluency disorder	ICD-9-CM	Diagnosis
438.19	Other speech and language deficits due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.2	Hemiplegia/hemiparesis due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.20	Hemiplegia affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.21	Hemiplegia affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.22	Hemiplegia affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.3	Monoplegia of upper limb due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.30	Monoplegia of upper limb affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.31	Monoplegia of upper limb affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.32	Monoplegia of upper limb affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.4	Monoplegia of lower limb due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.40	Monoplegia of lower limb affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.41	Monoplegia of lower limb affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.42	Monoplegia of lower limb affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.5	Other paralytic syndrome due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.50	Other paralytic syndrome affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.51	Other paralytic syndrome affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.52	Other paralytic syndrome affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.53	Other paralytic syndrome, bilateral	ICD-9-CM	Diagnosis
438.6	Alteration of sensations as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.7	Disturbance of vision as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.8	Other late effects of cerebrovascular disease due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.81	Apraxia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.82	Dysphagia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.83	Facial weakness as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.84	Ataxia as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.85	Vertigo as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.89	Other late effects of cerebrovascular disease	ICD-9-CM	Diagnosis
438.9	Unspecified late effects of cerebrovascular disease due to cerebrovascular disease	ICD-9-CM	Diagnosis
V1254	Personal history of transient ischemic attack [TIA], and cerebral infarction without residual deficits	ICD-9-CM	Diagnosis
00.61	Percutaneous angioplasty or atherectomy of precerebral (extracranial) vessel(s)	ICD-9-CM	Procedure
00.62	Percutaneous angioplasty or atherectomy of intracranial vessel(s)	ICD-9-CM	Procedure
00.63	Percutaneous insertion of carotid artery stent(s)	ICD-9-CM	Procedure
00.64	Percutaneous insertion of other precerebral (extracranial) artery stent(s)	ICD-9-CM	Procedure
00.65	Percutaneous insertion of intracranial vascular stent(s)	ICD-9-CM	Procedure
38.11	Endarterectomy of intracranial vessels	ICD-9-CM	Procedure
38.12	Endarterectomy of other vessels of head and neck	ICD-9-CM	Procedure
39.22	Aorta-subclavian-carotid-bypass	ICD-9-CM	Procedure
39.74	Endovascular removal of obstruction from head and neck vessel(s)	ICD-9-CM	Procedure

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Code	Description	Code Type	Code Category
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	CPT-4	Procedure
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	CPT-4	Procedure
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	CPT-4	Procedure
35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid	CPT-4	Procedure
35507	Bypass graft, with vein; subclavian-carotid	CPT-4	Procedure
35508	Bypass graft, with vein; carotid-vertebral	CPT-4	Procedure
35509	Bypass graft, with vein; carotid-contralateral carotid	CPT-4	Procedure
35510	Bypass graft, with vein; carotid-brachial	CPT-4	Procedure
35515	Bypass graft, with vein; subclavian-vertebral	CPT-4	Procedure
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	CPT-4	Procedure
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	CPT-4	Procedure
35606	Bypass graft, with other than vein; carotid-subclavian	CPT-4	Procedure
35642	Bypass graft, with other than vein; carotid-vertebral	CPT-4	Procedure
35645	Bypass graft, with other than vein; subclavian-vertebral	CPT-4	Procedure
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	CPT-4	Procedure
G45.4	Transient global amnesia	ICD-10-CM	Diagnosis
G46.3	Brain stem stroke syndrome	ICD-10-CM	Diagnosis
G46.4	Cerebellar stroke syndrome	ICD-10-CM	Diagnosis
G46.5	Pure motor lacunar syndrome	ICD-10-CM	Diagnosis
G46.6	Pure sensory lacunar syndrome	ICD-10-CM	Diagnosis
G46.7	Other lacunar syndromes	ICD-10-CM	Diagnosis
G46.8	Other vascular syndromes of brain in cerebrovascular diseases	ICD-10-CM	Diagnosis
I67.1	Cerebral aneurysm, nonruptured	ICD-10-CM	Diagnosis
I67.2	Cerebral atherosclerosis	ICD-10-CM	Diagnosis
I67.4	Hypertensive encephalopathy	ICD-10-CM	Diagnosis
I67.5	Moyamoya disease	ICD-10-CM	Diagnosis
I67.6	Nonpyogenic thrombosis of intracranial venous system	ICD-10-CM	Diagnosis
I67.7	Cerebral arteritis, not elsewhere classified	ICD-10-CM	Diagnosis
I67.81	Acute cerebrovascular insufficiency	ICD-10-CM	Diagnosis
I67.82	Cerebral ischemia	ICD-10-CM	Diagnosis
I67.89	Other cerebrovascular disease	ICD-10-CM	Diagnosis
I67.9	Cerebrovascular disease, unspecified	ICD-10-CM	Diagnosis
I68.0	Cerebral amyloid angiopathy	ICD-10-CM	Diagnosis
I68.2	Cerebral arteritis in other diseases classified elsewhere	ICD-10-CM	Diagnosis
I68.8	Other cerebrovascular disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	ICD-10-CM	Diagnosis
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	ICD-10-CM	Diagnosis
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral	ICD-10-CM	Diagnosis
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.290	Apraxia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.293	Ataxia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.30	Unspecified sequelae of cerebral infarction	ICD-10-CM	Diagnosis
I69.310	Attention and concentration deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.311	Memory deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	ICD-10-CM	Diagnosis
I69.313	Psychomotor deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.314	Frontal lobe and executive function deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.315	Cognitive social or emotional deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	ICD-10-CM	Diagnosis
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I69.320	Aphasia following cerebral infarction	ICD-10-CM	Diagnosis
I69.321	Dysphasia following cerebral infarction	ICD-10-CM	Diagnosis
I69.322	Dysarthria following cerebral infarction	ICD-10-CM	Diagnosis
I69.323	Fluency disorder following cerebral infarction	ICD-10-CM	Diagnosis
I69.328	Other speech and language deficits following cerebral infarction	ICD-10-CM	Diagnosis
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.365	Other paralytic syndrome following cerebral infarction, bilateral	ICD-10-CM	Diagnosis
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.390	Apraxia following cerebral infarction	ICD-10-CM	Diagnosis
I69.391	Dysphagia following cerebral infarction	ICD-10-CM	Diagnosis
I69.392	Facial weakness following cerebral infarction	ICD-10-CM	Diagnosis
I69.393	Ataxia following cerebral infarction	ICD-10-CM	Diagnosis
I69.398	Other sequelae of cerebral infarction	ICD-10-CM	Diagnosis
I69.80	Unspecified sequelae of other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.810	Attention and concentration deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.811	Memory deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.813	Psychomotor deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.820	Aphasia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.821	Dysphasia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.822	Dysarthria following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.823	Fluency disorder following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.828	Other speech and language deficits following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	ICD-10-CM	Diagnosis
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.890	Apraxia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.891	Dysphagia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.892	Facial weakness following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.893	Ataxia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.898	Other sequelae of other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.911	Memory deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.920	Aphasia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.921	Dysphasia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.922	Dysarthria following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.923	Fluency disorder following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral	ICD-10-CM	Diagnosis
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.990	Apraxia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.991	Dysphagia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.992	Facial weakness following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.993	Ataxia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.998	Other sequelae following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits	ICD-10-CM	Diagnosis
021W08B	Bypass Thoracic Aorta, Descending to Subclavian with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021W08D	Bypass Thoracic Aorta, Descending to Carotid with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
021W09B	Bypass Thoracic Aorta, Descending to Subclavian with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021W09D	Bypass Thoracic Aorta, Descending to Carotid with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021W0AB	Bypass Thoracic Aorta, Descending to Subclavian with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021W0AD	Bypass Thoracic Aorta, Descending to Carotid with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021W0JB	Bypass Thoracic Aorta, Descending to Subclavian with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021W0JD	Bypass Thoracic Aorta, Descending to Carotid with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021W0KB	Bypass Thoracic Aorta, Descending to Subclavian with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021W0KD	Bypass Thoracic Aorta, Descending to Carotid with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021W0ZB	Bypass Thoracic Aorta, Descending to Subclavian, Open Approach	ICD-10-PCS	Procedure
021W0ZD	Bypass Thoracic Aorta, Descending to Carotid, Open Approach	ICD-10-PCS	Procedure
021W48B	Bypass Thoracic Aorta, Descending to Subclavian with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W48D	Bypass Thoracic Aorta, Descending to Carotid with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W49B	Bypass Thoracic Aorta, Descending to Subclavian with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W49D	Bypass Thoracic Aorta, Descending to Carotid with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W4AB	Bypass Thoracic Aorta, Descending to Subclavian with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W4AD	Bypass Thoracic Aorta, Descending to Carotid with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W4JB	Bypass Thoracic Aorta, Descending to Subclavian with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W4JD	Bypass Thoracic Aorta, Descending to Carotid with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W4KB	Bypass Thoracic Aorta, Descending to Subclavian with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W4KD	Bypass Thoracic Aorta, Descending to Carotid with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W4ZB	Bypass Thoracic Aorta, Descending to Subclavian, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021W4ZD	Bypass Thoracic Aorta, Descending to Carotid, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X08B	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
021X08D	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021X09B	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021X09D	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021X0AB	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021X0AD	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021X0JB	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021X0JD	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021X0KB	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021X0KD	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021X0ZB	Bypass Thoracic Aorta, Ascending/Arch to Subclavian, Open Approach	ICD-10-PCS	Procedure
021X0ZD	Bypass Thoracic Aorta, Ascending/Arch to Carotid, Open Approach	ICD-10-PCS	Procedure
021X48B	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X48D	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X49B	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X49D	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X4AB	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X4AD	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X4JB	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X4JD	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X4KB	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X4KD	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
021X4ZB	Bypass Thoracic Aorta, Ascending/Arch to Subclavian, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021X4ZD	Bypass Thoracic Aorta, Ascending/Arch to Carotid, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
031H09J	Bypass Right Common Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031H09K	Bypass Right Common Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031H0AJ	Bypass Right Common Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031H0AK	Bypass Right Common Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031H0JJ	Bypass Right Common Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031H0JK	Bypass Right Common Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031H0KJ	Bypass Right Common Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031H0KK	Bypass Right Common Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031H0ZJ	Bypass Right Common Carotid Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031H0ZK	Bypass Right Common Carotid Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031J09J	Bypass Left Common Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031J09K	Bypass Left Common Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031J0AJ	Bypass Left Common Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031J0AK	Bypass Left Common Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031J0JJ	Bypass Left Common Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031J0JK	Bypass Left Common Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031J0KJ	Bypass Left Common Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031J0KK	Bypass Left Common Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031J0ZJ	Bypass Left Common Carotid Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031J0ZK	Bypass Left Common Carotid Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031K09J	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
031K09K	Bypass Right Internal Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031K0AJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031K0AK	Bypass Right Internal Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031K0JJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031K0JK	Bypass Right Internal Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031K0KJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031K0KK	Bypass Right Internal Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031K0ZJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031K0ZK	Bypass Right Internal Carotid Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031L09J	Bypass Left Internal Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031L09K	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031L0AJ	Bypass Left Internal Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031L0AK	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031L0JJ	Bypass Left Internal Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031L0JK	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031L0KJ	Bypass Left Internal Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031L0KK	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031L0ZJ	Bypass Left Internal Carotid Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031L0ZK	Bypass Left Internal Carotid Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031M09J	Bypass Right External Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031M09K	Bypass Right External Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031M0AJ	Bypass Right External Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
031M0AK	Bypass Right External Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031M0JJ	Bypass Right External Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031M0JK	Bypass Right External Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031M0KJ	Bypass Right External Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031M0KK	Bypass Right External Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031M0ZJ	Bypass Right External Carotid Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031M0ZK	Bypass Right External Carotid Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031N09J	Bypass Left External Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031N09K	Bypass Left External Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031N0AJ	Bypass Left External Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031N0AK	Bypass Left External Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031N0JJ	Bypass Left External Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031N0JK	Bypass Left External Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031N0KJ	Bypass Left External Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031N0KK	Bypass Left External Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031N0ZJ	Bypass Left External Carotid Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031N0ZK	Bypass Left External Carotid Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
037G346	Dilation of Intracranial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G34Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G356	Dilation of Intracranial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G35Z	Dilation of Intracranial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G366	Dilation of Intracranial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037G36Z	Dilation of Intracranial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G376	Dilation of Intracranial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G37Z	Dilation of Intracranial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3D6	Dilation of Intracranial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G3DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G3E6	Dilation of Intracranial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3EZ	Dilation of Intracranial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3F6	Dilation of Intracranial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3FZ	Dilation of Intracranial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3G6	Dilation of Intracranial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3GZ	Dilation of Intracranial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3Z6	Dilation of Intracranial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037G3ZZ	Dilation of Intracranial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037G446	Dilation of Intracranial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G44Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G456	Dilation of Intracranial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G45Z	Dilation of Intracranial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G466	Dilation of Intracranial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G46Z	Dilation of Intracranial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G476	Dilation of Intracranial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G47Z	Dilation of Intracranial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4D6	Dilation of Intracranial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037G4E6	Dilation of Intracranial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4EZ	Dilation of Intracranial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4F6	Dilation of Intracranial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4FZ	Dilation of Intracranial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4G6	Dilation of Intracranial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4GZ	Dilation of Intracranial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4Z6	Dilation of Intracranial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4ZZ	Dilation of Intracranial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H346	Dilation of Right Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H34Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H356	Dilation of Right Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H35Z	Dilation of Right Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H366	Dilation of Right Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H36Z	Dilation of Right Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H376	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H37Z	Dilation of Right Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3D6	Dilation of Right Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H3DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H3E6	Dilation of Right Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3EZ	Dilation of Right Common Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3F6	Dilation of Right Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037H3FZ	Dilation of Right Common Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3G6	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3GZ	Dilation of Right Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3Z6	Dilation of Right Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037H3ZZ	Dilation of Right Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037H446	Dilation of Right Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H44Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H456	Dilation of Right Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H45Z	Dilation of Right Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H466	Dilation of Right Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H46Z	Dilation of Right Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H476	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H47Z	Dilation of Right Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4D6	Dilation of Right Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4E6	Dilation of Right Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4EZ	Dilation of Right Common Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4F6	Dilation of Right Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4FZ	Dilation of Right Common Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4G6	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4GZ	Dilation of Right Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037H4Z6	Dilation of Right Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4ZZ	Dilation of Right Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J346	Dilation of Left Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J34Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J356	Dilation of Left Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J35Z	Dilation of Left Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J366	Dilation of Left Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J36Z	Dilation of Left Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J376	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J37Z	Dilation of Left Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3D6	Dilation of Left Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J3DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J3E6	Dilation of Left Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3EZ	Dilation of Left Common Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3F6	Dilation of Left Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3FZ	Dilation of Left Common Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3G6	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3GZ	Dilation of Left Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3Z6	Dilation of Left Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037J3ZZ	Dilation of Left Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037J446	Dilation of Left Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J44Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037J456	Dilation of Left Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J45Z	Dilation of Left Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J466	Dilation of Left Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J46Z	Dilation of Left Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J476	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J47Z	Dilation of Left Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4D6	Dilation of Left Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4E6	Dilation of Left Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4EZ	Dilation of Left Common Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4F6	Dilation of Left Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4FZ	Dilation of Left Common Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4G6	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4GZ	Dilation of Left Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4Z6	Dilation of Left Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4ZZ	Dilation of Left Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K346	Dilation of Right Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K34Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K356	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K35Z	Dilation of Right Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K366	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037K36Z	Dilation of Right Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K376	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K37Z	Dilation of Right Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3D6	Dilation of Right Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K3DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K3E6	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3EZ	Dilation of Right Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3F6	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3FZ	Dilation of Right Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3G6	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3GZ	Dilation of Right Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3Z6	Dilation of Right Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037K3ZZ	Dilation of Right Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037K446	Dilation of Right Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K44Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K456	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K45Z	Dilation of Right Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K466	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K46Z	Dilation of Right Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K476	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K47Z	Dilation of Right Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037K4D6	Dilation of Right Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4E6	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4EZ	Dilation of Right Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4F6	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4FZ	Dilation of Right Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4G6	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4GZ	Dilation of Right Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4Z6	Dilation of Right Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4ZZ	Dilation of Right Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L346	Dilation of Left Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L34Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L356	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L35Z	Dilation of Left Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L366	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L36Z	Dilation of Left Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L376	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L37Z	Dilation of Left Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3D6	Dilation of Left Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L3DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L3E6	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037L3EZ	Dilation of Left Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3F6	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3FZ	Dilation of Left Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3G6	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3GZ	Dilation of Left Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3Z6	Dilation of Left Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037L3ZZ	Dilation of Left Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037L446	Dilation of Left Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L44Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L456	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L45Z	Dilation of Left Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L466	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L46Z	Dilation of Left Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L476	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L47Z	Dilation of Left Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4D6	Dilation of Left Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4E6	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4EZ	Dilation of Left Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4F6	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4FZ	Dilation of Left Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037L4G6	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4GZ	Dilation of Left Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4Z6	Dilation of Left Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4ZZ	Dilation of Left Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M346	Dilation of Right External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M34Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M356	Dilation of Right External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M35Z	Dilation of Right External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M366	Dilation of Right External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M36Z	Dilation of Right External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M376	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M37Z	Dilation of Right External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3D6	Dilation of Right External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M3DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M3E6	Dilation of Right External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3EZ	Dilation of Right External Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3F6	Dilation of Right External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3FZ	Dilation of Right External Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3G6	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3GZ	Dilation of Right External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3Z6	Dilation of Right External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037M3ZZ	Dilation of Right External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037M446	Dilation of Right External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M44Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M456	Dilation of Right External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M45Z	Dilation of Right External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M466	Dilation of Right External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M46Z	Dilation of Right External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M476	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M47Z	Dilation of Right External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4D6	Dilation of Right External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4E6	Dilation of Right External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4EZ	Dilation of Right External Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4F6	Dilation of Right External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4FZ	Dilation of Right External Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4G6	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4GZ	Dilation of Right External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4Z6	Dilation of Right External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4ZZ	Dilation of Right External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N346	Dilation of Left External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N34Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N356	Dilation of Left External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037N35Z	Dilation of Left External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N366	Dilation of Left External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N36Z	Dilation of Left External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N376	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N37Z	Dilation of Left External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3D6	Dilation of Left External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N3DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N3E6	Dilation of Left External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3EZ	Dilation of Left External Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3F6	Dilation of Left External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3FZ	Dilation of Left External Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3G6	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3GZ	Dilation of Left External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3Z6	Dilation of Left External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037N3ZZ	Dilation of Left External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037N446	Dilation of Left External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N44Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N456	Dilation of Left External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N45Z	Dilation of Left External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N466	Dilation of Left External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N46Z	Dilation of Left External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037N476	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N47Z	Dilation of Left External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4D6	Dilation of Left External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4E6	Dilation of Left External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4EZ	Dilation of Left External Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4F6	Dilation of Left External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4FZ	Dilation of Left External Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4G6	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4GZ	Dilation of Left External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4Z6	Dilation of Left External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4ZZ	Dilation of Left External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P346	Dilation of Right Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P34Z	Dilation of Right Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P356	Dilation of Right Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P35Z	Dilation of Right Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P366	Dilation of Right Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P36Z	Dilation of Right Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P376	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P37Z	Dilation of Right Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3D6	Dilation of Right Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P3DZ	Dilation of Right Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037P3E6	Dilation of Right Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3EZ	Dilation of Right Vertebral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3F6	Dilation of Right Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3FZ	Dilation of Right Vertebral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3G6	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3GZ	Dilation of Right Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3Z6	Dilation of Right Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037P3ZZ	Dilation of Right Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037P446	Dilation of Right Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P44Z	Dilation of Right Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P456	Dilation of Right Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P45Z	Dilation of Right Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P466	Dilation of Right Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P46Z	Dilation of Right Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P476	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P47Z	Dilation of Right Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4D6	Dilation of Right Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4DZ	Dilation of Right Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4E6	Dilation of Right Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4EZ	Dilation of Right Vertebral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4F6	Dilation of Right Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037P4FZ	Dilation of Right Vertebral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4G6	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4GZ	Dilation of Right Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4Z6	Dilation of Right Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4ZZ	Dilation of Right Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q346	Dilation of Left Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q34Z	Dilation of Left Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q356	Dilation of Left Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q35Z	Dilation of Left Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q366	Dilation of Left Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q36Z	Dilation of Left Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q376	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q37Z	Dilation of Left Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3D6	Dilation of Left Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3DZ	Dilation of Left Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3E6	Dilation of Left Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3EZ	Dilation of Left Vertebral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3F6	Dilation of Left Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3FZ	Dilation of Left Vertebral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3G6	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3GZ	Dilation of Left Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3Z6	Dilation of Left Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3ZZ	Dilation of Left Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037Q446	Dilation of Left Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037Q44Z	Dilation of Left Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q456	Dilation of Left Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q45Z	Dilation of Left Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q466	Dilation of Left Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q46Z	Dilation of Left Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q476	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q47Z	Dilation of Left Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4D6	Dilation of Left Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4DZ	Dilation of Left Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4E6	Dilation of Left Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4EZ	Dilation of Left Vertebral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4F6	Dilation of Left Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4FZ	Dilation of Left Vertebral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4G6	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4GZ	Dilation of Left Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4Z6	Dilation of Left Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4ZZ	Dilation of Left Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R3D6	Dilation of Face Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R3DZ	Dilation of Face Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R3E6	Dilation of Face Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3EZ	Dilation of Face Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3F6	Dilation of Face Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3FZ	Dilation of Face Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037R3G6	Dilation of Face Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3GZ	Dilation of Face Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R4D6	Dilation of Face Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4DZ	Dilation of Face Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4E6	Dilation of Face Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4EZ	Dilation of Face Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4F6	Dilation of Face Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4FZ	Dilation of Face Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4G6	Dilation of Face Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4GZ	Dilation of Face Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S3D6	Dilation of Right Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S3DZ	Dilation of Right Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S3E6	Dilation of Right Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3EZ	Dilation of Right Temporal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3F6	Dilation of Right Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3FZ	Dilation of Right Temporal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3G6	Dilation of Right Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3GZ	Dilation of Right Temporal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S4D6	Dilation of Right Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4DZ	Dilation of Right Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4E6	Dilation of Right Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4EZ	Dilation of Right Temporal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037S4F6	Dilation of Right Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4FZ	Dilation of Right Temporal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4G6	Dilation of Right Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4GZ	Dilation of Right Temporal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T3D6	Dilation of Left Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T3DZ	Dilation of Left Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T3E6	Dilation of Left Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3EZ	Dilation of Left Temporal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3F6	Dilation of Left Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3FZ	Dilation of Left Temporal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3G6	Dilation of Left Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3GZ	Dilation of Left Temporal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T4D6	Dilation of Left Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4DZ	Dilation of Left Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4E6	Dilation of Left Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4EZ	Dilation of Left Temporal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4F6	Dilation of Left Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4FZ	Dilation of Left Temporal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4G6	Dilation of Left Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4GZ	Dilation of Left Temporal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CG0Z6	Extirpation of Matter from Intracranial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CG0ZZ	Extirpation of Matter from Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
03CG3Z6	Extirpation of Matter from Intracranial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CG3ZZ	Extirpation of Matter from Intracranial Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03CG4Z6	Extirpation of Matter from Intracranial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CG4ZZ	Extirpation of Matter from Intracranial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CH0Z6	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CH0ZZ	Extirpation of Matter from Right Common Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CH3Z6	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CH3ZZ	Extirpation of Matter from Right Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CH4Z6	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CH4ZZ	Extirpation of Matter from Right Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CJ0Z6	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CJ0ZZ	Extirpation of Matter from Left Common Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CJ3Z6	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CJ3ZZ	Extirpation of Matter from Left Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CJ4Z6	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CJ4ZZ	Extirpation of Matter from Left Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CK0Z6	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CK0ZZ	Extirpation of Matter from Right Internal Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CK3Z6	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CK3ZZ	Extirpation of Matter from Right Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CK4Z6	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CK4ZZ	Extirpation of Matter from Right Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CL0Z6	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CL0ZZ	Extirpation of Matter from Left Internal Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CL3Z6	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CL3ZZ	Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CL4Z6	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CL4ZZ	Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CM0Z6	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CM0ZZ	Extirpation of Matter from Right External Carotid Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03CM3Z6	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CM3ZZ	Extirpation of Matter from Right External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CM4Z6	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CM4ZZ	Extirpation of Matter from Right External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CN0Z6	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CN0ZZ	Extirpation of Matter from Left External Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CN3Z6	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CN3ZZ	Extirpation of Matter from Left External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CN4Z6	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CN4ZZ	Extirpation of Matter from Left External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CP0Z6	Extirpation of Matter from Right Vertebral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CP0ZZ	Extirpation of Matter from Right Vertebral Artery, Open Approach	ICD-10-PCS	Procedure
03CP3Z6	Extirpation of Matter from Right Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CP3ZZ	Extirpation of Matter from Right Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CP4Z6	Extirpation of Matter from Right Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CP4ZZ	Extirpation of Matter from Right Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CQ0Z6	Extirpation of Matter from Left Vertebral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CQ0ZZ	Extirpation of Matter from Left Vertebral Artery, Open Approach	ICD-10-PCS	Procedure
03CQ3Z6	Extirpation of Matter from Left Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CQ3ZZ	Extirpation of Matter from Left Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CQ4Z6	Extirpation of Matter from Left Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CQ4ZZ	Extirpation of Matter from Left Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CR0Z6	Extirpation of Matter from Face Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CR0ZZ	Extirpation of Matter from Face Artery, Open Approach	ICD-10-PCS	Procedure
03CR3Z6	Extirpation of Matter from Face Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CR3ZZ	Extirpation of Matter from Face Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CR4Z6	Extirpation of Matter from Face Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CR4ZZ	Extirpation of Matter from Face Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CS0Z6	Extirpation of Matter from Right Temporal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CS0ZZ	Extirpation of Matter from Right Temporal Artery, Open Approach	ICD-10-PCS	Procedure
03CS3Z6	Extirpation of Matter from Right Temporal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CS3ZZ	Extirpation of Matter from Right Temporal Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03CS4Z6	Extirpation of Matter from Right Temporal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CS4ZZ	Extirpation of Matter from Right Temporal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CT0Z6	Extirpation of Matter from Left Temporal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CT0ZZ	Extirpation of Matter from Left Temporal Artery, Open Approach	ICD-10-PCS	Procedure
03CT3Z6	Extirpation of Matter from Left Temporal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CT3ZZ	Extirpation of Matter from Left Temporal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CT4Z6	Extirpation of Matter from Left Temporal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CT4ZZ	Extirpation of Matter from Left Temporal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CU0Z6	Extirpation of Matter from Right Thyroid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CU0ZZ	Extirpation of Matter from Right Thyroid Artery, Open Approach	ICD-10-PCS	Procedure
03CU3Z6	Extirpation of Matter from Right Thyroid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CU3ZZ	Extirpation of Matter from Right Thyroid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CU4Z6	Extirpation of Matter from Right Thyroid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CU4ZZ	Extirpation of Matter from Right Thyroid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CV0Z6	Extirpation of Matter from Left Thyroid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CV0ZZ	Extirpation of Matter from Left Thyroid Artery, Open Approach	ICD-10-PCS	Procedure
03CV3Z6	Extirpation of Matter from Left Thyroid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CV3ZZ	Extirpation of Matter from Left Thyroid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CV4Z6	Extirpation of Matter from Left Thyroid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CV4ZZ	Extirpation of Matter from Left Thyroid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057L3DZ	Dilation of Intracranial Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057L4DZ	Dilation of Intracranial Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057M3DZ	Dilation of Right Internal Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057M4DZ	Dilation of Right Internal Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057N3DZ	Dilation of Left Internal Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057N4DZ	Dilation of Left Internal Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057P3DZ	Dilation of Right External Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057P4DZ	Dilation of Right External Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057Q3DZ	Dilation of Left External Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057Q4DZ	Dilation of Left External Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057R3DZ	Dilation of Right Vertebral Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
057R4DZ	Dilation of Right Vertebral Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057S3DZ	Dilation of Left Vertebral Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057S4DZ	Dilation of Left Vertebral Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057T3DZ	Dilation of Right Face Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057T4DZ	Dilation of Right Face Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05CL3ZZ	Extirpation of Matter from Intracranial Vein, Percutaneous Approach	ICD-10-PCS	Procedure
Other Ischemic Heart Disease			
411	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.0	Postmyocardial infarction syndrome	ICD-9-CM	Diagnosis
411.1	Intermediate coronary syndrome	ICD-9-CM	Diagnosis
411.8	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.81	Acute coronary occlusion without myocardial infarction	ICD-9-CM	Diagnosis
411.89	Other acute and subacute form of ischemic heart disease	ICD-9-CM	Diagnosis
413	Angina pectoris	ICD-9-CM	Diagnosis
413.0	Angina decubitus	ICD-9-CM	Diagnosis
413.1	Prinzmetal angina	ICD-9-CM	Diagnosis
413.9	Other and unspecified angina pectoris	ICD-9-CM	Diagnosis
414	Other forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.0	Coronary atherosclerosis	ICD-9-CM	Diagnosis
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	ICD-9-CM	Diagnosis
414.01	Coronary atherosclerosis of native coronary artery	ICD-9-CM	Diagnosis
414.02	Coronary atherosclerosis of autologous vein bypass graft	ICD-9-CM	Diagnosis
414.03	Coronary atherosclerosis of nonautologous biological bypass graft	ICD-9-CM	Diagnosis
414.04	Coronary atherosclerosis of artery bypass graft	ICD-9-CM	Diagnosis
414.05	Coronary atherosclerosis of unspecified type of bypass graft	ICD-9-CM	Diagnosis
414.06	Coronary atherosclerosis, of native coronary artery of transplanted heart	ICD-9-CM	Diagnosis
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart	ICD-9-CM	Diagnosis
414.1	Aneurysm and dissection of heart	ICD-9-CM	Diagnosis
414.10	Aneurysm of heart	ICD-9-CM	Diagnosis
414.11	Aneurysm of coronary vessels	ICD-9-CM	Diagnosis
414.12	Dissection of coronary artery	ICD-9-CM	Diagnosis
414.19	Other aneurysm of heart	ICD-9-CM	Diagnosis
414.2	Chronic total occlusion of coronary artery	ICD-9-CM	Diagnosis
414.3	Coronary atherosclerosis due to lipid rich plaque	ICD-9-CM	Diagnosis
414.4	Coronary atherosclerosis due to calcified coronary lesion	ICD-9-CM	Diagnosis
414.8	Other specified forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.9	Unspecified chronic ischemic heart disease	ICD-9-CM	Diagnosis
429.2	Unspecified cardiovascular disease	ICD-9-CM	Diagnosis
429.5	Rupture of chordae tendineae	ICD-9-CM	Diagnosis

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

Code	Description	Code Type	Code Category
429.6	Rupture of papillary muscle	ICD-9-CM	Diagnosis
429.7	Certain sequelae of myocardial infarction, not elsewhere classified	ICD-9-CM	Diagnosis
429.71	Acquired cardiac septal defect	ICD-9-CM	Diagnosis
429.79	Other certain sequelae of myocardial infarction, not elsewhere classified	ICD-9-CM	Diagnosis
429.9	Unspecified heart disease	ICD-9-CM	Diagnosis
G8033	Prior myocardial infarction, coronary artery disease patient documented to be on beta-blocker therapy	HCPCS	Procedure
G8034	Prior myocardial infarction, coronary artery disease patient not documented to be on beta-blocker therapy	HCPCS	Procedure
G8035	Clinician documented that prior myocardial infarction, coronary artery disease patient was not eligible candidate for beta-blocker therapy measure	HCPCS	Procedure
G8036	Coronary artery disease patient documented to be on antiplatelet therapy	HCPCS	Procedure
G8037	Coronary artery disease patient not documented to be on antiplatelet therapy	HCPCS	Procedure
G8038	Clinician documented that coronary artery disease patient was not eligible candidate for antiplatelet therapy measure	HCPCS	Procedure
G8039	Coronary artery disease patient with low-density lipoprotein documented to be greater than 100 mg/dl	HCPCS	Procedure
G8040	Coronary artery disease patient with low-density lipoprotein documented to be less than or equal to 100 mg/dl	HCPCS	Procedure
G8041	Clinician documented that coronary artery disease patient was not eligible candidate for low-density lipoprotein measure	HCPCS	Procedure
I20.0	Unstable angina	ICD-10-CM	Diagnosis
I20.1	Angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I20.8	Other forms of angina pectoris	ICD-10-CM	Diagnosis
I20.9	Angina pectoris, unspecified	ICD-10-CM	Diagnosis
I23.0	Hemopericardium as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.1	Atrial septal defect as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.2	Ventricular septal defect as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction	ICD-10-CM	Diagnosis
I23.7	Postinfarction angina	ICD-10-CM	Diagnosis
I23.8	Other current complications following acute myocardial infarction	ICD-10-CM	Diagnosis
I24.0	Acute coronary thrombosis not resulting in myocardial infarction	ICD-10-CM	Diagnosis
I24.1	Dressler's syndrome	ICD-10-CM	Diagnosis
I24.8	Other forms of acute ischemic heart disease	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I24.9	Acute ischemic heart disease, unspecified	ICD-10-CM	Diagnosis
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	ICD-10-CM	Diagnosis
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.3	Aneurysm of heart	ICD-10-CM	Diagnosis
I25.41	Coronary artery aneurysm	ICD-10-CM	Diagnosis
I25.42	Coronary artery dissection	ICD-10-CM	Diagnosis
I25.5	Ischemic cardiomyopathy	ICD-10-CM	Diagnosis
I25.6	Silent myocardial ischemia	ICD-10-CM	Diagnosis
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	ICD-10-CM	Diagnosis
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	ICD-10-CM	Diagnosis
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	ICD-10-CM	Diagnosis
I25.82	Chronic total occlusion of coronary artery	ICD-10-CM	Diagnosis
I25.83	Coronary atherosclerosis due to lipid rich plaque	ICD-10-CM	Diagnosis
I25.84	Coronary atherosclerosis due to calcified coronary lesion	ICD-10-CM	Diagnosis
I25.89	Other forms of chronic ischemic heart disease	ICD-10-CM	Diagnosis
I25.9	Chronic ischemic heart disease, unspecified	ICD-10-CM	Diagnosis
I51.0	Cardiac septal defect, acquired	ICD-10-CM	Diagnosis
I51.1	Rupture of chordae tendineae, not elsewhere classified	ICD-10-CM	Diagnosis
I51.2	Rupture of papillary muscle, not elsewhere classified	ICD-10-CM	Diagnosis
I51.9	Heart disease, unspecified	ICD-10-CM	Diagnosis
I52	Other heart disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
Other Medical Conditions			
E880	Accidental fall on or from stairs or steps	ICD-9-CM	Diagnosis
E8800	Accidental fall on or from escalator	ICD-9-CM	Diagnosis
E8801	Accidental fall on or from sidewalk curb	ICD-9-CM	Diagnosis
E8809	Accidental fall on or from other stairs or steps	ICD-9-CM	Diagnosis
E881	Accidental fall on or from ladders or scaffolding	ICD-9-CM	Diagnosis
E8810	Accidental fall from ladder	ICD-9-CM	Diagnosis
E8811	Accidental fall from scaffolding	ICD-9-CM	Diagnosis
E882	Accidental fall from or out of building or other structure	ICD-9-CM	Diagnosis
E883	Accidental fall into hole or other opening in surface	ICD-9-CM	Diagnosis
E8830	Accident from diving or jumping into water (swimming pool)	ICD-9-CM	Diagnosis
E8831	Accidental fall into well	ICD-9-CM	Diagnosis
E8832	Accidental fall into storm drain or manhole	ICD-9-CM	Diagnosis
E8839	Accidental fall into other hole or other opening in surface	ICD-9-CM	Diagnosis
E884	Other accidental fall from one level to another	ICD-9-CM	Diagnosis
E8840	Accidental fall from playground equipment	ICD-9-CM	Diagnosis
E8841	Accidental fall from cliff	ICD-9-CM	Diagnosis
E8842	Accidental fall from chair	ICD-9-CM	Diagnosis
E8843	Accidental fall from wheelchair	ICD-9-CM	Diagnosis
E8844	Accidental fall from bed	ICD-9-CM	Diagnosis
E8845	Accidental fall from other furniture	ICD-9-CM	Diagnosis
E8846	Accidental fall from commode	ICD-9-CM	Diagnosis
E8849	Other accidental fall from one level to another	ICD-9-CM	Diagnosis
E885	Accidental fall on same level from slipping, tripping, or stumbling	ICD-9-CM	Diagnosis
E8850	Fall on same level from (nonmotorized) scooter	ICD-9-CM	Diagnosis
E8851	Fall from roller skates	ICD-9-CM	Diagnosis
E8852	Fall from skateboard	ICD-9-CM	Diagnosis
E8853	Fall from skis	ICD-9-CM	Diagnosis
E8854	Fall from snowboard	ICD-9-CM	Diagnosis
E8859	Fall from other slipping, tripping, or stumbling	ICD-9-CM	Diagnosis
E886	Accidental fall on same level from collision, pushing, or shoving, by or with other person	ICD-9-CM	Diagnosis
E8860	Accidental fall on same level from collision, pushing, or shoving, by or with other person in sports	ICD-9-CM	Diagnosis
E8869	Other and unspecified accidental falls on same level from collision, pushing, or shoving, by or with other person	ICD-9-CM	Diagnosis
E887	Fracture in accidental fall, cause unspecified	ICD-9-CM	Diagnosis
E888	Other and unspecified accidental fall	ICD-9-CM	Diagnosis
E8880	Fall resulting in striking against sharp object	ICD-9-CM	Diagnosis
E8881	Fall resulting in striking against other object	ICD-9-CM	Diagnosis
E8888	Other fall	ICD-9-CM	Diagnosis
E8889	Unspecified fall	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
E9176	Strike against or struck accidentally by crowd, by collective fear or panic with subsequent fall	ICD-9-CM	Diagnosis
E9177	Strike against or struck accidentally by furniture with subsequent fall	ICD-9-CM	Diagnosis
E9178	Strike against or struck accidentally by other stationary object with subsequent fall	ICD-9-CM	Diagnosis
E9179	Other accident caused by striking against or being struck accidentally by objects or persons	ICD-9-CM	Diagnosis
E9293	Late effects of accidental fall	ICD-9-CM	Diagnosis
807.0	Closed fracture of rib(s)	ICD-9-CM	Procedure
807.00	Closed fracture of rib(s), unspecified	ICD-9-CM	Procedure
807.01	Closed fracture of one rib	ICD-9-CM	Procedure
807.02	Closed fracture of two ribs	ICD-9-CM	Procedure
807.03	Closed fracture of three ribs	ICD-9-CM	Procedure
807.04	Closed fracture of four ribs	ICD-9-CM	Procedure
807.05	Closed fracture of five ribs	ICD-9-CM	Procedure
807.06	Closed fracture of six ribs	ICD-9-CM	Procedure
807.07	Closed fracture of seven ribs	ICD-9-CM	Procedure
807.08	Closed fracture of eight or more ribs	ICD-9-CM	Procedure
807.09	Closed fracture of multiple ribs, unspecified	ICD-9-CM	Procedure
807.1	Open fracture of rib(s)	ICD-9-CM	Procedure
807.10	Open fracture of rib(s), unspecified	ICD-9-CM	Procedure
807.11	Open fracture of one rib	ICD-9-CM	Procedure
807.12	Open fracture of two ribs	ICD-9-CM	Procedure
807.13	Open fracture of three ribs	ICD-9-CM	Procedure
807.14	Open fracture of four ribs	ICD-9-CM	Procedure
807.15	Open fracture of five ribs	ICD-9-CM	Procedure
807.16	Open fracture of six ribs	ICD-9-CM	Procedure
807.17	Open fracture of seven ribs	ICD-9-CM	Procedure
807.18	Open fracture of eight or more ribs	ICD-9-CM	Procedure
807.19	Open fracture of multiple ribs, unspecified	ICD-9-CM	Procedure
810	Fracture of clavicle	ICD-9-CM	Procedure
810.0	Closed fracture of clavicle	ICD-9-CM	Procedure
810.00	Unspecified part of closed fracture of clavicle	ICD-9-CM	Procedure
810.01	Closed fracture of sternal end of clavicle	ICD-9-CM	Procedure
810.02	Closed fracture of shaft of clavicle	ICD-9-CM	Procedure
810.03	Closed fracture of acromial end of clavicle	ICD-9-CM	Procedure
810.1	Open fracture of clavicle	ICD-9-CM	Procedure
810.10	Unspecified part of open fracture of clavicle	ICD-9-CM	Procedure
810.11	Open fracture of sternal end of clavicle	ICD-9-CM	Procedure
810.12	Open fracture of shaft of clavicle	ICD-9-CM	Procedure
810.13	Open fracture of acromial end of clavicle	ICD-9-CM	Procedure
813	Fracture of radius and ulna	ICD-9-CM	Procedure

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Code	Description	Code Type	Code Category
813.0	Closed fracture of upper end of radius and ulna	ICD-9-CM	Procedure
813.00	Unspecified fracture of radius and ulna, upper end of forearm, closed	ICD-9-CM	Procedure
813.01	Closed fracture of olecranon process of ulna	ICD-9-CM	Procedure
813.02	Closed fracture of coronoid process of ulna	ICD-9-CM	Procedure
813.03	Closed Monteggia's fracture	ICD-9-CM	Procedure
813.04	Other and unspecified closed fractures of proximal end of ulna (alone)	ICD-9-CM	Procedure
813.05	Closed fracture of head of radius	ICD-9-CM	Procedure
813.06	Closed fracture of neck of radius	ICD-9-CM	Procedure
813.07	Other and unspecified closed fractures of proximal end of radius (alone)	ICD-9-CM	Procedure
813.08	Closed fracture of radius with ulna, upper end (any part)	ICD-9-CM	Procedure
813.1	Open fracture of upper end of radius and ulna	ICD-9-CM	Procedure
813.10	Unspecified open fracture of upper end of forearm	ICD-9-CM	Procedure
813.11	Open fracture of olecranon process of ulna	ICD-9-CM	Procedure
813.12	Open fracture of coronoid process of ulna	ICD-9-CM	Procedure
813.13	Open Monteggia's fracture	ICD-9-CM	Procedure
813.14	Other and unspecified open fractures of proximal end of ulna (alone)	ICD-9-CM	Procedure
813.15	Open fracture of head of radius	ICD-9-CM	Procedure
813.16	Open fracture of neck of radius	ICD-9-CM	Procedure
813.17	Other and unspecified open fractures of proximal end of radius (alone)	ICD-9-CM	Procedure
813.18	Open fracture of radius with ulna, upper end (any part)	ICD-9-CM	Procedure
813.2	Closed fracture of shaft of radius and ulna	ICD-9-CM	Procedure
813.20	Unspecified closed fracture of shaft of radius or ulna	ICD-9-CM	Procedure
813.21	Closed fracture of shaft of radius (alone)	ICD-9-CM	Procedure
813.22	Closed fracture of shaft of ulna (alone)	ICD-9-CM	Procedure
813.23	Closed fracture of shaft of radius with ulna	ICD-9-CM	Procedure
813.3	Open fracture of shaft of radius and ulna	ICD-9-CM	Procedure
813.30	Unspecified open fracture of shaft of radius or ulna	ICD-9-CM	Procedure
813.31	Open fracture of shaft of radius (alone)	ICD-9-CM	Procedure
813.32	Open fracture of shaft of ulna (alone)	ICD-9-CM	Procedure
813.33	Open fracture of shaft of radius with ulna	ICD-9-CM	Procedure
813.4	Closed fracture of lower end of radius and ulna	ICD-9-CM	Procedure
813.40	Unspecified closed fracture of lower end of forearm	ICD-9-CM	Procedure
813.41	Closed Colles' fracture	ICD-9-CM	Procedure
813.42	Other closed fractures of distal end of radius (alone)	ICD-9-CM	Procedure
813.43	Closed fracture of distal end of ulna (alone)	ICD-9-CM	Procedure
813.44	Closed fracture of lower end of radius with ulna	ICD-9-CM	Procedure
813.45	Torus fracture of radius (alone)	ICD-9-CM	Procedure
813.46	Torus fracture of ulna (alone)	ICD-9-CM	Procedure
813.47	Torus fracture of radius and ulna	ICD-9-CM	Procedure
813.5	Open fracture of lower end of radius and ulna	ICD-9-CM	Procedure
813.50	Unspecified open fracture of lower end of forearm	ICD-9-CM	Procedure

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Code	Description	Code Type	Code Category
813.51	Open Colles' fracture	ICD-9-CM	Procedure
813.52	Other open fractures of distal end of radius (alone)	ICD-9-CM	Procedure
813.53	Open fracture of distal end of ulna (alone)	ICD-9-CM	Procedure
813.54	Open fracture of lower end of radius with ulna	ICD-9-CM	Procedure
813.8	Closed fracture of unspecified part of radius with ulna	ICD-9-CM	Procedure
813.80	Closed fracture of unspecified part of forearm	ICD-9-CM	Procedure
813.81	Closed fracture of unspecified part of radius (alone)	ICD-9-CM	Procedure
813.82	Closed fracture of unspecified part of ulna (alone)	ICD-9-CM	Procedure
813.83	Closed fracture of unspecified part of radius with ulna	ICD-9-CM	Procedure
813.9	Open fracture of unspecified part of radius with ulna	ICD-9-CM	Procedure
813.90	Open fracture of unspecified part of forearm	ICD-9-CM	Procedure
813.91	Open fracture of unspecified part of radius (alone)	ICD-9-CM	Procedure
813.92	Open fracture of unspecified part of ulna (alone)	ICD-9-CM	Procedure
813.93	Open fracture of unspecified part of radius with ulna	ICD-9-CM	Procedure
820	Fracture of neck of femur	ICD-9-CM	Procedure
820.0	Closed transcervical fracture	ICD-9-CM	Procedure
820.00	Closed fracture of unspecified intracapsular section of neck of femur	ICD-9-CM	Procedure
820.01	Closed fracture of epiphysis (separation) (upper) of neck of femur	ICD-9-CM	Procedure
820.02	Closed fracture of midcervical section of femur	ICD-9-CM	Procedure
820.03	Closed fracture of base of neck of femur	ICD-9-CM	Procedure
820.09	Other closed transcervical fracture of femur	ICD-9-CM	Procedure
820.1	Open transcervical fracture	ICD-9-CM	Procedure
820.10	Open fracture of unspecified intracapsular section of neck of femur	ICD-9-CM	Procedure
820.11	Open fracture of epiphysis (separation) (upper) of neck of femur	ICD-9-CM	Procedure
820.12	Open fracture of midcervical section of femur	ICD-9-CM	Procedure
820.13	Open fracture of base of neck of femur	ICD-9-CM	Procedure
820.19	Other open transcervical fracture of femur	ICD-9-CM	Procedure
820.2	Closed pertrochanteric fracture of femur	ICD-9-CM	Procedure
820.20	Closed fracture of unspecified trochanteric section of femur	ICD-9-CM	Procedure
820.21	Closed fracture of intertrochanteric section of femur	ICD-9-CM	Procedure
820.22	Closed fracture of subtrochanteric section of femur	ICD-9-CM	Procedure
820.3	Open pertrochanteric fracture of femur	ICD-9-CM	Procedure
820.30	Open fracture of unspecified trochanteric section of femur	ICD-9-CM	Procedure
820.31	Open fracture of intertrochanteric section of femur	ICD-9-CM	Procedure
820.32	Open fracture of subtrochanteric section of femur	ICD-9-CM	Procedure
820.8	Closed fracture of unspecified part of neck of femur	ICD-9-CM	Procedure
820.9	Open fracture of unspecified part of neck of femur	ICD-9-CM	Procedure
78.11	Application of external fixator device, scapula, clavicle, and thorax [ribs and sternum]	ICD-9-CM	Procedure
78.13	Application of external fixator device, radius and ulna	ICD-9-CM	Procedure
78.15	Application of external fixator device, femur	ICD-9-CM	Procedure
78.41	Other repair or plastic operations on scapula, clavicle, and thorax (ribs and sternum)	ICD-9-CM	Procedure

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Code	Description	Code Type	Code Category
78.43	Other repair or plastic operations on radius and ulna	ICD-9-CM	Procedure
78.45	Other repair or plastic operations on femur	ICD-9-CM	Procedure
78.51	Internal fixation of scapula, clavicle, and thorax (ribs and sternum) without fracture reduction	ICD-9-CM	Procedure
78.53	Internal fixation of radius and ulna without fracture reduction	ICD-9-CM	Procedure
78.55	Internal fixation of femur without fracture reduction	ICD-9-CM	Procedure
78.61	Removal of implanted device from scapula, clavicle, and thorax (ribs and sternum)	ICD-9-CM	Procedure
78.63	Removal of implanted device from radius and ulna	ICD-9-CM	Procedure
78.65	Removal of implanted device from femur	ICD-9-CM	Procedure
79.02	Closed reduction of fracture of radius and ulna without internal fixation	ICD-9-CM	Procedure
79.05	Closed reduction of fracture of femur without internal fixation	ICD-9-CM	Procedure
79.12	Closed reduction of fracture of radius and ulna with internal fixation	ICD-9-CM	Procedure
79.15	Closed reduction of fracture of femur with internal fixation	ICD-9-CM	Procedure
79.22	Open reduction of fracture of radius and ulna without internal fixation	ICD-9-CM	Procedure
79.25	Open reduction of fracture of femur without internal fixation	ICD-9-CM	Procedure
79.32	Open reduction of fracture of radius and ulna with internal fixation	ICD-9-CM	Procedure
79.35	Open reduction of fracture of femur with internal fixation	ICD-9-CM	Procedure
79.62	Debridement of open fracture of radius and ulna	ICD-9-CM	Procedure
79.65	Debridement of open fracture of femur	ICD-9-CM	Procedure
21800	Closed treatment of broken rib	CPT-4	Procedure
21805	Open treatment of broken rib	CPT-4	Procedure
21810	Treatment of broken rib	CPT-4	Procedure
21812	Open treatment of broken ribs with insertion of hardware	CPT-4	Procedure
21813	Open treatment of broken ribs with insertion of hardware	CPT-4	Procedure
23485	Incision to repair collar bone for nonunion of fracture with bone graft	CPT-4	Procedure
23500	Closed treatment of collar bone fracture	CPT-4	Procedure
23505	Closed treatment of collar bone broken with manipulation	CPT-4	Procedure
23515	Open treatment of collar bone broken	CPT-4	Procedure
24586	Open treatment of broken and/or dislocated upper or lower arm bones at elbow	CPT-4	Procedure
24587	Open treatment of broken and/or dislocated upper or lower arm bones at elbow with implant	CPT-4	Procedure
24620	Closed treatment of broken and dislocated forearm bones at elbow with manipulation	CPT-4	Procedure
24635	Open treatment of broken and dislocated forearm bones at elbow	CPT-4	Procedure
24650	Closed treatment of broken forearm bone at elbow	CPT-4	Procedure
24655	Closed treatment of broken forearm bone at elbow with manipulation	CPT-4	Procedure
24665	Open treatment of broken forearm bone at elbow	CPT-4	Procedure
24666	Open treatment of broken forearm bone at elbow with prosthetic replacement	CPT-4	Procedure
24670	Closed treatment of broken forearm bone at elbow	CPT-4	Procedure
24675	Closed treatment of broken forearm bone at elbow with manipulation	CPT-4	Procedure
24685	Open treatment of broken forearm bone at elbow	CPT-4	Procedure
25500	Closed treatment of broken forearm bone	CPT-4	Procedure

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Code	Description	Code Type	Code Category
25505	Closed treatment of broken forearm bone with manipulation	CPT-4	Procedure
25515	Open treatment of broken forearm bone	CPT-4	Procedure
25520	Closed treatment of broken forearm and dislocated wrist bones	CPT-4	Procedure
25525	Open treatment of broken forearm bone and closed treatment of joint dislocation	CPT-4	Procedure
25526	Open treatment of broken forearm bone	CPT-4	Procedure
25530	Closed treatment of broken forearm bone	CPT-4	Procedure
25535	Closed treatment of broken forearm bone with manipulation	CPT-4	Procedure
25545	Open treatment of broken forearm bone	CPT-4	Procedure
25560	Closed treatment of broken forearm bones	CPT-4	Procedure
25565	Closed treatment of broken forearm bones with manipulation	CPT-4	Procedure
25574	Open treatment of broken forearm bones	CPT-4	Procedure
25575	Open treatment of broken forearm bones	CPT-4	Procedure
25600	Closed treatment of broken forearm bones	CPT-4	Procedure
25605	Closed treatment of broken or growth plate separate of forearm bone at wrist with manipulation	CPT-4	Procedure
25606	Insertion of hardware to lower forearm bone broken or growth plate separation, accessed through the skin	CPT-4	Procedure
25607	Open treatment of broken or lower forearm bone or growth plate separation with insertion of hardware	CPT-4	Procedure
25608	Open treatment of broken of lower forearm or growth plate separation with insertion of hardware of 2 fragments	CPT-4	Procedure
25609	Open treatment of broken of lower forearm or growth plate separation with insertion of hardware of 3 or more fragments	CPT-4	Procedure
25611	Percutaneous skeletal fixation of distal radial fracture (eg, colles or smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation	CPT-4	Procedure
25620	Open treatment of distal radial fracture (eg, colles or smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation	CPT-4	Procedure
25650	Closed treatment of broken forearm bone at wrist bone	CPT-4	Procedure
25651	Insertion of hardware broken bone of forearm at wrist, accessed through the skin	CPT-4	Procedure
25652	Open treatment of broken wrist	CPT-4	Procedure
27230	Closed treatment of upper thigh bone fracture	CPT-4	Procedure
27232	Closed treatment of thigh bone fracture with manipulation	CPT-4	Procedure
27235	Insertion of hardware to broken thigh bone, accessed through the skin	CPT-4	Procedure
27236	Open treatment of broken thigh bone with insertion of hardware or prosthetic replacement	CPT-4	Procedure
27238	Closed treatment of fracture below neck of upper thigh bone	CPT-4	Procedure
27240	Closed treatment of broken thigh bone with manipulation	CPT-4	Procedure
27244	Surgical treatment of broken thigh bone	CPT-4	Procedure
27245	Surgical treatment of broken thigh bone	CPT-4	Procedure

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Code	Description	Code Type	Code Category
27246	Closed treatment of broken thigh bone	CPT-4	Procedure
27248	Open treatment of broken thigh bone	CPT-4	Procedure
27254	Open treatment of fracture and traumatic dislocation of hip socket and thigh bone	CPT-4	Procedure
27267	Closed treatment of broken thigh bone	CPT-4	Procedure
27268	Closed treatment of fracture of upper portion and head of thigh bone with manipulation	CPT-4	Procedure
27269	Open treatment of fracture of thigh bone	CPT-4	Procedure
27500	Closed treatment of thigh bone fracture	CPT-4	Procedure
27501	Closed treatment of broken thigh bone	CPT-4	Procedure
27502	Closed treatment of broken thigh bone with manipulation	CPT-4	Procedure
27503	Closed treatment of broken thigh bone with manipulation	CPT-4	Procedure
27506	Open treatment of broken thigh bone	CPT-4	Procedure
27507	Open treatment of broken thigh bone	CPT-4	Procedure
27508	Closed treatment of broken thigh bone	CPT-4	Procedure
27509	Insertion of hardware to stabilize broken thigh bone or separated growth plate, accessed through the skin	CPT-4	Procedure
27510	Closed treatment of broken thigh bone with manipulation	CPT-4	Procedure
27511	Open treatment of broken thigh bone	CPT-4	Procedure
27513	Open treatment of broken thigh bone	CPT-4	Procedure
27514	Open treatment of broken thigh bone	CPT-4	Procedure
E0130	Walker, rigid (pickup), adjustable or fixed height	HCPCS	Procedure
E0135	Walker, folding (pickup), adjustable or fixed height	HCPCS	Procedure
E0140	Walker, with trunk support, adjustable or fixed height, any type	HCPCS	Procedure
E0141	Walker, rigid, wheeled, adjustable or fixed height	HCPCS	Procedure
E0142	Rigid walker, wheeled, with seat	HCPCS	Procedure
E0143	Walker, folding, wheeled, adjustable or fixed height	HCPCS	Procedure
E0144	Walker, enclosed, 4 sided framed, rigid or folding, wheeled with posterior seat	HCPCS	Procedure
E0145	Walker, wheeled, with seat and crutch attachments	HCPCS	Procedure
E0146	Folding walker, wheeled, with seat	HCPCS	Procedure
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	HCPCS	Procedure
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each	HCPCS	Procedure
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type	HCPCS	Procedure
E0154	Platform attachment, walker, each	HCPCS	Procedure
E0155	Wheel attachment, rigid pick-up walker, per pair	HCPCS	Procedure
E0156	Seat attachment, walker	HCPCS	Procedure
E0157	Crutch attachment, walker, each	HCPCS	Procedure
E0158	Leg extensions for walker, per set of 4	HCPCS	Procedure
E0159	Brake attachment for wheeled walker, replacement, each	HCPCS	Procedure
K0458	Heavy duty walker, without wheels, each	HCPCS	Procedure
K0459	Heavy duty wheeled walker, each	HCPCS	Procedure
L1520	Thkao, swivel walker	HCPCS	Procedure
780.2	Syncope and collapse	ICD-9-CM	Procedure

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Code	Description	Code Type	Code Category
V00.01XA	Pedestrian on foot injured in collision with roller-skater, initial encounter	ICD-10-CM	Diagnosis
V00.01XD	Pedestrian on foot injured in collision with roller-skater, subsequent encounter	ICD-10-CM	Diagnosis
V00.02XA	Pedestrian on foot injured in collision with skateboarder, initial encounter	ICD-10-CM	Diagnosis
V00.02XD	Pedestrian on foot injured in collision with skateboarder, subsequent encounter	ICD-10-CM	Diagnosis
V00.09XA	Pedestrian on foot injured in collision with other pedestrian conveyance, initial encounter	ICD-10-CM	Diagnosis
V00.09XD	Pedestrian on foot injured in collision with other pedestrian conveyance, subsequent encounter	ICD-10-CM	Diagnosis
V00.111A	Fall from in-line roller-skates, initial encounter	ICD-10-CM	Diagnosis
V00.111D	Fall from in-line roller-skates, subsequent encounter	ICD-10-CM	Diagnosis
V00.111S	Fall from in-line roller-skates, sequela	ICD-10-CM	Diagnosis
V00.112A	In-line roller-skater colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.112D	In-line roller-skater colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.112S	In-line roller-skater colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.118A	Other in-line roller-skate accident, initial encounter	ICD-10-CM	Diagnosis
V00.118D	Other in-line roller-skate accident, subsequent encounter	ICD-10-CM	Diagnosis
V00.118S	Other in-line roller-skate accident, sequela	ICD-10-CM	Diagnosis
V00.121A	Fall from non-in-line roller-skates, initial encounter	ICD-10-CM	Diagnosis
V00.121D	Fall from non-in-line roller-skates, subsequent encounter	ICD-10-CM	Diagnosis
V00.121S	Fall from non-in-line roller-skates, sequela	ICD-10-CM	Diagnosis
V00.122A	Non-in-line roller-skater colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.122D	Non-in-line roller-skater colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.122S	Non-in-line roller-skater colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.128A	Other non-in-line roller-skating accident, initial encounter	ICD-10-CM	Diagnosis
V00.128D	Other non-in-line roller-skating accident, subsequent encounter	ICD-10-CM	Diagnosis
V00.128S	Other non-in-line roller-skating accident, sequela	ICD-10-CM	Diagnosis
V00.131A	Fall from skateboard, initial encounter	ICD-10-CM	Diagnosis
V00.131D	Fall from skateboard, subsequent encounter	ICD-10-CM	Diagnosis
V00.131S	Fall from skateboard, sequela	ICD-10-CM	Diagnosis
V00.132A	Skateboarder colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.132D	Skateboarder colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.132S	Skateboarder colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.138A	Other skateboard accident, initial encounter	ICD-10-CM	Diagnosis
V00.138D	Other skateboard accident, subsequent encounter	ICD-10-CM	Diagnosis
V00.138S	Other skateboard accident, sequela	ICD-10-CM	Diagnosis
V00.141A	Fall from scooter (nonmotorized), initial encounter	ICD-10-CM	Diagnosis
V00.141D	Fall from scooter (nonmotorized), subsequent encounter	ICD-10-CM	Diagnosis
V00.141S	Fall from scooter (nonmotorized), sequela	ICD-10-CM	Diagnosis
V00.142A	Scooter (nonmotorized) colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.142D	Scooter (nonmotorized) colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.142S	Scooter (nonmotorized) colliding with stationary object, sequela	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
V00.148A	Other scooter (nonmotorized) accident, initial encounter	ICD-10-CM	Diagnosis
V00.148D	Other scooter (nonmotorized) accident, subsequent encounter	ICD-10-CM	Diagnosis
V00.148S	Other scooter (nonmotorized) accident, sequela	ICD-10-CM	Diagnosis
V00.151A	Fall from heeies, initial encounter	ICD-10-CM	Diagnosis
V00.151D	Fall from heeies, subsequent encounter	ICD-10-CM	Diagnosis
V00.151S	Fall from heeies, sequela	ICD-10-CM	Diagnosis
V00.152A	Heelies colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.152D	Heelies colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.152S	Heelies colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.158A	Other heelies accident, initial encounter	ICD-10-CM	Diagnosis
V00.158D	Other heelies accident, subsequent encounter	ICD-10-CM	Diagnosis
V00.158S	Other heelies accident, sequela	ICD-10-CM	Diagnosis
V00.181A	Fall from other rolling-type pedestrian conveyance, initial encounter	ICD-10-CM	Diagnosis
V00.181D	Fall from other rolling-type pedestrian conveyance, subsequent encounter	ICD-10-CM	Diagnosis
V00.181S	Fall from other rolling-type pedestrian conveyance, sequela	ICD-10-CM	Diagnosis
V00.182A	Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.182D	Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.182S	Pedestrian on other rolling-type pedestrian conveyance colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.188A	Other accident on other rolling-type pedestrian conveyance, initial encounter	ICD-10-CM	Diagnosis
V00.188D	Other accident on other rolling-type pedestrian conveyance, subsequent encounter	ICD-10-CM	Diagnosis
V00.188S	Other accident on other rolling-type pedestrian conveyance, sequela	ICD-10-CM	Diagnosis
V00.211A	Fall from ice-skates, initial encounter	ICD-10-CM	Diagnosis
V00.211D	Fall from ice-skates, subsequent encounter	ICD-10-CM	Diagnosis
V00.211S	Fall from ice-skates, sequela	ICD-10-CM	Diagnosis
V00.212A	Ice-skater colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.212D	Ice-skater colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.212S	Ice-skater colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.218A	Other ice-skates accident, initial encounter	ICD-10-CM	Diagnosis
V00.218D	Other ice-skates accident, subsequent encounter	ICD-10-CM	Diagnosis
V00.218S	Other ice-skates accident, sequela	ICD-10-CM	Diagnosis
V00.221A	Fall from sled, initial encounter	ICD-10-CM	Diagnosis
V00.221D	Fall from sled, subsequent encounter	ICD-10-CM	Diagnosis
V00.221S	Fall from sled, sequela	ICD-10-CM	Diagnosis
V00.222A	Sledder colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.222D	Sledder colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.222S	Sledder colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.228A	Other sled accident, initial encounter	ICD-10-CM	Diagnosis
V00.228D	Other sled accident, subsequent encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
V00.228S	Other sled accident, sequela	ICD-10-CM	Diagnosis
V00.281A	Fall from other gliding-type pedestrian conveyance, initial encounter	ICD-10-CM	Diagnosis
V00.281D	Fall from other gliding-type pedestrian conveyance, subsequent encounter	ICD-10-CM	Diagnosis
V00.281S	Fall from other gliding-type pedestrian conveyance, sequela	ICD-10-CM	Diagnosis
V00.282A	Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.282D	Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.282S	Pedestrian on other gliding-type pedestrian conveyance colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.288A	Other accident on other gliding-type pedestrian conveyance, initial encounter	ICD-10-CM	Diagnosis
V00.288D	Other accident on other gliding-type pedestrian conveyance, subsequent encounter	ICD-10-CM	Diagnosis
V00.288S	Other accident on other gliding-type pedestrian conveyance, sequela	ICD-10-CM	Diagnosis
V00.311A	Fall from snowboard, initial encounter	ICD-10-CM	Diagnosis
V00.311D	Fall from snowboard, subsequent encounter	ICD-10-CM	Diagnosis
V00.311S	Fall from snowboard, sequela	ICD-10-CM	Diagnosis
V00.312A	Snowboarder colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.312D	Snowboarder colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.312S	Snowboarder colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.318A	Other snowboard accident, initial encounter	ICD-10-CM	Diagnosis
V00.318D	Other snowboard accident, subsequent encounter	ICD-10-CM	Diagnosis
V00.318S	Other snowboard accident, sequela	ICD-10-CM	Diagnosis
V00.321A	Fall from snow-skis, initial encounter	ICD-10-CM	Diagnosis
V00.321D	Fall from snow-skis, subsequent encounter	ICD-10-CM	Diagnosis
V00.321S	Fall from snow-skis, sequela	ICD-10-CM	Diagnosis
V00.322A	Snow-skier colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.322D	Snow-skier colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.322S	Snow-skier colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.328A	Other snow-ski accident, initial encounter	ICD-10-CM	Diagnosis
V00.328D	Other snow-ski accident, subsequent encounter	ICD-10-CM	Diagnosis
V00.328S	Other snow-ski accident, sequela	ICD-10-CM	Diagnosis
V00.381A	Fall from other flat-bottomed pedestrian conveyance, initial encounter	ICD-10-CM	Diagnosis
V00.381D	Fall from other flat-bottomed pedestrian conveyance, subsequent encounter	ICD-10-CM	Diagnosis
V00.381S	Fall from other flat-bottomed pedestrian conveyance, sequela	ICD-10-CM	Diagnosis
V00.382A	Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.382D	Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.382S	Pedestrian on other flat-bottomed pedestrian conveyance colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.388A	Other accident on other flat-bottomed pedestrian conveyance, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
V00.388D	Other accident on other flat-bottomed pedestrian conveyance, subsequent encounter	ICD-10-CM	Diagnosis
V00.388S	Other accident on other flat-bottomed pedestrian conveyance, sequela	ICD-10-CM	Diagnosis
V00.811A	Fall from moving wheelchair (powered), initial encounter	ICD-10-CM	Diagnosis
V00.811D	Fall from moving wheelchair (powered), subsequent encounter	ICD-10-CM	Diagnosis
V00.811S	Fall from moving wheelchair (powered), sequela	ICD-10-CM	Diagnosis
V00.812A	Wheelchair (powered) colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.812D	Wheelchair (powered) colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.812S	Wheelchair (powered) colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.818A	Other accident with wheelchair (powered), initial encounter	ICD-10-CM	Diagnosis
V00.818D	Other accident with wheelchair (powered), subsequent encounter	ICD-10-CM	Diagnosis
V00.818S	Other accident with wheelchair (powered), sequela	ICD-10-CM	Diagnosis
V00.821A	Fall from baby stroller, initial encounter	ICD-10-CM	Diagnosis
V00.821D	Fall from baby stroller, subsequent encounter	ICD-10-CM	Diagnosis
V00.821S	Fall from baby stroller, sequela	ICD-10-CM	Diagnosis
V00.822A	Baby stroller colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.822D	Baby stroller colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.822S	Baby stroller colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.828A	Other accident with baby stroller, initial encounter	ICD-10-CM	Diagnosis
V00.828D	Other accident with baby stroller, subsequent encounter	ICD-10-CM	Diagnosis
V00.828S	Other accident with baby stroller, sequela	ICD-10-CM	Diagnosis
V00.831A	Fall from motorized mobility scooter, initial encounter	ICD-10-CM	Diagnosis
V00.831D	Fall from motorized mobility scooter, subsequent encounter	ICD-10-CM	Diagnosis
V00.831S	Fall from motorized mobility scooter, sequela	ICD-10-CM	Diagnosis
V00.832A	Motorized mobility scooter colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.832D	Motorized mobility scooter colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.832S	Motorized mobility scooter colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.838A	Other accident with motorized mobility scooter, initial encounter	ICD-10-CM	Diagnosis
V00.838D	Other accident with motorized mobility scooter, subsequent encounter	ICD-10-CM	Diagnosis
V00.838S	Other accident with motorized mobility scooter, sequela	ICD-10-CM	Diagnosis
V00.891A	Fall from other pedestrian conveyance, initial encounter	ICD-10-CM	Diagnosis
V00.891D	Fall from other pedestrian conveyance, subsequent encounter	ICD-10-CM	Diagnosis
V00.891S	Fall from other pedestrian conveyance, sequela	ICD-10-CM	Diagnosis
V00.892A	Pedestrian on other pedestrian conveyance colliding with stationary object, initial encounter	ICD-10-CM	Diagnosis
V00.892D	Pedestrian on other pedestrian conveyance colliding with stationary object, subsequent encounter	ICD-10-CM	Diagnosis
V00.892S	Pedestrian on other pedestrian conveyance colliding with stationary object, sequela	ICD-10-CM	Diagnosis
V00.898A	Other accident on other pedestrian conveyance, initial encounter	ICD-10-CM	Diagnosis
V00.898D	Other accident on other pedestrian conveyance, subsequent encounter	ICD-10-CM	Diagnosis
V00.898S	Other accident on other pedestrian conveyance, sequela	ICD-10-CM	Diagnosis
W00.OXXA	Fall on same level due to ice and snow, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W00.0XXD	Fall on same level due to ice and snow, subsequent encounter	ICD-10-CM	Diagnosis
W00.0XXS	Fall on same level due to ice and snow, sequela	ICD-10-CM	Diagnosis
W00.1XXA	Fall from stairs and steps due to ice and snow, initial encounter	ICD-10-CM	Diagnosis
W00.1XXD	Fall from stairs and steps due to ice and snow, subsequent encounter	ICD-10-CM	Diagnosis
W00.1XXS	Fall from stairs and steps due to ice and snow, sequela	ICD-10-CM	Diagnosis
W00.2XXA	Other fall from one level to another due to ice and snow, initial encounter	ICD-10-CM	Diagnosis
W00.2XXD	Other fall from one level to another due to ice and snow, subsequent encounter	ICD-10-CM	Diagnosis
W00.2XXS	Other fall from one level to another due to ice and snow, sequela	ICD-10-CM	Diagnosis
W00.9XXA	Unspecified fall due to ice and snow, initial encounter	ICD-10-CM	Diagnosis
W00.9XXD	Unspecified fall due to ice and snow, subsequent encounter	ICD-10-CM	Diagnosis
W00.9XXS	Unspecified fall due to ice and snow, sequela	ICD-10-CM	Diagnosis
W01.0XXA	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter	ICD-10-CM	Diagnosis
W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter	ICD-10-CM	Diagnosis
W01.0XXS	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, sequela	ICD-10-CM	Diagnosis
W01.10XA	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, initial encounter	ICD-10-CM	Diagnosis
W01.10XD	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, subsequent encounter	ICD-10-CM	Diagnosis
W01.10XS	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, sequela	ICD-10-CM	Diagnosis
W01.110A	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, initial encounter	ICD-10-CM	Diagnosis
W01.110D	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, subsequent encounter	ICD-10-CM	Diagnosis
W01.110S	Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, sequela	ICD-10-CM	Diagnosis
W01.111A	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, initial encounter	ICD-10-CM	Diagnosis
W01.111D	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, subsequent encounter	ICD-10-CM	Diagnosis
W01.111S	Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, sequela	ICD-10-CM	Diagnosis
W01.118A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, initial encounter	ICD-10-CM	Diagnosis
W01.118D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, subsequent encounter	ICD-10-CM	Diagnosis
W01.118S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, sequela	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W01.119A	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, initial encounter	ICD-10-CM	Diagnosis
W01.119D	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, subsequent encounter	ICD-10-CM	Diagnosis
W01.119S	Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, sequela	ICD-10-CM	Diagnosis
W01.190A	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, initial encounter	ICD-10-CM	Diagnosis
W01.190D	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, subsequent encounter	ICD-10-CM	Diagnosis
W01.190S	Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, sequela	ICD-10-CM	Diagnosis
W01.198A	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, initial encounter	ICD-10-CM	Diagnosis
W01.198D	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, subsequent encounter	ICD-10-CM	Diagnosis
W01.198S	Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, sequela	ICD-10-CM	Diagnosis
W03.XXXA	Other fall on same level due to collision with another person, initial encounter	ICD-10-CM	Diagnosis
W03.XXXD	Other fall on same level due to collision with another person, subsequent encounter	ICD-10-CM	Diagnosis
W03.XXXS	Other fall on same level due to collision with another person, sequela	ICD-10-CM	Diagnosis
W04.XXXA	Fall while being carried or supported by other persons, initial encounter	ICD-10-CM	Diagnosis
W04.XXXD	Fall while being carried or supported by other persons, subsequent encounter	ICD-10-CM	Diagnosis
W04.XXXS	Fall while being carried or supported by other persons, sequela	ICD-10-CM	Diagnosis
W05.0XXA	Fall from non-moving wheelchair, initial encounter	ICD-10-CM	Diagnosis
W05.0XXD	Fall from non-moving wheelchair, subsequent encounter	ICD-10-CM	Diagnosis
W05.0XXS	Fall from non-moving wheelchair, sequela	ICD-10-CM	Diagnosis
W05.1XXA	Fall from non-moving nonmotorized scooter, initial encounter	ICD-10-CM	Diagnosis
W05.1XXD	Fall from non-moving nonmotorized scooter, subsequent encounter	ICD-10-CM	Diagnosis
W05.1XXS	Fall from non-moving nonmotorized scooter, sequela	ICD-10-CM	Diagnosis
W05.2XXA	Fall from non-moving motorized mobility scooter, initial encounter	ICD-10-CM	Diagnosis
W05.2XXD	Fall from non-moving motorized mobility scooter, subsequent encounter	ICD-10-CM	Diagnosis
W05.2XXS	Fall from non-moving motorized mobility scooter, sequela	ICD-10-CM	Diagnosis
W06.XXXA	Fall from bed, initial encounter	ICD-10-CM	Diagnosis
W06.XXXD	Fall from bed, subsequent encounter	ICD-10-CM	Diagnosis
W06.XXXS	Fall from bed, sequela	ICD-10-CM	Diagnosis
W07.XXXA	Fall from chair, initial encounter	ICD-10-CM	Diagnosis
W07.XXXD	Fall from chair, subsequent encounter	ICD-10-CM	Diagnosis
W07.XXXS	Fall from chair, sequela	ICD-10-CM	Diagnosis
W08.XXXA	Fall from other furniture, initial encounter	ICD-10-CM	Diagnosis
W08.XXXD	Fall from other furniture, subsequent encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W08.XXXS	Fall from other furniture, sequela	ICD-10-CM	Diagnosis
W09.0XXA	Fall on or from playground slide, initial encounter	ICD-10-CM	Diagnosis
W09.0XXD	Fall on or from playground slide, subsequent encounter	ICD-10-CM	Diagnosis
W09.0XXS	Fall on or from playground slide, sequela	ICD-10-CM	Diagnosis
W09.1XXA	Fall from playground swing, initial encounter	ICD-10-CM	Diagnosis
W09.1XXD	Fall from playground swing, subsequent encounter	ICD-10-CM	Diagnosis
W09.1XXS	Fall from playground swing, sequela	ICD-10-CM	Diagnosis
W09.2XXA	Fall on or from jungle gym, initial encounter	ICD-10-CM	Diagnosis
W09.2XXD	Fall on or from jungle gym, subsequent encounter	ICD-10-CM	Diagnosis
W09.2XXS	Fall on or from jungle gym, sequela	ICD-10-CM	Diagnosis
W09.8XXA	Fall on or from other playground equipment, initial encounter	ICD-10-CM	Diagnosis
W09.8XXD	Fall on or from other playground equipment, subsequent encounter	ICD-10-CM	Diagnosis
W09.8XXS	Fall on or from other playground equipment, sequela	ICD-10-CM	Diagnosis
W10.0XXA	Fall (on)(from) escalator, initial encounter	ICD-10-CM	Diagnosis
W10.0XXD	Fall (on)(from) escalator, subsequent encounter	ICD-10-CM	Diagnosis
W10.0XXS	Fall (on)(from) escalator, sequela	ICD-10-CM	Diagnosis
W10.1XXA	Fall (on)(from) sidewalk curb, initial encounter	ICD-10-CM	Diagnosis
W10.1XXD	Fall (on)(from) sidewalk curb, subsequent encounter	ICD-10-CM	Diagnosis
W10.1XXS	Fall (on)(from) sidewalk curb, sequela	ICD-10-CM	Diagnosis
W10.2XXA	Fall (on)(from) incline, initial encounter	ICD-10-CM	Diagnosis
W10.2XXD	Fall (on)(from) incline, subsequent encounter	ICD-10-CM	Diagnosis
W10.2XXS	Fall (on)(from) incline, sequela	ICD-10-CM	Diagnosis
W10.8XXA	Fall (on) (from) other stairs and steps, initial encounter	ICD-10-CM	Diagnosis
W10.8XXD	Fall (on) (from) other stairs and steps, subsequent encounter	ICD-10-CM	Diagnosis
W10.8XXS	Fall (on) (from) other stairs and steps, sequela	ICD-10-CM	Diagnosis
W10.9XXA	Fall (on) (from) unspecified stairs and steps, initial encounter	ICD-10-CM	Diagnosis
W10.9XXD	Fall (on) (from) unspecified stairs and steps, subsequent encounter	ICD-10-CM	Diagnosis
W10.9XXS	Fall (on) (from) unspecified stairs and steps, sequela	ICD-10-CM	Diagnosis
W11.XXXA	Fall on and from ladder, initial encounter	ICD-10-CM	Diagnosis
W11.XXXD	Fall on and from ladder, subsequent encounter	ICD-10-CM	Diagnosis
W11.XXXS	Fall on and from ladder, sequela	ICD-10-CM	Diagnosis
W12.XXXA	Fall on and from scaffolding, initial encounter	ICD-10-CM	Diagnosis
W12.XXXD	Fall on and from scaffolding, subsequent encounter	ICD-10-CM	Diagnosis
W12.XXXS	Fall on and from scaffolding, sequela	ICD-10-CM	Diagnosis
W13.0XXA	Fall from, out of or through balcony, initial encounter	ICD-10-CM	Diagnosis
W13.0XXD	Fall from, out of or through balcony, subsequent encounter	ICD-10-CM	Diagnosis
W13.0XXS	Fall from, out of or through balcony, sequela	ICD-10-CM	Diagnosis
W13.1XXA	Fall from, out of or through bridge, initial encounter	ICD-10-CM	Diagnosis
W13.1XXD	Fall from, out of or through bridge, subsequent encounter	ICD-10-CM	Diagnosis
W13.1XXS	Fall from, out of or through bridge, sequela	ICD-10-CM	Diagnosis
W13.2XXA	Fall from, out of or through roof, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W13.2XXD	Fall from, out of or through roof, subsequent encounter	ICD-10-CM	Diagnosis
W13.2XXS	Fall from, out of or through roof, sequela	ICD-10-CM	Diagnosis
W13.3XXA	Fall through floor, initial encounter	ICD-10-CM	Diagnosis
W13.3XXD	Fall through floor, subsequent encounter	ICD-10-CM	Diagnosis
W13.3XXS	Fall through floor, sequela	ICD-10-CM	Diagnosis
W13.4XXA	Fall from, out of or through window, initial encounter	ICD-10-CM	Diagnosis
W13.4XXD	Fall from, out of or through window, subsequent encounter	ICD-10-CM	Diagnosis
W13.4XXS	Fall from, out of or through window, sequela	ICD-10-CM	Diagnosis
W13.8XXA	Fall from, out of or through other building or structure, initial encounter	ICD-10-CM	Diagnosis
W13.8XXD	Fall from, out of or through other building or structure, subsequent encounter	ICD-10-CM	Diagnosis
W13.8XXS	Fall from, out of or through other building or structure, sequela	ICD-10-CM	Diagnosis
W13.9XXA	Fall from, out of or through building, not otherwise specified, initial encounter	ICD-10-CM	Diagnosis
W13.9XXD	Fall from, out of or through building, not otherwise specified, subsequent encounter	ICD-10-CM	Diagnosis
W13.9XXS	Fall from, out of or through building, not otherwise specified, sequela	ICD-10-CM	Diagnosis
W14.XXXA	Fall from tree, initial encounter	ICD-10-CM	Diagnosis
W14.XXXD	Fall from tree, subsequent encounter	ICD-10-CM	Diagnosis
W14.XXXS	Fall from tree, sequela	ICD-10-CM	Diagnosis
W15.XXXA	Fall from cliff, initial encounter	ICD-10-CM	Diagnosis
W15.XXXD	Fall from cliff, subsequent encounter	ICD-10-CM	Diagnosis
W15.XXXS	Fall from cliff, sequela	ICD-10-CM	Diagnosis
W16.011A	Fall into swimming pool striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.011D	Fall into swimming pool striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.011S	Fall into swimming pool striking water surface causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.012A	Fall into swimming pool striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.012D	Fall into swimming pool striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.012S	Fall into swimming pool striking water surface causing other injury, sequela	ICD-10-CM	Diagnosis
W16.021A	Fall into swimming pool striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.021D	Fall into swimming pool striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.021S	Fall into swimming pool striking bottom causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.022A	Fall into swimming pool striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.022D	Fall into swimming pool striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.022S	Fall into swimming pool striking bottom causing other injury, sequela	ICD-10-CM	Diagnosis
W16.031A	Fall into swimming pool striking wall causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W16.031D	Fall into swimming pool striking wall causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.031S	Fall into swimming pool striking wall causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.032A	Fall into swimming pool striking wall causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.032D	Fall into swimming pool striking wall causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.032S	Fall into swimming pool striking wall causing other injury, sequela	ICD-10-CM	Diagnosis
W16.111A	Fall into natural body of water striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.111D	Fall into natural body of water striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.111S	Fall into natural body of water striking water surface causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.112A	Fall into natural body of water striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.112D	Fall into natural body of water striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.112S	Fall into natural body of water striking water surface causing other injury, sequela	ICD-10-CM	Diagnosis
W16.121A	Fall into natural body of water striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.121D	Fall into natural body of water striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.121S	Fall into natural body of water striking bottom causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.122A	Fall into natural body of water striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.122D	Fall into natural body of water striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.122S	Fall into natural body of water striking bottom causing other injury, sequela	ICD-10-CM	Diagnosis
W16.131A	Fall into natural body of water striking side causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.131D	Fall into natural body of water striking side causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.131S	Fall into natural body of water striking side causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.132A	Fall into natural body of water striking side causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.132D	Fall into natural body of water striking side causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.132S	Fall into natural body of water striking side causing other injury, sequela	ICD-10-CM	Diagnosis
W16.211A	Fall in (into) filled bathtub causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.211D	Fall in (into) filled bathtub causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.211S	Fall in (into) filled bathtub causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.212A	Fall in (into) filled bathtub causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.212D	Fall in (into) filled bathtub causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.212S	Fall in (into) filled bathtub causing other injury, sequela	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W16.221A	Fall in (into) bucket of water causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.221D	Fall in (into) bucket of water causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.221S	Fall in (into) bucket of water causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.222A	Fall in (into) bucket of water causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.222D	Fall in (into) bucket of water causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.222S	Fall in (into) bucket of water causing other injury, sequela	ICD-10-CM	Diagnosis
W16.311A	Fall into other water striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.311D	Fall into other water striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.311S	Fall into other water striking water surface causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.312A	Fall into other water striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.312D	Fall into other water striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.312S	Fall into other water striking water surface causing other injury, sequela	ICD-10-CM	Diagnosis
W16.321A	Fall into other water striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.321D	Fall into other water striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.321S	Fall into other water striking bottom causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.322A	Fall into other water striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.322D	Fall into other water striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.322S	Fall into other water striking bottom causing other injury, sequela	ICD-10-CM	Diagnosis
W16.331A	Fall into other water striking wall causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.331D	Fall into other water striking wall causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.331S	Fall into other water striking wall causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.332A	Fall into other water striking wall causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.332D	Fall into other water striking wall causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.332S	Fall into other water striking wall causing other injury, sequela	ICD-10-CM	Diagnosis
W16.41XA	Fall into unspecified water causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.41XD	Fall into unspecified water causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.41XS	Fall into unspecified water causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.42XA	Fall into unspecified water causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.42XD	Fall into unspecified water causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.42XS	Fall into unspecified water causing other injury, sequela	ICD-10-CM	Diagnosis
W16.511A	Jumping or diving into swimming pool striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.511D	Jumping or diving into swimming pool striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.511S	Jumping or diving into swimming pool striking water surface causing drowning and submersion, sequela	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W16.512A	Jumping or diving into swimming pool striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.512D	Jumping or diving into swimming pool striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.512S	Jumping or diving into swimming pool striking water surface causing other injury, sequela	ICD-10-CM	Diagnosis
W16.521A	Jumping or diving into swimming pool striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.521D	Jumping or diving into swimming pool striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.521S	Jumping or diving into swimming pool striking bottom causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.522A	Jumping or diving into swimming pool striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.522D	Jumping or diving into swimming pool striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.522S	Jumping or diving into swimming pool striking bottom causing other injury, sequela	ICD-10-CM	Diagnosis
W16.531A	Jumping or diving into swimming pool striking wall causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.531D	Jumping or diving into swimming pool striking wall causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.531S	Jumping or diving into swimming pool striking wall causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.532A	Jumping or diving into swimming pool striking wall causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.532D	Jumping or diving into swimming pool striking wall causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.532S	Jumping or diving into swimming pool striking wall causing other injury, sequela	ICD-10-CM	Diagnosis
W16.611A	Jumping or diving into natural body of water striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.611D	Jumping or diving into natural body of water striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.611S	Jumping or diving into natural body of water striking water surface causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.612A	Jumping or diving into natural body of water striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.612D	Jumping or diving into natural body of water striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.612S	Jumping or diving into natural body of water striking water surface causing other injury, sequela	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W16.621A	Jumping or diving into natural body of water striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.621D	Jumping or diving into natural body of water striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.621S	Jumping or diving into natural body of water striking bottom causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.622A	Jumping or diving into natural body of water striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.622D	Jumping or diving into natural body of water striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.622S	Jumping or diving into natural body of water striking bottom causing other injury, sequela	ICD-10-CM	Diagnosis
W16.711A	Jumping or diving from boat striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.711D	Jumping or diving from boat striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.711S	Jumping or diving from boat striking water surface causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.712A	Jumping or diving from boat striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.712D	Jumping or diving from boat striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.712S	Jumping or diving from boat striking water surface causing other injury, sequela	ICD-10-CM	Diagnosis
W16.721A	Jumping or diving from boat striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.721D	Jumping or diving from boat striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.721S	Jumping or diving from boat striking bottom causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.722A	Jumping or diving from boat striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.722D	Jumping or diving from boat striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.722S	Jumping or diving from boat striking bottom causing other injury, sequela	ICD-10-CM	Diagnosis
W16.811A	Jumping or diving into other water striking water surface causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.811D	Jumping or diving into other water striking water surface causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.811S	Jumping or diving into other water striking water surface causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.812A	Jumping or diving into other water striking water surface causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.812D	Jumping or diving into other water striking water surface causing other injury, subsequent encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W16.812S	Jumping or diving into other water striking water surface causing other injury, sequela	ICD-10-CM	Diagnosis
W16.821A	Jumping or diving into other water striking bottom causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.821D	Jumping or diving into other water striking bottom causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.821S	Jumping or diving into other water striking bottom causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.822A	Jumping or diving into other water striking bottom causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.822D	Jumping or diving into other water striking bottom causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.822S	Jumping or diving into other water striking bottom causing other injury, sequela	ICD-10-CM	Diagnosis
W16.831A	Jumping or diving into other water striking wall causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.831D	Jumping or diving into other water striking wall causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.831S	Jumping or diving into other water striking wall causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.832A	Jumping or diving into other water striking wall causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.832D	Jumping or diving into other water striking wall causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.832S	Jumping or diving into other water striking wall causing other injury, sequela	ICD-10-CM	Diagnosis
W16.91XA	Jumping or diving into unspecified water causing drowning and submersion, initial encounter	ICD-10-CM	Diagnosis
W16.91XD	Jumping or diving into unspecified water causing drowning and submersion, subsequent encounter	ICD-10-CM	Diagnosis
W16.91XS	Jumping or diving into unspecified water causing drowning and submersion, sequela	ICD-10-CM	Diagnosis
W16.92XA	Jumping or diving into unspecified water causing other injury, initial encounter	ICD-10-CM	Diagnosis
W16.92XD	Jumping or diving into unspecified water causing other injury, subsequent encounter	ICD-10-CM	Diagnosis
W16.92XS	Jumping or diving into unspecified water causing other injury, sequela	ICD-10-CM	Diagnosis
W17.0XXA	Fall into well, initial encounter	ICD-10-CM	Diagnosis
W17.0XXD	Fall into well, subsequent encounter	ICD-10-CM	Diagnosis
W17.0XXS	Fall into well, sequela	ICD-10-CM	Diagnosis
W17.1XXA	Fall into storm drain or manhole, initial encounter	ICD-10-CM	Diagnosis
W17.1XXD	Fall into storm drain or manhole, subsequent encounter	ICD-10-CM	Diagnosis
W17.1XXS	Fall into storm drain or manhole, sequela	ICD-10-CM	Diagnosis
W17.2XXA	Fall into hole, initial encounter	ICD-10-CM	Diagnosis
W17.2XXD	Fall into hole, subsequent encounter	ICD-10-CM	Diagnosis
W17.2XXS	Fall into hole, sequela	ICD-10-CM	Diagnosis
W17.3XXA	Fall into empty swimming pool, initial encounter	ICD-10-CM	Diagnosis
W17.3XXD	Fall into empty swimming pool, subsequent encounter	ICD-10-CM	Diagnosis
W17.3XXS	Fall into empty swimming pool, sequela	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W17.4XXA	Fall from dock, initial encounter	ICD-10-CM	Diagnosis
W17.4XXD	Fall from dock, subsequent encounter	ICD-10-CM	Diagnosis
W17.4XXS	Fall from dock, sequela	ICD-10-CM	Diagnosis
W17.81XA	Fall down embankment (hill), initial encounter	ICD-10-CM	Diagnosis
W17.81XD	Fall down embankment (hill), subsequent encounter	ICD-10-CM	Diagnosis
W17.81XS	Fall down embankment (hill), sequela	ICD-10-CM	Diagnosis
W17.82XA	Fall from (out of) grocery cart, initial encounter	ICD-10-CM	Diagnosis
W17.82XD	Fall from (out of) grocery cart, subsequent encounter	ICD-10-CM	Diagnosis
W17.82XS	Fall from (out of) grocery cart, sequela	ICD-10-CM	Diagnosis
W17.89XA	Other fall from one level to another, initial encounter	ICD-10-CM	Diagnosis
W17.89XD	Other fall from one level to another, subsequent encounter	ICD-10-CM	Diagnosis
W17.89XS	Other fall from one level to another, sequela	ICD-10-CM	Diagnosis
W18.00XA	Striking against unspecified object with subsequent fall, initial encounter	ICD-10-CM	Diagnosis
W18.00XD	Striking against unspecified object with subsequent fall, subsequent encounter	ICD-10-CM	Diagnosis
W18.00XS	Striking against unspecified object with subsequent fall, sequela	ICD-10-CM	Diagnosis
W18.01XA	Striking against sports equipment with subsequent fall, initial encounter	ICD-10-CM	Diagnosis
W18.01XD	Striking against sports equipment with subsequent fall, subsequent encounter	ICD-10-CM	Diagnosis
W18.01XS	Striking against sports equipment with subsequent fall, sequela	ICD-10-CM	Diagnosis
W18.02XA	Striking against glass with subsequent fall, initial encounter	ICD-10-CM	Diagnosis
W18.02XD	Striking against glass with subsequent fall, subsequent encounter	ICD-10-CM	Diagnosis
W18.02XS	Striking against glass with subsequent fall, sequela	ICD-10-CM	Diagnosis
W18.09XA	Striking against other object with subsequent fall, initial encounter	ICD-10-CM	Diagnosis
W18.09XD	Striking against other object with subsequent fall, subsequent encounter	ICD-10-CM	Diagnosis
W18.09XS	Striking against other object with subsequent fall, sequela	ICD-10-CM	Diagnosis
W18.11XA	Fall from or off toilet without subsequent striking against object, initial encounter	ICD-10-CM	Diagnosis
W18.11XD	Fall from or off toilet without subsequent striking against object, subsequent encounter	ICD-10-CM	Diagnosis
W18.11XS	Fall from or off toilet without subsequent striking against object, sequela	ICD-10-CM	Diagnosis
W18.12XA	Fall from or off toilet with subsequent striking against object, initial encounter	ICD-10-CM	Diagnosis
W18.12XD	Fall from or off toilet with subsequent striking against object, subsequent encounter	ICD-10-CM	Diagnosis
W18.12XS	Fall from or off toilet with subsequent striking against object, sequela	ICD-10-CM	Diagnosis
W18.2XXA	Fall in (into) shower or empty bathtub, initial encounter	ICD-10-CM	Diagnosis
W18.2XXD	Fall in (into) shower or empty bathtub, subsequent encounter	ICD-10-CM	Diagnosis
W18.2XXS	Fall in (into) shower or empty bathtub, sequela	ICD-10-CM	Diagnosis
W18.30XA	Fall on same level, unspecified, initial encounter	ICD-10-CM	Diagnosis
W18.30XD	Fall on same level, unspecified, subsequent encounter	ICD-10-CM	Diagnosis
W18.30XS	Fall on same level, unspecified, sequela	ICD-10-CM	Diagnosis
W18.31XA	Fall on same level due to stepping on an object, initial encounter	ICD-10-CM	Diagnosis
W18.31XD	Fall on same level due to stepping on an object, subsequent encounter	ICD-10-CM	Diagnosis
W18.31XS	Fall on same level due to stepping on an object, sequela	ICD-10-CM	Diagnosis
W18.39XA	Other fall on same level, initial encounter	ICD-10-CM	Diagnosis
W18.39XD	Other fall on same level, subsequent encounter	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
W18.39XS	Other fall on same level, sequela	ICD-10-CM	Diagnosis
W18.40XA	Slipping, tripping and stumbling without falling, unspecified, initial encounter	ICD-10-CM	Diagnosis
W18.40XD	Slipping, tripping and stumbling without falling, unspecified, subsequent encounter	ICD-10-CM	Diagnosis
W18.40XS	Slipping, tripping and stumbling without falling, unspecified, sequela	ICD-10-CM	Diagnosis
W18.41XA	Slipping, tripping and stumbling without falling due to stepping on object, initial encounter	ICD-10-CM	Diagnosis
W18.41XD	Slipping, tripping and stumbling without falling due to stepping on object, subsequent encounter	ICD-10-CM	Diagnosis
W18.41XS	Slipping, tripping and stumbling without falling due to stepping on object, sequela	ICD-10-CM	Diagnosis
W18.42XA	Slipping, tripping and stumbling without falling due to stepping into hole or opening, initial encounter	ICD-10-CM	Diagnosis
W18.42XD	Slipping, tripping and stumbling without falling due to stepping into hole or opening, subsequent encounter	ICD-10-CM	Diagnosis
W18.42XS	Slipping, tripping and stumbling without falling due to stepping into hole or opening, sequela	ICD-10-CM	Diagnosis
W18.43XA	Slipping, tripping and stumbling without falling due to stepping from one level to another, initial encounter	ICD-10-CM	Diagnosis
W18.43XD	Slipping, tripping and stumbling without falling due to stepping from one level to another, subsequent encounter	ICD-10-CM	Diagnosis
W18.43XS	Slipping, tripping and stumbling without falling due to stepping from one level to another, sequela	ICD-10-CM	Diagnosis
W18.49XA	Other slipping, tripping and stumbling without falling, initial encounter	ICD-10-CM	Diagnosis
W18.49XD	Other slipping, tripping and stumbling without falling, subsequent encounter	ICD-10-CM	Diagnosis
W18.49XS	Other slipping, tripping and stumbling without falling, sequela	ICD-10-CM	Diagnosis
W19.XXXA	Unspecified fall, initial encounter	ICD-10-CM	Diagnosis
W19.XXXD	Unspecified fall, subsequent encounter	ICD-10-CM	Diagnosis
W19.XXXS	Unspecified fall, sequela	ICD-10-CM	Diagnosis
W50.0XXA	Accidental hit or strike by another person, initial encounter	ICD-10-CM	Diagnosis
W50.0XXD	Accidental hit or strike by another person, subsequent encounter	ICD-10-CM	Diagnosis
W50.1XXA	Accidental kick by another person, initial encounter	ICD-10-CM	Diagnosis
W50.1XXD	Accidental kick by another person, subsequent encounter	ICD-10-CM	Diagnosis
W50.2XXA	Accidental twist by another person, initial encounter	ICD-10-CM	Diagnosis
W50.2XXD	Accidental twist by another person, subsequent encounter	ICD-10-CM	Diagnosis
W50.4XXA	Accidental scratch by another person, initial encounter	ICD-10-CM	Diagnosis
W50.4XXD	Accidental scratch by another person, subsequent encounter	ICD-10-CM	Diagnosis
W51.XXXA	Accidental striking against or bumped into by another person, initial encounter	ICD-10-CM	Diagnosis
W51.XXXD	Accidental striking against or bumped into by another person, subsequent encounter	ICD-10-CM	Diagnosis
W52.XXXA	Crushed, pushed or stepped on by crowd or human stampede, initial encounter	ICD-10-CM	Diagnosis
S22.31XA	Fracture of one rib, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.31XB	Fracture of one rib, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.32XA	Fracture of one rib, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S22.32XB	Fracture of one rib, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.39XA	Fracture of one rib, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.39XB	Fracture of one rib, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.41XA	Multiple fractures of ribs, right side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.41XB	Multiple fractures of ribs, right side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.42XA	Multiple fractures of ribs, left side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.42XB	Multiple fractures of ribs, left side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.43XA	Multiple fractures of ribs, bilateral, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.43XB	Multiple fractures of ribs, bilateral, initial encounter for open fracture	ICD-10-CM	Diagnosis
S22.49XA	Multiple fractures of ribs, unspecified side, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S22.49XB	Multiple fractures of ribs, unspecified side, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.001A	Fracture of unspecified part of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.001B	Fracture of unspecified part of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.002A	Fracture of unspecified part of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.002B	Fracture of unspecified part of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.009A	Fracture of unspecified part of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.009B	Fracture of unspecified part of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.011A	Anterior displaced fracture of sternal end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.011B	Anterior displaced fracture of sternal end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.012A	Anterior displaced fracture of sternal end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.012B	Anterior displaced fracture of sternal end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.013A	Anterior displaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.013B	Anterior displaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.014A	Posterior displaced fracture of sternal end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.014B	Posterior displaced fracture of sternal end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.015A	Posterior displaced fracture of sternal end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.015B	Posterior displaced fracture of sternal end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.016A	Posterior displaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.016B	Posterior displaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S42.017A	Nondisplaced fracture of sternal end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.017B	Nondisplaced fracture of sternal end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.018A	Nondisplaced fracture of sternal end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.018B	Nondisplaced fracture of sternal end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.019A	Nondisplaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.019B	Nondisplaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.021A	Displaced fracture of shaft of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.021B	Displaced fracture of shaft of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.022A	Displaced fracture of shaft of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.022B	Displaced fracture of shaft of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.023A	Displaced fracture of shaft of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.023B	Displaced fracture of shaft of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.024A	Nondisplaced fracture of shaft of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.024B	Nondisplaced fracture of shaft of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.025A	Nondisplaced fracture of shaft of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.025B	Nondisplaced fracture of shaft of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.026A	Nondisplaced fracture of shaft of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.026B	Nondisplaced fracture of shaft of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.031A	Displaced fracture of lateral end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.031B	Displaced fracture of lateral end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.032A	Displaced fracture of lateral end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.032B	Displaced fracture of lateral end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.033A	Displaced fracture of lateral end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.033B	Displaced fracture of lateral end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.034A	Nondisplaced fracture of lateral end of right clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.034B	Nondisplaced fracture of lateral end of right clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.035A	Nondisplaced fracture of lateral end of left clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.035B	Nondisplaced fracture of lateral end of left clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S42.036A	Nondisplaced fracture of lateral end of unspecified clavicle, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S42.036B	Nondisplaced fracture of lateral end of unspecified clavicle, initial encounter for open fracture	ICD-10-CM	Diagnosis
S52.001A	Unspecified fracture of upper end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.001B	Unspecified fracture of upper end of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.001C	Unspecified fracture of upper end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.002A	Unspecified fracture of upper end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.002B	Unspecified fracture of upper end of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.002C	Unspecified fracture of upper end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.009A	Unspecified fracture of upper end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.009B	Unspecified fracture of upper end of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.009C	Unspecified fracture of upper end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.011A	Torus fracture of upper end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.012A	Torus fracture of upper end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.019A	Torus fracture of upper end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.021A	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.021B	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.021C	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.022A	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.022B	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.022C	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.023A	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.023B	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.023C	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.024A	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.024B	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.024C	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.025A	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.025B	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.025C	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.026A	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.026B	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.026C	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.031A	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.031B	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.031C	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.032A	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.032B	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.032C	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.033A	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.033B	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.033C	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.034A	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.034B	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.034C	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.035A	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.035B	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.035C	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.036A	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.036B	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.036C	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.041A	Displaced fracture of coronoid process of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.041B	Displaced fracture of coronoid process of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.041C	Displaced fracture of coronoid process of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.042A	Displaced fracture of coronoid process of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.042B	Displaced fracture of coronoid process of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.042C	Displaced fracture of coronoid process of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.043A	Displaced fracture of coronoid process of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.043B	Displaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.043C	Displaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.044A	Nondisplaced fracture of coronoid process of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.044B	Nondisplaced fracture of coronoid process of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.044C	Nondisplaced fracture of coronoid process of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.045A	Nondisplaced fracture of coronoid process of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.045B	Nondisplaced fracture of coronoid process of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.045C	Nondisplaced fracture of coronoid process of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.046A	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.046B	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.046C	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.091A	Other fracture of upper end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.091B	Other fracture of upper end of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.091C	Other fracture of upper end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.092A	Other fracture of upper end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.092B	Other fracture of upper end of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.092C	Other fracture of upper end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.099A	Other fracture of upper end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.099B	Other fracture of upper end of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.099C	Other fracture of upper end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.101A	Unspecified fracture of upper end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.101B	Unspecified fracture of upper end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.101C	Unspecified fracture of upper end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.102A	Unspecified fracture of upper end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.102B	Unspecified fracture of upper end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.102C	Unspecified fracture of upper end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.109A	Unspecified fracture of upper end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.109B	Unspecified fracture of upper end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.109C	Unspecified fracture of upper end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.111A	Torus fracture of upper end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.112A	Torus fracture of upper end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.119A	Torus fracture of upper end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.121A	Displaced fracture of head of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.121B	Displaced fracture of head of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.121C	Displaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.122A	Displaced fracture of head of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.122B	Displaced fracture of head of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.122C	Displaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.123A	Displaced fracture of head of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.123B	Displaced fracture of head of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.123C	Displaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.124A	Nondisplaced fracture of head of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.124B	Nondisplaced fracture of head of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.124C	Nondisplaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.125A	Nondisplaced fracture of head of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.125B	Nondisplaced fracture of head of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.125C	Nondisplaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.126A	Nondisplaced fracture of head of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.126B	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.126C	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.131A	Displaced fracture of neck of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.131B	Displaced fracture of neck of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.131C	Displaced fracture of neck of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.132A	Displaced fracture of neck of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.132B	Displaced fracture of neck of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.132C	Displaced fracture of neck of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.133A	Displaced fracture of neck of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.133B	Displaced fracture of neck of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.133C	Displaced fracture of neck of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.134A	Nondisplaced fracture of neck of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.134B	Nondisplaced fracture of neck of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.134C	Nondisplaced fracture of neck of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.135A	Nondisplaced fracture of neck of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.135B	Nondisplaced fracture of neck of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.135C	Nondisplaced fracture of neck of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.136A	Nondisplaced fracture of neck of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.136B	Nondisplaced fracture of neck of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.136C	Nondisplaced fracture of neck of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.181A	Other fracture of upper end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.181B	Other fracture of upper end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.181C	Other fracture of upper end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.182A	Other fracture of upper end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.182B	Other fracture of upper end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.182C	Other fracture of upper end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.189A	Other fracture of upper end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.189B	Other fracture of upper end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.189C	Other fracture of upper end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.201A	Unspecified fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.201B	Unspecified fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.201C	Unspecified fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.202A	Unspecified fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.202B	Unspecified fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.202C	Unspecified fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.209A	Unspecified fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.209B	Unspecified fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.209C	Unspecified fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.211A	Greenstick fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.212A	Greenstick fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.219A	Greenstick fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.221A	Displaced transverse fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.221B	Displaced transverse fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.221C	Displaced transverse fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.222A	Displaced transverse fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.222B	Displaced transverse fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.222C	Displaced transverse fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.223A	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.223B	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.223C	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.224A	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.224B	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.224C	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.225A	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.225B	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.225C	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.226A	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.226B	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.226C	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.231A	Displaced oblique fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.231B	Displaced oblique fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.231C	Displaced oblique fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.232A	Displaced oblique fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.232B	Displaced oblique fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.232C	Displaced oblique fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.233A	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.233B	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.233C	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.234A	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.234B	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.234C	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.235A	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.235B	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.235C	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.236A	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.236B	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.236C	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.241A	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.241B	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.241C	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.242A	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.242B	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.242C	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.243A	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.243B	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.243C	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.244A	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.244B	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.244C	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.245A	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.245B	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.245C	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.246A	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.246B	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.246C	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.251A	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.251B	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.251C	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.252A	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.252B	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.252C	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.253A	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.253B	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.253C	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.254A	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.254B	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.254C	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.255A	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.255B	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.255C	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.256A	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.256B	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.256C	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.261A	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.261B	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.261C	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.262A	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.262B	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.262C	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.263A	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.263B	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.263C	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.264A	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.264B	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.264C	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.265A	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.265B	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.265C	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.266A	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.266B	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.266C	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.271A	Monteggia's fracture of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.271B	Monteggia's fracture of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.271C	Monteggia's fracture of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.272A	Monteggia's fracture of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.272B	Monteggia's fracture of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.272C	Monteggia's fracture of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.279A	Monteggia's fracture of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.279B	Monteggia's fracture of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.279C	Monteggia's fracture of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.281A	Bent bone of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.281B	Bent bone of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.281C	Bent bone of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.282A	Bent bone of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.282B	Bent bone of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.282C	Bent bone of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.283A	Bent bone of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.283B	Bent bone of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.283C	Bent bone of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.291A	Other fracture of shaft of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.291B	Other fracture of shaft of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.291C	Other fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.292A	Other fracture of shaft of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.292B	Other fracture of shaft of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.292C	Other fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.299A	Other fracture of shaft of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.299B	Other fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.299C	Other fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.301A	Unspecified fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.301B	Unspecified fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.301C	Unspecified fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.302A	Unspecified fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.302B	Unspecified fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.302C	Unspecified fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.309A	Unspecified fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.309B	Unspecified fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.309C	Unspecified fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.311A	Greenstick fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.312A	Greenstick fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.319A	Greenstick fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.321A	Displaced transverse fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.321B	Displaced transverse fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.321C	Displaced transverse fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.322A	Displaced transverse fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.322B	Displaced transverse fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.322C	Displaced transverse fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.323A	Displaced transverse fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.323B	Displaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.323C	Displaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.324A	Nondisplaced transverse fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.324B	Nondisplaced transverse fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.324C	Nondisplaced transverse fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.325A	Nondisplaced transverse fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.325B	Nondisplaced transverse fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.325C	Nondisplaced transverse fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.326A	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.326B	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.326C	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.331A	Displaced oblique fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.331B	Displaced oblique fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.331C	Displaced oblique fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.332A	Displaced oblique fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.332B	Displaced oblique fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.332C	Displaced oblique fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.333A	Displaced oblique fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.333B	Displaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.333C	Displaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.334A	Nondisplaced oblique fracture of shaft of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.334B	Nondisplaced oblique fracture of shaft of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.334C	Nondisplaced oblique fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.335A	Nondisplaced oblique fracture of shaft of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.335B	Nondisplaced oblique fracture of shaft of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.335C	Nondisplaced oblique fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.336A	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.336B	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.336C	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.341A	Displaced spiral fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.341B	Displaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.341C	Displaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.342A	Displaced spiral fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.342B	Displaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.342C	Displaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.343A	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.343B	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.343C	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.344A	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.344B	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.344C	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.345A	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.345B	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.345C	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.346A	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.346B	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.346C	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.351A	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.351B	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.351C	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.352A	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.352B	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.352C	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.353A	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.353B	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.353C	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.354A	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.354B	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.354C	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.355A	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.355B	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.355C	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.356A	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.356B	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.356C	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.361A	Displaced segmental fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.361B	Displaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.361C	Displaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.362A	Displaced segmental fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.362B	Displaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.362C	Displaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.363A	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.363B	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.363C	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.364A	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.364B	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.364C	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.365A	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.365B	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.365C	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.366A	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.366B	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.366C	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.371A	Galeazzi's fracture of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.371B	Galeazzi's fracture of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.371C	Galeazzi's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.372A	Galeazzi's fracture of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.372B	Galeazzi's fracture of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.372C	Galeazzi's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.379A	Galeazzi's fracture of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.379B	Galeazzi's fracture of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.379C	Galeazzi's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.381A	Bent bone of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.381B	Bent bone of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.381C	Bent bone of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.382A	Bent bone of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.382B	Bent bone of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.382C	Bent bone of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.389A	Bent bone of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.389B	Bent bone of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.389C	Bent bone of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.391A	Other fracture of shaft of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.391B	Other fracture of shaft of radius, right arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.391C	Other fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.392A	Other fracture of shaft of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.392B	Other fracture of shaft of radius, left arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.392C	Other fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.399A	Other fracture of shaft of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.399B	Other fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.399C	Other fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.501A	Unspecified fracture of the lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.501B	Unspecified fracture of the lower end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.501C	Unspecified fracture of the lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.502A	Unspecified fracture of the lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.502B	Unspecified fracture of the lower end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.502C	Unspecified fracture of the lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.509A	Unspecified fracture of the lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.509B	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.509C	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.511A	Displaced fracture of right radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.511B	Displaced fracture of right radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.511C	Displaced fracture of right radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.512A	Displaced fracture of left radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.512B	Displaced fracture of left radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.512C	Displaced fracture of left radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.513A	Displaced fracture of unspecified radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.513B	Displaced fracture of unspecified radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.513C	Displaced fracture of unspecified radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.514A	Nondisplaced fracture of right radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.514B	Nondisplaced fracture of right radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.514C	Nondisplaced fracture of right radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.515A	Nondisplaced fracture of left radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.515B	Nondisplaced fracture of left radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.515C	Nondisplaced fracture of left radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.516A	Nondisplaced fracture of unspecified radial styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.516B	Nondisplaced fracture of unspecified radial styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.516C	Nondisplaced fracture of unspecified radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.521A	Torus fracture of lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.522A	Torus fracture of lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.529A	Torus fracture of lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.531A	Colles' fracture of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.531B	Colles' fracture of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.531C	Colles' fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.532A	Colles' fracture of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.532B	Colles' fracture of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.532C	Colles' fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.539A	Colles' fracture of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.539B	Colles' fracture of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.539C	Colles' fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.541A	Smith's fracture of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.541B	Smith's fracture of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.541C	Smith's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.542A	Smith's fracture of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.542B	Smith's fracture of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.542C	Smith's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.549A	Smith's fracture of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.549B	Smith's fracture of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.549C	Smith's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.551A	Other extraarticular fracture of lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.551B	Other extraarticular fracture of lower end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.551C	Other extraarticular fracture of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.552A	Other extraarticular fracture of lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.552B	Other extraarticular fracture of lower end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.552C	Other extraarticular fracture of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.559A	Other extraarticular fracture of lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.559B	Other extraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.559C	Other extraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.561A	Barton's fracture of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.561B	Barton's fracture of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.561C	Barton's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.562A	Barton's fracture of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.562B	Barton's fracture of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.562C	Barton's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.569A	Barton's fracture of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.569B	Barton's fracture of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.569C	Barton's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.571A	Other intraarticular fracture of lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.571B	Other intraarticular fracture of lower end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.571C	Other intraarticular fracture of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.572A	Other intraarticular fracture of lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.572B	Other intraarticular fracture of lower end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.572C	Other intraarticular fracture of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.579A	Other intraarticular fracture of lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.579B	Other intraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.579C	Other intraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.591A	Other fractures of lower end of right radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.591B	Other fractures of lower end of right radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.591C	Other fractures of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.592A	Other fractures of lower end of left radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.592B	Other fractures of lower end of left radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.592C	Other fractures of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.599A	Other fractures of lower end of unspecified radius, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.599B	Other fractures of lower end of unspecified radius, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.599C	Other fractures of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.601A	Unspecified fracture of lower end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.601B	Unspecified fracture of lower end of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.601C	Unspecified fracture of lower end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.602A	Unspecified fracture of lower end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.602B	Unspecified fracture of lower end of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.602C	Unspecified fracture of lower end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.609A	Unspecified fracture of lower end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.609B	Unspecified fracture of lower end of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.609C	Unspecified fracture of lower end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.611A	Displaced fracture of right ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.611B	Displaced fracture of right ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.611C	Displaced fracture of right ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.612A	Displaced fracture of left ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.612B	Displaced fracture of left ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.612C	Displaced fracture of left ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.613A	Displaced fracture of unspecified ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.613B	Displaced fracture of unspecified ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.613C	Displaced fracture of unspecified ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.614A	Nondisplaced fracture of right ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.614B	Nondisplaced fracture of right ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.614C	Nondisplaced fracture of right ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.615A	Nondisplaced fracture of left ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.615B	Nondisplaced fracture of left ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.615C	Nondisplaced fracture of left ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.616A	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S52.616B	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.616C	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.621A	Torus fracture of lower end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.622A	Torus fracture of lower end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.629A	Torus fracture of lower end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.691A	Other fracture of lower end of right ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.691B	Other fracture of lower end of right ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.691C	Other fracture of lower end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.692A	Other fracture of lower end of left ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.692B	Other fracture of lower end of left ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.692C	Other fracture of lower end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.699A	Other fracture of lower end of unspecified ulna, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.699B	Other fracture of lower end of unspecified ulna, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.699C	Other fracture of lower end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.90XA	Unspecified fracture of unspecified forearm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.90XB	Unspecified fracture of unspecified forearm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.90XC	Unspecified fracture of unspecified forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.91XA	Unspecified fracture of right forearm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.91XB	Unspecified fracture of right forearm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.91XC	Unspecified fracture of right forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S52.92XA	Unspecified fracture of left forearm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S52.92XB	Unspecified fracture of left forearm, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S52.92XC	Unspecified fracture of left forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S59.001A	Unspecified physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.002A	Unspecified physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.009A	Unspecified physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.011A	Salter-Harris Type I physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S59.012A	Salter-Harris Type I physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.019A	Salter-Harris Type I physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.021A	Salter-Harris Type II physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.022A	Salter-Harris Type II physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.029A	Salter-Harris Type II physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.031A	Salter-Harris Type III physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.032A	Salter-Harris Type III physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.039A	Salter-Harris Type III physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.041A	Salter-Harris Type IV physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.042A	Salter-Harris Type IV physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.049A	Salter-Harris Type IV physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.091A	Other physeal fracture of lower end of ulna, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.092A	Other physeal fracture of lower end of ulna, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.099A	Other physeal fracture of lower end of ulna, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.101A	Unspecified physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.102A	Unspecified physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.109A	Unspecified physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.111A	Salter-Harris Type I physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.112A	Salter-Harris Type I physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.119A	Salter-Harris Type I physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S59.121A	Salter-Harris Type II physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.122A	Salter-Harris Type II physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.129A	Salter-Harris Type II physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.131A	Salter-Harris Type III physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.132A	Salter-Harris Type III physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.139A	Salter-Harris Type III physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.141A	Salter-Harris Type IV physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.142A	Salter-Harris Type IV physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.149A	Salter-Harris Type IV physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.191A	Other physeal fracture of upper end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.192A	Other physeal fracture of upper end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.199A	Other physeal fracture of upper end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.201A	Unspecified physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.202A	Unspecified physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.209A	Unspecified physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.211A	Salter-Harris Type I physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.212A	Salter-Harris Type I physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.219A	Salter-Harris Type I physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.221A	Salter-Harris Type II physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.222A	Salter-Harris Type II physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S59.229A	Salter-Harris Type II physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.231A	Salter-Harris Type III physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.232A	Salter-Harris Type III physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.239A	Salter-Harris Type III physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.241A	Salter-Harris Type IV physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.242A	Salter-Harris Type IV physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.249A	Salter-Harris Type IV physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.291A	Other physeal fracture of lower end of radius, right arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.292A	Other physeal fracture of lower end of radius, left arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S59.299A	Other physeal fracture of lower end of radius, unspecified arm, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.001A	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.001B	Fracture of unspecified part of neck of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.001C	Fracture of unspecified part of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.002A	Fracture of unspecified part of neck of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.002B	Fracture of unspecified part of neck of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.002C	Fracture of unspecified part of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.009A	Fracture of unspecified part of neck of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.009B	Fracture of unspecified part of neck of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.009C	Fracture of unspecified part of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.011A	Unspecified intracapsular fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.011B	Unspecified intracapsular fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.011C	Unspecified intracapsular fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S72.012A	Unspecified intracapsular fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.012B	Unspecified intracapsular fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.012C	Unspecified intracapsular fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.019A	Unspecified intracapsular fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.019B	Unspecified intracapsular fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.019C	Unspecified intracapsular fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.021A	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.021B	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.021C	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.022A	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.022B	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.022C	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.023A	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.023B	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.023C	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.024A	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.024B	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.024C	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.025A	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.025B	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.025C	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S72.026A	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.026B	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.026C	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.031A	Displaced midcervical fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.031B	Displaced midcervical fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.031C	Displaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.032A	Displaced midcervical fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.032B	Displaced midcervical fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.032C	Displaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.033A	Displaced midcervical fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.033B	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.033C	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.034A	Nondisplaced midcervical fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.034B	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.034C	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.035A	Nondisplaced midcervical fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.035B	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.035C	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.036A	Nondisplaced midcervical fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.036B	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.036C	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.041A	Displaced fracture of base of neck of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.041B	Displaced fracture of base of neck of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S72.041C	Displaced fracture of base of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.042A	Displaced fracture of base of neck of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.042B	Displaced fracture of base of neck of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.042C	Displaced fracture of base of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.043A	Displaced fracture of base of neck of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.043B	Displaced fracture of base of neck of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.043C	Displaced fracture of base of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.044A	Nondisplaced fracture of base of neck of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.044B	Nondisplaced fracture of base of neck of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.044C	Nondisplaced fracture of base of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.045A	Nondisplaced fracture of base of neck of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.045B	Nondisplaced fracture of base of neck of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.045C	Nondisplaced fracture of base of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.046A	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.046B	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.046C	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.051A	Unspecified fracture of head of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.051B	Unspecified fracture of head of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.051C	Unspecified fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.052A	Unspecified fracture of head of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.052B	Unspecified fracture of head of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.052C	Unspecified fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.059A	Unspecified fracture of head of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.059B	Unspecified fracture of head of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S72.059C	Unspecified fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.061A	Displaced articular fracture of head of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.061B	Displaced articular fracture of head of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.061C	Displaced articular fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.062A	Displaced articular fracture of head of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.062B	Displaced articular fracture of head of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.062C	Displaced articular fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.063A	Displaced articular fracture of head of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.063B	Displaced articular fracture of head of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.063C	Displaced articular fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.064A	Nondisplaced articular fracture of head of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.064B	Nondisplaced articular fracture of head of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.064C	Nondisplaced articular fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.065A	Nondisplaced articular fracture of head of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.065B	Nondisplaced articular fracture of head of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.065C	Nondisplaced articular fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.066A	Nondisplaced articular fracture of head of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.066B	Nondisplaced articular fracture of head of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.066C	Nondisplaced articular fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.091A	Other fracture of head and neck of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.091B	Other fracture of head and neck of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.091C	Other fracture of head and neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
S72.092A	Other fracture of head and neck of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.092B	Other fracture of head and neck of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.092C	Other fracture of head and neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.099A	Other fracture of head and neck of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.099B	Other fracture of head and neck of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.099C	Other fracture of head and neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.101A	Unspecified trochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.101B	Unspecified trochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.101C	Unspecified trochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.102A	Unspecified trochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.102B	Unspecified trochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.102C	Unspecified trochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.109A	Unspecified trochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.109B	Unspecified trochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.109C	Unspecified trochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.111A	Displaced fracture of greater trochanter of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.111B	Displaced fracture of greater trochanter of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.111C	Displaced fracture of greater trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.112A	Displaced fracture of greater trochanter of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.112B	Displaced fracture of greater trochanter of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.112C	Displaced fracture of greater trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.113A	Displaced fracture of greater trochanter of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S72.113B	Displaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.113C	Displaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.114A	Nondisplaced fracture of greater trochanter of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.114B	Nondisplaced fracture of greater trochanter of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.114C	Nondisplaced fracture of greater trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.115A	Nondisplaced fracture of greater trochanter of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.115B	Nondisplaced fracture of greater trochanter of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.115C	Nondisplaced fracture of greater trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.116A	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.116B	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.116C	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.121A	Displaced fracture of lesser trochanter of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.121B	Displaced fracture of lesser trochanter of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.121C	Displaced fracture of lesser trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.122A	Displaced fracture of lesser trochanter of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.122B	Displaced fracture of lesser trochanter of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.122C	Displaced fracture of lesser trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.123A	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.123B	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.123C	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S72.124A	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.124B	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.124C	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.125A	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.125B	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.125C	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.126A	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.126B	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.126C	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.131A	Displaced apophyseal fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.131B	Displaced apophyseal fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.131C	Displaced apophyseal fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.132A	Displaced apophyseal fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.132B	Displaced apophyseal fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.132C	Displaced apophyseal fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.133A	Displaced apophyseal fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.133B	Displaced apophyseal fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.133C	Displaced apophyseal fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.134A	Nondisplaced apophyseal fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.134B	Nondisplaced apophyseal fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.134C	Nondisplaced apophyseal fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.135A	Nondisplaced apophyseal fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.135B	Nondisplaced apophyseal fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S72.135C	Nondisplaced apophyseal fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.136A	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.136B	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.136C	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.141A	Displaced intertrochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.141B	Displaced intertrochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.141C	Displaced intertrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.142A	Displaced intertrochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.142B	Displaced intertrochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.142C	Displaced intertrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.143A	Displaced intertrochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.143B	Displaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.143C	Displaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.144A	Nondisplaced intertrochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.144B	Nondisplaced intertrochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.144C	Nondisplaced intertrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.145A	Nondisplaced intertrochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.145B	Nondisplaced intertrochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.145C	Nondisplaced intertrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.146A	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.146B	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S72.146C	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.21XA	Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.21XB	Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.21XC	Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.22XA	Displaced subtrochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.22XB	Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.22XC	Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.23XA	Displaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.23XB	Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.23XC	Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.24XA	Nondisplaced subtrochanteric fracture of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.24XB	Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.24XC	Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.25XA	Nondisplaced subtrochanteric fracture of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.25XB	Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.25XC	Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S72.26XA	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S72.26XB	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II	ICD-10-CM	Diagnosis
S72.26XC	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC	ICD-10-CM	Diagnosis
S79.001A	Unspecified physeal fracture of upper end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.002A	Unspecified physeal fracture of upper end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.009A	Unspecified physeal fracture of upper end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
S79.011A	Salter-Harris Type I physeal fracture of upper end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.012A	Salter-Harris Type I physeal fracture of upper end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.019A	Salter-Harris Type I physeal fracture of upper end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.091A	Other physeal fracture of upper end of right femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.092A	Other physeal fracture of upper end of left femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
S79.099A	Other physeal fracture of upper end of unspecified femur, initial encounter for closed fracture	ICD-10-CM	Diagnosis
OPBH0ZZ	Excision of Right Radius, Open Approach	ICD-10-PCS	Procedure
OPBJ0ZZ	Excision of Left Radius, Open Approach	ICD-10-PCS	Procedure
OPBK0ZZ	Excision of Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPBL0ZZ	Excision of Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPH004Z	Insertion of Internal Fixation Device into Sternum, Open Approach	ICD-10-PCS	Procedure
OPH034Z	Insertion of Internal Fixation Device into Sternum, Percutaneous Approach	ICD-10-PCS	Procedure
OPH044Z	Insertion of Internal Fixation Device into Sternum, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPH104Z	Insertion of Internal Fixation Device into 1 to 2 Ribs, Open Approach	ICD-10-PCS	Procedure
OPH134Z	Insertion of Internal Fixation Device into 1 to 2 Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPH144Z	Insertion of Internal Fixation Device into 1 to 2 Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPH204Z	Insertion of Internal Fixation Device into 3 or More Ribs, Open Approach	ICD-10-PCS	Procedure
OPH234Z	Insertion of Internal Fixation Device into 3 or More Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPH244Z	Insertion of Internal Fixation Device into 3 or More Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPH504Z	Insertion of Internal Fixation Device into Right Scapula, Open Approach	ICD-10-PCS	Procedure
OPH534Z	Insertion of Internal Fixation Device into Right Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPH544Z	Insertion of Internal Fixation Device into Right Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPH604Z	Insertion of Internal Fixation Device into Left Scapula, Open Approach	ICD-10-PCS	Procedure
OPH634Z	Insertion of Internal Fixation Device into Left Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPH644Z	Insertion of Internal Fixation Device into Left Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPH704Z	Insertion of Internal Fixation Device into Right Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPH734Z	Insertion of Internal Fixation Device into Right Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPH744Z	Insertion of Internal Fixation Device into Right Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPH804Z	Insertion of Internal Fixation Device into Left Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPH834Z	Insertion of Internal Fixation Device into Left Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPH844Z	Insertion of Internal Fixation Device into Left Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPH904Z	Insertion of Internal Fixation Device into Right Clavicle, Open Approach	ICD-10-PCS	Procedure
OPH934Z	Insertion of Internal Fixation Device into Right Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
OPH944Z	Insertion of Internal Fixation Device into Right Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHB04Z	Insertion of Internal Fixation Device into Left Clavicle, Open Approach	ICD-10-PCS	Procedure
OPHB34Z	Insertion of Internal Fixation Device into Left Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPHB44Z	Insertion of Internal Fixation Device into Left Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHH04Z	Insertion of Internal Fixation Device into Right Radius, Open Approach	ICD-10-PCS	Procedure
OPHH05Z	Insertion of External Fixation Device into Right Radius, Open Approach	ICD-10-PCS	Procedure
OPHH06Z	Insertion of Intramedullary Internal Fixation Device into Right Radius, Open Approach	ICD-10-PCS	Procedure
OPHH0BZ	Insertion of Monoplanar External Fixation Device into Right Radius, Open Approach	ICD-10-PCS	Procedure
OPHH0CZ	Insertion of Ring External Fixation Device into Right Radius, Open Approach	ICD-10-PCS	Procedure
OPHH0DZ	Insertion of Hybrid External Fixation Device into Right Radius, Open Approach	ICD-10-PCS	Procedure
OPHH34Z	Insertion of Internal Fixation Device into Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHH35Z	Insertion of External Fixation Device into Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHH36Z	Insertion of Intramedullary Internal Fixation Device into Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHH3BZ	Insertion of Monoplanar External Fixation Device into Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHH3CZ	Insertion of Ring External Fixation Device into Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHH3DZ	Insertion of Hybrid External Fixation Device into Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHH44Z	Insertion of Internal Fixation Device into Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHH45Z	Insertion of External Fixation Device into Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHH46Z	Insertion of Intramedullary Internal Fixation Device into Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHH4BZ	Insertion of Monoplanar External Fixation Device into Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHH4CZ	Insertion of Ring External Fixation Device into Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHH4DZ	Insertion of Hybrid External Fixation Device into Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHJ04Z	Insertion of Internal Fixation Device into Left Radius, Open Approach	ICD-10-PCS	Procedure
OPHJ05Z	Insertion of External Fixation Device into Left Radius, Open Approach	ICD-10-PCS	Procedure
OPHJ06Z	Insertion of Intramedullary Internal Fixation Device into Left Radius, Open Approach	ICD-10-PCS	Procedure
OPHJ0BZ	Insertion of Monoplanar External Fixation Device into Left Radius, Open Approach	ICD-10-PCS	Procedure
OPHJ0CZ	Insertion of Ring External Fixation Device into Left Radius, Open Approach	ICD-10-PCS	Procedure
OPHJ0DZ	Insertion of Hybrid External Fixation Device into Left Radius, Open Approach	ICD-10-PCS	Procedure
OPHJ34Z	Insertion of Internal Fixation Device into Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHJ35Z	Insertion of External Fixation Device into Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPHJ36Z	Insertion of Intramedullary Internal Fixation Device into Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHJ3BZ	Insertion of Monoplanar External Fixation Device into Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHJ3CZ	Insertion of Ring External Fixation Device into Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHJ3DZ	Insertion of Hybrid External Fixation Device into Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPHJ44Z	Insertion of Internal Fixation Device into Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHJ45Z	Insertion of External Fixation Device into Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHJ46Z	Insertion of Intramedullary Internal Fixation Device into Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHJ4BZ	Insertion of Monoplanar External Fixation Device into Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHJ4CZ	Insertion of Ring External Fixation Device into Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHJ4DZ	Insertion of Hybrid External Fixation Device into Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHK04Z	Insertion of Internal Fixation Device into Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPHK05Z	Insertion of External Fixation Device into Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPHK06Z	Insertion of Intramedullary Internal Fixation Device into Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPHK0BZ	Insertion of Monoplanar External Fixation Device into Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPHK0CZ	Insertion of Ring External Fixation Device into Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPHK0DZ	Insertion of Hybrid External Fixation Device into Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPHK34Z	Insertion of Internal Fixation Device into Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHK35Z	Insertion of External Fixation Device into Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHK36Z	Insertion of Intramedullary Internal Fixation Device into Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHK3BZ	Insertion of Monoplanar External Fixation Device into Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHK3CZ	Insertion of Ring External Fixation Device into Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHK3DZ	Insertion of Hybrid External Fixation Device into Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHK44Z	Insertion of Internal Fixation Device into Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHK45Z	Insertion of External Fixation Device into Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHK46Z	Insertion of Intramedullary Internal Fixation Device into Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHK4BZ	Insertion of Monoplanar External Fixation Device into Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHK4CZ	Insertion of Ring External Fixation Device into Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHK4DZ	Insertion of Hybrid External Fixation Device into Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHL04Z	Insertion of Internal Fixation Device into Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPHL05Z	Insertion of External Fixation Device into Left Ulna, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPHL06Z	Insertion of Intramedullary Internal Fixation Device into Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPHL0BZ	Insertion of Monoplanar External Fixation Device into Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPHL0CZ	Insertion of Ring External Fixation Device into Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPHL0DZ	Insertion of Hybrid External Fixation Device into Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPHL34Z	Insertion of Internal Fixation Device into Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHL35Z	Insertion of External Fixation Device into Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHL36Z	Insertion of Intramedullary Internal Fixation Device into Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHL3BZ	Insertion of Monoplanar External Fixation Device into Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHL3CZ	Insertion of Ring External Fixation Device into Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHL3DZ	Insertion of Hybrid External Fixation Device into Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPHL44Z	Insertion of Internal Fixation Device into Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHL45Z	Insertion of External Fixation Device into Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHL46Z	Insertion of Intramedullary Internal Fixation Device into Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHL4BZ	Insertion of Monoplanar External Fixation Device into Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHL4CZ	Insertion of Ring External Fixation Device into Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPHL4DZ	Insertion of Hybrid External Fixation Device into Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPN00ZZ	Release Sternum, Open Approach	ICD-10-PCS	Procedure
OPN03ZZ	Release Sternum, Percutaneous Approach	ICD-10-PCS	Procedure
OPN04ZZ	Release Sternum, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPN10ZZ	Release 1 to 2 Ribs, Open Approach	ICD-10-PCS	Procedure
OPN13ZZ	Release 1 to 2 Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPN14ZZ	Release 1 to 2 Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPN20ZZ	Release 3 or More Ribs, Open Approach	ICD-10-PCS	Procedure
OPN23ZZ	Release 3 or More Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPN24ZZ	Release 3 or More Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPN50ZZ	Release Right Scapula, Open Approach	ICD-10-PCS	Procedure
OPN53ZZ	Release Right Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPN54ZZ	Release Right Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPN60ZZ	Release Left Scapula, Open Approach	ICD-10-PCS	Procedure
OPN63ZZ	Release Left Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPN64ZZ	Release Left Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPN70ZZ	Release Right Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPN73ZZ	Release Right Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPN74ZZ	Release Right Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPN80ZZ	Release Left Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPN83ZZ	Release Left Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPN84ZZ	Release Left Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPN90ZZ	Release Right Clavicle, Open Approach	ICD-10-PCS	Procedure
OPN93ZZ	Release Right Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPN94ZZ	Release Right Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPNB0ZZ	Release Left Clavicle, Open Approach	ICD-10-PCS	Procedure
OPNB3ZZ	Release Left Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPNB4ZZ	Release Left Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPNH0ZZ	Release Right Radius, Open Approach	ICD-10-PCS	Procedure
OPNH3ZZ	Release Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPNH4ZZ	Release Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPNJ0ZZ	Release Left Radius, Open Approach	ICD-10-PCS	Procedure
OPNJ3ZZ	Release Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPNJ4ZZ	Release Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPNK0ZZ	Release Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPNK3ZZ	Release Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPNK4ZZ	Release Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPNL0ZZ	Release Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPNL3ZZ	Release Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPNL4ZZ	Release Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP004Z	Removal of Internal Fixation Device from Sternum, Open Approach	ICD-10-PCS	Procedure
OPP007Z	Removal of Autologous Tissue Substitute from Sternum, Open Approach	ICD-10-PCS	Procedure
OPP00JZ	Removal of Synthetic Substitute from Sternum, Open Approach	ICD-10-PCS	Procedure
OPP00KZ	Removal of Nonautologous Tissue Substitute from Sternum, Open Approach	ICD-10-PCS	Procedure
OPP034Z	Removal of Internal Fixation Device from Sternum, Percutaneous Approach	ICD-10-PCS	Procedure
OPP037Z	Removal of Autologous Tissue Substitute from Sternum, Percutaneous Approach	ICD-10-PCS	Procedure
OPP03JZ	Removal of Synthetic Substitute from Sternum, Percutaneous Approach	ICD-10-PCS	Procedure
OPP03KZ	Removal of Nonautologous Tissue Substitute from Sternum, Percutaneous Approach	ICD-10-PCS	Procedure
OPP044Z	Removal of Internal Fixation Device from Sternum, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP047Z	Removal of Autologous Tissue Substitute from Sternum, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP04JZ	Removal of Synthetic Substitute from Sternum, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP04KZ	Removal of Nonautologous Tissue Substitute from Sternum, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP104Z	Removal of Internal Fixation Device from 1 to 2 Ribs, Open Approach	ICD-10-PCS	Procedure
OPP107Z	Removal of Autologous Tissue Substitute from 1 to 2 Ribs, Open Approach	ICD-10-PCS	Procedure
OPP10JZ	Removal of Synthetic Substitute from 1 to 2 Ribs, Open Approach	ICD-10-PCS	Procedure
OPP10KZ	Removal of Nonautologous Tissue Substitute from 1 to 2 Ribs, Open Approach	ICD-10-PCS	Procedure
OPP134Z	Removal of Internal Fixation Device from 1 to 2 Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPP137Z	Removal of Autologous Tissue Substitute from 1 to 2 Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPP13JZ	Removal of Synthetic Substitute from 1 to 2 Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPP13KZ	Removal of Nonautologous Tissue Substitute from 1 to 2 Ribs, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPP144Z	Removal of Internal Fixation Device from 1 to 2 Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP147Z	Removal of Autologous Tissue Substitute from 1 to 2 Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP14JZ	Removal of Synthetic Substitute from 1 to 2 Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP14KZ	Removal of Nonautologous Tissue Substitute from 1 to 2 Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP204Z	Removal of Internal Fixation Device from 3 or More Ribs, Open Approach	ICD-10-PCS	Procedure
OPP207Z	Removal of Autologous Tissue Substitute from 3 or More Ribs, Open Approach	ICD-10-PCS	Procedure
OPP20JZ	Removal of Synthetic Substitute from 3 or More Ribs, Open Approach	ICD-10-PCS	Procedure
OPP20KZ	Removal of Nonautologous Tissue Substitute from 3 or More Ribs, Open Approach	ICD-10-PCS	Procedure
OPP234Z	Removal of Internal Fixation Device from 3 or More Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPP237Z	Removal of Autologous Tissue Substitute from 3 or More Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPP23JZ	Removal of Synthetic Substitute from 3 or More Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPP23KZ	Removal of Nonautologous Tissue Substitute from 3 or More Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPP244Z	Removal of Internal Fixation Device from 3 or More Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP247Z	Removal of Autologous Tissue Substitute from 3 or More Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP24JZ	Removal of Synthetic Substitute from 3 or More Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP24KZ	Removal of Nonautologous Tissue Substitute from 3 or More Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP504Z	Removal of Internal Fixation Device from Right Scapula, Open Approach	ICD-10-PCS	Procedure
OPP507Z	Removal of Autologous Tissue Substitute from Right Scapula, Open Approach	ICD-10-PCS	Procedure
OPP50JZ	Removal of Synthetic Substitute from Right Scapula, Open Approach	ICD-10-PCS	Procedure
OPP50KZ	Removal of Nonautologous Tissue Substitute from Right Scapula, Open Approach	ICD-10-PCS	Procedure
OPP534Z	Removal of Internal Fixation Device from Right Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPP537Z	Removal of Autologous Tissue Substitute from Right Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPP53JZ	Removal of Synthetic Substitute from Right Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPP53KZ	Removal of Nonautologous Tissue Substitute from Right Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPP544Z	Removal of Internal Fixation Device from Right Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP547Z	Removal of Autologous Tissue Substitute from Right Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP54JZ	Removal of Synthetic Substitute from Right Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP54KZ	Removal of Nonautologous Tissue Substitute from Right Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP604Z	Removal of Internal Fixation Device from Left Scapula, Open Approach	ICD-10-PCS	Procedure
OPP607Z	Removal of Autologous Tissue Substitute from Left Scapula, Open Approach	ICD-10-PCS	Procedure
OPP60JZ	Removal of Synthetic Substitute from Left Scapula, Open Approach	ICD-10-PCS	Procedure
OPP60KZ	Removal of Nonautologous Tissue Substitute from Left Scapula, Open Approach	ICD-10-PCS	Procedure
OPP634Z	Removal of Internal Fixation Device from Left Scapula, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPP637Z	Removal of Autologous Tissue Substitute from Left Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPP63JZ	Removal of Synthetic Substitute from Left Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPP63KZ	Removal of Nonautologous Tissue Substitute from Left Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPP644Z	Removal of Internal Fixation Device from Left Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP647Z	Removal of Autologous Tissue Substitute from Left Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP64JZ	Removal of Synthetic Substitute from Left Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP64KZ	Removal of Nonautologous Tissue Substitute from Left Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP704Z	Removal of Internal Fixation Device from Right Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPP707Z	Removal of Autologous Tissue Substitute from Right Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPP70JZ	Removal of Synthetic Substitute from Right Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPP70KZ	Removal of Nonautologous Tissue Substitute from Right Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPP734Z	Removal of Internal Fixation Device from Right Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPP737Z	Removal of Autologous Tissue Substitute from Right Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPP73JZ	Removal of Synthetic Substitute from Right Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPP73KZ	Removal of Nonautologous Tissue Substitute from Right Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPP744Z	Removal of Internal Fixation Device from Right Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP747Z	Removal of Autologous Tissue Substitute from Right Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP74JZ	Removal of Synthetic Substitute from Right Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP74KZ	Removal of Nonautologous Tissue Substitute from Right Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP804Z	Removal of Internal Fixation Device from Left Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPP807Z	Removal of Autologous Tissue Substitute from Left Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPP80JZ	Removal of Synthetic Substitute from Left Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPP80KZ	Removal of Nonautologous Tissue Substitute from Left Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
OPP834Z	Removal of Internal Fixation Device from Left Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPP837Z	Removal of Autologous Tissue Substitute from Left Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPP83JZ	Removal of Synthetic Substitute from Left Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPP83KZ	Removal of Nonautologous Tissue Substitute from Left Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
OPP844Z	Removal of Internal Fixation Device from Left Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP847Z	Removal of Autologous Tissue Substitute from Left Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPP84JZ	Removal of Synthetic Substitute from Left Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP84KZ	Removal of Nonautologous Tissue Substitute from Left Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP904Z	Removal of Internal Fixation Device from Right Clavicle, Open Approach	ICD-10-PCS	Procedure
OPP907Z	Removal of Autologous Tissue Substitute from Right Clavicle, Open Approach	ICD-10-PCS	Procedure
OPP90JZ	Removal of Synthetic Substitute from Right Clavicle, Open Approach	ICD-10-PCS	Procedure
OPP90KZ	Removal of Nonautologous Tissue Substitute from Right Clavicle, Open Approach	ICD-10-PCS	Procedure
OPP934Z	Removal of Internal Fixation Device from Right Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPP937Z	Removal of Autologous Tissue Substitute from Right Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPP93JZ	Removal of Synthetic Substitute from Right Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPP93KZ	Removal of Nonautologous Tissue Substitute from Right Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPP944Z	Removal of Internal Fixation Device from Right Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP947Z	Removal of Autologous Tissue Substitute from Right Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP94JZ	Removal of Synthetic Substitute from Right Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPP94KZ	Removal of Nonautologous Tissue Substitute from Right Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPB04Z	Removal of Internal Fixation Device from Left Clavicle, Open Approach	ICD-10-PCS	Procedure
OPPB07Z	Removal of Autologous Tissue Substitute from Left Clavicle, Open Approach	ICD-10-PCS	Procedure
OPPB0JZ	Removal of Synthetic Substitute from Left Clavicle, Open Approach	ICD-10-PCS	Procedure
OPPB0KZ	Removal of Nonautologous Tissue Substitute from Left Clavicle, Open Approach	ICD-10-PCS	Procedure
OPPB34Z	Removal of Internal Fixation Device from Left Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPPB37Z	Removal of Autologous Tissue Substitute from Left Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPPB3JZ	Removal of Synthetic Substitute from Left Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPPB3KZ	Removal of Nonautologous Tissue Substitute from Left Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
OPPB44Z	Removal of Internal Fixation Device from Left Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPB47Z	Removal of Autologous Tissue Substitute from Left Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPB4JZ	Removal of Synthetic Substitute from Left Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPB4KZ	Removal of Nonautologous Tissue Substitute from Left Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPH04Z	Removal of Internal Fixation Device from Right Radius, Open Approach	ICD-10-PCS	Procedure
OPPH05Z	Removal of External Fixation Device from Right Radius, Open Approach	ICD-10-PCS	Procedure
OPPH07Z	Removal of Autologous Tissue Substitute from Right Radius, Open Approach	ICD-10-PCS	Procedure
OPPH0JZ	Removal of Synthetic Substitute from Right Radius, Open Approach	ICD-10-PCS	Procedure
OPPH0KZ	Removal of Nonautologous Tissue Substitute from Right Radius, Open Approach	ICD-10-PCS	Procedure
OPPH34Z	Removal of Internal Fixation Device from Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPPH35Z	Removal of External Fixation Device from Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPPH37Z	Removal of Autologous Tissue Substitute from Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPPH3JZ	Removal of Synthetic Substitute from Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPPH3KZ	Removal of Nonautologous Tissue Substitute from Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPPH44Z	Removal of Internal Fixation Device from Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPH45Z	Removal of External Fixation Device from Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPH47Z	Removal of Autologous Tissue Substitute from Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPH4JZ	Removal of Synthetic Substitute from Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPH4KZ	Removal of Nonautologous Tissue Substitute from Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPJ04Z	Removal of Internal Fixation Device from Left Radius, Open Approach	ICD-10-PCS	Procedure
OPPJ05Z	Removal of External Fixation Device from Left Radius, Open Approach	ICD-10-PCS	Procedure
OPPJ07Z	Removal of Autologous Tissue Substitute from Left Radius, Open Approach	ICD-10-PCS	Procedure
OPPJ0JZ	Removal of Synthetic Substitute from Left Radius, Open Approach	ICD-10-PCS	Procedure
OPPJ0KZ	Removal of Nonautologous Tissue Substitute from Left Radius, Open Approach	ICD-10-PCS	Procedure
OPPJ34Z	Removal of Internal Fixation Device from Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPPJ35Z	Removal of External Fixation Device from Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPPJ37Z	Removal of Autologous Tissue Substitute from Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPPJ3JZ	Removal of Synthetic Substitute from Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPPJ3KZ	Removal of Nonautologous Tissue Substitute from Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPPJ44Z	Removal of Internal Fixation Device from Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPJ45Z	Removal of External Fixation Device from Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPJ47Z	Removal of Autologous Tissue Substitute from Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPJ4JZ	Removal of Synthetic Substitute from Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPJ4KZ	Removal of Nonautologous Tissue Substitute from Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPK04Z	Removal of Internal Fixation Device from Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPPK05Z	Removal of External Fixation Device from Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPPK07Z	Removal of Autologous Tissue Substitute from Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPPK0JZ	Removal of Synthetic Substitute from Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPPK0KZ	Removal of Nonautologous Tissue Substitute from Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPPK34Z	Removal of Internal Fixation Device from Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPK35Z	Removal of External Fixation Device from Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPK37Z	Removal of Autologous Tissue Substitute from Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPK3JZ	Removal of Synthetic Substitute from Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPK3KZ	Removal of Nonautologous Tissue Substitute from Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPK44Z	Removal of Internal Fixation Device from Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPK45Z	Removal of External Fixation Device from Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPPK47Z	Removal of Autologous Tissue Substitute from Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPK4JZ	Removal of Synthetic Substitute from Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPK4KZ	Removal of Nonautologous Tissue Substitute from Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPL04Z	Removal of Internal Fixation Device from Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPPL05Z	Removal of External Fixation Device from Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPPL07Z	Removal of Autologous Tissue Substitute from Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPPL0JZ	Removal of Synthetic Substitute from Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPPL0KZ	Removal of Nonautologous Tissue Substitute from Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPPL34Z	Removal of Internal Fixation Device from Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPL35Z	Removal of External Fixation Device from Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPL37Z	Removal of Autologous Tissue Substitute from Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPL3JZ	Removal of Synthetic Substitute from Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPL3KZ	Removal of Nonautologous Tissue Substitute from Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPPL44Z	Removal of Internal Fixation Device from Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPL45Z	Removal of External Fixation Device from Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPL47Z	Removal of Autologous Tissue Substitute from Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPL4JZ	Removal of Synthetic Substitute from Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPPL4KZ	Removal of Nonautologous Tissue Substitute from Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPQ00ZZ	Repair Sternum, Open Approach	ICD-10-PCS	Procedure
OPQ03ZZ	Repair Sternum, Percutaneous Approach	ICD-10-PCS	Procedure
OPQ04ZZ	Repair Sternum, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPQ0XZZ	Repair Sternum, External Approach	ICD-10-PCS	Procedure
OPQ10ZZ	Repair 1 to 2 Ribs, Open Approach	ICD-10-PCS	Procedure
OPQ13ZZ	Repair 1 to 2 Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPQ14ZZ	Repair 1 to 2 Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPQ1XZZ	Repair 1 to 2 Ribs, External Approach	ICD-10-PCS	Procedure
OPQ20ZZ	Repair 3 or More Ribs, Open Approach	ICD-10-PCS	Procedure
OPQ23ZZ	Repair 3 or More Ribs, Percutaneous Approach	ICD-10-PCS	Procedure
OPQ24ZZ	Repair 3 or More Ribs, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPQ2XZZ	Repair 3 or More Ribs, External Approach	ICD-10-PCS	Procedure
OPQ50ZZ	Repair Right Scapula, Open Approach	ICD-10-PCS	Procedure
OPQ53ZZ	Repair Right Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPQ54ZZ	Repair Right Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPQ5XZZ	Repair Right Scapula, External Approach	ICD-10-PCS	Procedure
OPQ60ZZ	Repair Left Scapula, Open Approach	ICD-10-PCS	Procedure
OPQ63ZZ	Repair Left Scapula, Percutaneous Approach	ICD-10-PCS	Procedure
OPQ64ZZ	Repair Left Scapula, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0PQ6XZZ	Repair Left Scapula, External Approach	ICD-10-PCS	Procedure
0PQ70ZZ	Repair Right Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
0PQ73ZZ	Repair Right Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
0PQ74ZZ	Repair Right Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PQ7XZZ	Repair Right Glenoid Cavity, External Approach	ICD-10-PCS	Procedure
0PQ80ZZ	Repair Left Glenoid Cavity, Open Approach	ICD-10-PCS	Procedure
0PQ83ZZ	Repair Left Glenoid Cavity, Percutaneous Approach	ICD-10-PCS	Procedure
0PQ84ZZ	Repair Left Glenoid Cavity, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PQ8XZZ	Repair Left Glenoid Cavity, External Approach	ICD-10-PCS	Procedure
0PQ90ZZ	Repair Right Clavicle, Open Approach	ICD-10-PCS	Procedure
0PQ93ZZ	Repair Right Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
0PQ94ZZ	Repair Right Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PQ9XZZ	Repair Right Clavicle, External Approach	ICD-10-PCS	Procedure
0PQB0ZZ	Repair Left Clavicle, Open Approach	ICD-10-PCS	Procedure
0PQB3ZZ	Repair Left Clavicle, Percutaneous Approach	ICD-10-PCS	Procedure
0PQB4ZZ	Repair Left Clavicle, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PQBXZZ	Repair Left Clavicle, External Approach	ICD-10-PCS	Procedure
0PQH0ZZ	Repair Right Radius, Open Approach	ICD-10-PCS	Procedure
0PQH3ZZ	Repair Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
0PQH4ZZ	Repair Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PQHZZ	Repair Right Radius, External Approach	ICD-10-PCS	Procedure
0PQJ0ZZ	Repair Left Radius, Open Approach	ICD-10-PCS	Procedure
0PQJ3ZZ	Repair Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
0PQJ4ZZ	Repair Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PQJXZZ	Repair Left Radius, External Approach	ICD-10-PCS	Procedure
0PQK0ZZ	Repair Right Ulna, Open Approach	ICD-10-PCS	Procedure
0PQK3ZZ	Repair Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
0PQK4ZZ	Repair Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PQKXZZ	Repair Right Ulna, External Approach	ICD-10-PCS	Procedure
0PQL0ZZ	Repair Left Ulna, Open Approach	ICD-10-PCS	Procedure
0PQL3ZZ	Repair Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
0PQL4ZZ	Repair Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PQLXZZ	Repair Left Ulna, External Approach	ICD-10-PCS	Procedure
0PR00JZ	Replacement of Sternum with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0PR03JZ	Replacement of Sternum with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0PR04JZ	Replacement of Sternum with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PR10JZ	Replacement of 1 to 2 Ribs with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0PR13JZ	Replacement of 1 to 2 Ribs with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0PR14JZ	Replacement of 1 to 2 Ribs with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0PR20JZ	Replacement of 3 or More Ribs with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0PR23JZ	Replacement of 3 or More Ribs with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPR24JZ	Replacement of 3 or More Ribs with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPR50JZ	Replacement of Right Scapula with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPR53JZ	Replacement of Right Scapula with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPR54JZ	Replacement of Right Scapula with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPR60JZ	Replacement of Left Scapula with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPR63JZ	Replacement of Left Scapula with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPR64JZ	Replacement of Left Scapula with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPR70JZ	Replacement of Right Glenoid Cavity with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPR73JZ	Replacement of Right Glenoid Cavity with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPR74JZ	Replacement of Right Glenoid Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPR80JZ	Replacement of Left Glenoid Cavity with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPR83JZ	Replacement of Left Glenoid Cavity with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPR84JZ	Replacement of Left Glenoid Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPR90JZ	Replacement of Right Clavicle with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPR93JZ	Replacement of Right Clavicle with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPR94JZ	Replacement of Right Clavicle with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPRB0JZ	Replacement of Left Clavicle with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPRB3JZ	Replacement of Left Clavicle with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPRB4JZ	Replacement of Left Clavicle with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPRH0JZ	Replacement of Right Radius with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPRH3JZ	Replacement of Right Radius with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPRH4JZ	Replacement of Right Radius with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPRJ0JZ	Replacement of Left Radius with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPRJ3JZ	Replacement of Left Radius with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPRJ4JZ	Replacement of Left Radius with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPRK0JZ	Replacement of Right Ulna with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPRK3JZ	Replacement of Right Ulna with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPRK4JZ	Replacement of Right Ulna with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPRLOJZ	Replacement of Left Ulna with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPRL3JZ	Replacement of Left Ulna with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPRL4JZ	Replacement of Left Ulna with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSH04Z	Reposition Right Radius with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSH05Z	Reposition Right Radius with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSH06Z	Reposition Right Radius with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSH0BZ	Reposition Right Radius with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPSH0CZ	Reposition Right Radius with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSH0DZ	Reposition Right Radius with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSH0ZZ	Reposition Right Radius, Open Approach	ICD-10-PCS	Procedure
OPSH34Z	Reposition Right Radius with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSH35Z	Reposition Right Radius with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSH36Z	Reposition Right Radius with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSH3BZ	Reposition Right Radius with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSH3CZ	Reposition Right Radius with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSH3DZ	Reposition Right Radius with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSH3ZZ	Reposition Right Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPSH44Z	Reposition Right Radius with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSH45Z	Reposition Right Radius with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSH46Z	Reposition Right Radius with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSH4BZ	Reposition Right Radius with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSH4CZ	Reposition Right Radius with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSH4DZ	Reposition Right Radius with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSH4ZZ	Reposition Right Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSHXZZ	Reposition Right Radius, External Approach	ICD-10-PCS	Procedure
OPSI04Z	Reposition Left Radius with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSI05Z	Reposition Left Radius with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSI06Z	Reposition Left Radius with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSI0BZ	Reposition Left Radius with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSI0CZ	Reposition Left Radius with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSI0DZ	Reposition Left Radius with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSI0ZZ	Reposition Left Radius, Open Approach	ICD-10-PCS	Procedure
OPSI34Z	Reposition Left Radius with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSI35Z	Reposition Left Radius with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSI36Z	Reposition Left Radius with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSI3BZ	Reposition Left Radius with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSI3CZ	Reposition Left Radius with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSI3DZ	Reposition Left Radius with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSI3ZZ	Reposition Left Radius, Percutaneous Approach	ICD-10-PCS	Procedure
OPSI44Z	Reposition Left Radius with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPSJ45Z	Reposition Left Radius with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSJ46Z	Reposition Left Radius with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSJ4BZ	Reposition Left Radius with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSJ4CZ	Reposition Left Radius with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSJ4DZ	Reposition Left Radius with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSJ4ZZ	Reposition Left Radius, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSJXZZ	Reposition Left Radius, External Approach	ICD-10-PCS	Procedure
OPSK04Z	Reposition Right Ulna with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSK05Z	Reposition Right Ulna with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSK06Z	Reposition Right Ulna with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSK0BZ	Reposition Right Ulna with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSK0CZ	Reposition Right Ulna with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSK0DZ	Reposition Right Ulna with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSK0ZZ	Reposition Right Ulna, Open Approach	ICD-10-PCS	Procedure
OPSK34Z	Reposition Right Ulna with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSK35Z	Reposition Right Ulna with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSK36Z	Reposition Right Ulna with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSK3BZ	Reposition Right Ulna with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSK3CZ	Reposition Right Ulna with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSK3DZ	Reposition Right Ulna with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSK3ZZ	Reposition Right Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPSK44Z	Reposition Right Ulna with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSK45Z	Reposition Right Ulna with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSK46Z	Reposition Right Ulna with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSK4BZ	Reposition Right Ulna with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSK4CZ	Reposition Right Ulna with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSK4DZ	Reposition Right Ulna with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSK4ZZ	Reposition Right Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSKXZZ	Reposition Right Ulna, External Approach	ICD-10-PCS	Procedure
OPSL04Z	Reposition Left Ulna with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSL05Z	Reposition Left Ulna with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSL06Z	Reposition Left Ulna with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPSL0BZ	Reposition Left Ulna with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSL0CZ	Reposition Left Ulna with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSL0DZ	Reposition Left Ulna with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
OPSL0ZZ	Reposition Left Ulna, Open Approach	ICD-10-PCS	Procedure
OPSL34Z	Reposition Left Ulna with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSL35Z	Reposition Left Ulna with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSL36Z	Reposition Left Ulna with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSL3BZ	Reposition Left Ulna with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSL3CZ	Reposition Left Ulna with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSL3DZ	Reposition Left Ulna with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
OPSL3ZZ	Reposition Left Ulna, Percutaneous Approach	ICD-10-PCS	Procedure
OPSL44Z	Reposition Left Ulna with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSL45Z	Reposition Left Ulna with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSL46Z	Reposition Left Ulna with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSL4BZ	Reposition Left Ulna with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSL4CZ	Reposition Left Ulna with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSL4DZ	Reposition Left Ulna with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSL4ZZ	Reposition Left Ulna, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPSLXZZ	Reposition Left Ulna, External Approach	ICD-10-PCS	Procedure
OPU00JZ	Supplement Sternum with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPU03JZ	Supplement Sternum with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPU04JZ	Supplement Sternum with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPU10JZ	Supplement 1 to 2 Ribs with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPU13JZ	Supplement 1 to 2 Ribs with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPU14JZ	Supplement 1 to 2 Ribs with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPU20JZ	Supplement 3 or More Ribs with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPU23JZ	Supplement 3 or More Ribs with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPU24JZ	Supplement 3 or More Ribs with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPU50JZ	Supplement Right Scapula with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPU53JZ	Supplement Right Scapula with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPU54JZ	Supplement Right Scapula with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPU60JZ	Supplement Left Scapula with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPU63JZ	Supplement Left Scapula with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPU64JZ	Supplement Left Scapula with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPU70JZ	Supplement Right Glenoid Cavity with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPU73JZ	Supplement Right Glenoid Cavity with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
OPU74JZ	Supplement Right Glenoid Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPU80JZ	Supplement Left Glenoid Cavity with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPU83JZ	Supplement Left Glenoid Cavity with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPU84JZ	Supplement Left Glenoid Cavity with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPU90JZ	Supplement Right Clavicle with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPU93JZ	Supplement Right Clavicle with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPU94JZ	Supplement Right Clavicle with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPUB0JZ	Supplement Left Clavicle with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPUB3JZ	Supplement Left Clavicle with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPUB4JZ	Supplement Left Clavicle with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPUH0JZ	Supplement Right Radius with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPUH3JZ	Supplement Right Radius with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPUH4JZ	Supplement Right Radius with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPUJ0JZ	Supplement Left Radius with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPUJ3JZ	Supplement Left Radius with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPUJ4JZ	Supplement Left Radius with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPUK0JZ	Supplement Right Ulna with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPUK3JZ	Supplement Right Ulna with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPUK4JZ	Supplement Right Ulna with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OPULOJZ	Supplement Left Ulna with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
OPUL3JZ	Supplement Left Ulna with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
OPUL4JZ	Supplement Left Ulna with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
QQB60ZZ	Excision of Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
QQB70ZZ	Excision of Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
QQB80ZZ	Excision of Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
QQB90ZZ	Excision of Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
QQBB0ZZ	Excision of Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
QQBC0ZZ	Excision of Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
QQH604Z	Insertion of Internal Fixation Device into Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
QQH605Z	Insertion of External Fixation Device into Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
QQH606Z	Insertion of Intramedullary Internal Fixation Device into Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
QQH60BZ	Insertion of Monoplanar External Fixation Device into Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
QQH60CZ	Insertion of Ring External Fixation Device into Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
QQH60DZ	Insertion of Hybrid External Fixation Device into Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
QQH634Z	Insertion of Internal Fixation Device into Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
QQH635Z	Insertion of External Fixation Device into Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
QQH636Z	Insertion of Intramedullary Internal Fixation Device into Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QH63BZ	Insertion of Monoplanar External Fixation Device into Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QH63CZ	Insertion of Ring External Fixation Device into Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QH63DZ	Insertion of Hybrid External Fixation Device into Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QH644Z	Insertion of Internal Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH645Z	Insertion of External Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH646Z	Insertion of Intramedullary Internal Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH64BZ	Insertion of Monoplanar External Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH64CZ	Insertion of Ring External Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH64DZ	Insertion of Hybrid External Fixation Device into Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH704Z	Insertion of Internal Fixation Device into Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QH705Z	Insertion of External Fixation Device into Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QH706Z	Insertion of Intramedullary Internal Fixation Device into Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QH70BZ	Insertion of Monoplanar External Fixation Device into Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QH70CZ	Insertion of Ring External Fixation Device into Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QH70DZ	Insertion of Hybrid External Fixation Device into Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QH734Z	Insertion of Internal Fixation Device into Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QH735Z	Insertion of External Fixation Device into Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QH736Z	Insertion of Intramedullary Internal Fixation Device into Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QH73BZ	Insertion of Monoplanar External Fixation Device into Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QH73CZ	Insertion of Ring External Fixation Device into Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QH73DZ	Insertion of Hybrid External Fixation Device into Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QH744Z	Insertion of Internal Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH745Z	Insertion of External Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH746Z	Insertion of Intramedullary Internal Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH74BZ	Insertion of Monoplanar External Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0QH74CZ	Insertion of Ring External Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH74DZ	Insertion of Hybrid External Fixation Device into Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH804Z	Insertion of Internal Fixation Device into Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH805Z	Insertion of External Fixation Device into Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH806Z	Insertion of Intramedullary Internal Fixation Device into Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH80BZ	Insertion of Monoplanar External Fixation Device into Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH80CZ	Insertion of Ring External Fixation Device into Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH80DZ	Insertion of Hybrid External Fixation Device into Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH834Z	Insertion of Internal Fixation Device into Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH835Z	Insertion of External Fixation Device into Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH836Z	Insertion of Intramedullary Internal Fixation Device into Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH83BZ	Insertion of Monoplanar External Fixation Device into Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH83CZ	Insertion of Ring External Fixation Device into Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH83DZ	Insertion of Hybrid External Fixation Device into Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH844Z	Insertion of Internal Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH845Z	Insertion of External Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH846Z	Insertion of Intramedullary Internal Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH84BZ	Insertion of Monoplanar External Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH84CZ	Insertion of Ring External Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH84DZ	Insertion of Hybrid External Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH904Z	Insertion of Internal Fixation Device into Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH905Z	Insertion of External Fixation Device into Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH906Z	Insertion of Intramedullary Internal Fixation Device into Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH90BZ	Insertion of Monoplanar External Fixation Device into Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH90CZ	Insertion of Ring External Fixation Device into Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QH90DZ	Insertion of Hybrid External Fixation Device into Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QH934Z	Insertion of Internal Fixation Device into Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH935Z	Insertion of External Fixation Device into Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH936Z	Insertion of Intramedullary Internal Fixation Device into Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH93BZ	Insertion of Monoplanar External Fixation Device into Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH93CZ	Insertion of Ring External Fixation Device into Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH93DZ	Insertion of Hybrid External Fixation Device into Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QH944Z	Insertion of Internal Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH945Z	Insertion of External Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH946Z	Insertion of Intramedullary Internal Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH94BZ	Insertion of Monoplanar External Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH94CZ	Insertion of Ring External Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QH94DZ	Insertion of Hybrid External Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHB04Z	Insertion of Internal Fixation Device into Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHB05Z	Insertion of External Fixation Device into Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHB06Z	Insertion of Intramedullary Internal Fixation Device into Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHB0BZ	Insertion of Monoplanar External Fixation Device into Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHB0CZ	Insertion of Ring External Fixation Device into Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHB0DZ	Insertion of Hybrid External Fixation Device into Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHB34Z	Insertion of Internal Fixation Device into Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHB35Z	Insertion of External Fixation Device into Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHB36Z	Insertion of Intramedullary Internal Fixation Device into Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHB3BZ	Insertion of Monoplanar External Fixation Device into Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHB3CZ	Insertion of Ring External Fixation Device into Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHB3DZ	Insertion of Hybrid External Fixation Device into Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHB44Z	Insertion of Internal Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QHB45Z	Insertion of External Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHB46Z	Insertion of Intramedullary Internal Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHB4BZ	Insertion of Monoplanar External Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHB4CZ	Insertion of Ring External Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHB4DZ	Insertion of Hybrid External Fixation Device into Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHC04Z	Insertion of Internal Fixation Device into Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHC05Z	Insertion of External Fixation Device into Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHC06Z	Insertion of Intramedullary Internal Fixation Device into Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHC0BZ	Insertion of Monoplanar External Fixation Device into Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHC0CZ	Insertion of Ring External Fixation Device into Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHC0DZ	Insertion of Hybrid External Fixation Device into Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QHC34Z	Insertion of Internal Fixation Device into Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHC35Z	Insertion of External Fixation Device into Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHC36Z	Insertion of Intramedullary Internal Fixation Device into Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHC3BZ	Insertion of Monoplanar External Fixation Device into Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHC3CZ	Insertion of Ring External Fixation Device into Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHC3DZ	Insertion of Hybrid External Fixation Device into Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QHC44Z	Insertion of Internal Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHC45Z	Insertion of External Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHC46Z	Insertion of Intramedullary Internal Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHC4BZ	Insertion of Monoplanar External Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHC4CZ	Insertion of Ring External Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QHC4DZ	Insertion of Hybrid External Fixation Device into Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QN60ZZ	Release Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QN63ZZ	Release Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QN64ZZ	Release Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QN70ZZ	Release Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QN73ZZ	Release Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0QN74ZZ	Release Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QN80ZZ	Release Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QN83ZZ	Release Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QN84ZZ	Release Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QN90ZZ	Release Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QN93ZZ	Release Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QN94ZZ	Release Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QNB0ZZ	Release Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QNB3ZZ	Release Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QNB4ZZ	Release Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QNC0ZZ	Release Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QNC3ZZ	Release Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QNC4ZZ	Release Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP604Z	Removal of Internal Fixation Device from Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP605Z	Removal of External Fixation Device from Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP607Z	Removal of Autologous Tissue Substitute from Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP60JZ	Removal of Synthetic Substitute from Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP60KZ	Removal of Nonautologous Tissue Substitute from Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP634Z	Removal of Internal Fixation Device from Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QP635Z	Removal of External Fixation Device from Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QP637Z	Removal of Autologous Tissue Substitute from Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QP63JZ	Removal of Synthetic Substitute from Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QP63KZ	Removal of Nonautologous Tissue Substitute from Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QP644Z	Removal of Internal Fixation Device from Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP645Z	Removal of External Fixation Device from Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP647Z	Removal of Autologous Tissue Substitute from Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP64JZ	Removal of Synthetic Substitute from Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP64KZ	Removal of Nonautologous Tissue Substitute from Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP704Z	Removal of Internal Fixation Device from Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP705Z	Removal of External Fixation Device from Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP707Z	Removal of Autologous Tissue Substitute from Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP70JZ	Removal of Synthetic Substitute from Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP70KZ	Removal of Nonautologous Tissue Substitute from Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QP734Z	Removal of Internal Fixation Device from Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QP735Z	Removal of External Fixation Device from Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0QP737Z	Removal of Autologous Tissue Substitute from Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QP73JZ	Removal of Synthetic Substitute from Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QP73KZ	Removal of Nonautologous Tissue Substitute from Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QP744Z	Removal of Internal Fixation Device from Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP745Z	Removal of External Fixation Device from Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP747Z	Removal of Autologous Tissue Substitute from Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP74JZ	Removal of Synthetic Substitute from Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP74KZ	Removal of Nonautologous Tissue Substitute from Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP804Z	Removal of Internal Fixation Device from Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QP805Z	Removal of External Fixation Device from Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QP807Z	Removal of Autologous Tissue Substitute from Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QP80JZ	Removal of Synthetic Substitute from Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QP80KZ	Removal of Nonautologous Tissue Substitute from Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QP834Z	Removal of Internal Fixation Device from Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP835Z	Removal of External Fixation Device from Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP837Z	Removal of Autologous Tissue Substitute from Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP83JZ	Removal of Synthetic Substitute from Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP83KZ	Removal of Nonautologous Tissue Substitute from Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP844Z	Removal of Internal Fixation Device from Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP845Z	Removal of External Fixation Device from Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP847Z	Removal of Autologous Tissue Substitute from Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP84JZ	Removal of Synthetic Substitute from Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP84KZ	Removal of Nonautologous Tissue Substitute from Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP904Z	Removal of Internal Fixation Device from Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QP905Z	Removal of External Fixation Device from Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QP907Z	Removal of Autologous Tissue Substitute from Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QP90JZ	Removal of Synthetic Substitute from Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QP90KZ	Removal of Nonautologous Tissue Substitute from Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QP934Z	Removal of Internal Fixation Device from Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP935Z	Removal of External Fixation Device from Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP937Z	Removal of Autologous Tissue Substitute from Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP93JZ	Removal of Synthetic Substitute from Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP93KZ	Removal of Nonautologous Tissue Substitute from Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QP944Z	Removal of Internal Fixation Device from Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP945Z	Removal of External Fixation Device from Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP947Z	Removal of Autologous Tissue Substitute from Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP94JZ	Removal of Synthetic Substitute from Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QP94KZ	Removal of Nonautologous Tissue Substitute from Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPB04Z	Removal of Internal Fixation Device from Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QPB05Z	Removal of External Fixation Device from Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QPB07Z	Removal of Autologous Tissue Substitute from Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QPB0JZ	Removal of Synthetic Substitute from Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QPB0KZ	Removal of Nonautologous Tissue Substitute from Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QPB34Z	Removal of Internal Fixation Device from Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPB35Z	Removal of External Fixation Device from Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPB37Z	Removal of Autologous Tissue Substitute from Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPB3JZ	Removal of Synthetic Substitute from Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPB3KZ	Removal of Nonautologous Tissue Substitute from Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPB44Z	Removal of Internal Fixation Device from Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPB45Z	Removal of External Fixation Device from Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPB47Z	Removal of Autologous Tissue Substitute from Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPB4JZ	Removal of Synthetic Substitute from Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPB4KZ	Removal of Nonautologous Tissue Substitute from Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPC04Z	Removal of Internal Fixation Device from Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QPC05Z	Removal of External Fixation Device from Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QPC07Z	Removal of Autologous Tissue Substitute from Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QPC0JZ	Removal of Synthetic Substitute from Left Lower Femur, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QPC0KZ	Removal of Nonautologous Tissue Substitute from Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QPC34Z	Removal of Internal Fixation Device from Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPC35Z	Removal of External Fixation Device from Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPC37Z	Removal of Autologous Tissue Substitute from Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPC3JZ	Removal of Synthetic Substitute from Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPC3KZ	Removal of Nonautologous Tissue Substitute from Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QPC44Z	Removal of Internal Fixation Device from Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPC45Z	Removal of External Fixation Device from Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPC47Z	Removal of Autologous Tissue Substitute from Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPC4JZ	Removal of Synthetic Substitute from Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QPC4KZ	Removal of Nonautologous Tissue Substitute from Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QQ60ZZ	Repair Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QQ63ZZ	Repair Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QQ64ZZ	Repair Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QQ6XZZ	Repair Right Upper Femur, External Approach	ICD-10-PCS	Procedure
0QQ70ZZ	Repair Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QQ73ZZ	Repair Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QQ74ZZ	Repair Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QQ7XZZ	Repair Left Upper Femur, External Approach	ICD-10-PCS	Procedure
0QQ80ZZ	Repair Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QQ83ZZ	Repair Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QQ84ZZ	Repair Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QQ8XZZ	Repair Right Femoral Shaft, External Approach	ICD-10-PCS	Procedure
0QQ90ZZ	Repair Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QQ93ZZ	Repair Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QQ94ZZ	Repair Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QQ9XZZ	Repair Left Femoral Shaft, External Approach	ICD-10-PCS	Procedure
0QQB0ZZ	Repair Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QQB3ZZ	Repair Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QQB4ZZ	Repair Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QQBXZZ	Repair Right Lower Femur, External Approach	ICD-10-PCS	Procedure
0QQC0ZZ	Repair Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QQC3ZZ	Repair Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QQC4ZZ	Repair Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QQCXZZ	Repair Left Lower Femur, External Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QR60JZ	Replacement of Right Upper Femur with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QR63JZ	Replacement of Right Upper Femur with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QR64JZ	Replacement of Right Upper Femur with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QR70JZ	Replacement of Left Upper Femur with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QR73JZ	Replacement of Left Upper Femur with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QR74JZ	Replacement of Left Upper Femur with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QR80JZ	Replacement of Right Femoral Shaft with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QR83JZ	Replacement of Right Femoral Shaft with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QR84JZ	Replacement of Right Femoral Shaft with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QR90JZ	Replacement of Left Femoral Shaft with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QR93JZ	Replacement of Left Femoral Shaft with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QR94JZ	Replacement of Left Femoral Shaft with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QRB0JZ	Replacement of Right Lower Femur with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QRB3JZ	Replacement of Right Lower Femur with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QRB4JZ	Replacement of Right Lower Femur with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QRC0JZ	Replacement of Left Lower Femur with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QRC3JZ	Replacement of Left Lower Femur with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QRC4JZ	Replacement of Left Lower Femur with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS604Z	Reposition Right Upper Femur with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS605Z	Reposition Right Upper Femur with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS606Z	Reposition Right Upper Femur with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS60BZ	Reposition Right Upper Femur with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS60CZ	Reposition Right Upper Femur with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS60DZ	Reposition Right Upper Femur with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS60ZZ	Reposition Right Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QS634Z	Reposition Right Upper Femur with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS635Z	Reposition Right Upper Femur with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS636Z	Reposition Right Upper Femur with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS63BZ	Reposition Right Upper Femur with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS63CZ	Reposition Right Upper Femur with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS63DZ	Reposition Right Upper Femur with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QS63ZZ	Reposition Right Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QS644Z	Reposition Right Upper Femur with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS645Z	Reposition Right Upper Femur with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS646Z	Reposition Right Upper Femur with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS64BZ	Reposition Right Upper Femur with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS64CZ	Reposition Right Upper Femur with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS64DZ	Reposition Right Upper Femur with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS64ZZ	Reposition Right Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS6XZZ	Reposition Right Upper Femur, External Approach	ICD-10-PCS	Procedure
0QS704Z	Reposition Left Upper Femur with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS705Z	Reposition Left Upper Femur with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS706Z	Reposition Left Upper Femur with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS70BZ	Reposition Left Upper Femur with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS70CZ	Reposition Left Upper Femur with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS70DZ	Reposition Left Upper Femur with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS70ZZ	Reposition Left Upper Femur, Open Approach	ICD-10-PCS	Procedure
0QS734Z	Reposition Left Upper Femur with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS735Z	Reposition Left Upper Femur with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS736Z	Reposition Left Upper Femur with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS73BZ	Reposition Left Upper Femur with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS73CZ	Reposition Left Upper Femur with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS73DZ	Reposition Left Upper Femur with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS73ZZ	Reposition Left Upper Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QS744Z	Reposition Left Upper Femur with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS745Z	Reposition Left Upper Femur with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS746Z	Reposition Left Upper Femur with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS74BZ	Reposition Left Upper Femur with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS74CZ	Reposition Left Upper Femur with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QS74DZ	Reposition Left Upper Femur with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS74ZZ	Reposition Left Upper Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS7XZZ	Reposition Left Upper Femur, External Approach	ICD-10-PCS	Procedure
0QS804Z	Reposition Right Femoral Shaft with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS805Z	Reposition Right Femoral Shaft with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS806Z	Reposition Right Femoral Shaft with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS80BZ	Reposition Right Femoral Shaft with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS80CZ	Reposition Right Femoral Shaft with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS80DZ	Reposition Right Femoral Shaft with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS80ZZ	Reposition Right Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QS834Z	Reposition Right Femoral Shaft with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS835Z	Reposition Right Femoral Shaft with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS836Z	Reposition Right Femoral Shaft with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS83BZ	Reposition Right Femoral Shaft with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS83CZ	Reposition Right Femoral Shaft with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS83DZ	Reposition Right Femoral Shaft with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS83ZZ	Reposition Right Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QS844Z	Reposition Right Femoral Shaft with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS845Z	Reposition Right Femoral Shaft with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS846Z	Reposition Right Femoral Shaft with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS84BZ	Reposition Right Femoral Shaft with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS84CZ	Reposition Right Femoral Shaft with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS84DZ	Reposition Right Femoral Shaft with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS84ZZ	Reposition Right Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS8XZZ	Reposition Right Femoral Shaft, External Approach	ICD-10-PCS	Procedure
0QS904Z	Reposition Left Femoral Shaft with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS905Z	Reposition Left Femoral Shaft with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS906Z	Reposition Left Femoral Shaft with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS90BZ	Reposition Left Femoral Shaft with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QS90CZ	Reposition Left Femoral Shaft with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS90DZ	Reposition Left Femoral Shaft with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QS90ZZ	Reposition Left Femoral Shaft, Open Approach	ICD-10-PCS	Procedure
0QS934Z	Reposition Left Femoral Shaft with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS935Z	Reposition Left Femoral Shaft with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS936Z	Reposition Left Femoral Shaft with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS93BZ	Reposition Left Femoral Shaft with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS93CZ	Reposition Left Femoral Shaft with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS93DZ	Reposition Left Femoral Shaft with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QS93ZZ	Reposition Left Femoral Shaft, Percutaneous Approach	ICD-10-PCS	Procedure
0QS944Z	Reposition Left Femoral Shaft with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS945Z	Reposition Left Femoral Shaft with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS946Z	Reposition Left Femoral Shaft with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS94BZ	Reposition Left Femoral Shaft with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS94CZ	Reposition Left Femoral Shaft with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS94DZ	Reposition Left Femoral Shaft with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS94ZZ	Reposition Left Femoral Shaft, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QS9XZZ	Reposition Left Femoral Shaft, External Approach	ICD-10-PCS	Procedure
0QSB04Z	Reposition Right Lower Femur with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSB05Z	Reposition Right Lower Femur with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSB06Z	Reposition Right Lower Femur with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSB0BZ	Reposition Right Lower Femur with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSB0CZ	Reposition Right Lower Femur with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSB0DZ	Reposition Right Lower Femur with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSB0ZZ	Reposition Right Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QSB34Z	Reposition Right Lower Femur with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSB35Z	Reposition Right Lower Femur with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSB36Z	Reposition Right Lower Femur with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSB3BZ	Reposition Right Lower Femur with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0QSB3CZ	Reposition Right Lower Femur with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSB3DZ	Reposition Right Lower Femur with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSB3ZZ	Reposition Right Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QSB44Z	Reposition Right Lower Femur with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSB45Z	Reposition Right Lower Femur with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSB46Z	Reposition Right Lower Femur with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSB4BZ	Reposition Right Lower Femur with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSB4CZ	Reposition Right Lower Femur with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSB4DZ	Reposition Right Lower Femur with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSB4ZZ	Reposition Right Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSBXZZ	Reposition Right Lower Femur, External Approach	ICD-10-PCS	Procedure
0QSC04Z	Reposition Left Lower Femur with Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSC05Z	Reposition Left Lower Femur with External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSC06Z	Reposition Left Lower Femur with Intramedullary Internal Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSC0BZ	Reposition Left Lower Femur with Monoplanar External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSC0CZ	Reposition Left Lower Femur with Ring External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSC0DZ	Reposition Left Lower Femur with Hybrid External Fixation Device, Open Approach	ICD-10-PCS	Procedure
0QSC0ZZ	Reposition Left Lower Femur, Open Approach	ICD-10-PCS	Procedure
0QSC34Z	Reposition Left Lower Femur with Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSC35Z	Reposition Left Lower Femur with External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSC36Z	Reposition Left Lower Femur with Intramedullary Internal Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSC3BZ	Reposition Left Lower Femur with Monoplanar External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSC3CZ	Reposition Left Lower Femur with Ring External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSC3DZ	Reposition Left Lower Femur with Hybrid External Fixation Device, Percutaneous Approach	ICD-10-PCS	Procedure
0QSC3ZZ	Reposition Left Lower Femur, Percutaneous Approach	ICD-10-PCS	Procedure
0QSC44Z	Reposition Left Lower Femur with Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSC45Z	Reposition Left Lower Femur with External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSC46Z	Reposition Left Lower Femur with Intramedullary Internal Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0QSC4BZ	Reposition Left Lower Femur with Monoplanar External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSC4CZ	Reposition Left Lower Femur with Ring External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSC4DZ	Reposition Left Lower Femur with Hybrid External Fixation Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSC4ZZ	Reposition Left Lower Femur, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QSCXZZ	Reposition Left Lower Femur, External Approach	ICD-10-PCS	Procedure
0QU60JZ	Supplement Right Upper Femur with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QU63JZ	Supplement Right Upper Femur with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QU64JZ	Supplement Right Upper Femur with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QU70JZ	Supplement Left Upper Femur with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QU73JZ	Supplement Left Upper Femur with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QU74JZ	Supplement Left Upper Femur with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QU80JZ	Supplement Right Femoral Shaft with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QU83JZ	Supplement Right Femoral Shaft with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QU84JZ	Supplement Right Femoral Shaft with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QU90JZ	Supplement Left Femoral Shaft with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QU93JZ	Supplement Left Femoral Shaft with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QU94JZ	Supplement Left Femoral Shaft with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QUB0JZ	Supplement Right Lower Femur with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QUB3JZ	Supplement Right Lower Femur with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QUB4JZ	Supplement Right Lower Femur with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0QUC0JZ	Supplement Left Lower Femur with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
0QUC3JZ	Supplement Left Lower Femur with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
0QUC4JZ	Supplement Left Lower Femur with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0XH23YZ	Insertion of Other Device into Right Shoulder Region, Percutaneous Approach	ICD-10-PCS	Procedure
0XH33YZ	Insertion of Other Device into Left Shoulder Region, Percutaneous Approach	ICD-10-PCS	Procedure
R55	Syncope and collapse	ICD-10-CM	Diagnosis
Peptic Ulcer Disease			
531.0	Acute gastric ulcer with hemorrhage	ICD-9-CM	Diagnosis
531.00	Acute gastric ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
531.01	Acute gastric ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
531.1	Acute gastric ulcer with perforation	ICD-9-CM	Diagnosis
531.10	Acute gastric ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
531.11	Acute gastric ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
531.2	Acute gastric ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
531.20	Acute gastric ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.21	Acute gastric ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
531.3	Acute gastric ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
531.30	Acute gastric ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
531.31	Acute gastric ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
531.4	Chronic or unspecified gastric ulcer with hemorrhage	ICD-9-CM	Diagnosis
531.40	Chronic or unspecified gastric ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
531.41	Chronic or unspecified gastric ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
531.5	Chronic or unspecified gastric ulcer with perforation	ICD-9-CM	Diagnosis
531.50	Chronic or unspecified gastric ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.51	Chronic or unspecified gastric ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
531.6	Chronic or unspecified gastric ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
531.60	Chronic or unspecified gastric ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.61	Chronic or unspecified gastric ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
531.7	Chronic gastric ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
531.70	Chronic gastric ulcer without mention of hemorrhage, perforation, without mention of obstruction	ICD-9-CM	Diagnosis
531.71	Chronic gastric ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
532.0	Acute duodenal ulcer with hemorrhage	ICD-9-CM	Diagnosis
532.00	Acute duodenal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
532.01	Acute duodenal ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
532.1	Acute duodenal ulcer with perforation	ICD-9-CM	Diagnosis
532.10	Acute duodenal ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.11	Acute duodenal ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
532.2	Acute duodenal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
532.20	Acute duodenal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.21	Acute duodenal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
532.3	Acute duodenal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.30	Acute duodenal ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
532.31	Acute duodenal ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
532.4	Chronic or unspecified duodenal ulcer with hemorrhage	ICD-9-CM	Diagnosis
532.40	Duodenal ulcer, chronic or unspecified, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
532.41	Chronic or unspecified duodenal ulcer with hemorrhage and obstruction	ICD-9-CM	Diagnosis
532.5	Chronic or unspecified duodenal ulcer with perforation	ICD-9-CM	Diagnosis
532.50	Chronic or unspecified duodenal ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.51	Chronic or unspecified duodenal ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
532.6	Chronic or unspecified duodenal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
532.60	Chronic or unspecified duodenal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
532.61	Chronic or unspecified duodenal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
532.7	Chronic duodenal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
532.70	Chronic duodenal ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
532.71	Chronic duodenal ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
533.0	Acute peptic ulcer, unspecified site, with hemorrhage	ICD-9-CM	Diagnosis
533.00	Acute peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
533.01	Acute peptic ulcer, unspecified site, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
533.1	Acute peptic ulcer, unspecified site, with perforation	ICD-9-CM	Diagnosis
533.10	Acute peptic ulcer, unspecified site, with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.11	Acute peptic ulcer, unspecified site, with perforation and obstruction	ICD-9-CM	Diagnosis
533.2	Acute peptic ulcer, unspecified site, with hemorrhage and perforation	ICD-9-CM	Diagnosis
533.20	Acute peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.21	Acute peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
533.3	Acute peptic ulcer, unspecified site, without mention of hemorrhage and perforation	ICD-9-CM	Diagnosis
533.30	Acute peptic ulcer, unspecified site, without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
533.31	Acute peptic ulcer, unspecified site, without mention of hemorrhage and perforation, with obstruction	ICD-9-CM	Diagnosis
533.4	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage	ICD-9-CM	Diagnosis
533.40	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
533.41	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
533.5	Chronic or unspecified peptic ulcer, unspecified site, with perforation	ICD-9-CM	Diagnosis
533.50	Chronic or unspecified peptic ulcer, unspecified site, with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.51	Chronic or unspecified peptic ulcer, unspecified site, with perforation and obstruction	ICD-9-CM	Diagnosis
533.6	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation	ICD-9-CM	Diagnosis
533.60	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
533.61	Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
533.7	Chronic peptic ulcer, unspecified site, without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
533.70	Chronic peptic ulcer, unspecified site, without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
533.71	Chronic peptic ulcer of unspecified site without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
534.0	Acute gastrojejunal ulcer with hemorrhage	ICD-9-CM	Diagnosis
534.00	Acute gastrojejunal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
534.01	Acute gastrojejunal ulcer, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
534.1	Acute gastrojejunal ulcer with perforation	ICD-9-CM	Diagnosis
534.10	Acute gastrojejunal ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.11	Acute gastrojejunal ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
534.2	Acute gastrojejunal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
534.20	Acute gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.21	Acute gastrojejunal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
534.3	Acute gastrojejunal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.30	Acute gastrojejunal ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
534.31	Acute gastrojejunal ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
534.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage	ICD-9-CM	Diagnosis
534.40	Chronic or unspecified gastrojejunal ulcer with hemorrhage, without mention of obstruction	ICD-9-CM	Diagnosis
534.41	Chronic or unspecified gastrojejunal ulcer, with hemorrhage and obstruction	ICD-9-CM	Diagnosis
534.5	Chronic or unspecified gastrojejunal ulcer with perforation	ICD-9-CM	Diagnosis
534.50	Chronic or unspecified gastrojejunal ulcer with perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.51	Chronic or unspecified gastrojejunal ulcer with perforation and obstruction	ICD-9-CM	Diagnosis
534.6	Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation	ICD-9-CM	Diagnosis
534.60	Chronic or unspecified gastrojejunal ulcer with hemorrhage and perforation, without mention of obstruction	ICD-9-CM	Diagnosis
534.61	Chronic or unspecified gastrojejunal ulcer with hemorrhage, perforation, and obstruction	ICD-9-CM	Diagnosis
534.7	Chronic gastrojejunal ulcer without mention of hemorrhage or perforation	ICD-9-CM	Diagnosis
534.70	Chronic gastrojejunal ulcer without mention of hemorrhage, perforation, or obstruction	ICD-9-CM	Diagnosis
534.71	Chronic gastrojejunal ulcer without mention of hemorrhage or perforation, with obstruction	ICD-9-CM	Diagnosis
44.4	Control of hemorrhage and suture of ulcer of stomach or duodenum	ICD-9-CM	Diagnosis
44.40	Suture of peptic ulcer, not otherwise specified	ICD-9-CM	Diagnosis
44.41	Suture of gastric ulcer site	ICD-9-CM	Diagnosis
44.42	Suture of duodenal ulcer site	ICD-9-CM	Diagnosis
K25.0	Acute gastric ulcer with hemorrhage	ICD-10-CM	Diagnosis
K25.1	Acute gastric ulcer with perforation	ICD-10-CM	Diagnosis
K25.2	Acute gastric ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K25.3	Acute gastric ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K25.4	Chronic or unspecified gastric ulcer with hemorrhage	ICD-10-CM	Diagnosis
K25.5	Chronic or unspecified gastric ulcer with perforation	ICD-10-CM	Diagnosis
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K25.7	Chronic gastric ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K26.0	Acute duodenal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K26.1	Acute duodenal ulcer with perforation	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
K26.2	Acute duodenal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K26.3	Acute duodenal ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K26.5	Chronic or unspecified duodenal ulcer with perforation	ICD-10-CM	Diagnosis
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K26.7	Chronic duodenal ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage	ICD-10-CM	Diagnosis
K27.1	Acute peptic ulcer, site unspecified, with perforation	ICD-10-CM	Diagnosis
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation	ICD-10-CM	Diagnosis
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage	ICD-10-CM	Diagnosis
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation	ICD-10-CM	Diagnosis
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation	ICD-10-CM	Diagnosis
K28.0	Acute gastrojejunal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K28.1	Acute gastrojejunal ulcer with perforation	ICD-10-CM	Diagnosis
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage	ICD-10-CM	Diagnosis
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation	ICD-10-CM	Diagnosis
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation	ICD-10-CM	Diagnosis
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation	ICD-10-CM	Diagnosis
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction	ICD-10-CM	Diagnosis
0DQ60ZZ	Repair Stomach, Open Approach	ICD-10-PCS	Procedure
0DQ63ZZ	Repair Stomach, Percutaneous Approach	ICD-10-PCS	Procedure
0DQ64ZZ	Repair Stomach, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0DQ67ZZ	Repair Stomach, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
0DQ68ZZ	Repair Stomach, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
0DQ90ZZ	Repair Duodenum, Open Approach	ICD-10-PCS	Procedure
0DQ93ZZ	Repair Duodenum, Percutaneous Approach	ICD-10-PCS	Procedure
0DQ94ZZ	Repair Duodenum, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0DQ97ZZ	Repair Duodenum, Via Natural or Artificial Opening	ICD-10-PCS	Procedure
0DQ98ZZ	Repair Duodenum, Via Natural or Artificial Opening Endoscopic	ICD-10-PCS	Procedure
Peripheral Vascular Disease			
249.7	Secondary diabetes mellitus with peripheral circulatory disorders	ICD-9-CM	Diagnosis
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	ICD-9-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
440.0	Atherosclerosis of renal artery	ICD-9-CM	Diagnosis
440.1	Atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.2	Atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.20	Atherosclerosis of native arteries of the extremities, unspecified	ICD-9-CM	Diagnosis
440.21	Atherosclerosis of native arteries of the extremities with intermittent claudication	ICD-9-CM	Diagnosis
440.22	Atherosclerosis of native arteries of the extremities with rest pain	ICD-9-CM	Diagnosis
440.23	Atherosclerosis of native arteries of the extremities with ulceration	ICD-9-CM	Diagnosis
440.24	Atherosclerosis of native arteries of the extremities with gangrene	ICD-9-CM	Diagnosis
440.29	Other atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.3	Atherosclerosis of bypass graft of extremities	ICD-9-CM	Diagnosis
440.30	Atherosclerosis of unspecified bypass graft of extremities	ICD-9-CM	Diagnosis
440.31	Atherosclerosis of autologous vein bypass graft of extremities	ICD-9-CM	Diagnosis
440.32	Atherosclerosis of nonautologous biological bypass graft of extremities	ICD-9-CM	Diagnosis
440.4	Chronic total occlusion of artery of the extremities	ICD-9-CM	Diagnosis
440.8	Atherosclerosis of other specified arteries	ICD-9-CM	Diagnosis
440.9	Generalized and unspecified atherosclerosis	ICD-9-CM	Diagnosis
443.1	Thromboangiitis obliterans (Buerger's disease)	ICD-9-CM	Diagnosis
443.81	Peripheral angiopathy in diseases classified elsewhere	ICD-9-CM	Diagnosis
443.9	Unspecified peripheral vascular disease	ICD-9-CM	Diagnosis
38.13	Endarterectomy of upper limb vessels	ICD-9-CM	Procedure
38.15	Endarterectomy of other thoracic vessels	ICD-9-CM	Procedure
38.16	Endarterectomy of abdominal arteries	ICD-9-CM	Procedure
38.18	Endarterectomy of lower limb arteries	ICD-9-CM	Procedure
39.23	Other intrathoracic vascular shunt or bypass	ICD-9-CM	Procedure
39.24	Aorta-renal bypass	ICD-9-CM	Procedure
39.25	Aorta-iliac-femoral bypass	ICD-9-CM	Procedure
39.26	Other intra-abdominal vascular shunt or bypass	ICD-9-CM	Procedure
39.29	Other (peripheral) vascular shunt or bypass	ICD-9-CM	Procedure
39.50	Angioplasty or atherectomy of other non-coronary vessel(s)	ICD-9-CM	Procedure
39.90	Insertion of non-drug-eluting peripheral (non-coronary) vessel stents(s)	ICD-9-CM	Procedure
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	CPT-4	Procedure
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	CPT-4	Procedure

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Code	Description	Code Type	Code Category
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	CPT-4	Procedure
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	CPT-4	Procedure
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	CPT-4	Procedure
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	CPT-4	Procedure
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	CPT-4	Procedure
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	CPT-4	Procedure
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	CPT-4	Procedure
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	CPT-4	Procedure
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	CPT-4	Procedure
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	CPT-4	Procedure
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	CPT-4	Procedure
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	CPT-4	Procedure
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	CPT-4	Procedure
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	CPT-4	Procedure
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	CPT-4	Procedure
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	CPT-4	Procedure
35351	Thromboendarterectomy, including patch graft, if performed; iliac	CPT-4	Procedure
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	CPT-4	Procedure
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	CPT-4	Procedure
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	CPT-4	Procedure
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	CPT-4	Procedure
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	CPT-4	Procedure
35381	Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal	CPT-4	Procedure
35450	Transluminal balloon angioplasty, open; renal or other visceral artery	CPT-4	Procedure
35452	Transluminal balloon angioplasty, open; aortic	CPT-4	Procedure
35454	Transluminal balloon angioplasty, open; iliac	CPT-4	Procedure
35456	Transluminal balloon angioplasty, open; femoral-popliteal	CPT-4	Procedure
35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	CPT-4	Procedure
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	CPT-4	Procedure

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Code	Description	Code Type	Code Category
35460	Transluminal balloon angioplasty, open; venous	CPT-4	Procedure
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	CPT-4	Procedure
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	CPT-4	Procedure
35472	Transluminal balloon angioplasty, percutaneous; aortic	CPT-4	Procedure
35473	Transluminal balloon angioplasty, percutaneous; iliac	CPT-4	Procedure
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	CPT-4	Procedure
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	CPT-4	Procedure
35476	Transluminal balloon angioplasty, percutaneous; venous	CPT-4	Procedure
35480	Transluminal peripheral atherectomy, open; renal or other visceral artery	CPT-4	Procedure
35481	Transluminal peripheral atherectomy, open; aortic	CPT-4	Procedure
35482	Transluminal peripheral atherectomy, open; iliac	CPT-4	Procedure
35483	Transluminal peripheral atherectomy, open; femoral-popliteal	CPT-4	Procedure
35484	Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel	CPT-4	Procedure
35485	Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches	CPT-4	Procedure
35490	Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery	CPT-4	Procedure
35491	Transluminal peripheral atherectomy, percutaneous; aortic	CPT-4	Procedure
35492	Transluminal peripheral atherectomy, percutaneous; iliac	CPT-4	Procedure
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	CPT-4	Procedure
35494	Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel	CPT-4	Procedure
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	CPT-4	Procedure
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	CPT-4	Procedure
35511	Bypass graft, with vein; subclavian-subclavian	CPT-4	Procedure
35512	Bypass graft, with vein; subclavian-brachial	CPT-4	Procedure
35516	Bypass graft, with vein; subclavian-axillary	CPT-4	Procedure
35518	Bypass graft, with vein; axillary-axillary	CPT-4	Procedure
35521	Bypass graft, with vein; axillary-femoral	CPT-4	Procedure
35522	Bypass graft, with vein; axillary-brachial	CPT-4	Procedure
35523	Bypass graft, with vein; brachial-ulnar or -radial	CPT-4	Procedure
35525	Bypass graft, with vein; brachial-brachial	CPT-4	Procedure
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	CPT-4	Procedure
35533	Bypass graft, with vein; axillary-femoral-femoral	CPT-4	Procedure
35535	Bypass graft, with vein; hepatorenal	CPT-4	Procedure
35536	Bypass graft, with vein; splenorenal	CPT-4	Procedure
35537	Bypass graft, with vein; aortoiliac	CPT-4	Procedure
35538	Bypass graft, with vein; aortobi-iliac	CPT-4	Procedure

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Code	Description	Code Type	Code Category
35539	Bypass graft, with vein; aortofemoral	CPT-4	Procedure
35540	Bypass graft, with vein; aortobifemoral	CPT-4	Procedure
35541	Bypass graft, with vein; aortoiliac or bi-iliac	CPT-4	Procedure
35546	Bypass graft, with vein; aortofemoral or bifemoral	CPT-4	Procedure
35548	Bypass graft, with vein; aortoiliofemoral, unilateral	CPT-4	Procedure
35549	Bypass graft, with vein; aortoiliofemoral, bilateral	CPT-4	Procedure
35551	Bypass graft, with vein; aortofemoral-popliteal	CPT-4	Procedure
35556	Bypass graft, with vein; femoral-popliteal	CPT-4	Procedure
35558	Bypass graft, with vein; femoral-femoral	CPT-4	Procedure
35560	Bypass graft, with vein; aortorenal	CPT-4	Procedure
35563	Bypass graft, with vein; ilioiliac	CPT-4	Procedure
35565	Bypass graft, with vein; iliofemoral	CPT-4	Procedure
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	CPT-4	Procedure
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	CPT-4	Procedure
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	CPT-4	Procedure
35582	In-situ vein bypass; aortofemoral-popliteal (only femoral-popliteal portion in-situ)	CPT-4	Procedure
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	CPT-4	Procedure
35587	In-situ vein bypass; popliteal-tibial, peroneal	CPT-4	Procedure
35612	Bypass graft, with other than vein; subclavian-subclavian	CPT-4	Procedure
35616	Bypass graft, with other than vein; subclavian-axillary	CPT-4	Procedure
35621	Bypass graft, with other than vein; axillary-femoral	CPT-4	Procedure
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	CPT-4	Procedure
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	CPT-4	Procedure
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	CPT-4	Procedure
35632	Bypass graft, with other than vein; ilio-celiac	CPT-4	Procedure
35633	Bypass graft, with other than vein; ilio-mesenteric	CPT-4	Procedure
35634	Bypass graft, with other than vein; iliorenal	CPT-4	Procedure
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	CPT-4	Procedure
35637	Bypass graft, with other than vein; aortoiliac	CPT-4	Procedure
35638	Bypass graft, with other than vein; aortobi-iliac	CPT-4	Procedure
35641	Bypass graft, with other than vein; aortoiliac or bi-iliac	CPT-4	Procedure
35646	Bypass graft, with other than vein; aortobifemoral	CPT-4	Procedure
35647	Bypass graft, with other than vein; aortofemoral	CPT-4	Procedure
35650	Bypass graft, with other than vein; axillary-axillary	CPT-4	Procedure
35651	Bypass graft, with other than vein; aortofemoral-popliteal	CPT-4	Procedure
35654	Bypass graft, with other than vein; axillary-femoral-femoral	CPT-4	Procedure
35656	Bypass graft, with other than vein; femoral-popliteal	CPT-4	Procedure
35661	Bypass graft, with other than vein; femoral-femoral	CPT-4	Procedure
35663	Bypass graft, with other than vein; ilioiliac	CPT-4	Procedure
35665	Bypass graft, with other than vein; iliofemoral	CPT-4	Procedure

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Code	Description	Code Type	Code Category
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	CPT-4	Procedure
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	CPT-4	Procedure
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	CPT-4	Procedure
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	CPT-4	Procedure
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	CPT-4	Procedure
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	CPT-4	Procedure
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	CPT-4	Procedure
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	CPT-4	Procedure
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	CPT-4	Procedure
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	CPT-4	Procedure
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	CPT-4	Procedure
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	CPT-4	Procedure

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Code	Description	Code Type	Code Category
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	ICD-10-CM	Diagnosis
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E10.59	Type 1 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E10.65	Type 1 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E11.59	Type 2 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E11.65	Type 2 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.59	Other specified diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
I70.0	Atherosclerosis of aorta	ICD-10-CM	Diagnosis
I70.1	Atherosclerosis of renal artery	ICD-10-CM	Diagnosis
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg	ICD-10-CM	Diagnosis
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg	ICD-10-CM	Diagnosis
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	ICD-10-CM	Diagnosis
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.291	Other atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.292	Other atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.298	Other atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis

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Code	Description	Code Type	Code Category
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.8	Atherosclerosis of other arteries	ICD-10-CM	Diagnosis
I70.90	Unspecified atherosclerosis	ICD-10-CM	Diagnosis
I70.91	Generalized atherosclerosis	ICD-10-CM	Diagnosis
I70.92	Chronic total occlusion of artery of the extremities	ICD-10-CM	Diagnosis
I73.1	Thromboangiitis obliterans [Buerger's disease]	ICD-10-CM	Diagnosis
I73.9	Peripheral vascular disease, unspecified	ICD-10-CM	Diagnosis
I79.1	Aortitis in diseases classified elsewhere	ICD-10-CM	Diagnosis
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere	ICD-10-CM	Diagnosis
021W0JG	Bypass Thoracic Aorta, Descending to Axillary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021W0JH	Bypass Thoracic Aorta, Descending to Brachial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021W0KG	Bypass Thoracic Aorta, Descending to Axillary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021W0KH	Bypass Thoracic Aorta, Descending to Brachial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
027P04Z	Dilation of Pulmonary Trunk with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
027P0DZ	Dilation of Pulmonary Trunk with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027P0ZZ	Dilation of Pulmonary Trunk, Open Approach	ICD-10-PCS	Procedure
027P34Z	Dilation of Pulmonary Trunk with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027P3DZ	Dilation of Pulmonary Trunk with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027P3ZZ	Dilation of Pulmonary Trunk, Percutaneous Approach	ICD-10-PCS	Procedure
027P44Z	Dilation of Pulmonary Trunk with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027P4DZ	Dilation of Pulmonary Trunk with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027P4ZZ	Dilation of Pulmonary Trunk, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027Q04Z	Dilation of Right Pulmonary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027Q0DZ	Dilation of Right Pulmonary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027Q0ZZ	Dilation of Right Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
027Q34Z	Dilation of Right Pulmonary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027Q3DZ	Dilation of Right Pulmonary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027Q3ZZ	Dilation of Right Pulmonary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
027Q44Z	Dilation of Right Pulmonary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027Q4DZ	Dilation of Right Pulmonary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027Q4ZZ	Dilation of Right Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027R04Z	Dilation of Left Pulmonary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027R0DZ	Dilation of Left Pulmonary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027R0ZZ	Dilation of Left Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
027R34Z	Dilation of Left Pulmonary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027R3DZ	Dilation of Left Pulmonary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027R3ZZ	Dilation of Left Pulmonary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
027R44Z	Dilation of Left Pulmonary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027R4DZ	Dilation of Left Pulmonary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027R4ZZ	Dilation of Left Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027S04Z	Dilation of Right Pulmonary Vein with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027S0DZ	Dilation of Right Pulmonary Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027S0ZZ	Dilation of Right Pulmonary Vein, Open Approach	ICD-10-PCS	Procedure
027S34Z	Dilation of Right Pulmonary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027S3DZ	Dilation of Right Pulmonary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
027S3ZZ	Dilation of Right Pulmonary Vein, Percutaneous Approach	ICD-10-PCS	Procedure
027S44Z	Dilation of Right Pulmonary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027S4DZ	Dilation of Right Pulmonary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027S4ZZ	Dilation of Right Pulmonary Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027T04Z	Dilation of Left Pulmonary Vein with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027T0DZ	Dilation of Left Pulmonary Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027T0ZZ	Dilation of Left Pulmonary Vein, Open Approach	ICD-10-PCS	Procedure
027T34Z	Dilation of Left Pulmonary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027T3DZ	Dilation of Left Pulmonary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027T3ZZ	Dilation of Left Pulmonary Vein, Percutaneous Approach	ICD-10-PCS	Procedure
027T44Z	Dilation of Left Pulmonary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027T4DZ	Dilation of Left Pulmonary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027T4ZZ	Dilation of Left Pulmonary Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027V04Z	Dilation of Superior Vena Cava with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027V0DZ	Dilation of Superior Vena Cava with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027V0ZZ	Dilation of Superior Vena Cava, Open Approach	ICD-10-PCS	Procedure
027V34Z	Dilation of Superior Vena Cava with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027V3DZ	Dilation of Superior Vena Cava with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027V3ZZ	Dilation of Superior Vena Cava, Percutaneous Approach	ICD-10-PCS	Procedure
027V44Z	Dilation of Superior Vena Cava with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027V4DZ	Dilation of Superior Vena Cava with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027V4ZZ	Dilation of Superior Vena Cava, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027W04Z	Dilation of Thoracic Aorta, Descending with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027W0DZ	Dilation of Thoracic Aorta, Descending with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027W0ZZ	Dilation of Thoracic Aorta, Descending, Open Approach	ICD-10-PCS	Procedure
027W34Z	Dilation of Thoracic Aorta, Descending with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027W3DZ	Dilation of Thoracic Aorta, Descending with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027W3ZZ	Dilation of Thoracic Aorta, Descending, Percutaneous Approach	ICD-10-PCS	Procedure
027W44Z	Dilation of Thoracic Aorta, Descending with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
027W4DZ	Dilation of Thoracic Aorta, Descending with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027W4ZZ	Dilation of Thoracic Aorta, Descending, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027X04Z	Dilation of Thoracic Aorta, Ascending/Arch with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027X0DZ	Dilation of Thoracic Aorta, Ascending/Arch with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027X0ZZ	Dilation of Thoracic Aorta, Ascending/Arch, Open Approach	ICD-10-PCS	Procedure
027X34Z	Dilation of Thoracic Aorta, Ascending/Arch with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027X3DZ	Dilation of Thoracic Aorta, Ascending/Arch with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027X3ZZ	Dilation of Thoracic Aorta, Ascending/Arch, Percutaneous Approach	ICD-10-PCS	Procedure
027X44Z	Dilation of Thoracic Aorta, Ascending/Arch with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027X4DZ	Dilation of Thoracic Aorta, Ascending/Arch with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027X4ZZ	Dilation of Thoracic Aorta, Ascending/Arch, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02CP0ZZ	Extirpation of Matter from Pulmonary Trunk, Open Approach	ICD-10-PCS	Procedure
02CP3ZZ	Extirpation of Matter from Pulmonary Trunk, Percutaneous Approach	ICD-10-PCS	Procedure
02CP4ZZ	Extirpation of Matter from Pulmonary Trunk, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02CQ0ZZ	Extirpation of Matter from Right Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
02CQ3ZZ	Extirpation of Matter from Right Pulmonary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
02CQ4ZZ	Extirpation of Matter from Right Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02CR0ZZ	Extirpation of Matter from Left Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
02CR3ZZ	Extirpation of Matter from Left Pulmonary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
02CR4ZZ	Extirpation of Matter from Left Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02CS0ZZ	Extirpation of Matter from Right Pulmonary Vein, Open Approach	ICD-10-PCS	Procedure
02CS3ZZ	Extirpation of Matter from Right Pulmonary Vein, Percutaneous Approach	ICD-10-PCS	Procedure
02CS4ZZ	Extirpation of Matter from Right Pulmonary Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02CT0ZZ	Extirpation of Matter from Left Pulmonary Vein, Open Approach	ICD-10-PCS	Procedure
02CT3ZZ	Extirpation of Matter from Left Pulmonary Vein, Percutaneous Approach	ICD-10-PCS	Procedure
02CT4ZZ	Extirpation of Matter from Left Pulmonary Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02CV0ZZ	Extirpation of Matter from Superior Vena Cava, Open Approach	ICD-10-PCS	Procedure
02CV3ZZ	Extirpation of Matter from Superior Vena Cava, Percutaneous Approach	ICD-10-PCS	Procedure
02CV4ZZ	Extirpation of Matter from Superior Vena Cava, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0312090	Bypass Innominate Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312091	Bypass Innominate Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312092	Bypass Innominate Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0312093	Bypass Innominate Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312094	Bypass Innominate Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312095	Bypass Innominate Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312096	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312097	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312098	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312099	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209B	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209C	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209D	Bypass Innominate Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209F	Bypass Innominate Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209J	Bypass Innominate Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209K	Bypass Innominate Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03120A0	Bypass Innominate Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A1	Bypass Innominate Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A2	Bypass Innominate Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A3	Bypass Innominate Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A4	Bypass Innominate Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A5	Bypass Innominate Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A6	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03120A7	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A9	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AB	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AD	Bypass Innominate Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AF	Bypass Innominate Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AJ	Bypass Innominate Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AK	Bypass Innominate Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120J0	Bypass Innominate Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J1	Bypass Innominate Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J2	Bypass Innominate Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J3	Bypass Innominate Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J4	Bypass Innominate Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J5	Bypass Innominate Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J6	Bypass Innominate Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J7	Bypass Innominate Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J9	Bypass Innominate Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JB	Bypass Innominate Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03120JC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JD	Bypass Innominate Artery to Upper Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JF	Bypass Innominate Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JJ	Bypass Innominate Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JK	Bypass Innominate Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120K0	Bypass Innominate Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K1	Bypass Innominate Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K2	Bypass Innominate Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K3	Bypass Innominate Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K4	Bypass Innominate Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K5	Bypass Innominate Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K6	Bypass Innominate Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K7	Bypass Innominate Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K9	Bypass Innominate Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KB	Bypass Innominate Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KD	Bypass Innominate Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KF	Bypass Innominate Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KJ	Bypass Innominate Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KK	Bypass Innominate Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120Z0	Bypass Innominate Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03120Z1	Bypass Innominate Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z2	Bypass Innominate Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z3	Bypass Innominate Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z4	Bypass Innominate Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z5	Bypass Innominate Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z6	Bypass Innominate Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z7	Bypass Innominate Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z8	Bypass Innominate Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z9	Bypass Innominate Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZB	Bypass Innominate Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZC	Bypass Innominate Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZD	Bypass Innominate Artery to Upper Arm Vein, Open Approach	ICD-10-PCS	Procedure
03120ZF	Bypass Innominate Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
03120ZJ	Bypass Innominate Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
03120ZK	Bypass Innominate Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
0313090	Bypass Right Subclavian Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313091	Bypass Right Subclavian Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313092	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313093	Bypass Right Subclavian Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313094	Bypass Right Subclavian Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313095	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313096	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313097	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313098	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313099	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031309B	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031309C	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031309D	Bypass Right Subclavian Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
031309F	Bypass Right Subclavian Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031309J	Bypass Right Subclavian Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031309K	Bypass Right Subclavian Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03130A0	Bypass Right Subclavian Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A1	Bypass Right Subclavian Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A3	Bypass Right Subclavian Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A4	Bypass Right Subclavian Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AD	Bypass Right Subclavian Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AF	Bypass Right Subclavian Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AJ	Bypass Right Subclavian Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AK	Bypass Right Subclavian Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130J0	Bypass Right Subclavian Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03130J1	Bypass Right Subclavian Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J3	Bypass Right Subclavian Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J4	Bypass Right Subclavian Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JD	Bypass Right Subclavian Artery to Upper Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JF	Bypass Right Subclavian Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JJ	Bypass Right Subclavian Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JK	Bypass Right Subclavian Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130K0	Bypass Right Subclavian Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K1	Bypass Right Subclavian Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K3	Bypass Right Subclavian Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K4	Bypass Right Subclavian Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03130K5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KD	Bypass Right Subclavian Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KF	Bypass Right Subclavian Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KJ	Bypass Right Subclavian Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KK	Bypass Right Subclavian Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130Z0	Bypass Right Subclavian Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z1	Bypass Right Subclavian Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z3	Bypass Right Subclavian Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z4	Bypass Right Subclavian Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z6	Bypass Right Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z7	Bypass Right Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z9	Bypass Right Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZB	Bypass Right Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZD	Bypass Right Subclavian Artery to Upper Arm Vein, Open Approach	ICD-10-PCS	Procedure
03130ZF	Bypass Right Subclavian Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
03130ZJ	Bypass Right Subclavian Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
03130ZK	Bypass Right Subclavian Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
0314090	Bypass Left Subclavian Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0314091	Bypass Left Subclavian Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314092	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314093	Bypass Left Subclavian Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314094	Bypass Left Subclavian Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314095	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314096	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314097	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314098	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314099	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409B	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409C	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409D	Bypass Left Subclavian Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409F	Bypass Left Subclavian Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409J	Bypass Left Subclavian Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409K	Bypass Left Subclavian Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03140A0	Bypass Left Subclavian Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A1	Bypass Left Subclavian Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A3	Bypass Left Subclavian Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A4	Bypass Left Subclavian Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03140A5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AD	Bypass Left Subclavian Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AF	Bypass Left Subclavian Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AJ	Bypass Left Subclavian Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AK	Bypass Left Subclavian Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140J0	Bypass Left Subclavian Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J1	Bypass Left Subclavian Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J3	Bypass Left Subclavian Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J4	Bypass Left Subclavian Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03140J9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JD	Bypass Left Subclavian Artery to Upper Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JF	Bypass Left Subclavian Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JJ	Bypass Left Subclavian Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JK	Bypass Left Subclavian Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140K0	Bypass Left Subclavian Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K1	Bypass Left Subclavian Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K3	Bypass Left Subclavian Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K4	Bypass Left Subclavian Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KD	Bypass Left Subclavian Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KF	Bypass Left Subclavian Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03140KJ	Bypass Left Subclavian Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KK	Bypass Left Subclavian Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140Z0	Bypass Left Subclavian Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z1	Bypass Left Subclavian Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z3	Bypass Left Subclavian Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z4	Bypass Left Subclavian Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z6	Bypass Left Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z7	Bypass Left Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z9	Bypass Left Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZB	Bypass Left Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZD	Bypass Left Subclavian Artery to Upper Arm Vein, Open Approach	ICD-10-PCS	Procedure
03140ZF	Bypass Left Subclavian Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
03140ZJ	Bypass Left Subclavian Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
03140ZK	Bypass Left Subclavian Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
0315090	Bypass Right Axillary Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315091	Bypass Right Axillary Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315092	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315093	Bypass Right Axillary Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315094	Bypass Right Axillary Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315095	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315096	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315097	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315098	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315099	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
031509B	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031509C	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031509D	Bypass Right Axillary Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031509F	Bypass Right Axillary Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031509J	Bypass Right Axillary Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031509K	Bypass Right Axillary Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03150A0	Bypass Right Axillary Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A1	Bypass Right Axillary Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A3	Bypass Right Axillary Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A4	Bypass Right Axillary Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A6	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A7	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A9	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AB	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AD	Bypass Right Axillary Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AF	Bypass Right Axillary Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03150AJ	Bypass Right Axillary Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AK	Bypass Right Axillary Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150J0	Bypass Right Axillary Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J1	Bypass Right Axillary Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J3	Bypass Right Axillary Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J4	Bypass Right Axillary Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J6	Bypass Right Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J7	Bypass Right Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J9	Bypass Right Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JB	Bypass Right Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JD	Bypass Right Axillary Artery to Upper Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JF	Bypass Right Axillary Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JJ	Bypass Right Axillary Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JK	Bypass Right Axillary Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150K0	Bypass Right Axillary Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K1	Bypass Right Axillary Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03150K3	Bypass Right Axillary Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K4	Bypass Right Axillary Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K6	Bypass Right Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K7	Bypass Right Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K9	Bypass Right Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KB	Bypass Right Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KD	Bypass Right Axillary Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KF	Bypass Right Axillary Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KJ	Bypass Right Axillary Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KK	Bypass Right Axillary Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150Z0	Bypass Right Axillary Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z1	Bypass Right Axillary Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z3	Bypass Right Axillary Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z4	Bypass Right Axillary Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z6	Bypass Right Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z7	Bypass Right Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z9	Bypass Right Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZB	Bypass Right Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZD	Bypass Right Axillary Artery to Upper Arm Vein, Open Approach	ICD-10-PCS	Procedure
03150ZF	Bypass Right Axillary Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
03150ZJ	Bypass Right Axillary Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03150ZK	Bypass Right Axillary Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
0316090	Bypass Left Axillary Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316091	Bypass Left Axillary Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316092	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316093	Bypass Left Axillary Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316094	Bypass Left Axillary Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316095	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316096	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316097	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316098	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316099	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609B	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609C	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609D	Bypass Left Axillary Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609F	Bypass Left Axillary Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609J	Bypass Left Axillary Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609K	Bypass Left Axillary Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03160A0	Bypass Left Axillary Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A1	Bypass Left Axillary Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A3	Bypass Left Axillary Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03160A4	Bypass Left Axillary Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A6	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A7	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A9	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AB	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AD	Bypass Left Axillary Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AF	Bypass Left Axillary Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AJ	Bypass Left Axillary Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AK	Bypass Left Axillary Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160J0	Bypass Left Axillary Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J1	Bypass Left Axillary Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J3	Bypass Left Axillary Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J4	Bypass Left Axillary Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J6	Bypass Left Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J7	Bypass Left Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03160J8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J9	Bypass Left Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JB	Bypass Left Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JD	Bypass Left Axillary Artery to Upper Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JF	Bypass Left Axillary Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JJ	Bypass Left Axillary Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JK	Bypass Left Axillary Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160K0	Bypass Left Axillary Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K1	Bypass Left Axillary Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K3	Bypass Left Axillary Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K4	Bypass Left Axillary Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K6	Bypass Left Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K7	Bypass Left Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K9	Bypass Left Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KB	Bypass Left Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KD	Bypass Left Axillary Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03160KF	Bypass Left Axillary Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KJ	Bypass Left Axillary Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KK	Bypass Left Axillary Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160Z0	Bypass Left Axillary Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z1	Bypass Left Axillary Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z3	Bypass Left Axillary Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z4	Bypass Left Axillary Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z6	Bypass Left Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z7	Bypass Left Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z9	Bypass Left Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZB	Bypass Left Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZD	Bypass Left Axillary Artery to Upper Arm Vein, Open Approach	ICD-10-PCS	Procedure
03160ZF	Bypass Left Axillary Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
03160ZJ	Bypass Left Axillary Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
03160ZK	Bypass Left Axillary Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
0317090	Bypass Right Brachial Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0317093	Bypass Right Brachial Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031709D	Bypass Right Brachial Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031709F	Bypass Right Brachial Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03170A0	Bypass Right Brachial Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03170A3	Bypass Right Brachial Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03170AD	Bypass Right Brachial Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03170AF	Bypass Right Brachial Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03170J0	Bypass Right Brachial Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03170J3	Bypass Right Brachial Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03170JD	Bypass Right Brachial Artery to Upper Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03170JF	Bypass Right Brachial Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03170K0	Bypass Right Brachial Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03170K3	Bypass Right Brachial Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03170KD	Bypass Right Brachial Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03170KF	Bypass Right Brachial Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03170Z0	Bypass Right Brachial Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03170Z3	Bypass Right Brachial Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03170ZD	Bypass Right Brachial Artery to Upper Arm Vein, Open Approach	ICD-10-PCS	Procedure
03170ZF	Bypass Right Brachial Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
0318091	Bypass Left Brachial Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0318094	Bypass Left Brachial Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031809D	Bypass Left Brachial Artery to Upper Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031809F	Bypass Left Brachial Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03180A1	Bypass Left Brachial Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03180A4	Bypass Left Brachial Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03180AD	Bypass Left Brachial Artery to Upper Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03180AF	Bypass Left Brachial Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03180J1	Bypass Left Brachial Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03180J4	Bypass Left Brachial Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03180JD	Bypass Left Brachial Artery to Upper Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03180JF	Bypass Left Brachial Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03180K1	Bypass Left Brachial Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03180K4	Bypass Left Brachial Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03180KD	Bypass Left Brachial Artery to Upper Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03180KF	Bypass Left Brachial Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03180Z1	Bypass Left Brachial Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03180Z4	Bypass Left Brachial Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03180ZD	Bypass Left Brachial Artery to Upper Arm Vein, Open Approach	ICD-10-PCS	Procedure
03180ZF	Bypass Left Brachial Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
0319093	Bypass Right Ulnar Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031909F	Bypass Right Ulnar Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03190A3	Bypass Right Ulnar Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03190AF	Bypass Right Ulnar Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03190J3	Bypass Right Ulnar Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03190JF	Bypass Right Ulnar Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03190K3	Bypass Right Ulnar Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03190KF	Bypass Right Ulnar Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03190Z3	Bypass Right Ulnar Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03190ZF	Bypass Right Ulnar Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
031A094	Bypass Left Ulnar Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031A09F	Bypass Left Ulnar Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031A0A4	Bypass Left Ulnar Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031A0AF	Bypass Left Ulnar Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031A0J4	Bypass Left Ulnar Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031A0JF	Bypass Left Ulnar Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031A0K4	Bypass Left Ulnar Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
031A0KF	Bypass Left Ulnar Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031A0Z4	Bypass Left Ulnar Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
031A0ZF	Bypass Left Ulnar Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
031B093	Bypass Right Radial Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031B09F	Bypass Right Radial Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031B0A3	Bypass Right Radial Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031B0AF	Bypass Right Radial Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031B0J3	Bypass Right Radial Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031B0JF	Bypass Right Radial Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031B0K3	Bypass Right Radial Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031B0KF	Bypass Right Radial Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031B0Z3	Bypass Right Radial Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
031B0ZF	Bypass Right Radial Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
031C094	Bypass Left Radial Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031C09F	Bypass Left Radial Artery to Lower Arm Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031C0A4	Bypass Left Radial Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031C0AF	Bypass Left Radial Artery to Lower Arm Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031C0J4	Bypass Left Radial Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031C0JF	Bypass Left Radial Artery to Lower Arm Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031C0K4	Bypass Left Radial Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031C0KF	Bypass Left Radial Artery to Lower Arm Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031C0Z4	Bypass Left Radial Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
031C0ZF	Bypass Left Radial Artery to Lower Arm Vein, Open Approach	ICD-10-PCS	Procedure
031G09G	Bypass Intracranial Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
031G0AG	Bypass Intracranial Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031G0JG	Bypass Intracranial Artery to Intracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031G0KG	Bypass Intracranial Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031G0ZG	Bypass Intracranial Artery to Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
031H09J	Bypass Right Common Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031H0AJ	Bypass Right Common Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031H0JJ	Bypass Right Common Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031H0KJ	Bypass Right Common Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031H0ZJ	Bypass Right Common Carotid Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031J09K	Bypass Left Common Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031J0AK	Bypass Left Common Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031J0JK	Bypass Left Common Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031J0KK	Bypass Left Common Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031J0ZK	Bypass Left Common Carotid Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031K09J	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031K0AJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031K0JJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031K0KJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031K0ZJ	Bypass Right Internal Carotid Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031L09K	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031L0AK	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031L0JK	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
031L0KK	Bypass Left Internal Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031L0ZK	Bypass Left Internal Carotid Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031M09J	Bypass Right External Carotid Artery to Right Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031M0AJ	Bypass Right External Carotid Artery to Right Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031M0JJ	Bypass Right External Carotid Artery to Right Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031M0KJ	Bypass Right External Carotid Artery to Right Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031M0ZJ	Bypass Right External Carotid Artery to Right Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
031N09K	Bypass Left External Carotid Artery to Left Extracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031N0AK	Bypass Left External Carotid Artery to Left Extracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031N0JK	Bypass Left External Carotid Artery to Left Extracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031N0KK	Bypass Left External Carotid Artery to Left Extracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031N0ZK	Bypass Left External Carotid Artery to Left Extracranial Artery, Open Approach	ICD-10-PCS	Procedure
0370046	Dilation of Right Internal Mammary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037004Z	Dilation of Right Internal Mammary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0370056	Dilation of Right Internal Mammary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037005Z	Dilation of Right Internal Mammary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0370066	Dilation of Right Internal Mammary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037006Z	Dilation of Right Internal Mammary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0370076	Dilation of Right Internal Mammary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037007Z	Dilation of Right Internal Mammary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03700D6	Dilation of Right Internal Mammary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03700DZ	Dilation of Right Internal Mammary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03700E6	Dilation of Right Internal Mammary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03700EZ	Dilation of Right Internal Mammary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03700F6	Dilation of Right Internal Mammary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03700FZ	Dilation of Right Internal Mammary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03700G6	Dilation of Right Internal Mammary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03700GZ	Dilation of Right Internal Mammary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03700Z6	Dilation of Right Internal Mammary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03700ZZ	Dilation of Right Internal Mammary Artery, Open Approach	ICD-10-PCS	Procedure
0370346	Dilation of Right Internal Mammary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037034Z	Dilation of Right Internal Mammary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0370356	Dilation of Right Internal Mammary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037035Z	Dilation of Right Internal Mammary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0370366	Dilation of Right Internal Mammary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037036Z	Dilation of Right Internal Mammary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0370376	Dilation of Right Internal Mammary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037037Z	Dilation of Right Internal Mammary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03703D6	Dilation of Right Internal Mammary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03703DZ	Dilation of Right Internal Mammary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03703E6	Dilation of Right Internal Mammary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03703EZ	Dilation of Right Internal Mammary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03703F6	Dilation of Right Internal Mammary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03703FZ	Dilation of Right Internal Mammary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03703G6	Dilation of Right Internal Mammary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03703GZ	Dilation of Right Internal Mammary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03703Z6	Dilation of Right Internal Mammary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03703ZZ	Dilation of Right Internal Mammary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0370446	Dilation of Right Internal Mammary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037044Z	Dilation of Right Internal Mammary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0370456	Dilation of Right Internal Mammary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037045Z	Dilation of Right Internal Mammary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0370466	Dilation of Right Internal Mammary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037046Z	Dilation of Right Internal Mammary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0370476	Dilation of Right Internal Mammary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037047Z	Dilation of Right Internal Mammary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03704D6	Dilation of Right Internal Mammary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03704DZ	Dilation of Right Internal Mammary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03704E6	Dilation of Right Internal Mammary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03704EZ	Dilation of Right Internal Mammary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03704F6	Dilation of Right Internal Mammary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03704FZ	Dilation of Right Internal Mammary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03704G6	Dilation of Right Internal Mammary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03704GZ	Dilation of Right Internal Mammary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03704Z6	Dilation of Right Internal Mammary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03704ZZ	Dilation of Right Internal Mammary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0371046	Dilation of Left Internal Mammary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037104Z	Dilation of Left Internal Mammary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0371056	Dilation of Left Internal Mammary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037105Z	Dilation of Left Internal Mammary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0371066	Dilation of Left Internal Mammary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037106Z	Dilation of Left Internal Mammary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0371076	Dilation of Left Internal Mammary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037107Z	Dilation of Left Internal Mammary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03710D6	Dilation of Left Internal Mammary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03710DZ	Dilation of Left Internal Mammary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03710E6	Dilation of Left Internal Mammary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03710EZ	Dilation of Left Internal Mammary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03710F6	Dilation of Left Internal Mammary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03710FZ	Dilation of Left Internal Mammary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03710G6	Dilation of Left Internal Mammary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03710GZ	Dilation of Left Internal Mammary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03710Z6	Dilation of Left Internal Mammary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03710ZZ	Dilation of Left Internal Mammary Artery, Open Approach	ICD-10-PCS	Procedure
0371346	Dilation of Left Internal Mammary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037134Z	Dilation of Left Internal Mammary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0371356	Dilation of Left Internal Mammary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037135Z	Dilation of Left Internal Mammary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0371366	Dilation of Left Internal Mammary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037136Z	Dilation of Left Internal Mammary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0371376	Dilation of Left Internal Mammary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037137Z	Dilation of Left Internal Mammary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03713D6	Dilation of Left Internal Mammary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03713DZ	Dilation of Left Internal Mammary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03713E6	Dilation of Left Internal Mammary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03713EZ	Dilation of Left Internal Mammary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03713F6	Dilation of Left Internal Mammary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03713FZ	Dilation of Left Internal Mammary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03713G6	Dilation of Left Internal Mammary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03713GZ	Dilation of Left Internal Mammary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03713Z6	Dilation of Left Internal Mammary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03713ZZ	Dilation of Left Internal Mammary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0371446	Dilation of Left Internal Mammary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037144Z	Dilation of Left Internal Mammary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0371456	Dilation of Left Internal Mammary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037145Z	Dilation of Left Internal Mammary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0371466	Dilation of Left Internal Mammary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037146Z	Dilation of Left Internal Mammary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0371476	Dilation of Left Internal Mammary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037147Z	Dilation of Left Internal Mammary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714D6	Dilation of Left Internal Mammary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714DZ	Dilation of Left Internal Mammary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714E6	Dilation of Left Internal Mammary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714EZ	Dilation of Left Internal Mammary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714F6	Dilation of Left Internal Mammary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714FZ	Dilation of Left Internal Mammary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714G6	Dilation of Left Internal Mammary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714GZ	Dilation of Left Internal Mammary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714Z6	Dilation of Left Internal Mammary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03714ZZ	Dilation of Left Internal Mammary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0372046	Dilation of Innominate Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037204Z	Dilation of Innominate Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0372056	Dilation of Innominate Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037205Z	Dilation of Innominate Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0372066	Dilation of Innominate Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037206Z	Dilation of Innominate Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0372076	Dilation of Innominate Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037207Z	Dilation of Innominate Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03720D6	Dilation of Innominate Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03720DZ	Dilation of Innominate Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03720E6	Dilation of Innominate Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03720EZ	Dilation of Innominate Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03720F6	Dilation of Innominate Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03720FZ	Dilation of Innominate Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03720G6	Dilation of Innominate Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03720GZ	Dilation of Innominate Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03720Z6	Dilation of Innominate Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03720ZZ	Dilation of Innominate Artery, Open Approach	ICD-10-PCS	Procedure
0372346	Dilation of Innominate Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037234Z	Dilation of Innominate Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0372356	Dilation of Innominate Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037235Z	Dilation of Innominate Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0372366	Dilation of Innominate Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037236Z	Dilation of Innominate Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0372376	Dilation of Innominate Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037237Z	Dilation of Innominate Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03723D6	Dilation of Innominate Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03723DZ	Dilation of Innominate Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03723E6	Dilation of Innominate Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03723EZ	Dilation of Innominate Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03723F6	Dilation of Innominate Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03723FZ	Dilation of Innominate Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03723G6	Dilation of Innominate Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03723GZ	Dilation of Innominate Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03723Z6	Dilation of Innominate Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03723ZZ	Dilation of Innominate Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0372446	Dilation of Innominate Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037244Z	Dilation of Innominate Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0372456	Dilation of Innominate Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037245Z	Dilation of Innominate Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0372466	Dilation of Innominate Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037246Z	Dilation of Innominate Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0372476	Dilation of Innominate Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037247Z	Dilation of Innominate Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724D6	Dilation of Innominate Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724DZ	Dilation of Innominate Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724E6	Dilation of Innominate Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724EZ	Dilation of Innominate Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724F6	Dilation of Innominate Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724FZ	Dilation of Innominate Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724G6	Dilation of Innominate Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724GZ	Dilation of Innominate Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724Z6	Dilation of Innominate Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03724ZZ	Dilation of Innominate Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373046	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037304Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0373056	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037305Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373066	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037306Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373076	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037307Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730Z6	Dilation of Right Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03730ZZ	Dilation of Right Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
0373346	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037334Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0373356	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037335Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373366	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037336Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373376	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037337Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03733EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03733ZZ	Dilation of Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0373446	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037344Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373456	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037345Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373466	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037346Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373476	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037347Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03734G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734ZZ	Dilation of Right Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374046	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037404Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0374056	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037405Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374066	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037406Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374076	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037407Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740Z6	Dilation of Left Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03740ZZ	Dilation of Left Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
0374346	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037434Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0374356	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037435Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374366	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037436Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374376	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037437Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03743ZZ	Dilation of Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0374446	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037444Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374456	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037445Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374466	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037446Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374476	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037447Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744ZZ	Dilation of Left Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375046	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037504Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0375056	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037505Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375066	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037506Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375076	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037507Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03750DZ	Dilation of Right Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03750E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03750F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750Z6	Dilation of Right Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03750ZZ	Dilation of Right Axillary Artery, Open Approach	ICD-10-PCS	Procedure
0375346	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037534Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0375356	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037535Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375366	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037536Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375376	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037537Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03753ZZ	Dilation of Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0375446	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037544Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375456	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037545Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375466	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037546Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375476	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037547Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754ZZ	Dilation of Right Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376046	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037604Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0376056	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037605Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376066	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037606Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376076	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037607Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760DZ	Dilation of Left Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760Z6	Dilation of Left Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03760ZZ	Dilation of Left Axillary Artery, Open Approach	ICD-10-PCS	Procedure
0376346	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037634Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0376356	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037635Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376366	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037636Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376376	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037637Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03763DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03763E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03763F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03763ZZ	Dilation of Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0376446	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037644Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376456	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037645Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376466	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037646Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376476	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037647Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03764Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764ZZ	Dilation of Left Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377046	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037704Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0377056	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037705Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0377066	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037706Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0377076	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037707Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03770DZ	Dilation of Right Brachial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03770E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770Z6	Dilation of Right Brachial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03770ZZ	Dilation of Right Brachial Artery, Open Approach	ICD-10-PCS	Procedure
0377346	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037734Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0377356	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037735Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0377366	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037736Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0377376	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037737Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03773DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03773E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0377446	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037744Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377456	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037745Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377466	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037746Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377476	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037747Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03774E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774ZZ	Dilation of Right Brachial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378046	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037804Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0378056	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037805Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0378066	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037806Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0378076	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037807Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03780DZ	Dilation of Left Brachial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03780E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780Z6	Dilation of Left Brachial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03780ZZ	Dilation of Left Brachial Artery, Open Approach	ICD-10-PCS	Procedure
0378346	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037834Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0378356	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037835Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0378366	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037836Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0378376	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037837Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03783DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03783E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0378446	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037844Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378456	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037845Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0378466	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037846Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378476	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037847Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784ZZ	Dilation of Left Brachial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379046	Dilation of Right Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037904Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0379056	Dilation of Right Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037905Z	Dilation of Right Ulnar Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0379066	Dilation of Right Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037906Z	Dilation of Right Ulnar Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0379076	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037907Z	Dilation of Right Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790D6	Dilation of Right Ulnar Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03790DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03790E6	Dilation of Right Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790EZ	Dilation of Right Ulnar Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790F6	Dilation of Right Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790FZ	Dilation of Right Ulnar Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790G6	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790GZ	Dilation of Right Ulnar Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790Z6	Dilation of Right Ulnar Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03790ZZ	Dilation of Right Ulnar Artery, Open Approach	ICD-10-PCS	Procedure
0379346	Dilation of Right Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037934Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0379356	Dilation of Right Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037935Z	Dilation of Right Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0379366	Dilation of Right Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037936Z	Dilation of Right Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0379376	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037937Z	Dilation of Right Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793D6	Dilation of Right Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03793DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03793E6	Dilation of Right Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793EZ	Dilation of Right Ulnar Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793F6	Dilation of Right Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793FZ	Dilation of Right Ulnar Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793G6	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793GZ	Dilation of Right Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793Z6	Dilation of Right Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03793ZZ	Dilation of Right Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0379446	Dilation of Right Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037944Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379456	Dilation of Right Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037945Z	Dilation of Right Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379466	Dilation of Right Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037946Z	Dilation of Right Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379476	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037947Z	Dilation of Right Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794D6	Dilation of Right Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794E6	Dilation of Right Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794EZ	Dilation of Right Ulnar Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794F6	Dilation of Right Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794FZ	Dilation of Right Ulnar Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794G6	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794GZ	Dilation of Right Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794Z6	Dilation of Right Ulnar Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794ZZ	Dilation of Right Ulnar Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A046	Dilation of Left Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A04Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A056	Dilation of Left Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A05Z	Dilation of Left Ulnar Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037A066	Dilation of Left Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A06Z	Dilation of Left Ulnar Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A076	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A07Z	Dilation of Left Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0D6	Dilation of Left Ulnar Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A0DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A0E6	Dilation of Left Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0EZ	Dilation of Left Ulnar Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0F6	Dilation of Left Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0FZ	Dilation of Left Ulnar Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0G6	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0GZ	Dilation of Left Ulnar Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0Z6	Dilation of Left Ulnar Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037A0ZZ	Dilation of Left Ulnar Artery, Open Approach	ICD-10-PCS	Procedure
037A346	Dilation of Left Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A34Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A356	Dilation of Left Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A35Z	Dilation of Left Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A366	Dilation of Left Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A36Z	Dilation of Left Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A376	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A37Z	Dilation of Left Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3D6	Dilation of Left Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A3DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A3E6	Dilation of Left Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3EZ	Dilation of Left Ulnar Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037A3F6	Dilation of Left Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3FZ	Dilation of Left Ulnar Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3G6	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3GZ	Dilation of Left Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3Z6	Dilation of Left Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037A3ZZ	Dilation of Left Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037A446	Dilation of Left Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A44Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A456	Dilation of Left Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A45Z	Dilation of Left Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A466	Dilation of Left Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A46Z	Dilation of Left Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A476	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A47Z	Dilation of Left Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4D6	Dilation of Left Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4E6	Dilation of Left Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4EZ	Dilation of Left Ulnar Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4F6	Dilation of Left Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4FZ	Dilation of Left Ulnar Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4G6	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4GZ	Dilation of Left Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037A4Z6	Dilation of Left Ulnar Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4ZZ	Dilation of Left Ulnar Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B046	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B04Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B056	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B05Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B066	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B06Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B076	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B07Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B0DZ	Dilation of Right Radial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B0E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0Z6	Dilation of Right Radial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037B0ZZ	Dilation of Right Radial Artery, Open Approach	ICD-10-PCS	Procedure
037B346	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B34Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B356	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B35Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B366	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037B36Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B376	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B37Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B3DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B3E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037B446	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B44Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B456	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B45Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B466	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B46Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B476	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B47Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037B4E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4ZZ	Dilation of Right Radial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C046	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C04Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C056	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C05Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C066	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C06Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C076	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C07Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C0DZ	Dilation of Left Radial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C0E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0Z6	Dilation of Left Radial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037C0ZZ	Dilation of Left Radial Artery, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037C346	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C34Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C356	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C35Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C366	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C36Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C376	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C37Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C3DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C3E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037C3ZZ	Dilation of Left Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037C446	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C44Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C456	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C45Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C466	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037C46Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C476	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C47Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4ZZ	Dilation of Left Radial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D046	Dilation of Right Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D04Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D056	Dilation of Right Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D05Z	Dilation of Right Hand Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D066	Dilation of Right Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D06Z	Dilation of Right Hand Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D076	Dilation of Right Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D07Z	Dilation of Right Hand Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0D6	Dilation of Right Hand Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D0DZ	Dilation of Right Hand Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D0E6	Dilation of Right Hand Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037D0EZ	Dilation of Right Hand Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0F6	Dilation of Right Hand Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0FZ	Dilation of Right Hand Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0G6	Dilation of Right Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0GZ	Dilation of Right Hand Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0Z6	Dilation of Right Hand Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037D0ZZ	Dilation of Right Hand Artery, Open Approach	ICD-10-PCS	Procedure
037D346	Dilation of Right Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D34Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D356	Dilation of Right Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D35Z	Dilation of Right Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D366	Dilation of Right Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D36Z	Dilation of Right Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D376	Dilation of Right Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D37Z	Dilation of Right Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3D6	Dilation of Right Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D3DZ	Dilation of Right Hand Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D3E6	Dilation of Right Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3EZ	Dilation of Right Hand Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3F6	Dilation of Right Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3FZ	Dilation of Right Hand Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3G6	Dilation of Right Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3GZ	Dilation of Right Hand Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3Z6	Dilation of Right Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037D3ZZ	Dilation of Right Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037D446	Dilation of Right Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D44Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D456	Dilation of Right Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D45Z	Dilation of Right Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D466	Dilation of Right Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D46Z	Dilation of Right Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D476	Dilation of Right Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D47Z	Dilation of Right Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4D6	Dilation of Right Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4DZ	Dilation of Right Hand Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4E6	Dilation of Right Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4EZ	Dilation of Right Hand Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4F6	Dilation of Right Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4FZ	Dilation of Right Hand Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4G6	Dilation of Right Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4GZ	Dilation of Right Hand Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4Z6	Dilation of Right Hand Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4ZZ	Dilation of Right Hand Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F046	Dilation of Left Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F04Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F056	Dilation of Left Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F05Z	Dilation of Left Hand Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037F066	Dilation of Left Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F06Z	Dilation of Left Hand Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F076	Dilation of Left Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F07Z	Dilation of Left Hand Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0D6	Dilation of Left Hand Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F0DZ	Dilation of Left Hand Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F0E6	Dilation of Left Hand Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0EZ	Dilation of Left Hand Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0F6	Dilation of Left Hand Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0FZ	Dilation of Left Hand Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0G6	Dilation of Left Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0GZ	Dilation of Left Hand Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0Z6	Dilation of Left Hand Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037F0ZZ	Dilation of Left Hand Artery, Open Approach	ICD-10-PCS	Procedure
037F346	Dilation of Left Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F34Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F356	Dilation of Left Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F35Z	Dilation of Left Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F366	Dilation of Left Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F36Z	Dilation of Left Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F376	Dilation of Left Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F37Z	Dilation of Left Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3D6	Dilation of Left Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F3DZ	Dilation of Left Hand Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F3E6	Dilation of Left Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3EZ	Dilation of Left Hand Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037F3F6	Dilation of Left Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3FZ	Dilation of Left Hand Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3G6	Dilation of Left Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3GZ	Dilation of Left Hand Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3Z6	Dilation of Left Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037F3ZZ	Dilation of Left Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037F446	Dilation of Left Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F44Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F456	Dilation of Left Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F45Z	Dilation of Left Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F466	Dilation of Left Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F46Z	Dilation of Left Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F476	Dilation of Left Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F47Z	Dilation of Left Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4D6	Dilation of Left Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4DZ	Dilation of Left Hand Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4E6	Dilation of Left Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4EZ	Dilation of Left Hand Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4F6	Dilation of Left Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4FZ	Dilation of Left Hand Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4G6	Dilation of Left Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4GZ	Dilation of Left Hand Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037F4Z6	Dilation of Left Hand Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4ZZ	Dilation of Left Hand Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G046	Dilation of Intracranial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037G04Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037G056	Dilation of Intracranial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G05Z	Dilation of Intracranial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G066	Dilation of Intracranial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G06Z	Dilation of Intracranial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G076	Dilation of Intracranial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G07Z	Dilation of Intracranial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G0D6	Dilation of Intracranial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037G0DZ	Dilation of Intracranial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037G0E6	Dilation of Intracranial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G0EZ	Dilation of Intracranial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G0F6	Dilation of Intracranial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G0FZ	Dilation of Intracranial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G0G6	Dilation of Intracranial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G0GZ	Dilation of Intracranial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037G0Z6	Dilation of Intracranial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037G0ZZ	Dilation of Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
037H046	Dilation of Right Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037H04Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037H056	Dilation of Right Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H05Z	Dilation of Right Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H066	Dilation of Right Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037H06Z	Dilation of Right Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H076	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H07Z	Dilation of Right Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H0D6	Dilation of Right Common Carotid Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037H0DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037H0E6	Dilation of Right Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H0EZ	Dilation of Right Common Carotid Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H0F6	Dilation of Right Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H0FZ	Dilation of Right Common Carotid Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H0G6	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H0GZ	Dilation of Right Common Carotid Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037H0Z6	Dilation of Right Common Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037H0ZZ	Dilation of Right Common Carotid Artery, Open Approach	ICD-10-PCS	Procedure
037J046	Dilation of Left Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037J04Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037J056	Dilation of Left Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J05Z	Dilation of Left Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J066	Dilation of Left Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J06Z	Dilation of Left Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J076	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J07Z	Dilation of Left Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J0D6	Dilation of Left Common Carotid Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037J0DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037J0E6	Dilation of Left Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J0EZ	Dilation of Left Common Carotid Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J0F6	Dilation of Left Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J0FZ	Dilation of Left Common Carotid Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J0G6	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J0GZ	Dilation of Left Common Carotid Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037J0Z6	Dilation of Left Common Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037J0ZZ	Dilation of Left Common Carotid Artery, Open Approach	ICD-10-PCS	Procedure
037K046	Dilation of Right Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037K04Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037K056	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K05Z	Dilation of Right Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K066	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K06Z	Dilation of Right Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K076	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K07Z	Dilation of Right Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K0D6	Dilation of Right Internal Carotid Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037K0DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037K0E6	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K0EZ	Dilation of Right Internal Carotid Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K0F6	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K0FZ	Dilation of Right Internal Carotid Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K0G6	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037K0GZ	Dilation of Right Internal Carotid Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037K0Z6	Dilation of Right Internal Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037K0ZZ	Dilation of Right Internal Carotid Artery, Open Approach	ICD-10-PCS	Procedure
037L046	Dilation of Left Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037L04Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037L056	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L05Z	Dilation of Left Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L066	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L06Z	Dilation of Left Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L076	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L07Z	Dilation of Left Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L0D6	Dilation of Left Internal Carotid Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037L0DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037L0E6	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L0EZ	Dilation of Left Internal Carotid Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L0F6	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L0FZ	Dilation of Left Internal Carotid Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L0G6	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L0GZ	Dilation of Left Internal Carotid Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037L0Z6	Dilation of Left Internal Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037L0ZZ	Dilation of Left Internal Carotid Artery, Open Approach	ICD-10-PCS	Procedure
037M046	Dilation of Right External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037M04Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037M056	Dilation of Right External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M05Z	Dilation of Right External Carotid Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037M066	Dilation of Right External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M06Z	Dilation of Right External Carotid Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M076	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M07Z	Dilation of Right External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M0D6	Dilation of Right External Carotid Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037M0DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037M0E6	Dilation of Right External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M0EZ	Dilation of Right External Carotid Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M0F6	Dilation of Right External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M0FZ	Dilation of Right External Carotid Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M0G6	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M0GZ	Dilation of Right External Carotid Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037M0Z6	Dilation of Right External Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037M0ZZ	Dilation of Right External Carotid Artery, Open Approach	ICD-10-PCS	Procedure
037N046	Dilation of Left External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037N04Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037N056	Dilation of Left External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N05Z	Dilation of Left External Carotid Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N066	Dilation of Left External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N06Z	Dilation of Left External Carotid Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N076	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N07Z	Dilation of Left External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N0D6	Dilation of Left External Carotid Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037N0DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037N0E6	Dilation of Left External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N0EZ	Dilation of Left External Carotid Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N0F6	Dilation of Left External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N0FZ	Dilation of Left External Carotid Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N0G6	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N0GZ	Dilation of Left External Carotid Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037N0Z6	Dilation of Left External Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037N0ZZ	Dilation of Left External Carotid Artery, Open Approach	ICD-10-PCS	Procedure
037P046	Dilation of Right Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037P04Z	Dilation of Right Vertebral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037P056	Dilation of Right Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P05Z	Dilation of Right Vertebral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P066	Dilation of Right Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P06Z	Dilation of Right Vertebral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P076	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P07Z	Dilation of Right Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P0D6	Dilation of Right Vertebral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037P0DZ	Dilation of Right Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037P0E6	Dilation of Right Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P0EZ	Dilation of Right Vertebral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P0F6	Dilation of Right Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P0FZ	Dilation of Right Vertebral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P0G6	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P0GZ	Dilation of Right Vertebral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037P0Z6	Dilation of Right Vertebral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037P0ZZ	Dilation of Right Vertebral Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037Q046	Dilation of Left Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037Q04Z	Dilation of Left Vertebral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037Q056	Dilation of Left Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q05Z	Dilation of Left Vertebral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q066	Dilation of Left Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q06Z	Dilation of Left Vertebral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q076	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q07Z	Dilation of Left Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q0D6	Dilation of Left Vertebral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037Q0DZ	Dilation of Left Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037Q0E6	Dilation of Left Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q0EZ	Dilation of Left Vertebral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q0F6	Dilation of Left Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q0FZ	Dilation of Left Vertebral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q0G6	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q0GZ	Dilation of Left Vertebral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Q0Z6	Dilation of Left Vertebral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037Q0ZZ	Dilation of Left Vertebral Artery, Open Approach	ICD-10-PCS	Procedure
037R046	Dilation of Face Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037R04Z	Dilation of Face Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037R056	Dilation of Face Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R05Z	Dilation of Face Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R066	Dilation of Face Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R06Z	Dilation of Face Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R076	Dilation of Face Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R07Z	Dilation of Face Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R0D6	Dilation of Face Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037R0DZ	Dilation of Face Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037R0E6	Dilation of Face Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R0EZ	Dilation of Face Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R0F6	Dilation of Face Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R0FZ	Dilation of Face Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R0G6	Dilation of Face Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R0GZ	Dilation of Face Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037R0Z6	Dilation of Face Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037R0ZZ	Dilation of Face Artery, Open Approach	ICD-10-PCS	Procedure
037R346	Dilation of Face Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R34Z	Dilation of Face Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R356	Dilation of Face Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R35Z	Dilation of Face Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R366	Dilation of Face Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R36Z	Dilation of Face Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R376	Dilation of Face Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R37Z	Dilation of Face Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3D6	Dilation of Face Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R3DZ	Dilation of Face Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R3E6	Dilation of Face Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3EZ	Dilation of Face Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3F6	Dilation of Face Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3FZ	Dilation of Face Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3G6	Dilation of Face Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3GZ	Dilation of Face Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3Z6	Dilation of Face Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037R3ZZ	Dilation of Face Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037R446	Dilation of Face Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037R44Z	Dilation of Face Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R456	Dilation of Face Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R45Z	Dilation of Face Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R466	Dilation of Face Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R46Z	Dilation of Face Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R476	Dilation of Face Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R47Z	Dilation of Face Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4D6	Dilation of Face Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4DZ	Dilation of Face Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4E6	Dilation of Face Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4EZ	Dilation of Face Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4F6	Dilation of Face Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4FZ	Dilation of Face Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4G6	Dilation of Face Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4GZ	Dilation of Face Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4Z6	Dilation of Face Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4ZZ	Dilation of Face Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S046	Dilation of Right Temporal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037S04Z	Dilation of Right Temporal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037S056	Dilation of Right Temporal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S05Z	Dilation of Right Temporal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S066	Dilation of Right Temporal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
037S06Z	Dilation of Right Temporal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S076	Dilation of Right Temporal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S07Z	Dilation of Right Temporal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S0D6	Dilation of Right Temporal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037S0DZ	Dilation of Right Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037S0E6	Dilation of Right Temporal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S0EZ	Dilation of Right Temporal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S0F6	Dilation of Right Temporal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S0FZ	Dilation of Right Temporal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S0G6	Dilation of Right Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S0GZ	Dilation of Right Temporal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037S0Z6	Dilation of Right Temporal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037S0ZZ	Dilation of Right Temporal Artery, Open Approach	ICD-10-PCS	Procedure
037S346	Dilation of Right Temporal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S34Z	Dilation of Right Temporal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S356	Dilation of Right Temporal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S35Z	Dilation of Right Temporal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S366	Dilation of Right Temporal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S36Z	Dilation of Right Temporal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S376	Dilation of Right Temporal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S37Z	Dilation of Right Temporal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3D6	Dilation of Right Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S3DZ	Dilation of Right Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S3E6	Dilation of Right Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3EZ	Dilation of Right Temporal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037S3F6	Dilation of Right Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3FZ	Dilation of Right Temporal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3G6	Dilation of Right Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3GZ	Dilation of Right Temporal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3Z6	Dilation of Right Temporal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037S3ZZ	Dilation of Right Temporal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037S446	Dilation of Right Temporal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S44Z	Dilation of Right Temporal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S456	Dilation of Right Temporal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S45Z	Dilation of Right Temporal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S466	Dilation of Right Temporal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S46Z	Dilation of Right Temporal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S476	Dilation of Right Temporal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S47Z	Dilation of Right Temporal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4D6	Dilation of Right Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4DZ	Dilation of Right Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4E6	Dilation of Right Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4EZ	Dilation of Right Temporal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4F6	Dilation of Right Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4FZ	Dilation of Right Temporal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4G6	Dilation of Right Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4GZ	Dilation of Right Temporal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037S4Z6	Dilation of Right Temporal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4ZZ	Dilation of Right Temporal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T046	Dilation of Left Temporal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037T04Z	Dilation of Left Temporal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037T056	Dilation of Left Temporal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T05Z	Dilation of Left Temporal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T066	Dilation of Left Temporal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T06Z	Dilation of Left Temporal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T076	Dilation of Left Temporal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T07Z	Dilation of Left Temporal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T0D6	Dilation of Left Temporal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037T0DZ	Dilation of Left Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037T0E6	Dilation of Left Temporal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T0EZ	Dilation of Left Temporal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T0F6	Dilation of Left Temporal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T0FZ	Dilation of Left Temporal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T0G6	Dilation of Left Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T0GZ	Dilation of Left Temporal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037T0Z6	Dilation of Left Temporal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037T0ZZ	Dilation of Left Temporal Artery, Open Approach	ICD-10-PCS	Procedure
037T346	Dilation of Left Temporal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T34Z	Dilation of Left Temporal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T356	Dilation of Left Temporal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T35Z	Dilation of Left Temporal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T366	Dilation of Left Temporal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037T36Z	Dilation of Left Temporal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T376	Dilation of Left Temporal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T37Z	Dilation of Left Temporal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3D6	Dilation of Left Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T3DZ	Dilation of Left Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T3E6	Dilation of Left Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3EZ	Dilation of Left Temporal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3F6	Dilation of Left Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3FZ	Dilation of Left Temporal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3G6	Dilation of Left Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3GZ	Dilation of Left Temporal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3Z6	Dilation of Left Temporal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037T3ZZ	Dilation of Left Temporal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037T446	Dilation of Left Temporal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T44Z	Dilation of Left Temporal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T456	Dilation of Left Temporal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T45Z	Dilation of Left Temporal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T466	Dilation of Left Temporal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T46Z	Dilation of Left Temporal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T476	Dilation of Left Temporal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T47Z	Dilation of Left Temporal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4D6	Dilation of Left Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4DZ	Dilation of Left Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037T4E6	Dilation of Left Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4EZ	Dilation of Left Temporal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4F6	Dilation of Left Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4FZ	Dilation of Left Temporal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4G6	Dilation of Left Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4GZ	Dilation of Left Temporal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4Z6	Dilation of Left Temporal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4ZZ	Dilation of Left Temporal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U046	Dilation of Right Thyroid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037U04Z	Dilation of Right Thyroid Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037U056	Dilation of Right Thyroid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U05Z	Dilation of Right Thyroid Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U066	Dilation of Right Thyroid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U06Z	Dilation of Right Thyroid Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U076	Dilation of Right Thyroid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U07Z	Dilation of Right Thyroid Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U0D6	Dilation of Right Thyroid Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037U0DZ	Dilation of Right Thyroid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037U0E6	Dilation of Right Thyroid Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U0EZ	Dilation of Right Thyroid Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U0F6	Dilation of Right Thyroid Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U0FZ	Dilation of Right Thyroid Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U0G6	Dilation of Right Thyroid Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U0GZ	Dilation of Right Thyroid Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037U0Z6	Dilation of Right Thyroid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037U0ZZ	Dilation of Right Thyroid Artery, Open Approach	ICD-10-PCS	Procedure
037U346	Dilation of Right Thyroid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037U34Z	Dilation of Right Thyroid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037U356	Dilation of Right Thyroid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U35Z	Dilation of Right Thyroid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U366	Dilation of Right Thyroid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U36Z	Dilation of Right Thyroid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U376	Dilation of Right Thyroid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U37Z	Dilation of Right Thyroid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U3D6	Dilation of Right Thyroid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037U3DZ	Dilation of Right Thyroid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037U3E6	Dilation of Right Thyroid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U3EZ	Dilation of Right Thyroid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U3F6	Dilation of Right Thyroid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U3FZ	Dilation of Right Thyroid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U3G6	Dilation of Right Thyroid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U3GZ	Dilation of Right Thyroid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037U3Z6	Dilation of Right Thyroid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037U3ZZ	Dilation of Right Thyroid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037U446	Dilation of Right Thyroid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U44Z	Dilation of Right Thyroid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U456	Dilation of Right Thyroid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U45Z	Dilation of Right Thyroid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037U466	Dilation of Right Thyroid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U46Z	Dilation of Right Thyroid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U476	Dilation of Right Thyroid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U47Z	Dilation of Right Thyroid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4D6	Dilation of Right Thyroid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4DZ	Dilation of Right Thyroid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4E6	Dilation of Right Thyroid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4EZ	Dilation of Right Thyroid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4F6	Dilation of Right Thyroid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4FZ	Dilation of Right Thyroid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4G6	Dilation of Right Thyroid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4GZ	Dilation of Right Thyroid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4Z6	Dilation of Right Thyroid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037U4ZZ	Dilation of Right Thyroid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V046	Dilation of Left Thyroid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037V04Z	Dilation of Left Thyroid Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037V056	Dilation of Left Thyroid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V05Z	Dilation of Left Thyroid Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V066	Dilation of Left Thyroid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V06Z	Dilation of Left Thyroid Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V076	Dilation of Left Thyroid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V07Z	Dilation of Left Thyroid Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037V0D6	Dilation of Left Thyroid Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037V0DZ	Dilation of Left Thyroid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037V0E6	Dilation of Left Thyroid Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V0EZ	Dilation of Left Thyroid Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V0F6	Dilation of Left Thyroid Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V0FZ	Dilation of Left Thyroid Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V0G6	Dilation of Left Thyroid Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V0GZ	Dilation of Left Thyroid Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037V0Z6	Dilation of Left Thyroid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037V0ZZ	Dilation of Left Thyroid Artery, Open Approach	ICD-10-PCS	Procedure
037V346	Dilation of Left Thyroid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037V34Z	Dilation of Left Thyroid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037V356	Dilation of Left Thyroid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V35Z	Dilation of Left Thyroid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V366	Dilation of Left Thyroid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V36Z	Dilation of Left Thyroid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V376	Dilation of Left Thyroid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V37Z	Dilation of Left Thyroid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V3D6	Dilation of Left Thyroid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037V3DZ	Dilation of Left Thyroid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037V3E6	Dilation of Left Thyroid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V3EZ	Dilation of Left Thyroid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V3F6	Dilation of Left Thyroid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V3FZ	Dilation of Left Thyroid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V3G6	Dilation of Left Thyroid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037V3GZ	Dilation of Left Thyroid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037V3Z6	Dilation of Left Thyroid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037V3ZZ	Dilation of Left Thyroid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037V446	Dilation of Left Thyroid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V44Z	Dilation of Left Thyroid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V456	Dilation of Left Thyroid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V45Z	Dilation of Left Thyroid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V466	Dilation of Left Thyroid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V46Z	Dilation of Left Thyroid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V476	Dilation of Left Thyroid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V47Z	Dilation of Left Thyroid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4D6	Dilation of Left Thyroid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4DZ	Dilation of Left Thyroid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4E6	Dilation of Left Thyroid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4EZ	Dilation of Left Thyroid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4F6	Dilation of Left Thyroid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4FZ	Dilation of Left Thyroid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4G6	Dilation of Left Thyroid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4GZ	Dilation of Left Thyroid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4Z6	Dilation of Left Thyroid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037V4ZZ	Dilation of Left Thyroid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y046	Dilation of Upper Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037Y04Z	Dilation of Upper Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037Y056	Dilation of Upper Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037Y05Z	Dilation of Upper Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y066	Dilation of Upper Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y06Z	Dilation of Upper Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y076	Dilation of Upper Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y07Z	Dilation of Upper Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y0D6	Dilation of Upper Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037Y0DZ	Dilation of Upper Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037Y0E6	Dilation of Upper Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y0EZ	Dilation of Upper Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y0F6	Dilation of Upper Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y0FZ	Dilation of Upper Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y0G6	Dilation of Upper Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y0GZ	Dilation of Upper Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037Y0Z6	Dilation of Upper Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037Y0ZZ	Dilation of Upper Artery, Open Approach	ICD-10-PCS	Procedure
037Y346	Dilation of Upper Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Y34Z	Dilation of Upper Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Y356	Dilation of Upper Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y35Z	Dilation of Upper Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y366	Dilation of Upper Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y36Z	Dilation of Upper Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y376	Dilation of Upper Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y37Z	Dilation of Upper Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y3D6	Dilation of Upper Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Y3DZ	Dilation of Upper Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Y3E6	Dilation of Upper Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y3EZ	Dilation of Upper Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y3F6	Dilation of Upper Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
037Y3FZ	Dilation of Upper Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y3G6	Dilation of Upper Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y3GZ	Dilation of Upper Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Y3Z6	Dilation of Upper Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037Y3ZZ	Dilation of Upper Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037Y446	Dilation of Upper Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y44Z	Dilation of Upper Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y456	Dilation of Upper Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y45Z	Dilation of Upper Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y466	Dilation of Upper Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y46Z	Dilation of Upper Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y476	Dilation of Upper Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y47Z	Dilation of Upper Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4D6	Dilation of Upper Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4DZ	Dilation of Upper Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4E6	Dilation of Upper Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4EZ	Dilation of Upper Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4F6	Dilation of Upper Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4FZ	Dilation of Upper Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4G6	Dilation of Upper Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4GZ	Dilation of Upper Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4Z6	Dilation of Upper Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Y4ZZ	Dilation of Upper Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C00Z6	Extirpation of Matter from Right Internal Mammary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C00ZZ	Extirpation of Matter from Right Internal Mammary Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03C03Z6	Extirpation of Matter from Right Internal Mammary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C03ZZ	Extirpation of Matter from Right Internal Mammary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C04Z6	Extirpation of Matter from Right Internal Mammary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C04ZZ	Extirpation of Matter from Right Internal Mammary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C10Z6	Extirpation of Matter from Left Internal Mammary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C10ZZ	Extirpation of Matter from Left Internal Mammary Artery, Open Approach	ICD-10-PCS	Procedure
03C13Z6	Extirpation of Matter from Left Internal Mammary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C13ZZ	Extirpation of Matter from Left Internal Mammary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C14Z6	Extirpation of Matter from Left Internal Mammary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C14ZZ	Extirpation of Matter from Left Internal Mammary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C20Z6	Extirpation of Matter from Innominate Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C20ZZ	Extirpation of Matter from Innominate Artery, Open Approach	ICD-10-PCS	Procedure
03C23Z6	Extirpation of Matter from Innominate Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C23ZZ	Extirpation of Matter from Innominate Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C24Z6	Extirpation of Matter from Innominate Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C24ZZ	Extirpation of Matter from Innominate Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C30Z6	Extirpation of Matter from Right Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C30ZZ	Extirpation of Matter from Right Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
03C33Z6	Extirpation of Matter from Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C33ZZ	Extirpation of Matter from Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C34Z6	Extirpation of Matter from Right Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C34ZZ	Extirpation of Matter from Right Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C40Z6	Extirpation of Matter from Left Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C40ZZ	Extirpation of Matter from Left Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
03C43Z6	Extirpation of Matter from Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C43ZZ	Extirpation of Matter from Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C44Z6	Extirpation of Matter from Left Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C44ZZ	Extirpation of Matter from Left Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C50Z6	Extirpation of Matter from Right Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C50ZZ	Extirpation of Matter from Right Axillary Artery, Open Approach	ICD-10-PCS	Procedure
03C53Z6	Extirpation of Matter from Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C53ZZ	Extirpation of Matter from Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
03C54Z6	Extirpation of Matter from Right Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C54ZZ	Extirpation of Matter from Right Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C60Z6	Extirpation of Matter from Left Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C60ZZ	Extirpation of Matter from Left Axillary Artery, Open Approach	ICD-10-PCS	Procedure
03C63Z6	Extirpation of Matter from Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C63ZZ	Extirpation of Matter from Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C64Z6	Extirpation of Matter from Left Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C64ZZ	Extirpation of Matter from Left Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C70Z6	Extirpation of Matter from Right Brachial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C70ZZ	Extirpation of Matter from Right Brachial Artery, Open Approach	ICD-10-PCS	Procedure
03C73Z6	Extirpation of Matter from Right Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C73ZZ	Extirpation of Matter from Right Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C74Z6	Extirpation of Matter from Right Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C74ZZ	Extirpation of Matter from Right Brachial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C80Z6	Extirpation of Matter from Left Brachial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C80ZZ	Extirpation of Matter from Left Brachial Artery, Open Approach	ICD-10-PCS	Procedure
03C83Z6	Extirpation of Matter from Left Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C83ZZ	Extirpation of Matter from Left Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C84Z6	Extirpation of Matter from Left Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C84ZZ	Extirpation of Matter from Left Brachial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C90Z6	Extirpation of Matter from Right Ulnar Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03C90ZZ	Extirpation of Matter from Right Ulnar Artery, Open Approach	ICD-10-PCS	Procedure
03C93Z6	Extirpation of Matter from Right Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C93ZZ	Extirpation of Matter from Right Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C94Z6	Extirpation of Matter from Right Ulnar Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C94ZZ	Extirpation of Matter from Right Ulnar Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CA0Z6	Extirpation of Matter from Left Ulnar Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CA0ZZ	Extirpation of Matter from Left Ulnar Artery, Open Approach	ICD-10-PCS	Procedure
03CA3Z6	Extirpation of Matter from Left Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CA3ZZ	Extirpation of Matter from Left Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CA4Z6	Extirpation of Matter from Left Ulnar Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CA4ZZ	Extirpation of Matter from Left Ulnar Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CB0Z6	Extirpation of Matter from Right Radial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CB0ZZ	Extirpation of Matter from Right Radial Artery, Open Approach	ICD-10-PCS	Procedure
03CB3Z6	Extirpation of Matter from Right Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
03CB3ZZ	Extirpation of Matter from Right Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CB4Z6	Extirpation of Matter from Right Radial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CB4ZZ	Extirpation of Matter from Right Radial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CC0Z6	Extirpation of Matter from Left Radial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CC0ZZ	Extirpation of Matter from Left Radial Artery, Open Approach	ICD-10-PCS	Procedure
03CC3Z6	Extirpation of Matter from Left Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CC3ZZ	Extirpation of Matter from Left Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CC4Z6	Extirpation of Matter from Left Radial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CC4ZZ	Extirpation of Matter from Left Radial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CD0Z6	Extirpation of Matter from Right Hand Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CD0ZZ	Extirpation of Matter from Right Hand Artery, Open Approach	ICD-10-PCS	Procedure
03CD3Z6	Extirpation of Matter from Right Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CD3ZZ	Extirpation of Matter from Right Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CD4Z6	Extirpation of Matter from Right Hand Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CD4ZZ	Extirpation of Matter from Right Hand Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CF0Z6	Extirpation of Matter from Left Hand Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CF0ZZ	Extirpation of Matter from Left Hand Artery, Open Approach	ICD-10-PCS	Procedure
03CF3Z6	Extirpation of Matter from Left Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CF3ZZ	Extirpation of Matter from Left Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CF4Z6	Extirpation of Matter from Left Hand Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CF4ZZ	Extirpation of Matter from Left Hand Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CY0Z6	Extirpation of Matter from Upper Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CY0ZZ	Extirpation of Matter from Upper Artery, Open Approach	ICD-10-PCS	Procedure
03CY3Z6	Extirpation of Matter from Upper Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CY3ZZ	Extirpation of Matter from Upper Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CY4Z6	Extirpation of Matter from Upper Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CY4ZZ	Extirpation of Matter from Upper Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410090	Bypass Abdominal Aorta to Abdominal Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410091	Bypass Abdominal Aorta to Celiac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410092	Bypass Abdominal Aorta to Mesenteric Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410093	Bypass Abdominal Aorta to Right Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410094	Bypass Abdominal Aorta to Left Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0410095	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410096	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410097	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410098	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410099	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009R	Bypass Abdominal Aorta to Lower Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
04100A0	Bypass Abdominal Aorta to Abdominal Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A1	Bypass Abdominal Aorta to Celiac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A2	Bypass Abdominal Aorta to Mesenteric Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A3	Bypass Abdominal Aorta to Right Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A4	Bypass Abdominal Aorta to Left Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A5	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04100A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AR	Bypass Abdominal Aorta to Lower Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100J0	Bypass Abdominal Aorta to Abdominal Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J1	Bypass Abdominal Aorta to Celiac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J2	Bypass Abdominal Aorta to Mesenteric Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J3	Bypass Abdominal Aorta to Right Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J4	Bypass Abdominal Aorta to Left Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J5	Bypass Abdominal Aorta to Bilateral Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04100J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JR	Bypass Abdominal Aorta to Lower Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100K0	Bypass Abdominal Aorta to Abdominal Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K1	Bypass Abdominal Aorta to Celiac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K2	Bypass Abdominal Aorta to Mesenteric Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K3	Bypass Abdominal Aorta to Right Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K4	Bypass Abdominal Aorta to Left Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K5	Bypass Abdominal Aorta to Bilateral Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
04100KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KR	Bypass Abdominal Aorta to Lower Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100Z0	Bypass Abdominal Aorta to Abdominal Aorta, Open Approach	ICD-10-PCS	Procedure
04100Z1	Bypass Abdominal Aorta to Celiac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z2	Bypass Abdominal Aorta to Mesenteric Artery, Open Approach	ICD-10-PCS	Procedure
04100Z3	Bypass Abdominal Aorta to Right Renal Artery, Open Approach	ICD-10-PCS	Procedure
04100Z4	Bypass Abdominal Aorta to Left Renal Artery, Open Approach	ICD-10-PCS	Procedure
04100Z5	Bypass Abdominal Aorta to Bilateral Renal Artery, Open Approach	ICD-10-PCS	Procedure
04100Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZH	Bypass Abdominal Aorta to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
04100ZR	Bypass Abdominal Aorta to Lower Artery, Open Approach	ICD-10-PCS	Procedure
0410490	Bypass Abdominal Aorta to Abdominal Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0410491	Bypass Abdominal Aorta to Celiac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410492	Bypass Abdominal Aorta to Mesenteric Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410493	Bypass Abdominal Aorta to Right Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410494	Bypass Abdominal Aorta to Left Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410495	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410496	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410497	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410498	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410499	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049R	Bypass Abdominal Aorta to Lower Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A0	Bypass Abdominal Aorta to Abdominal Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
04104A1	Bypass Abdominal Aorta to Celiac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A2	Bypass Abdominal Aorta to Mesenteric Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A3	Bypass Abdominal Aorta to Right Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A4	Bypass Abdominal Aorta to Left Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A5	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AR	Bypass Abdominal Aorta to Lower Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J0	Bypass Abdominal Aorta to Abdominal Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04104J1	Bypass Abdominal Aorta to Celiac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J2	Bypass Abdominal Aorta to Mesenteric Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J3	Bypass Abdominal Aorta to Right Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J4	Bypass Abdominal Aorta to Left Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J5	Bypass Abdominal Aorta to Bilateral Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JR	Bypass Abdominal Aorta to Lower Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K0	Bypass Abdominal Aorta to Abdominal Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
04104K1	Bypass Abdominal Aorta to Celiac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K2	Bypass Abdominal Aorta to Mesenteric Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K3	Bypass Abdominal Aorta to Right Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K4	Bypass Abdominal Aorta to Left Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K5	Bypass Abdominal Aorta to Bilateral Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KR	Bypass Abdominal Aorta to Lower Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z0	Bypass Abdominal Aorta to Abdominal Aorta, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z1	Bypass Abdominal Aorta to Celiac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z2	Bypass Abdominal Aorta to Mesenteric Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
04104Z3	Bypass Abdominal Aorta to Right Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z4	Bypass Abdominal Aorta to Left Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z5	Bypass Abdominal Aorta to Bilateral Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZH	Bypass Abdominal Aorta to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZR	Bypass Abdominal Aorta to Lower Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0413093	Bypass Hepatic Artery to Right Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0413094	Bypass Hepatic Artery to Left Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0413095	Bypass Hepatic Artery to Bilateral Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
04130A3	Bypass Hepatic Artery to Right Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04130A4	Bypass Hepatic Artery to Left Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04130A5	Bypass Hepatic Artery to Bilateral Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04130J3	Bypass Hepatic Artery to Right Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04130J4	Bypass Hepatic Artery to Left Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04130J5	Bypass Hepatic Artery to Bilateral Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04130K3	Bypass Hepatic Artery to Right Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04130K4	Bypass Hepatic Artery to Left Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04130K5	Bypass Hepatic Artery to Bilateral Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04130Z3	Bypass Hepatic Artery to Right Renal Artery, Open Approach	ICD-10-PCS	Procedure
04130Z4	Bypass Hepatic Artery to Left Renal Artery, Open Approach	ICD-10-PCS	Procedure
04130Z5	Bypass Hepatic Artery to Bilateral Renal Artery, Open Approach	ICD-10-PCS	Procedure
0413493	Bypass Hepatic Artery to Right Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0413494	Bypass Hepatic Artery to Left Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0413495	Bypass Hepatic Artery to Bilateral Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134A3	Bypass Hepatic Artery to Right Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134A4	Bypass Hepatic Artery to Left Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134A5	Bypass Hepatic Artery to Bilateral Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134J3	Bypass Hepatic Artery to Right Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134J4	Bypass Hepatic Artery to Left Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134J5	Bypass Hepatic Artery to Bilateral Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134K3	Bypass Hepatic Artery to Right Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134K4	Bypass Hepatic Artery to Left Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134K5	Bypass Hepatic Artery to Bilateral Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134Z3	Bypass Hepatic Artery to Right Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134Z4	Bypass Hepatic Artery to Left Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04134Z5	Bypass Hepatic Artery to Bilateral Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0414093	Bypass Splenic Artery to Right Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0414094	Bypass Splenic Artery to Left Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0414095	Bypass Splenic Artery to Bilateral Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
04140A3	Bypass Splenic Artery to Right Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04140A4	Bypass Splenic Artery to Left Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04140A5	Bypass Splenic Artery to Bilateral Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04140J3	Bypass Splenic Artery to Right Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
04140J4	Bypass Splenic Artery to Left Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04140J5	Bypass Splenic Artery to Bilateral Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04140K3	Bypass Splenic Artery to Right Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04140K4	Bypass Splenic Artery to Left Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04140K5	Bypass Splenic Artery to Bilateral Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04140Z3	Bypass Splenic Artery to Right Renal Artery, Open Approach	ICD-10-PCS	Procedure
04140Z4	Bypass Splenic Artery to Left Renal Artery, Open Approach	ICD-10-PCS	Procedure
04140Z5	Bypass Splenic Artery to Bilateral Renal Artery, Open Approach	ICD-10-PCS	Procedure
0414493	Bypass Splenic Artery to Right Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0414494	Bypass Splenic Artery to Left Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0414495	Bypass Splenic Artery to Bilateral Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144A3	Bypass Splenic Artery to Right Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144A4	Bypass Splenic Artery to Left Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144A5	Bypass Splenic Artery to Bilateral Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144J3	Bypass Splenic Artery to Right Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144J4	Bypass Splenic Artery to Left Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144J5	Bypass Splenic Artery to Bilateral Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144K3	Bypass Splenic Artery to Right Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144K4	Bypass Splenic Artery to Left Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144K5	Bypass Splenic Artery to Bilateral Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144Z3	Bypass Splenic Artery to Right Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144Z4	Bypass Splenic Artery to Left Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04144Z5	Bypass Splenic Artery to Bilateral Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C090	Bypass Right Common Iliac Artery to Abdominal Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041C091	Bypass Right Common Iliac Artery to Celiac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C092	Bypass Right Common Iliac Artery to Mesenteric Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C093	Bypass Right Common Iliac Artery to Right Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C094	Bypass Right Common Iliac Artery to Left Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C095	Bypass Right Common Iliac Artery to Bilateral Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C096	Bypass Right Common Iliac Artery to Right Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C097	Bypass Right Common Iliac Artery to Left Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C098	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C099	Bypass Right Common Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09B	Bypass Right Common Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09C	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09D	Bypass Right Common Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09F	Bypass Right Common Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09G	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09Q	Bypass Right Common Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09R	Bypass Right Common Iliac Artery to Lower Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C0A0	Bypass Right Common Iliac Artery to Abdominal Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041COA1	Bypass Right Common Iliac Artery to Celiac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COA2	Bypass Right Common Iliac Artery to Mesenteric Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COA3	Bypass Right Common Iliac Artery to Right Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COA4	Bypass Right Common Iliac Artery to Left Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COA5	Bypass Right Common Iliac Artery to Bilateral Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COA6	Bypass Right Common Iliac Artery to Right Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COA7	Bypass Right Common Iliac Artery to Left Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COA8	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COA9	Bypass Right Common Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAB	Bypass Right Common Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAC	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAD	Bypass Right Common Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAF	Bypass Right Common Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAG	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAQ	Bypass Right Common Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COAR	Bypass Right Common Iliac Artery to Lower Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041COJ0	Bypass Right Common Iliac Artery to Abdominal Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041C0J1	Bypass Right Common Iliac Artery to Celiac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0J2	Bypass Right Common Iliac Artery to Mesenteric Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0J3	Bypass Right Common Iliac Artery to Right Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0J4	Bypass Right Common Iliac Artery to Left Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0J5	Bypass Right Common Iliac Artery to Bilateral Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0J6	Bypass Right Common Iliac Artery to Right Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0J7	Bypass Right Common Iliac Artery to Left Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0J8	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0J9	Bypass Right Common Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JB	Bypass Right Common Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JC	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JD	Bypass Right Common Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JF	Bypass Right Common Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JG	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JQ	Bypass Right Common Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JR	Bypass Right Common Iliac Artery to Lower Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0K0	Bypass Right Common Iliac Artery to Abdominal Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041C0K1	Bypass Right Common Iliac Artery to Celiac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0K2	Bypass Right Common Iliac Artery to Mesenteric Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0K3	Bypass Right Common Iliac Artery to Right Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0K4	Bypass Right Common Iliac Artery to Left Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0K5	Bypass Right Common Iliac Artery to Bilateral Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0K6	Bypass Right Common Iliac Artery to Right Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0K7	Bypass Right Common Iliac Artery to Left Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0K8	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0K9	Bypass Right Common Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KB	Bypass Right Common Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KC	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KD	Bypass Right Common Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KF	Bypass Right Common Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KG	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KQ	Bypass Right Common Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KR	Bypass Right Common Iliac Artery to Lower Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0Z0	Bypass Right Common Iliac Artery to Abdominal Aorta, Open Approach	ICD-10-PCS	Procedure
041C0Z1	Bypass Right Common Iliac Artery to Celiac Artery, Open Approach	ICD-10-PCS	Procedure
041C0Z2	Bypass Right Common Iliac Artery to Mesenteric Artery, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041C0Z3	Bypass Right Common Iliac Artery to Right Renal Artery, Open Approach	ICD-10-PCS	Procedure
041C0Z4	Bypass Right Common Iliac Artery to Left Renal Artery, Open Approach	ICD-10-PCS	Procedure
041C0Z5	Bypass Right Common Iliac Artery to Bilateral Renal Artery, Open Approach	ICD-10-PCS	Procedure
041C0Z6	Bypass Right Common Iliac Artery to Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041C0Z7	Bypass Right Common Iliac Artery to Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041C0Z8	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041C0Z9	Bypass Right Common Iliac Artery to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZB	Bypass Right Common Iliac Artery to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZC	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041C0ZD	Bypass Right Common Iliac Artery to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZF	Bypass Right Common Iliac Artery to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZG	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041C0ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041C0ZQ	Bypass Right Common Iliac Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZR	Bypass Right Common Iliac Artery to Lower Artery, Open Approach	ICD-10-PCS	Procedure
041C490	Bypass Right Common Iliac Artery to Abdominal Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C491	Bypass Right Common Iliac Artery to Celiac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C492	Bypass Right Common Iliac Artery to Mesenteric Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C493	Bypass Right Common Iliac Artery to Right Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C494	Bypass Right Common Iliac Artery to Left Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C495	Bypass Right Common Iliac Artery to Bilateral Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C496	Bypass Right Common Iliac Artery to Right Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C497	Bypass Right Common Iliac Artery to Left Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C498	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C499	Bypass Right Common Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49B	Bypass Right Common Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49C	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041C49D	Bypass Right Common Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49F	Bypass Right Common Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49G	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49Q	Bypass Right Common Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49R	Bypass Right Common Iliac Artery to Lower Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A0	Bypass Right Common Iliac Artery to Abdominal Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A1	Bypass Right Common Iliac Artery to Celiac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A2	Bypass Right Common Iliac Artery to Mesenteric Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A3	Bypass Right Common Iliac Artery to Right Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A4	Bypass Right Common Iliac Artery to Left Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A5	Bypass Right Common Iliac Artery to Bilateral Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A6	Bypass Right Common Iliac Artery to Right Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A7	Bypass Right Common Iliac Artery to Left Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A8	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4A9	Bypass Right Common Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AB	Bypass Right Common Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AC	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041C4AD	Bypass Right Common Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AF	Bypass Right Common Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AG	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AQ	Bypass Right Common Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AR	Bypass Right Common Iliac Artery to Lower Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J0	Bypass Right Common Iliac Artery to Abdominal Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J1	Bypass Right Common Iliac Artery to Celiac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J2	Bypass Right Common Iliac Artery to Mesenteric Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J3	Bypass Right Common Iliac Artery to Right Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J4	Bypass Right Common Iliac Artery to Left Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J5	Bypass Right Common Iliac Artery to Bilateral Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J6	Bypass Right Common Iliac Artery to Right Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J7	Bypass Right Common Iliac Artery to Left Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J8	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4J9	Bypass Right Common Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JB	Bypass Right Common Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JC	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041C4JD	Bypass Right Common Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JF	Bypass Right Common Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JG	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JQ	Bypass Right Common Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JR	Bypass Right Common Iliac Artery to Lower Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K0	Bypass Right Common Iliac Artery to Abdominal Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K1	Bypass Right Common Iliac Artery to Celiac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K2	Bypass Right Common Iliac Artery to Mesenteric Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K3	Bypass Right Common Iliac Artery to Right Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K4	Bypass Right Common Iliac Artery to Left Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K5	Bypass Right Common Iliac Artery to Bilateral Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K6	Bypass Right Common Iliac Artery to Right Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K7	Bypass Right Common Iliac Artery to Left Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K8	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4K9	Bypass Right Common Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KB	Bypass Right Common Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KC	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041C4KD	Bypass Right Common Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KF	Bypass Right Common Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KG	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KQ	Bypass Right Common Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KR	Bypass Right Common Iliac Artery to Lower Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z0	Bypass Right Common Iliac Artery to Abdominal Aorta, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z1	Bypass Right Common Iliac Artery to Celiac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z2	Bypass Right Common Iliac Artery to Mesenteric Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z3	Bypass Right Common Iliac Artery to Right Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z4	Bypass Right Common Iliac Artery to Left Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z5	Bypass Right Common Iliac Artery to Bilateral Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z6	Bypass Right Common Iliac Artery to Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z7	Bypass Right Common Iliac Artery to Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z8	Bypass Right Common Iliac Artery to Bilateral Common Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4Z9	Bypass Right Common Iliac Artery to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZB	Bypass Right Common Iliac Artery to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZC	Bypass Right Common Iliac Artery to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZD	Bypass Right Common Iliac Artery to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041C4ZF	Bypass Right Common Iliac Artery to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZG	Bypass Right Common Iliac Artery to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZQ	Bypass Right Common Iliac Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZR	Bypass Right Common Iliac Artery to Lower Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D090	Bypass Left Common Iliac Artery to Abdominal Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D091	Bypass Left Common Iliac Artery to Celiac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D092	Bypass Left Common Iliac Artery to Mesenteric Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D093	Bypass Left Common Iliac Artery to Right Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D094	Bypass Left Common Iliac Artery to Left Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D095	Bypass Left Common Iliac Artery to Bilateral Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D096	Bypass Left Common Iliac Artery to Right Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D097	Bypass Left Common Iliac Artery to Left Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D098	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D099	Bypass Left Common Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09B	Bypass Left Common Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09C	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09D	Bypass Left Common Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09F	Bypass Left Common Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D09G	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09Q	Bypass Left Common Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09R	Bypass Left Common Iliac Artery to Lower Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A0	Bypass Left Common Iliac Artery to Abdominal Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A1	Bypass Left Common Iliac Artery to Celiac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A2	Bypass Left Common Iliac Artery to Mesenteric Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A3	Bypass Left Common Iliac Artery to Right Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A4	Bypass Left Common Iliac Artery to Left Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A5	Bypass Left Common Iliac Artery to Bilateral Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A6	Bypass Left Common Iliac Artery to Right Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A7	Bypass Left Common Iliac Artery to Left Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A8	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0A9	Bypass Left Common Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AB	Bypass Left Common Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AC	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AD	Bypass Left Common Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AF	Bypass Left Common Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D0AG	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AQ	Bypass Left Common Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AR	Bypass Left Common Iliac Artery to Lower Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0J0	Bypass Left Common Iliac Artery to Abdominal Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0J1	Bypass Left Common Iliac Artery to Celiac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0J2	Bypass Left Common Iliac Artery to Mesenteric Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0J3	Bypass Left Common Iliac Artery to Right Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0J4	Bypass Left Common Iliac Artery to Left Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0J5	Bypass Left Common Iliac Artery to Bilateral Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0J6	Bypass Left Common Iliac Artery to Right Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0J7	Bypass Left Common Iliac Artery to Left Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0J8	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0J9	Bypass Left Common Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JB	Bypass Left Common Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JC	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JD	Bypass Left Common Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JF	Bypass Left Common Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041D0JG	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JQ	Bypass Left Common Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JR	Bypass Left Common Iliac Artery to Lower Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K0	Bypass Left Common Iliac Artery to Abdominal Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K1	Bypass Left Common Iliac Artery to Celiac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K2	Bypass Left Common Iliac Artery to Mesenteric Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K3	Bypass Left Common Iliac Artery to Right Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K4	Bypass Left Common Iliac Artery to Left Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K5	Bypass Left Common Iliac Artery to Bilateral Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K6	Bypass Left Common Iliac Artery to Right Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K7	Bypass Left Common Iliac Artery to Left Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K8	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0K9	Bypass Left Common Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KB	Bypass Left Common Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KC	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KD	Bypass Left Common Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KF	Bypass Left Common Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D0KG	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KQ	Bypass Left Common Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KR	Bypass Left Common Iliac Artery to Lower Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0Z0	Bypass Left Common Iliac Artery to Abdominal Aorta, Open Approach	ICD-10-PCS	Procedure
041D0Z1	Bypass Left Common Iliac Artery to Celiac Artery, Open Approach	ICD-10-PCS	Procedure
041D0Z2	Bypass Left Common Iliac Artery to Mesenteric Artery, Open Approach	ICD-10-PCS	Procedure
041D0Z3	Bypass Left Common Iliac Artery to Right Renal Artery, Open Approach	ICD-10-PCS	Procedure
041D0Z4	Bypass Left Common Iliac Artery to Left Renal Artery, Open Approach	ICD-10-PCS	Procedure
041D0Z5	Bypass Left Common Iliac Artery to Bilateral Renal Artery, Open Approach	ICD-10-PCS	Procedure
041D0Z6	Bypass Left Common Iliac Artery to Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041D0Z7	Bypass Left Common Iliac Artery to Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041D0Z8	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041D0Z9	Bypass Left Common Iliac Artery to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZB	Bypass Left Common Iliac Artery to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZC	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041D0ZD	Bypass Left Common Iliac Artery to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZF	Bypass Left Common Iliac Artery to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZG	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041D0ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041D0ZQ	Bypass Left Common Iliac Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZR	Bypass Left Common Iliac Artery to Lower Artery, Open Approach	ICD-10-PCS	Procedure
041D490	Bypass Left Common Iliac Artery to Abdominal Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D491	Bypass Left Common Iliac Artery to Celiac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D492	Bypass Left Common Iliac Artery to Mesenteric Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D493	Bypass Left Common Iliac Artery to Right Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D494	Bypass Left Common Iliac Artery to Left Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D495	Bypass Left Common Iliac Artery to Bilateral Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D496	Bypass Left Common Iliac Artery to Right Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D497	Bypass Left Common Iliac Artery to Left Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D498	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D499	Bypass Left Common Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49B	Bypass Left Common Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49C	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49D	Bypass Left Common Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49F	Bypass Left Common Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49G	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49Q	Bypass Left Common Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49R	Bypass Left Common Iliac Artery to Lower Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4A0	Bypass Left Common Iliac Artery to Abdominal Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4A1	Bypass Left Common Iliac Artery to Celiac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4A2	Bypass Left Common Iliac Artery to Mesenteric Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4A3	Bypass Left Common Iliac Artery to Right Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D4A4	Bypass Left Common Iliac Artery to Left Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4A5	Bypass Left Common Iliac Artery to Bilateral Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4A6	Bypass Left Common Iliac Artery to Right Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4A7	Bypass Left Common Iliac Artery to Left Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4A8	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4A9	Bypass Left Common Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AB	Bypass Left Common Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AC	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AD	Bypass Left Common Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AF	Bypass Left Common Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AG	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AQ	Bypass Left Common Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AR	Bypass Left Common Iliac Artery to Lower Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4J0	Bypass Left Common Iliac Artery to Abdominal Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4J1	Bypass Left Common Iliac Artery to Celiac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4J2	Bypass Left Common Iliac Artery to Mesenteric Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4J3	Bypass Left Common Iliac Artery to Right Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D4J4	Bypass Left Common Iliac Artery to Left Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4J5	Bypass Left Common Iliac Artery to Bilateral Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4J6	Bypass Left Common Iliac Artery to Right Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4J7	Bypass Left Common Iliac Artery to Left Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4J8	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4J9	Bypass Left Common Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JB	Bypass Left Common Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JC	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JD	Bypass Left Common Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JF	Bypass Left Common Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JG	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JQ	Bypass Left Common Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JR	Bypass Left Common Iliac Artery to Lower Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4K0	Bypass Left Common Iliac Artery to Abdominal Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4K1	Bypass Left Common Iliac Artery to Celiac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4K2	Bypass Left Common Iliac Artery to Mesenteric Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4K3	Bypass Left Common Iliac Artery to Right Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D4K4	Bypass Left Common Iliac Artery to Left Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4K5	Bypass Left Common Iliac Artery to Bilateral Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4K6	Bypass Left Common Iliac Artery to Right Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4K7	Bypass Left Common Iliac Artery to Left Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4K8	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4K9	Bypass Left Common Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KB	Bypass Left Common Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KC	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KD	Bypass Left Common Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KF	Bypass Left Common Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KG	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KQ	Bypass Left Common Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KR	Bypass Left Common Iliac Artery to Lower Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4Z0	Bypass Left Common Iliac Artery to Abdominal Aorta, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4Z1	Bypass Left Common Iliac Artery to Celiac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4Z2	Bypass Left Common Iliac Artery to Mesenteric Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4Z3	Bypass Left Common Iliac Artery to Right Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4Z4	Bypass Left Common Iliac Artery to Left Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4Z5	Bypass Left Common Iliac Artery to Bilateral Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4Z6	Bypass Left Common Iliac Artery to Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041D4Z7	Bypass Left Common Iliac Artery to Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4Z8	Bypass Left Common Iliac Artery to Bilateral Common Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4Z9	Bypass Left Common Iliac Artery to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZB	Bypass Left Common Iliac Artery to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZC	Bypass Left Common Iliac Artery to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZD	Bypass Left Common Iliac Artery to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZF	Bypass Left Common Iliac Artery to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZG	Bypass Left Common Iliac Artery to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZQ	Bypass Left Common Iliac Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZR	Bypass Left Common Iliac Artery to Lower Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E099	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09B	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09C	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09D	Bypass Right Internal Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09F	Bypass Right Internal Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09G	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041E09K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09P	Bypass Right Internal Iliac Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09Q	Bypass Right Internal Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E0A9	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AB	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AC	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AD	Bypass Right Internal Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AF	Bypass Right Internal Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AG	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AP	Bypass Right Internal Iliac Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AQ	Bypass Right Internal Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0J9	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JB	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JC	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JD	Bypass Right Internal Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JF	Bypass Right Internal Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JG	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041E0JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JP	Bypass Right Internal Iliac Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JQ	Bypass Right Internal Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0K9	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KB	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KC	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KD	Bypass Right Internal Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KF	Bypass Right Internal Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KG	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KP	Bypass Right Internal Iliac Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KQ	Bypass Right Internal Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0Z9	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZB	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZC	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041E0ZD	Bypass Right Internal Iliac Artery to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZF	Bypass Right Internal Iliac Artery to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZG	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041E0ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041E0ZP	Bypass Right Internal Iliac Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041E0ZQ	Bypass Right Internal Iliac Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041E499	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49B	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49C	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49D	Bypass Right Internal Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49F	Bypass Right Internal Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49G	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49P	Bypass Right Internal Iliac Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49Q	Bypass Right Internal Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4A9	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AB	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AC	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AD	Bypass Right Internal Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AF	Bypass Right Internal Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AG	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041E4AP	Bypass Right Internal Iliac Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AQ	Bypass Right Internal Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4J9	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JB	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JC	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JD	Bypass Right Internal Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JF	Bypass Right Internal Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JG	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JP	Bypass Right Internal Iliac Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JQ	Bypass Right Internal Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4K9	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KB	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KC	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KD	Bypass Right Internal Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KF	Bypass Right Internal Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KG	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041E4KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KP	Bypass Right Internal Iliac Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KQ	Bypass Right Internal Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4Z9	Bypass Right Internal Iliac Artery to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZB	Bypass Right Internal Iliac Artery to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZC	Bypass Right Internal Iliac Artery to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZD	Bypass Right Internal Iliac Artery to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZF	Bypass Right Internal Iliac Artery to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZG	Bypass Right Internal Iliac Artery to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZP	Bypass Right Internal Iliac Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZQ	Bypass Right Internal Iliac Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F099	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09B	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09C	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09D	Bypass Left Internal Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09F	Bypass Left Internal Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09G	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041F09H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09P	Bypass Left Internal Iliac Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09Q	Bypass Left Internal Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F0A9	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AB	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AC	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AD	Bypass Left Internal Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AF	Bypass Left Internal Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AG	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AP	Bypass Left Internal Iliac Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AQ	Bypass Left Internal Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0J9	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JB	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JC	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JD	Bypass Left Internal Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041FOJF	Bypass Left Internal Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041FOJG	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041FOJH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041FOJJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041FOJK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041FOJP	Bypass Left Internal Iliac Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041FOJQ	Bypass Left Internal Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041FOK9	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKB	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKC	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKD	Bypass Left Internal Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKF	Bypass Left Internal Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKG	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKP	Bypass Left Internal Iliac Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041FOKQ	Bypass Left Internal Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0Z9	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZB	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZC	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041F0ZD	Bypass Left Internal Iliac Artery to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZF	Bypass Left Internal Iliac Artery to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZG	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041F0ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041F0ZP	Bypass Left Internal Iliac Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZQ	Bypass Left Internal Iliac Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041F499	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49B	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49C	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49D	Bypass Left Internal Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49F	Bypass Left Internal Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49G	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49P	Bypass Left Internal Iliac Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49Q	Bypass Left Internal Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4A9	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AB	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AC	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AD	Bypass Left Internal Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AF	Bypass Left Internal Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AG	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041F4AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AP	Bypass Left Internal Iliac Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AQ	Bypass Left Internal Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4J9	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JB	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JC	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JD	Bypass Left Internal Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JF	Bypass Left Internal Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JG	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JP	Bypass Left Internal Iliac Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JQ	Bypass Left Internal Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4K9	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KB	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KC	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KD	Bypass Left Internal Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KF	Bypass Left Internal Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041F4KG	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KP	Bypass Left Internal Iliac Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KQ	Bypass Left Internal Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4Z9	Bypass Left Internal Iliac Artery to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZB	Bypass Left Internal Iliac Artery to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZC	Bypass Left Internal Iliac Artery to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZD	Bypass Left Internal Iliac Artery to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZF	Bypass Left Internal Iliac Artery to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZG	Bypass Left Internal Iliac Artery to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZP	Bypass Left Internal Iliac Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZQ	Bypass Left Internal Iliac Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H099	Bypass Right External Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09B	Bypass Right External Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09C	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09D	Bypass Right External Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041H09F	Bypass Right External Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09G	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09P	Bypass Right External Iliac Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09Q	Bypass Right External Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H0A9	Bypass Right External Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AB	Bypass Right External Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AC	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AD	Bypass Right External Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AF	Bypass Right External Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AG	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AP	Bypass Right External Iliac Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AQ	Bypass Right External Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0J9	Bypass Right External Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JB	Bypass Right External Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041H0JC	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JD	Bypass Right External Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JF	Bypass Right External Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JG	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JP	Bypass Right External Iliac Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JQ	Bypass Right External Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0K9	Bypass Right External Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KB	Bypass Right External Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KC	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KD	Bypass Right External Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KF	Bypass Right External Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KG	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KP	Bypass Right External Iliac Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KQ	Bypass Right External Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0Z9	Bypass Right External Iliac Artery to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZB	Bypass Right External Iliac Artery to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041H0ZC	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041H0ZD	Bypass Right External Iliac Artery to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZF	Bypass Right External Iliac Artery to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZG	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041H0ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041H0ZP	Bypass Right External Iliac Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZQ	Bypass Right External Iliac Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041H499	Bypass Right External Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49B	Bypass Right External Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49C	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49D	Bypass Right External Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49F	Bypass Right External Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49G	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49P	Bypass Right External Iliac Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49Q	Bypass Right External Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4A9	Bypass Right External Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AB	Bypass Right External Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AC	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AD	Bypass Right External Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AF	Bypass Right External Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041H4AG	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AP	Bypass Right External Iliac Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AQ	Bypass Right External Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4J9	Bypass Right External Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JB	Bypass Right External Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JC	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JD	Bypass Right External Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JF	Bypass Right External Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JG	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JP	Bypass Right External Iliac Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JQ	Bypass Right External Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4K9	Bypass Right External Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KB	Bypass Right External Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KC	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041H4KD	Bypass Right External Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KF	Bypass Right External Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KG	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KP	Bypass Right External Iliac Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KQ	Bypass Right External Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4Z9	Bypass Right External Iliac Artery to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZB	Bypass Right External Iliac Artery to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZC	Bypass Right External Iliac Artery to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZD	Bypass Right External Iliac Artery to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZF	Bypass Right External Iliac Artery to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZG	Bypass Right External Iliac Artery to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZP	Bypass Right External Iliac Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZQ	Bypass Right External Iliac Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J099	Bypass Left External Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09B	Bypass Left External Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
041J09C	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09D	Bypass Left External Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09F	Bypass Left External Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09G	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09P	Bypass Left External Iliac Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09Q	Bypass Left External Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J0A9	Bypass Left External Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AB	Bypass Left External Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AC	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AD	Bypass Left External Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AF	Bypass Left External Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AG	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AP	Bypass Left External Iliac Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AQ	Bypass Left External Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041J0J9	Bypass Left External Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JB	Bypass Left External Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JC	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JD	Bypass Left External Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JF	Bypass Left External Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JG	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JP	Bypass Left External Iliac Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JQ	Bypass Left External Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0K9	Bypass Left External Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KB	Bypass Left External Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KC	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KD	Bypass Left External Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KF	Bypass Left External Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KG	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KP	Bypass Left External Iliac Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041J0KQ	Bypass Left External Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0Z9	Bypass Left External Iliac Artery to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZB	Bypass Left External Iliac Artery to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZC	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041J0ZD	Bypass Left External Iliac Artery to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZF	Bypass Left External Iliac Artery to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZG	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
041J0ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041J0ZP	Bypass Left External Iliac Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZQ	Bypass Left External Iliac Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041J499	Bypass Left External Iliac Artery to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49B	Bypass Left External Iliac Artery to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49C	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49D	Bypass Left External Iliac Artery to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49F	Bypass Left External Iliac Artery to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49G	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49P	Bypass Left External Iliac Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49Q	Bypass Left External Iliac Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4A9	Bypass Left External Iliac Artery to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AB	Bypass Left External Iliac Artery to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AC	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041J4AD	Bypass Left External Iliac Artery to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AF	Bypass Left External Iliac Artery to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AG	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AP	Bypass Left External Iliac Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AQ	Bypass Left External Iliac Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4J9	Bypass Left External Iliac Artery to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JB	Bypass Left External Iliac Artery to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JC	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JD	Bypass Left External Iliac Artery to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JF	Bypass Left External Iliac Artery to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JG	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JP	Bypass Left External Iliac Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JQ	Bypass Left External Iliac Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4K9	Bypass Left External Iliac Artery to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041J4KB	Bypass Left External Iliac Artery to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KC	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KD	Bypass Left External Iliac Artery to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KF	Bypass Left External Iliac Artery to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KG	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KP	Bypass Left External Iliac Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KQ	Bypass Left External Iliac Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4Z9	Bypass Left External Iliac Artery to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZB	Bypass Left External Iliac Artery to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZC	Bypass Left External Iliac Artery to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZD	Bypass Left External Iliac Artery to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZF	Bypass Left External Iliac Artery to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZG	Bypass Left External Iliac Artery to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZP	Bypass Left External Iliac Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZQ	Bypass Left External Iliac Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K09H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041KOJK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041KOJL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041KOJM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041KOJN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041KOJP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041KOJQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041KOJS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041KOKH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041KOKJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041KOKK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041KOKL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041KOKM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041KOKN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041KOKP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041KOKQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041KOKS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0ZH	Bypass Right Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041K0ZL	Bypass Right Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZM	Bypass Right Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZP	Bypass Right Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041K49H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K49J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K4JL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZH	Bypass Right Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZL	Bypass Right Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZM	Bypass Right Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZP	Bypass Right Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041K4ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L09H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0JH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041L0JJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041L0JK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041L0JL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041LOJM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOZH	Bypass Left Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041LOZJ	Bypass Left Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041LOZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041LOZL	Bypass Left Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041LOZM	Bypass Left Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041LOZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
041LOZP	Bypass Left Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041LOZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041LOZS	Bypass Left Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041L49H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041L49L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041L4JN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZH	Bypass Left Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZJ	Bypass Left Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZL	Bypass Left Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZM	Bypass Left Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZP	Bypass Left Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZS	Bypass Left Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M09L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041M09P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0ZL	Bypass Right Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZM	Bypass Right Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZP	Bypass Right Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041M49L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041M49M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZL	Bypass Right Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZM	Bypass Right Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZP	Bypass Right Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041M4ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N09L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0ZL	Bypass Left Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZM	Bypass Left Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041N0ZP	Bypass Left Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041N49L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041N4KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZL	Bypass Left Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZM	Bypass Left Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZP	Bypass Left Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T09P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0ZP	Bypass Right Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041T49P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041T4AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZP	Bypass Right Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U09P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041U0ZP	Bypass Left Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041U49P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZP	Bypass Left Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V09P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041V0JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0ZP	Bypass Right Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041V0ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041V0ZS	Bypass Right Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041V49P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZP	Bypass Right Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZS	Bypass Right Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W09P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041W09Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W09S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0ZP	Bypass Left Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZS	Bypass Left Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041W49P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
041W4KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZP	Bypass Left Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZS	Bypass Left Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470041	Dilation of Abdominal Aorta with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0470046	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047004Z	Dilation of Abdominal Aorta with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0470056	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047005Z	Dilation of Abdominal Aorta with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470066	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047006Z	Dilation of Abdominal Aorta with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470076	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047007Z	Dilation of Abdominal Aorta with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700D1	Dilation of Abdominal Aorta with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04700D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04700DZ	Dilation of Abdominal Aorta with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04700E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700EZ	Dilation of Abdominal Aorta with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700FZ	Dilation of Abdominal Aorta with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700GZ	Dilation of Abdominal Aorta with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700Z1	Dilation of Abdominal Aorta using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04700Z6	Dilation of Abdominal Aorta, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04700ZZ	Dilation of Abdominal Aorta, Open Approach	ICD-10-PCS	Procedure
0470341	Dilation of Abdominal Aorta with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
0470346	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047034Z	Dilation of Abdominal Aorta with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0470356	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047035Z	Dilation of Abdominal Aorta with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470366	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047036Z	Dilation of Abdominal Aorta with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470376	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047037Z	Dilation of Abdominal Aorta with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703D1	Dilation of Abdominal Aorta with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04703D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04703DZ	Dilation of Abdominal Aorta with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04703E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703EZ	Dilation of Abdominal Aorta with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703FZ	Dilation of Abdominal Aorta with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703GZ	Dilation of Abdominal Aorta with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703Z1	Dilation of Abdominal Aorta using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04703Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04703ZZ	Dilation of Abdominal Aorta, Percutaneous Approach	ICD-10-PCS	Procedure
0470441	Dilation of Abdominal Aorta with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470446	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047044Z	Dilation of Abdominal Aorta with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470456	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047045Z	Dilation of Abdominal Aorta with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470466	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047046Z	Dilation of Abdominal Aorta with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470476	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047047Z	Dilation of Abdominal Aorta with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704D1	Dilation of Abdominal Aorta with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704DZ	Dilation of Abdominal Aorta with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704EZ	Dilation of Abdominal Aorta with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704FZ	Dilation of Abdominal Aorta with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704GZ	Dilation of Abdominal Aorta with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704Z1	Dilation of Abdominal Aorta using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704ZZ	Dilation of Abdominal Aorta, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0471041	Dilation of Celiac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0471046	Dilation of Celiac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047104Z	Dilation of Celiac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0471056	Dilation of Celiac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047105Z	Dilation of Celiac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0471066	Dilation of Celiac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047106Z	Dilation of Celiac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0471076	Dilation of Celiac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047107Z	Dilation of Celiac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04710D1	Dilation of Celiac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04710D6	Dilation of Celiac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04710DZ	Dilation of Celiac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04710E6	Dilation of Celiac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04710EZ	Dilation of Celiac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04710F6	Dilation of Celiac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04710FZ	Dilation of Celiac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04710G6	Dilation of Celiac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04710GZ	Dilation of Celiac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04710Z1	Dilation of Celiac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04710Z6	Dilation of Celiac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04710ZZ	Dilation of Celiac Artery, Open Approach	ICD-10-PCS	Procedure
0471341	Dilation of Celiac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
0471346	Dilation of Celiac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047134Z	Dilation of Celiac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0471356	Dilation of Celiac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047135Z	Dilation of Celiac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0471366	Dilation of Celiac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047136Z	Dilation of Celiac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0471376	Dilation of Celiac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047137Z	Dilation of Celiac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04713D1	Dilation of Celiac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04713D6	Dilation of Celiac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
04713DZ	Dilation of Celiac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04713E6	Dilation of Celiac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04713EZ	Dilation of Celiac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04713F6	Dilation of Celiac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04713FZ	Dilation of Celiac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04713G6	Dilation of Celiac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04713GZ	Dilation of Celiac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04713Z1	Dilation of Celiac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04713Z6	Dilation of Celiac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04713ZZ	Dilation of Celiac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0471441	Dilation of Celiac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0471446	Dilation of Celiac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047144Z	Dilation of Celiac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0471456	Dilation of Celiac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047145Z	Dilation of Celiac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0471466	Dilation of Celiac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047146Z	Dilation of Celiac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0471476	Dilation of Celiac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047147Z	Dilation of Celiac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714D1	Dilation of Celiac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714D6	Dilation of Celiac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714DZ	Dilation of Celiac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714E6	Dilation of Celiac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714EZ	Dilation of Celiac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04714F6	Dilation of Celiac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714FZ	Dilation of Celiac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714G6	Dilation of Celiac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714GZ	Dilation of Celiac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714Z1	Dilation of Celiac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714Z6	Dilation of Celiac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04714ZZ	Dilation of Celiac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0472041	Dilation of Gastric Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0472046	Dilation of Gastric Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047204Z	Dilation of Gastric Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0472056	Dilation of Gastric Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047205Z	Dilation of Gastric Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0472066	Dilation of Gastric Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047206Z	Dilation of Gastric Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0472076	Dilation of Gastric Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047207Z	Dilation of Gastric Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04720D1	Dilation of Gastric Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04720D6	Dilation of Gastric Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04720DZ	Dilation of Gastric Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04720E6	Dilation of Gastric Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04720EZ	Dilation of Gastric Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04720F6	Dilation of Gastric Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04720FZ	Dilation of Gastric Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04720G6	Dilation of Gastric Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04720GZ	Dilation of Gastric Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04720Z1	Dilation of Gastric Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04720Z6	Dilation of Gastric Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04720ZZ	Dilation of Gastric Artery, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0472341	Dilation of Gastric Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
0472346	Dilation of Gastric Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047234Z	Dilation of Gastric Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0472356	Dilation of Gastric Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047235Z	Dilation of Gastric Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0472366	Dilation of Gastric Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047236Z	Dilation of Gastric Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0472376	Dilation of Gastric Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047237Z	Dilation of Gastric Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04723D1	Dilation of Gastric Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04723D6	Dilation of Gastric Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04723DZ	Dilation of Gastric Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04723E6	Dilation of Gastric Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04723EZ	Dilation of Gastric Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04723F6	Dilation of Gastric Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04723FZ	Dilation of Gastric Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04723G6	Dilation of Gastric Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04723GZ	Dilation of Gastric Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04723Z1	Dilation of Gastric Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04723Z6	Dilation of Gastric Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04723ZZ	Dilation of Gastric Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0472441	Dilation of Gastric Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0472446	Dilation of Gastric Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047244Z	Dilation of Gastric Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0472456	Dilation of Gastric Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047245Z	Dilation of Gastric Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0472466	Dilation of Gastric Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047246Z	Dilation of Gastric Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0472476	Dilation of Gastric Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047247Z	Dilation of Gastric Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724D1	Dilation of Gastric Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724D6	Dilation of Gastric Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724DZ	Dilation of Gastric Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724E6	Dilation of Gastric Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724EZ	Dilation of Gastric Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724F6	Dilation of Gastric Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724FZ	Dilation of Gastric Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724G6	Dilation of Gastric Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724GZ	Dilation of Gastric Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724Z1	Dilation of Gastric Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724Z6	Dilation of Gastric Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04724ZZ	Dilation of Gastric Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0473041	Dilation of Hepatic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0473046	Dilation of Hepatic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047304Z	Dilation of Hepatic Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0473056	Dilation of Hepatic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047305Z	Dilation of Hepatic Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0473066	Dilation of Hepatic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047306Z	Dilation of Hepatic Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0473076	Dilation of Hepatic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047307Z	Dilation of Hepatic Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04730D1	Dilation of Hepatic Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04730D6	Dilation of Hepatic Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04730DZ	Dilation of Hepatic Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04730E6	Dilation of Hepatic Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04730EZ	Dilation of Hepatic Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04730F6	Dilation of Hepatic Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04730FZ	Dilation of Hepatic Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04730G6	Dilation of Hepatic Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04730GZ	Dilation of Hepatic Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04730Z1	Dilation of Hepatic Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04730Z6	Dilation of Hepatic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04730ZZ	Dilation of Hepatic Artery, Open Approach	ICD-10-PCS	Procedure
0473341	Dilation of Hepatic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
0473346	Dilation of Hepatic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047334Z	Dilation of Hepatic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0473356	Dilation of Hepatic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047335Z	Dilation of Hepatic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0473366	Dilation of Hepatic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047336Z	Dilation of Hepatic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0473376	Dilation of Hepatic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047337Z	Dilation of Hepatic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04733D1	Dilation of Hepatic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04733D6	Dilation of Hepatic Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04733DZ	Dilation of Hepatic Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04733E6	Dilation of Hepatic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04733EZ	Dilation of Hepatic Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04733F6	Dilation of Hepatic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04733FZ	Dilation of Hepatic Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04733G6	Dilation of Hepatic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04733GZ	Dilation of Hepatic Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04733Z1	Dilation of Hepatic Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04733Z6	Dilation of Hepatic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04733ZZ	Dilation of Hepatic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0473441	Dilation of Hepatic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0473446	Dilation of Hepatic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047344Z	Dilation of Hepatic Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0473456	Dilation of Hepatic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047345Z	Dilation of Hepatic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0473466	Dilation of Hepatic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047346Z	Dilation of Hepatic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0473476	Dilation of Hepatic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047347Z	Dilation of Hepatic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734D1	Dilation of Hepatic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734D6	Dilation of Hepatic Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734DZ	Dilation of Hepatic Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734E6	Dilation of Hepatic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734EZ	Dilation of Hepatic Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734F6	Dilation of Hepatic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04734FZ	Dilation of Hepatic Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734G6	Dilation of Hepatic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734GZ	Dilation of Hepatic Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734Z1	Dilation of Hepatic Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734Z6	Dilation of Hepatic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04734ZZ	Dilation of Hepatic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0474041	Dilation of Splenic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0474046	Dilation of Splenic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047404Z	Dilation of Splenic Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0474056	Dilation of Splenic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047405Z	Dilation of Splenic Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0474066	Dilation of Splenic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047406Z	Dilation of Splenic Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0474076	Dilation of Splenic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047407Z	Dilation of Splenic Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04740D1	Dilation of Splenic Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04740D6	Dilation of Splenic Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04740DZ	Dilation of Splenic Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04740E6	Dilation of Splenic Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04740EZ	Dilation of Splenic Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04740F6	Dilation of Splenic Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04740FZ	Dilation of Splenic Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04740G6	Dilation of Splenic Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04740GZ	Dilation of Splenic Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04740Z1	Dilation of Splenic Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04740Z6	Dilation of Splenic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04740ZZ	Dilation of Splenic Artery, Open Approach	ICD-10-PCS	Procedure
0474341	Dilation of Splenic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0474346	Dilation of Splenic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047434Z	Dilation of Splenic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0474356	Dilation of Splenic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047435Z	Dilation of Splenic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0474366	Dilation of Splenic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047436Z	Dilation of Splenic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0474376	Dilation of Splenic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047437Z	Dilation of Splenic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04743D1	Dilation of Splenic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04743D6	Dilation of Splenic Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04743DZ	Dilation of Splenic Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04743E6	Dilation of Splenic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04743EZ	Dilation of Splenic Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04743F6	Dilation of Splenic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04743FZ	Dilation of Splenic Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04743G6	Dilation of Splenic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04743GZ	Dilation of Splenic Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04743Z1	Dilation of Splenic Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04743Z6	Dilation of Splenic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04743ZZ	Dilation of Splenic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0474441	Dilation of Splenic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0474446	Dilation of Splenic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047444Z	Dilation of Splenic Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0474456	Dilation of Splenic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047445Z	Dilation of Splenic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
0474466	Dilation of Splenic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047446Z	Dilation of Splenic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0474476	Dilation of Splenic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047447Z	Dilation of Splenic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744D1	Dilation of Splenic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744D6	Dilation of Splenic Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744DZ	Dilation of Splenic Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744E6	Dilation of Splenic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744EZ	Dilation of Splenic Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744F6	Dilation of Splenic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744FZ	Dilation of Splenic Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744G6	Dilation of Splenic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744GZ	Dilation of Splenic Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744Z1	Dilation of Splenic Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744Z6	Dilation of Splenic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04744ZZ	Dilation of Splenic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0475041	Dilation of Superior Mesenteric Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0475046	Dilation of Superior Mesenteric Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047504Z	Dilation of Superior Mesenteric Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0475056	Dilation of Superior Mesenteric Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047505Z	Dilation of Superior Mesenteric Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0475066	Dilation of Superior Mesenteric Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047506Z	Dilation of Superior Mesenteric Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0475076	Dilation of Superior Mesenteric Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047507Z	Dilation of Superior Mesenteric Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04750D1	Dilation of Superior Mesenteric Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04750D6	Dilation of Superior Mesenteric Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04750DZ	Dilation of Superior Mesenteric Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04750E6	Dilation of Superior Mesenteric Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04750EZ	Dilation of Superior Mesenteric Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04750F6	Dilation of Superior Mesenteric Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04750FZ	Dilation of Superior Mesenteric Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04750G6	Dilation of Superior Mesenteric Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04750GZ	Dilation of Superior Mesenteric Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04750Z1	Dilation of Superior Mesenteric Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04750Z6	Dilation of Superior Mesenteric Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04750ZZ	Dilation of Superior Mesenteric Artery, Open Approach	ICD-10-PCS	Procedure
0475341	Dilation of Superior Mesenteric Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
0475346	Dilation of Superior Mesenteric Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047534Z	Dilation of Superior Mesenteric Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0475356	Dilation of Superior Mesenteric Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047535Z	Dilation of Superior Mesenteric Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0475366	Dilation of Superior Mesenteric Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047536Z	Dilation of Superior Mesenteric Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0475376	Dilation of Superior Mesenteric Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047537Z	Dilation of Superior Mesenteric Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04753D1	Dilation of Superior Mesenteric Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04753D6	Dilation of Superior Mesenteric Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04753DZ	Dilation of Superior Mesenteric Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04753E6	Dilation of Superior Mesenteric Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04753EZ	Dilation of Superior Mesenteric Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04753F6	Dilation of Superior Mesenteric Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04753FZ	Dilation of Superior Mesenteric Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04753G6	Dilation of Superior Mesenteric Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04753GZ	Dilation of Superior Mesenteric Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04753Z1	Dilation of Superior Mesenteric Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04753Z6	Dilation of Superior Mesenteric Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04753ZZ	Dilation of Superior Mesenteric Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0475441	Dilation of Superior Mesenteric Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0475446	Dilation of Superior Mesenteric Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047544Z	Dilation of Superior Mesenteric Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0475456	Dilation of Superior Mesenteric Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047545Z	Dilation of Superior Mesenteric Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0475466	Dilation of Superior Mesenteric Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047546Z	Dilation of Superior Mesenteric Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0475476	Dilation of Superior Mesenteric Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047547Z	Dilation of Superior Mesenteric Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
04754D1	Dilation of Superior Mesenteric Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754D6	Dilation of Superior Mesenteric Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754DZ	Dilation of Superior Mesenteric Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754E6	Dilation of Superior Mesenteric Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754EZ	Dilation of Superior Mesenteric Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754F6	Dilation of Superior Mesenteric Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754FZ	Dilation of Superior Mesenteric Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754G6	Dilation of Superior Mesenteric Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754GZ	Dilation of Superior Mesenteric Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754Z1	Dilation of Superior Mesenteric Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754Z6	Dilation of Superior Mesenteric Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04754ZZ	Dilation of Superior Mesenteric Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0476041	Dilation of Right Colic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0476046	Dilation of Right Colic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047604Z	Dilation of Right Colic Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0476056	Dilation of Right Colic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047605Z	Dilation of Right Colic Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0476066	Dilation of Right Colic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047606Z	Dilation of Right Colic Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0476076	Dilation of Right Colic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047607Z	Dilation of Right Colic Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04760D1	Dilation of Right Colic Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04760D6	Dilation of Right Colic Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04760DZ	Dilation of Right Colic Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04760E6	Dilation of Right Colic Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04760EZ	Dilation of Right Colic Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04760F6	Dilation of Right Colic Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04760FZ	Dilation of Right Colic Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04760G6	Dilation of Right Colic Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04760GZ	Dilation of Right Colic Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04760Z1	Dilation of Right Colic Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04760Z6	Dilation of Right Colic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04760ZZ	Dilation of Right Colic Artery, Open Approach	ICD-10-PCS	Procedure
0476341	Dilation of Right Colic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
0476346	Dilation of Right Colic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047634Z	Dilation of Right Colic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0476356	Dilation of Right Colic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047635Z	Dilation of Right Colic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0476366	Dilation of Right Colic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047636Z	Dilation of Right Colic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0476376	Dilation of Right Colic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047637Z	Dilation of Right Colic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04763D1	Dilation of Right Colic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04763D6	Dilation of Right Colic Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04763DZ	Dilation of Right Colic Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04763E6	Dilation of Right Colic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04763EZ	Dilation of Right Colic Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04763F6	Dilation of Right Colic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04763FZ	Dilation of Right Colic Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04763G6	Dilation of Right Colic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04763GZ	Dilation of Right Colic Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04763Z1	Dilation of Right Colic Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04763Z6	Dilation of Right Colic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04763ZZ	Dilation of Right Colic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0476441	Dilation of Right Colic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0476446	Dilation of Right Colic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047644Z	Dilation of Right Colic Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0476456	Dilation of Right Colic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047645Z	Dilation of Right Colic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0476466	Dilation of Right Colic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047646Z	Dilation of Right Colic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0476476	Dilation of Right Colic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047647Z	Dilation of Right Colic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764D1	Dilation of Right Colic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764D6	Dilation of Right Colic Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764DZ	Dilation of Right Colic Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764E6	Dilation of Right Colic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764EZ	Dilation of Right Colic Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764F6	Dilation of Right Colic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764FZ	Dilation of Right Colic Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04764G6	Dilation of Right Colic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764GZ	Dilation of Right Colic Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764Z1	Dilation of Right Colic Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764Z6	Dilation of Right Colic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04764ZZ	Dilation of Right Colic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0477041	Dilation of Left Colic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0477046	Dilation of Left Colic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047704Z	Dilation of Left Colic Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0477056	Dilation of Left Colic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047705Z	Dilation of Left Colic Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0477066	Dilation of Left Colic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047706Z	Dilation of Left Colic Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0477076	Dilation of Left Colic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047707Z	Dilation of Left Colic Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04770D1	Dilation of Left Colic Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04770D6	Dilation of Left Colic Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04770DZ	Dilation of Left Colic Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04770E6	Dilation of Left Colic Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04770EZ	Dilation of Left Colic Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04770F6	Dilation of Left Colic Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04770FZ	Dilation of Left Colic Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04770G6	Dilation of Left Colic Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04770GZ	Dilation of Left Colic Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04770Z1	Dilation of Left Colic Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04770Z6	Dilation of Left Colic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04770ZZ	Dilation of Left Colic Artery, Open Approach	ICD-10-PCS	Procedure
0477341	Dilation of Left Colic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
0477346	Dilation of Left Colic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047734Z	Dilation of Left Colic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0477356	Dilation of Left Colic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047735Z	Dilation of Left Colic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0477366	Dilation of Left Colic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047736Z	Dilation of Left Colic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0477376	Dilation of Left Colic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047737Z	Dilation of Left Colic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04773D1	Dilation of Left Colic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04773D6	Dilation of Left Colic Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04773DZ	Dilation of Left Colic Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04773E6	Dilation of Left Colic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04773EZ	Dilation of Left Colic Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04773F6	Dilation of Left Colic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04773FZ	Dilation of Left Colic Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04773G6	Dilation of Left Colic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04773GZ	Dilation of Left Colic Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04773Z1	Dilation of Left Colic Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04773Z6	Dilation of Left Colic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04773ZZ	Dilation of Left Colic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0477441	Dilation of Left Colic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0477446	Dilation of Left Colic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047744Z	Dilation of Left Colic Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0477456	Dilation of Left Colic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047745Z	Dilation of Left Colic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0477466	Dilation of Left Colic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047746Z	Dilation of Left Colic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0477476	Dilation of Left Colic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047747Z	Dilation of Left Colic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774D1	Dilation of Left Colic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774D6	Dilation of Left Colic Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774DZ	Dilation of Left Colic Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774E6	Dilation of Left Colic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774EZ	Dilation of Left Colic Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774F6	Dilation of Left Colic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774FZ	Dilation of Left Colic Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774G6	Dilation of Left Colic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774GZ	Dilation of Left Colic Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774Z1	Dilation of Left Colic Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774Z6	Dilation of Left Colic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04774ZZ	Dilation of Left Colic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0478041	Dilation of Middle Colic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0478046	Dilation of Middle Colic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047804Z	Dilation of Middle Colic Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0478056	Dilation of Middle Colic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047805Z	Dilation of Middle Colic Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
0478066	Dilation of Middle Colic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047806Z	Dilation of Middle Colic Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0478076	Dilation of Middle Colic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047807Z	Dilation of Middle Colic Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04780D1	Dilation of Middle Colic Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04780D6	Dilation of Middle Colic Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04780DZ	Dilation of Middle Colic Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04780E6	Dilation of Middle Colic Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04780EZ	Dilation of Middle Colic Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04780F6	Dilation of Middle Colic Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04780FZ	Dilation of Middle Colic Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04780G6	Dilation of Middle Colic Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04780GZ	Dilation of Middle Colic Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04780Z1	Dilation of Middle Colic Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04780Z6	Dilation of Middle Colic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04780ZZ	Dilation of Middle Colic Artery, Open Approach	ICD-10-PCS	Procedure
0478341	Dilation of Middle Colic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
0478346	Dilation of Middle Colic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047834Z	Dilation of Middle Colic Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0478356	Dilation of Middle Colic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047835Z	Dilation of Middle Colic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0478366	Dilation of Middle Colic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047836Z	Dilation of Middle Colic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0478376	Dilation of Middle Colic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047837Z	Dilation of Middle Colic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04783D1	Dilation of Middle Colic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04783D6	Dilation of Middle Colic Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04783DZ	Dilation of Middle Colic Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04783E6	Dilation of Middle Colic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04783EZ	Dilation of Middle Colic Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04783F6	Dilation of Middle Colic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04783FZ	Dilation of Middle Colic Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04783G6	Dilation of Middle Colic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04783GZ	Dilation of Middle Colic Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04783Z1	Dilation of Middle Colic Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04783Z6	Dilation of Middle Colic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04783ZZ	Dilation of Middle Colic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0478441	Dilation of Middle Colic Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0478446	Dilation of Middle Colic Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047844Z	Dilation of Middle Colic Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0478456	Dilation of Middle Colic Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047845Z	Dilation of Middle Colic Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0478466	Dilation of Middle Colic Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047846Z	Dilation of Middle Colic Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0478476	Dilation of Middle Colic Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047847Z	Dilation of Middle Colic Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784D1	Dilation of Middle Colic Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04784D6	Dilation of Middle Colic Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784DZ	Dilation of Middle Colic Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784E6	Dilation of Middle Colic Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784EZ	Dilation of Middle Colic Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784F6	Dilation of Middle Colic Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784FZ	Dilation of Middle Colic Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784G6	Dilation of Middle Colic Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784GZ	Dilation of Middle Colic Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784Z1	Dilation of Middle Colic Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784Z6	Dilation of Middle Colic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04784ZZ	Dilation of Middle Colic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0479041	Dilation of Right Renal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
0479046	Dilation of Right Renal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047904Z	Dilation of Right Renal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0479056	Dilation of Right Renal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047905Z	Dilation of Right Renal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0479066	Dilation of Right Renal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047906Z	Dilation of Right Renal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0479076	Dilation of Right Renal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047907Z	Dilation of Right Renal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04790D1	Dilation of Right Renal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04790D6	Dilation of Right Renal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04790DZ	Dilation of Right Renal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04790E6	Dilation of Right Renal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04790EZ	Dilation of Right Renal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04790F6	Dilation of Right Renal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04790FZ	Dilation of Right Renal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04790G6	Dilation of Right Renal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04790GZ	Dilation of Right Renal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04790Z1	Dilation of Right Renal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
04790Z6	Dilation of Right Renal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04790ZZ	Dilation of Right Renal Artery, Open Approach	ICD-10-PCS	Procedure
0479341	Dilation of Right Renal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
0479346	Dilation of Right Renal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047934Z	Dilation of Right Renal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0479356	Dilation of Right Renal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047935Z	Dilation of Right Renal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0479366	Dilation of Right Renal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047936Z	Dilation of Right Renal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0479376	Dilation of Right Renal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047937Z	Dilation of Right Renal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04793D1	Dilation of Right Renal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04793D6	Dilation of Right Renal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04793DZ	Dilation of Right Renal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04793E6	Dilation of Right Renal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04793EZ	Dilation of Right Renal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04793F6	Dilation of Right Renal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04793FZ	Dilation of Right Renal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04793G6	Dilation of Right Renal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04793GZ	Dilation of Right Renal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04793Z1	Dilation of Right Renal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
04793Z6	Dilation of Right Renal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04793ZZ	Dilation of Right Renal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
0479441	Dilation of Right Renal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0479446	Dilation of Right Renal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047944Z	Dilation of Right Renal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0479456	Dilation of Right Renal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047945Z	Dilation of Right Renal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0479466	Dilation of Right Renal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047946Z	Dilation of Right Renal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0479476	Dilation of Right Renal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047947Z	Dilation of Right Renal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794D1	Dilation of Right Renal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794D6	Dilation of Right Renal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794DZ	Dilation of Right Renal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794E6	Dilation of Right Renal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794EZ	Dilation of Right Renal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794F6	Dilation of Right Renal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794FZ	Dilation of Right Renal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794G6	Dilation of Right Renal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794GZ	Dilation of Right Renal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04794Z1	Dilation of Right Renal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794Z6	Dilation of Right Renal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04794ZZ	Dilation of Right Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A041	Dilation of Left Renal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047A046	Dilation of Left Renal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047A04Z	Dilation of Left Renal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047A056	Dilation of Left Renal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A05Z	Dilation of Left Renal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A066	Dilation of Left Renal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A06Z	Dilation of Left Renal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A076	Dilation of Left Renal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A07Z	Dilation of Left Renal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A0D1	Dilation of Left Renal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047A0D6	Dilation of Left Renal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047A0DZ	Dilation of Left Renal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047A0E6	Dilation of Left Renal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A0EZ	Dilation of Left Renal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A0F6	Dilation of Left Renal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A0FZ	Dilation of Left Renal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A0G6	Dilation of Left Renal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A0GZ	Dilation of Left Renal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047A0Z1	Dilation of Left Renal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047A0Z6	Dilation of Left Renal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047A0ZZ	Dilation of Left Renal Artery, Open Approach	ICD-10-PCS	Procedure
047A341	Dilation of Left Renal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047A346	Dilation of Left Renal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047A34Z	Dilation of Left Renal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047A356	Dilation of Left Renal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047A35Z	Dilation of Left Renal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A366	Dilation of Left Renal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A36Z	Dilation of Left Renal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A376	Dilation of Left Renal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A37Z	Dilation of Left Renal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A3D1	Dilation of Left Renal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047A3D6	Dilation of Left Renal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047A3DZ	Dilation of Left Renal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047A3E6	Dilation of Left Renal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A3EZ	Dilation of Left Renal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A3F6	Dilation of Left Renal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A3FZ	Dilation of Left Renal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A3G6	Dilation of Left Renal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A3GZ	Dilation of Left Renal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047A3Z1	Dilation of Left Renal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047A3Z6	Dilation of Left Renal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047A3ZZ	Dilation of Left Renal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047A441	Dilation of Left Renal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A446	Dilation of Left Renal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A44Z	Dilation of Left Renal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A456	Dilation of Left Renal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A45Z	Dilation of Left Renal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A466	Dilation of Left Renal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047A46Z	Dilation of Left Renal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A476	Dilation of Left Renal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A47Z	Dilation of Left Renal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4D1	Dilation of Left Renal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4D6	Dilation of Left Renal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4DZ	Dilation of Left Renal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4E6	Dilation of Left Renal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4EZ	Dilation of Left Renal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4F6	Dilation of Left Renal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4FZ	Dilation of Left Renal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4G6	Dilation of Left Renal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4GZ	Dilation of Left Renal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4Z1	Dilation of Left Renal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4Z6	Dilation of Left Renal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047A4ZZ	Dilation of Left Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B041	Dilation of Inferior Mesenteric Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047B046	Dilation of Inferior Mesenteric Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047B04Z	Dilation of Inferior Mesenteric Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047B056	Dilation of Inferior Mesenteric Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B05Z	Dilation of Inferior Mesenteric Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B066	Dilation of Inferior Mesenteric Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B06Z	Dilation of Inferior Mesenteric Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047B076	Dilation of Inferior Mesenteric Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B07Z	Dilation of Inferior Mesenteric Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B0D1	Dilation of Inferior Mesenteric Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047B0D6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047B0DZ	Dilation of Inferior Mesenteric Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047B0E6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B0EZ	Dilation of Inferior Mesenteric Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B0F6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B0FZ	Dilation of Inferior Mesenteric Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B0G6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B0GZ	Dilation of Inferior Mesenteric Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047B0Z1	Dilation of Inferior Mesenteric Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047B0Z6	Dilation of Inferior Mesenteric Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047B0ZZ	Dilation of Inferior Mesenteric Artery, Open Approach	ICD-10-PCS	Procedure
047B341	Dilation of Inferior Mesenteric Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047B346	Dilation of Inferior Mesenteric Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047B34Z	Dilation of Inferior Mesenteric Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047B356	Dilation of Inferior Mesenteric Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B35Z	Dilation of Inferior Mesenteric Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B366	Dilation of Inferior Mesenteric Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B36Z	Dilation of Inferior Mesenteric Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B376	Dilation of Inferior Mesenteric Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B37Z	Dilation of Inferior Mesenteric Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047B3D1	Dilation of Inferior Mesenteric Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047B3D6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047B3DZ	Dilation of Inferior Mesenteric Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047B3E6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B3EZ	Dilation of Inferior Mesenteric Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B3F6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B3FZ	Dilation of Inferior Mesenteric Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B3G6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B3GZ	Dilation of Inferior Mesenteric Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047B3Z1	Dilation of Inferior Mesenteric Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047B3Z6	Dilation of Inferior Mesenteric Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047B3ZZ	Dilation of Inferior Mesenteric Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047B441	Dilation of Inferior Mesenteric Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B446	Dilation of Inferior Mesenteric Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B44Z	Dilation of Inferior Mesenteric Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B456	Dilation of Inferior Mesenteric Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B45Z	Dilation of Inferior Mesenteric Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B466	Dilation of Inferior Mesenteric Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B46Z	Dilation of Inferior Mesenteric Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B476	Dilation of Inferior Mesenteric Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B47Z	Dilation of Inferior Mesenteric Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4D1	Dilation of Inferior Mesenteric Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047B4D6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4DZ	Dilation of Inferior Mesenteric Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4E6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4EZ	Dilation of Inferior Mesenteric Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4F6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4FZ	Dilation of Inferior Mesenteric Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4G6	Dilation of Inferior Mesenteric Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4GZ	Dilation of Inferior Mesenteric Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4Z1	Dilation of Inferior Mesenteric Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4Z6	Dilation of Inferior Mesenteric Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047B4ZZ	Dilation of Inferior Mesenteric Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C041	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C046	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C04Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C056	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C05Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C066	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C06Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C076	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C07Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047C0D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C0Z6	Dilation of Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047C0ZZ	Dilation of Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047C341	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C346	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C356	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C35Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C366	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C36Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C376	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C37Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C3D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C3E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047C3EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047C441	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C446	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C44Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C456	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C45Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C466	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C46Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C476	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C47Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047C4F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D041	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D046	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D04Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D056	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D05Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D066	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D06Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D076	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D07Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D0DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D0E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047D0G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0Z6	Dilation of Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047D0ZZ	Dilation of Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047D341	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D346	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D356	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D35Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D366	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D36Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D376	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D37Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047D3GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047D441	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D446	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D44Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D456	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D45Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D466	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D46Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D476	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D47Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047D4Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4ZZ	Dilation of Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E041	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E046	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E04Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E056	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E05Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E066	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E06Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E076	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E07Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047E0ZZ	Dilation of Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047E341	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E346	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E356	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E35Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E366	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E36Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E376	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E37Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047E441	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047E446	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E44Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E456	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E45Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E466	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E46Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E476	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E47Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F041	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047F046	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F04Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F056	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F05Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F066	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F06Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F076	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F07Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047F0ZZ	Dilation of Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047F341	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F346	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F356	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047F35Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F366	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F36Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F376	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F37Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047F441	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F446	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F44Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F456	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F45Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047F466	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F46Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F476	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F47Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H041	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H046	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H04Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H056	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H05Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047H066	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H06Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H076	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H07Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0Z6	Dilation of Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047H0ZZ	Dilation of Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047H341	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H346	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H34Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H356	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H35Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H366	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H36Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047H376	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H37Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047H3ZZ	Dilation of Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047H441	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H446	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H44Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H456	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H45Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H466	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H46Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H476	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047H47Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4ZZ	Dilation of Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J041	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J046	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J04Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J056	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J05Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J066	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J06Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J076	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J07Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047J0D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J0D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J0Z6	Dilation of Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047J0ZZ	Dilation of Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047J341	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J346	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J34Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J356	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J35Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J366	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J36Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J376	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J37Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J3DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047J3E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047J3ZZ	Dilation of Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047J441	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J446	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J44Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J456	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J45Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J466	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J46Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J476	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J47Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047J4EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4ZZ	Dilation of Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K041	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K046	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K04Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K056	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K05Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K066	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K06Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K076	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K07Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0DZ	Dilation of Right Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047K0G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0Z6	Dilation of Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047K0ZZ	Dilation of Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
047K341	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K346	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K356	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K35Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K366	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K36Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K376	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K37Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047K441	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K446	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K44Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K456	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K45Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K466	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K46Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K476	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K47Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4ZZ	Dilation of Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047L041	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L046	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L04Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L056	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L05Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L066	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L06Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L076	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L07Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L0D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0DZ	Dilation of Left Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L0Z6	Dilation of Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047L0ZZ	Dilation of Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
047L341	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L346	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L356	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047L35Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L366	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L36Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L376	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L37Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047L3ZZ	Dilation of Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047L441	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L446	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L44Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L456	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L45Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L466	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047L46Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L476	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L47Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4ZZ	Dilation of Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M041	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M046	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M04Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M056	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M05Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M066	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M06Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047M076	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M07Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0Z6	Dilation of Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047M0ZZ	Dilation of Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047M341	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M346	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M34Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M356	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M35Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M366	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M36Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M376	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M37Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047M3D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047M3ZZ	Dilation of Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047M441	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M446	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M44Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M456	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M45Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M466	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M46Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M476	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M47Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047M4E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4ZZ	Dilation of Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N041	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N046	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N04Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N056	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N05Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N066	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N06Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N076	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N07Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047N0F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0Z6	Dilation of Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047N0ZZ	Dilation of Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047N341	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N346	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N34Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N356	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N35Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N366	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N36Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N376	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N37Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N3D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N3E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047N3GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047N3ZZ	Dilation of Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047N441	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N446	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N44Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N456	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N45Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N466	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N46Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N476	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N47Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047N4Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4ZZ	Dilation of Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P041	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P046	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P04Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P056	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P05Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P066	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P06Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P076	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P07Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047P0ZZ	Dilation of Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047P341	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P346	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P356	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P35Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P366	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P36Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P376	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P37Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047P441	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047P446	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P44Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P456	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P45Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P466	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P46Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P476	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P47Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q041	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047Q046	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q04Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q056	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q05Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q066	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q06Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q076	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q07Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047Q0ZZ	Dilation of Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047Q341	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q346	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047Q356	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q35Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q366	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q36Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q376	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q37Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047Q441	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q446	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q44Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q456	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047Q45Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q466	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q46Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q476	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q47Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R041	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R046	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R04Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R056	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047R05Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R066	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R06Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R076	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R07Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047R0ZZ	Dilation of Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047R341	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R346	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R356	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R35Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R366	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047R36Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R376	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R37Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047R3ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047R441	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R446	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R44Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R456	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R45Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R466	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R46Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047R476	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R47Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S041	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S046	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S04Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S056	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S05Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S066	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S06Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047S076	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S07Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047S0ZZ	Dilation of Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047S341	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S346	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S34Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S356	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S35Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S366	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S36Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S376	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S37Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047S3D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047S3ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047S441	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S446	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S44Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S456	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S45Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S466	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S46Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S476	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S47Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047S4D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T041	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T046	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T04Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T056	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T05Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T066	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T06Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T076	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T07Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T0DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047T0E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0Z6	Dilation of Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047T0ZZ	Dilation of Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047T341	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T346	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T34Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T356	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T35Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T366	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T36Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T376	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T37Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047T3G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047T441	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T446	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T44Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T456	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T45Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T466	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T46Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T476	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T47Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047T4GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4ZZ	Dilation of Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U041	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U046	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U04Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U056	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U05Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U066	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U06Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U076	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U07Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0Z6	Dilation of Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047U0ZZ	Dilation of Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047U341	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047U346	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U34Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U356	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U35Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U366	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U36Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U376	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U37Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U3DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U3E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047U3ZZ	Dilation of Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047U441	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U446	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U44Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047U456	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U45Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U466	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U46Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U476	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U47Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4ZZ	Dilation of Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V041	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V046	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V04Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V056	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047V05Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V066	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V06Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V076	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V07Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0DZ	Dilation of Right Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0Z6	Dilation of Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047V0ZZ	Dilation of Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
047V341	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V346	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V34Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V356	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V35Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V366	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V36Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V376	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V37Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047V3D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047V3ZZ	Dilation of Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047V441	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V446	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V44Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V456	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V45Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V466	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V46Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V476	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V47Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047V4DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4ZZ	Dilation of Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W041	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W046	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W04Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W056	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W05Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W066	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W06Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W076	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W07Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0DZ	Dilation of Left Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047W0G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0Z6	Dilation of Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047W0ZZ	Dilation of Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
047W341	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W346	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W34Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W356	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W35Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W366	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W36Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W376	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W37Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047W3ZZ	Dilation of Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047W441	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W446	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W44Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W456	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W45Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W466	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W46Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W476	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W47Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4ZZ	Dilation of Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y041	Dilation of Lower Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
047Y046	Dilation of Lower Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Y04Z	Dilation of Lower Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Y056	Dilation of Lower Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y05Z	Dilation of Lower Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y066	Dilation of Lower Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y06Z	Dilation of Lower Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y076	Dilation of Lower Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y07Z	Dilation of Lower Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y0D1	Dilation of Lower Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Y0D6	Dilation of Lower Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Y0DZ	Dilation of Lower Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Y0E6	Dilation of Lower Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y0EZ	Dilation of Lower Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y0F6	Dilation of Lower Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y0FZ	Dilation of Lower Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y0G6	Dilation of Lower Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y0GZ	Dilation of Lower Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Y0Z1	Dilation of Lower Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Y0Z6	Dilation of Lower Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047Y0ZZ	Dilation of Lower Artery, Open Approach	ICD-10-PCS	Procedure
047Y341	Dilation of Lower Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Y346	Dilation of Lower Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Y34Z	Dilation of Lower Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Y356	Dilation of Lower Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y35Z	Dilation of Lower Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y366	Dilation of Lower Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y36Z	Dilation of Lower Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047Y376	Dilation of Lower Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y37Z	Dilation of Lower Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3D1	Dilation of Lower Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3D6	Dilation of Lower Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3DZ	Dilation of Lower Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3E6	Dilation of Lower Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3EZ	Dilation of Lower Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3F6	Dilation of Lower Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3FZ	Dilation of Lower Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3G6	Dilation of Lower Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3GZ	Dilation of Lower Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3Z1	Dilation of Lower Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3Z6	Dilation of Lower Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047Y3ZZ	Dilation of Lower Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047Y441	Dilation of Lower Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y446	Dilation of Lower Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y44Z	Dilation of Lower Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y456	Dilation of Lower Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y45Z	Dilation of Lower Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y466	Dilation of Lower Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y46Z	Dilation of Lower Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y476	Dilation of Lower Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y47Z	Dilation of Lower Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4D1	Dilation of Lower Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
047Y4D6	Dilation of Lower Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4DZ	Dilation of Lower Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4E6	Dilation of Lower Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4EZ	Dilation of Lower Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4F6	Dilation of Lower Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4FZ	Dilation of Lower Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4G6	Dilation of Lower Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4GZ	Dilation of Lower Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4Z1	Dilation of Lower Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4Z6	Dilation of Lower Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Y4ZZ	Dilation of Lower Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C10Z6	Extirpation of Matter from Celiac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C10ZZ	Extirpation of Matter from Celiac Artery, Open Approach	ICD-10-PCS	Procedure
04C13Z6	Extirpation of Matter from Celiac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C13ZZ	Extirpation of Matter from Celiac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04C14Z6	Extirpation of Matter from Celiac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C14ZZ	Extirpation of Matter from Celiac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C20Z6	Extirpation of Matter from Gastric Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C20ZZ	Extirpation of Matter from Gastric Artery, Open Approach	ICD-10-PCS	Procedure
04C23Z6	Extirpation of Matter from Gastric Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C23ZZ	Extirpation of Matter from Gastric Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04C24Z6	Extirpation of Matter from Gastric Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C24ZZ	Extirpation of Matter from Gastric Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C30Z6	Extirpation of Matter from Hepatic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C30ZZ	Extirpation of Matter from Hepatic Artery, Open Approach	ICD-10-PCS	Procedure
04C33Z6	Extirpation of Matter from Hepatic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C33ZZ	Extirpation of Matter from Hepatic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04C34Z6	Extirpation of Matter from Hepatic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C34ZZ	Extirpation of Matter from Hepatic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C40Z6	Extirpation of Matter from Splenic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C40ZZ	Extirpation of Matter from Splenic Artery, Open Approach	ICD-10-PCS	Procedure
04C43Z6	Extirpation of Matter from Splenic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C43ZZ	Extirpation of Matter from Splenic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04C44Z6	Extirpation of Matter from Splenic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04C44ZZ	Extirpation of Matter from Splenic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C50Z6	Extirpation of Matter from Superior Mesenteric Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C50ZZ	Extirpation of Matter from Superior Mesenteric Artery, Open Approach	ICD-10-PCS	Procedure
04C53Z6	Extirpation of Matter from Superior Mesenteric Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C53ZZ	Extirpation of Matter from Superior Mesenteric Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04C54Z6	Extirpation of Matter from Superior Mesenteric Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C54ZZ	Extirpation of Matter from Superior Mesenteric Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C60Z6	Extirpation of Matter from Right Colic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C60ZZ	Extirpation of Matter from Right Colic Artery, Open Approach	ICD-10-PCS	Procedure
04C63Z6	Extirpation of Matter from Right Colic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C63ZZ	Extirpation of Matter from Right Colic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04C64Z6	Extirpation of Matter from Right Colic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C64ZZ	Extirpation of Matter from Right Colic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C70Z6	Extirpation of Matter from Left Colic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C70ZZ	Extirpation of Matter from Left Colic Artery, Open Approach	ICD-10-PCS	Procedure
04C73Z6	Extirpation of Matter from Left Colic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C73ZZ	Extirpation of Matter from Left Colic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04C74Z6	Extirpation of Matter from Left Colic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C74ZZ	Extirpation of Matter from Left Colic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C80Z6	Extirpation of Matter from Middle Colic Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C80ZZ	Extirpation of Matter from Middle Colic Artery, Open Approach	ICD-10-PCS	Procedure
04C83Z6	Extirpation of Matter from Middle Colic Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C83ZZ	Extirpation of Matter from Middle Colic Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04C84Z6	Extirpation of Matter from Middle Colic Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C84ZZ	Extirpation of Matter from Middle Colic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C90Z6	Extirpation of Matter from Right Renal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C90ZZ	Extirpation of Matter from Right Renal Artery, Open Approach	ICD-10-PCS	Procedure
04C93Z6	Extirpation of Matter from Right Renal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C93ZZ	Extirpation of Matter from Right Renal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04C94Z6	Extirpation of Matter from Right Renal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C94ZZ	Extirpation of Matter from Right Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CA0Z6	Extirpation of Matter from Left Renal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CA0ZZ	Extirpation of Matter from Left Renal Artery, Open Approach	ICD-10-PCS	Procedure
04CA3Z6	Extirpation of Matter from Left Renal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CA3ZZ	Extirpation of Matter from Left Renal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CA4Z6	Extirpation of Matter from Left Renal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CA4ZZ	Extirpation of Matter from Left Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CB0Z6	Extirpation of Matter from Inferior Mesenteric Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CB0ZZ	Extirpation of Matter from Inferior Mesenteric Artery, Open Approach	ICD-10-PCS	Procedure
04CB3Z6	Extirpation of Matter from Inferior Mesenteric Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CB3ZZ	Extirpation of Matter from Inferior Mesenteric Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CB4Z6	Extirpation of Matter from Inferior Mesenteric Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CB4ZZ	Extirpation of Matter from Inferior Mesenteric Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC0Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CC0ZZ	Extirpation of Matter from Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CC3Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CC3ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CC4Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC4ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CD0Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CD0ZZ	Extirpation of Matter from Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CD3Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CD3ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CD4Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CD4ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE0Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CE0ZZ	Extirpation of Matter from Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CE3Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CE3ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CE4Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE4ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF0Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CF0ZZ	Extirpation of Matter from Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CF3Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CF3ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CF4Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF4ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH0Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CH0ZZ	Extirpation of Matter from Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CH3Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CH3ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CH4Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH4ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ0Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CJ0ZZ	Extirpation of Matter from Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CJ3Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CJ3ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CJ4Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ4ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK0Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CK0ZZ	Extirpation of Matter from Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CK3Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CK4Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK4ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL0Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CL0ZZ	Extirpation of Matter from Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CL3Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CL4Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL4ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM0Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CM0ZZ	Extirpation of Matter from Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CM3Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CM4Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM4ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN0Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CN0ZZ	Extirpation of Matter from Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CN3Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CN3ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CN4Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN4ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP0Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
04CP0ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CP3Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CP4Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP4ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ0Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CQ0ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CQ3Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ4Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ4ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR0Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CR0ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CR3Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CR4Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR4ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS0Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CS0ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CS3Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CS4Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS4ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT0Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CT0ZZ	Extirpation of Matter from Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CT3Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CT4Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT4ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU0Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
04CU0ZZ	Extirpation of Matter from Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CU3Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CU4Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU4ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV0Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CV0ZZ	Extirpation of Matter from Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CV3Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CV3ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CV4Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV4ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW0Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CW0ZZ	Extirpation of Matter from Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CW3Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CW3ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CW4Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW4ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CY0Z6	Extirpation of Matter from Lower Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CY0ZZ	Extirpation of Matter from Lower Artery, Open Approach	ICD-10-PCS	Procedure
04CY3Z6	Extirpation of Matter from Lower Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CY3ZZ	Extirpation of Matter from Lower Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CY4Z6	Extirpation of Matter from Lower Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CY4ZZ	Extirpation of Matter from Lower Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051007Y	Bypass Azygos Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051009Y	Bypass Azygos Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
05100AY	Bypass Azygos Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
05100JY	Bypass Azygos Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
05100KY	Bypass Azygos Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
05100ZY	Bypass Azygos Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051047Y	Bypass Azygos Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051049Y	Bypass Azygos Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05104AY	Bypass Azygos Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05104JY	Bypass Azygos Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
05104KY	Bypass Azygos Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05104ZY	Bypass Azygos Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051107Y	Bypass Hemiazygos Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051109Y	Bypass Hemiazygos Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
05110AY	Bypass Hemiazygos Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
05110JY	Bypass Hemiazygos Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
05110KY	Bypass Hemiazygos Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
05110ZY	Bypass Hemiazygos Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051147Y	Bypass Hemiazygos Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051149Y	Bypass Hemiazygos Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05114AY	Bypass Hemiazygos Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05114JY	Bypass Hemiazygos Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05114KY	Bypass Hemiazygos Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05114ZY	Bypass Hemiazygos Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051307Y	Bypass Right Innominate Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051309Y	Bypass Right Innominate Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
05130AY	Bypass Right Innominate Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
05130JY	Bypass Right Innominate Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
05130KY	Bypass Right Innominate Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
05130ZY	Bypass Right Innominate Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051347Y	Bypass Right Innominate Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051349Y	Bypass Right Innominate Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05134AY	Bypass Right Innominate Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05134JY	Bypass Right Innominate Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05134KY	Bypass Right Innominate Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
05134ZY	Bypass Right Innominate Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051407Y	Bypass Left Innominate Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051409Y	Bypass Left Innominate Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
05140AY	Bypass Left Innominate Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
05140JY	Bypass Left Innominate Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
05140KY	Bypass Left Innominate Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
05140ZY	Bypass Left Innominate Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051447Y	Bypass Left Innominate Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051449Y	Bypass Left Innominate Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05144AY	Bypass Left Innominate Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05144JY	Bypass Left Innominate Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05144KY	Bypass Left Innominate Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05144ZY	Bypass Left Innominate Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051507Y	Bypass Right Subclavian Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051509Y	Bypass Right Subclavian Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
05150AY	Bypass Right Subclavian Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
05150JY	Bypass Right Subclavian Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
05150KY	Bypass Right Subclavian Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
05150ZY	Bypass Right Subclavian Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051547Y	Bypass Right Subclavian Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051549Y	Bypass Right Subclavian Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05154AY	Bypass Right Subclavian Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05154JY	Bypass Right Subclavian Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
05154KY	Bypass Right Subclavian Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05154ZY	Bypass Right Subclavian Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051607Y	Bypass Left Subclavian Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051609Y	Bypass Left Subclavian Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
05160AY	Bypass Left Subclavian Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
05160JY	Bypass Left Subclavian Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
05160KY	Bypass Left Subclavian Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
05160ZY	Bypass Left Subclavian Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051647Y	Bypass Left Subclavian Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051649Y	Bypass Left Subclavian Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05164AY	Bypass Left Subclavian Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05164JY	Bypass Left Subclavian Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05164KY	Bypass Left Subclavian Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05164ZY	Bypass Left Subclavian Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051707Y	Bypass Right Axillary Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051709Y	Bypass Right Axillary Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
05170AY	Bypass Right Axillary Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
05170JY	Bypass Right Axillary Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
05170KY	Bypass Right Axillary Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
05170ZY	Bypass Right Axillary Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051747Y	Bypass Right Axillary Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051749Y	Bypass Right Axillary Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05174AY	Bypass Right Axillary Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05174JY	Bypass Right Axillary Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05174KY	Bypass Right Axillary Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05174ZY	Bypass Right Axillary Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
051807Y	Bypass Left Axillary Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051809Y	Bypass Left Axillary Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
05180AY	Bypass Left Axillary Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
05180JY	Bypass Left Axillary Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
05180KY	Bypass Left Axillary Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
05180ZY	Bypass Left Axillary Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051847Y	Bypass Left Axillary Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051849Y	Bypass Left Axillary Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05184AY	Bypass Left Axillary Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05184JY	Bypass Left Axillary Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05184KY	Bypass Left Axillary Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05184ZY	Bypass Left Axillary Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051907Y	Bypass Right Brachial Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051909Y	Bypass Right Brachial Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
05190AY	Bypass Right Brachial Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
05190JY	Bypass Right Brachial Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
05190KY	Bypass Right Brachial Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
05190ZY	Bypass Right Brachial Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051947Y	Bypass Right Brachial Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051949Y	Bypass Right Brachial Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05194AY	Bypass Right Brachial Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05194JY	Bypass Right Brachial Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05194KY	Bypass Right Brachial Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05194ZY	Bypass Right Brachial Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051A07Y	Bypass Left Brachial Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051A09Y	Bypass Left Brachial Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051A0AY	Bypass Left Brachial Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051A0JY	Bypass Left Brachial Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
051A0KY	Bypass Left Brachial Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051A0ZY	Bypass Left Brachial Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051A47Y	Bypass Left Brachial Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051A49Y	Bypass Left Brachial Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051A4AY	Bypass Left Brachial Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051A4JY	Bypass Left Brachial Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051A4KY	Bypass Left Brachial Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051A4ZY	Bypass Left Brachial Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051B07Y	Bypass Right Basilic Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051B09Y	Bypass Right Basilic Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051B0AY	Bypass Right Basilic Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051B0JY	Bypass Right Basilic Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051B0KY	Bypass Right Basilic Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051B0ZY	Bypass Right Basilic Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051B47Y	Bypass Right Basilic Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051B49Y	Bypass Right Basilic Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051B4AY	Bypass Right Basilic Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051B4JY	Bypass Right Basilic Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051B4KY	Bypass Right Basilic Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051B4ZY	Bypass Right Basilic Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051C07Y	Bypass Left Basilic Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051C09Y	Bypass Left Basilic Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051C0AY	Bypass Left Basilic Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051C0JY	Bypass Left Basilic Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051C0KY	Bypass Left Basilic Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051C0ZY	Bypass Left Basilic Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051C47Y	Bypass Left Basilic Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
051C49Y	Bypass Left Basilic Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051C4AY	Bypass Left Basilic Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051C4JY	Bypass Left Basilic Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051C4KY	Bypass Left Basilic Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051C4ZY	Bypass Left Basilic Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051D07Y	Bypass Right Cephalic Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051D09Y	Bypass Right Cephalic Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051D0AY	Bypass Right Cephalic Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051D0JY	Bypass Right Cephalic Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051D0KY	Bypass Right Cephalic Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051D0ZY	Bypass Right Cephalic Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051D47Y	Bypass Right Cephalic Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051D49Y	Bypass Right Cephalic Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051D4AY	Bypass Right Cephalic Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051D4JY	Bypass Right Cephalic Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051D4KY	Bypass Right Cephalic Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051D4ZY	Bypass Right Cephalic Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051F07Y	Bypass Left Cephalic Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051F09Y	Bypass Left Cephalic Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051F0AY	Bypass Left Cephalic Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051F0JY	Bypass Left Cephalic Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051F0KY	Bypass Left Cephalic Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051F0ZY	Bypass Left Cephalic Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051F47Y	Bypass Left Cephalic Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051F49Y	Bypass Left Cephalic Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051F4AY	Bypass Left Cephalic Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
051F4JY	Bypass Left Cephalic Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051F4KY	Bypass Left Cephalic Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051F4ZY	Bypass Left Cephalic Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051G07Y	Bypass Right Hand Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051G09Y	Bypass Right Hand Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051G0AY	Bypass Right Hand Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051G0JY	Bypass Right Hand Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051G0KY	Bypass Right Hand Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051G0ZY	Bypass Right Hand Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051G47Y	Bypass Right Hand Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051G49Y	Bypass Right Hand Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051G4AY	Bypass Right Hand Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051G4JY	Bypass Right Hand Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051G4KY	Bypass Right Hand Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051G4ZY	Bypass Right Hand Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051H07Y	Bypass Left Hand Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051H09Y	Bypass Left Hand Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051H0AY	Bypass Left Hand Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051H0JY	Bypass Left Hand Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051H0KY	Bypass Left Hand Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051H0ZY	Bypass Left Hand Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051H47Y	Bypass Left Hand Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051H49Y	Bypass Left Hand Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051H4AY	Bypass Left Hand Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051H4JY	Bypass Left Hand Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051H4KY	Bypass Left Hand Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051H4ZY	Bypass Left Hand Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051L07Y	Bypass Intracranial Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
051L09Y	Bypass Intracranial Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051L0AY	Bypass Intracranial Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051L0JY	Bypass Intracranial Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051L0KY	Bypass Intracranial Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051L0ZY	Bypass Intracranial Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051L47Y	Bypass Intracranial Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051L49Y	Bypass Intracranial Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051L4AY	Bypass Intracranial Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051L4JY	Bypass Intracranial Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051L4KY	Bypass Intracranial Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051L4ZY	Bypass Intracranial Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051M07Y	Bypass Right Internal Jugular Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051M09Y	Bypass Right Internal Jugular Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051M0AY	Bypass Right Internal Jugular Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051M0JY	Bypass Right Internal Jugular Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051M0KY	Bypass Right Internal Jugular Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051M0ZY	Bypass Right Internal Jugular Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051M47Y	Bypass Right Internal Jugular Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051M49Y	Bypass Right Internal Jugular Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051M4AY	Bypass Right Internal Jugular Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051M4JY	Bypass Right Internal Jugular Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051M4KY	Bypass Right Internal Jugular Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051M4ZY	Bypass Right Internal Jugular Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051N07Y	Bypass Left Internal Jugular Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
051N09Y	Bypass Left Internal Jugular Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051N0AY	Bypass Left Internal Jugular Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051N0JY	Bypass Left Internal Jugular Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051N0KY	Bypass Left Internal Jugular Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051N0ZY	Bypass Left Internal Jugular Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051N47Y	Bypass Left Internal Jugular Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051N49Y	Bypass Left Internal Jugular Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051N4AY	Bypass Left Internal Jugular Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051N4JY	Bypass Left Internal Jugular Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051N4KY	Bypass Left Internal Jugular Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051N4ZY	Bypass Left Internal Jugular Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051P07Y	Bypass Right External Jugular Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051P09Y	Bypass Right External Jugular Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051P0AY	Bypass Right External Jugular Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051P0JY	Bypass Right External Jugular Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051P0KY	Bypass Right External Jugular Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051P0ZY	Bypass Right External Jugular Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051P47Y	Bypass Right External Jugular Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051P49Y	Bypass Right External Jugular Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051P4AY	Bypass Right External Jugular Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051P4JY	Bypass Right External Jugular Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051P4KY	Bypass Right External Jugular Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051P4ZY	Bypass Right External Jugular Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
051Q07Y	Bypass Left External Jugular Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051Q09Y	Bypass Left External Jugular Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051Q0AY	Bypass Left External Jugular Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051Q0JY	Bypass Left External Jugular Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051Q0KY	Bypass Left External Jugular Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051Q0ZY	Bypass Left External Jugular Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051Q47Y	Bypass Left External Jugular Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051Q49Y	Bypass Left External Jugular Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051Q4AY	Bypass Left External Jugular Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051Q4JY	Bypass Left External Jugular Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051Q4KY	Bypass Left External Jugular Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051Q4ZY	Bypass Left External Jugular Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051R07Y	Bypass Right Vertebral Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051R09Y	Bypass Right Vertebral Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051R0AY	Bypass Right Vertebral Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051R0JY	Bypass Right Vertebral Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051R0KY	Bypass Right Vertebral Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051R0ZY	Bypass Right Vertebral Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051R47Y	Bypass Right Vertebral Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051R49Y	Bypass Right Vertebral Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051R4AY	Bypass Right Vertebral Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051R4JY	Bypass Right Vertebral Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051R4KY	Bypass Right Vertebral Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051R4ZY	Bypass Right Vertebral Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
051S07Y	Bypass Left Vertebral Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051S09Y	Bypass Left Vertebral Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051S0AY	Bypass Left Vertebral Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051S0JY	Bypass Left Vertebral Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051S0KY	Bypass Left Vertebral Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051S0ZY	Bypass Left Vertebral Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051S47Y	Bypass Left Vertebral Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051S49Y	Bypass Left Vertebral Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051S4AY	Bypass Left Vertebral Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051S4JY	Bypass Left Vertebral Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051S4KY	Bypass Left Vertebral Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051S4ZY	Bypass Left Vertebral Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051T07Y	Bypass Right Face Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051T09Y	Bypass Right Face Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051T0AY	Bypass Right Face Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051T0JY	Bypass Right Face Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
051T0KY	Bypass Right Face Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051T0ZY	Bypass Right Face Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051T47Y	Bypass Right Face Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051T49Y	Bypass Right Face Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051T4AY	Bypass Right Face Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051T4JY	Bypass Right Face Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051T4KY	Bypass Right Face Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051T4ZY	Bypass Right Face Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051V07Y	Bypass Left Face Vein to Upper Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051V09Y	Bypass Left Face Vein to Upper Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
051V0AY	Bypass Left Face Vein to Upper Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
051V0JY	Bypass Left Face Vein to Upper Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
051V0KY	Bypass Left Face Vein to Upper Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
051V0ZY	Bypass Left Face Vein to Upper Vein, Open Approach	ICD-10-PCS	Procedure
051V47Y	Bypass Left Face Vein to Upper Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051V49Y	Bypass Left Face Vein to Upper Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051V4AY	Bypass Left Face Vein to Upper Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051V4JY	Bypass Left Face Vein to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051V4KY	Bypass Left Face Vein to Upper Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
051V4ZY	Bypass Left Face Vein to Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05700DZ	Dilation of Azygos Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
05700ZZ	Dilation of Azygos Vein, Open Approach	ICD-10-PCS	Procedure
05703DZ	Dilation of Azygos Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
05703ZZ	Dilation of Azygos Vein, Percutaneous Approach	ICD-10-PCS	Procedure
05704DZ	Dilation of Azygos Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05704ZZ	Dilation of Azygos Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05710DZ	Dilation of Hemiazygos Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
05710ZZ	Dilation of Hemiazygos Vein, Open Approach	ICD-10-PCS	Procedure
05713DZ	Dilation of Hemiazygos Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
05713ZZ	Dilation of Hemiazygos Vein, Percutaneous Approach	ICD-10-PCS	Procedure
05714DZ	Dilation of Hemiazygos Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05714ZZ	Dilation of Hemiazygos Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05730DZ	Dilation of Right Innominate Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
05730ZZ	Dilation of Right Innominate Vein, Open Approach	ICD-10-PCS	Procedure
05733DZ	Dilation of Right Innominate Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
05733ZZ	Dilation of Right Innominate Vein, Percutaneous Approach	ICD-10-PCS	Procedure
05734DZ	Dilation of Right Innominate Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05734ZZ	Dilation of Right Innominate Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05740DZ	Dilation of Left Innominate Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
05740ZZ	Dilation of Left Innominate Vein, Open Approach	ICD-10-PCS	Procedure
05743DZ	Dilation of Left Innominate Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
05743ZZ	Dilation of Left Innominate Vein, Percutaneous Approach	ICD-10-PCS	Procedure
05744DZ	Dilation of Left Innominate Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05744ZZ	Dilation of Left Innominate Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05750DZ	Dilation of Right Subclavian Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
05750ZZ	Dilation of Right Subclavian Vein, Open Approach	ICD-10-PCS	Procedure
05753DZ	Dilation of Right Subclavian Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
05753ZZ	Dilation of Right Subclavian Vein, Percutaneous Approach	ICD-10-PCS	Procedure
05754DZ	Dilation of Right Subclavian Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05754ZZ	Dilation of Right Subclavian Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05760DZ	Dilation of Left Subclavian Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
05760ZZ	Dilation of Left Subclavian Vein, Open Approach	ICD-10-PCS	Procedure
05763DZ	Dilation of Left Subclavian Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
05763ZZ	Dilation of Left Subclavian Vein, Percutaneous Approach	ICD-10-PCS	Procedure
05764DZ	Dilation of Left Subclavian Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05764ZZ	Dilation of Left Subclavian Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05770DZ	Dilation of Right Axillary Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
05770ZZ	Dilation of Right Axillary Vein, Open Approach	ICD-10-PCS	Procedure
05773DZ	Dilation of Right Axillary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
05773ZZ	Dilation of Right Axillary Vein, Percutaneous Approach	ICD-10-PCS	Procedure
05774DZ	Dilation of Right Axillary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05774ZZ	Dilation of Right Axillary Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05780DZ	Dilation of Left Axillary Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
05780ZZ	Dilation of Left Axillary Vein, Open Approach	ICD-10-PCS	Procedure
05783DZ	Dilation of Left Axillary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
05783ZZ	Dilation of Left Axillary Vein, Percutaneous Approach	ICD-10-PCS	Procedure
05784DZ	Dilation of Left Axillary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05784ZZ	Dilation of Left Axillary Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05790DZ	Dilation of Right Brachial Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
05790ZZ	Dilation of Right Brachial Vein, Open Approach	ICD-10-PCS	Procedure
05793DZ	Dilation of Right Brachial Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
05793ZZ	Dilation of Right Brachial Vein, Percutaneous Approach	ICD-10-PCS	Procedure
05794DZ	Dilation of Right Brachial Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05794ZZ	Dilation of Right Brachial Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057A0DZ	Dilation of Left Brachial Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057A0ZZ	Dilation of Left Brachial Vein, Open Approach	ICD-10-PCS	Procedure
057A3DZ	Dilation of Left Brachial Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057A3ZZ	Dilation of Left Brachial Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057A4DZ	Dilation of Left Brachial Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057A4ZZ	Dilation of Left Brachial Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
057B0DZ	Dilation of Right Basilic Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057B0ZZ	Dilation of Right Basilic Vein, Open Approach	ICD-10-PCS	Procedure
057B3DZ	Dilation of Right Basilic Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057B3ZZ	Dilation of Right Basilic Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057B4DZ	Dilation of Right Basilic Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057B4ZZ	Dilation of Right Basilic Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057C0DZ	Dilation of Left Basilic Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057C0ZZ	Dilation of Left Basilic Vein, Open Approach	ICD-10-PCS	Procedure
057C3DZ	Dilation of Left Basilic Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057C3ZZ	Dilation of Left Basilic Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057C4DZ	Dilation of Left Basilic Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057C4ZZ	Dilation of Left Basilic Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057D0DZ	Dilation of Right Cephalic Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057D0ZZ	Dilation of Right Cephalic Vein, Open Approach	ICD-10-PCS	Procedure
057D3DZ	Dilation of Right Cephalic Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057D3ZZ	Dilation of Right Cephalic Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057D4DZ	Dilation of Right Cephalic Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057D4ZZ	Dilation of Right Cephalic Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057F0DZ	Dilation of Left Cephalic Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057F0ZZ	Dilation of Left Cephalic Vein, Open Approach	ICD-10-PCS	Procedure
057F3DZ	Dilation of Left Cephalic Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057F3ZZ	Dilation of Left Cephalic Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057F4DZ	Dilation of Left Cephalic Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057F4ZZ	Dilation of Left Cephalic Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057G0DZ	Dilation of Right Hand Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057G0ZZ	Dilation of Right Hand Vein, Open Approach	ICD-10-PCS	Procedure
057G3DZ	Dilation of Right Hand Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057G3ZZ	Dilation of Right Hand Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057G4DZ	Dilation of Right Hand Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057G4ZZ	Dilation of Right Hand Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057H0DZ	Dilation of Left Hand Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057H0ZZ	Dilation of Left Hand Vein, Open Approach	ICD-10-PCS	Procedure
057H3DZ	Dilation of Left Hand Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057H3ZZ	Dilation of Left Hand Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057H4DZ	Dilation of Left Hand Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057H4ZZ	Dilation of Left Hand Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057L0DZ	Dilation of Intracranial Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057L0ZZ	Dilation of Intracranial Vein, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
057L3ZZ	Dilation of Intracranial Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057L4ZZ	Dilation of Intracranial Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057M0DZ	Dilation of Right Internal Jugular Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057M0ZZ	Dilation of Right Internal Jugular Vein, Open Approach	ICD-10-PCS	Procedure
057M3ZZ	Dilation of Right Internal Jugular Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057M4ZZ	Dilation of Right Internal Jugular Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057N0DZ	Dilation of Left Internal Jugular Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057N0ZZ	Dilation of Left Internal Jugular Vein, Open Approach	ICD-10-PCS	Procedure
057N3ZZ	Dilation of Left Internal Jugular Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057N4ZZ	Dilation of Left Internal Jugular Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057P0DZ	Dilation of Right External Jugular Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057P0ZZ	Dilation of Right External Jugular Vein, Open Approach	ICD-10-PCS	Procedure
057P3ZZ	Dilation of Right External Jugular Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057P4ZZ	Dilation of Right External Jugular Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057Q0DZ	Dilation of Left External Jugular Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057Q0ZZ	Dilation of Left External Jugular Vein, Open Approach	ICD-10-PCS	Procedure
057Q3ZZ	Dilation of Left External Jugular Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057Q4ZZ	Dilation of Left External Jugular Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057R0DZ	Dilation of Right Vertebral Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057R0ZZ	Dilation of Right Vertebral Vein, Open Approach	ICD-10-PCS	Procedure
057R3ZZ	Dilation of Right Vertebral Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057R4ZZ	Dilation of Right Vertebral Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057S0DZ	Dilation of Left Vertebral Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057S0ZZ	Dilation of Left Vertebral Vein, Open Approach	ICD-10-PCS	Procedure
057S3ZZ	Dilation of Left Vertebral Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057S4ZZ	Dilation of Left Vertebral Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057T0DZ	Dilation of Right Face Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057T0ZZ	Dilation of Right Face Vein, Open Approach	ICD-10-PCS	Procedure
057T3DZ	Dilation of Right Face Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057T3ZZ	Dilation of Right Face Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057T4DZ	Dilation of Right Face Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057T4ZZ	Dilation of Right Face Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057V0DZ	Dilation of Left Face Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057V0ZZ	Dilation of Left Face Vein, Open Approach	ICD-10-PCS	Procedure
057V3DZ	Dilation of Left Face Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057V3ZZ	Dilation of Left Face Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057V4DZ	Dilation of Left Face Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057V4ZZ	Dilation of Left Face Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057Y0DZ	Dilation of Upper Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
057Y0ZZ	Dilation of Upper Vein, Open Approach	ICD-10-PCS	Procedure
057Y3DZ	Dilation of Upper Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
057Y3ZZ	Dilation of Upper Vein, Percutaneous Approach	ICD-10-PCS	Procedure
057Y4DZ	Dilation of Upper Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057Y4ZZ	Dilation of Upper Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061307Y	Bypass Esophageal Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061309Y	Bypass Esophageal Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
06130AY	Bypass Esophageal Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
06130JY	Bypass Esophageal Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
06130KY	Bypass Esophageal Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
06130ZY	Bypass Esophageal Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061347Y	Bypass Esophageal Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061349Y	Bypass Esophageal Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06134AY	Bypass Esophageal Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06134JY	Bypass Esophageal Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06134KY	Bypass Esophageal Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06134ZY	Bypass Esophageal Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061C07Y	Bypass Right Common Iliac Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061C09Y	Bypass Right Common Iliac Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061C0AY	Bypass Right Common Iliac Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061C0JY	Bypass Right Common Iliac Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061C0KY	Bypass Right Common Iliac Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061C0ZY	Bypass Right Common Iliac Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061C47Y	Bypass Right Common Iliac Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061C49Y	Bypass Right Common Iliac Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061C4AY	Bypass Right Common Iliac Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061C4JY	Bypass Right Common Iliac Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061C4KY	Bypass Right Common Iliac Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
061C4ZY	Bypass Right Common Iliac Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061D07Y	Bypass Left Common Iliac Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061D09Y	Bypass Left Common Iliac Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061D0AY	Bypass Left Common Iliac Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061D0JY	Bypass Left Common Iliac Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061D0KY	Bypass Left Common Iliac Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061D0ZY	Bypass Left Common Iliac Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061D47Y	Bypass Left Common Iliac Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061D49Y	Bypass Left Common Iliac Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061D4AY	Bypass Left Common Iliac Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061D4JY	Bypass Left Common Iliac Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061D4KY	Bypass Left Common Iliac Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061D4ZY	Bypass Left Common Iliac Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061F07Y	Bypass Right External Iliac Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061F09Y	Bypass Right External Iliac Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061F0AY	Bypass Right External Iliac Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061F0JY	Bypass Right External Iliac Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061F0KY	Bypass Right External Iliac Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061F0ZY	Bypass Right External Iliac Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061F47Y	Bypass Right External Iliac Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061F49Y	Bypass Right External Iliac Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061F4AY	Bypass Right External Iliac Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061F4JY	Bypass Right External Iliac Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
061F4KY	Bypass Right External Iliac Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061F4ZY	Bypass Right External Iliac Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061G07Y	Bypass Left External Iliac Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061G09Y	Bypass Left External Iliac Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061G0AY	Bypass Left External Iliac Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061G0JY	Bypass Left External Iliac Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061G0KY	Bypass Left External Iliac Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061G0ZY	Bypass Left External Iliac Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061G47Y	Bypass Left External Iliac Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061G49Y	Bypass Left External Iliac Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061G4AY	Bypass Left External Iliac Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061G4JY	Bypass Left External Iliac Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061G4KY	Bypass Left External Iliac Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061G4ZY	Bypass Left External Iliac Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061H07Y	Bypass Right Hypogastric Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061H09Y	Bypass Right Hypogastric Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061H0AY	Bypass Right Hypogastric Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061H0JY	Bypass Right Hypogastric Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061H0KY	Bypass Right Hypogastric Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061H0ZY	Bypass Right Hypogastric Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061H47Y	Bypass Right Hypogastric Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061H49Y	Bypass Right Hypogastric Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061H4AY	Bypass Right Hypogastric Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061H4JY	Bypass Right Hypogastric Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
061H4KY	Bypass Right Hypogastric Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061H4ZY	Bypass Right Hypogastric Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061M07Y	Bypass Right Femoral Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061M09Y	Bypass Right Femoral Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061M0AY	Bypass Right Femoral Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061M0JY	Bypass Right Femoral Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061M0KY	Bypass Right Femoral Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061M0ZY	Bypass Right Femoral Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061M47Y	Bypass Right Femoral Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061M49Y	Bypass Right Femoral Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061M4AY	Bypass Right Femoral Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061M4JY	Bypass Right Femoral Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061M4KY	Bypass Right Femoral Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061M4ZY	Bypass Right Femoral Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061N07Y	Bypass Left Femoral Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061N09Y	Bypass Left Femoral Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061N0AY	Bypass Left Femoral Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061N0JY	Bypass Left Femoral Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061N0KY	Bypass Left Femoral Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061N0ZY	Bypass Left Femoral Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061N47Y	Bypass Left Femoral Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061N49Y	Bypass Left Femoral Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061N4AY	Bypass Left Femoral Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061N4JY	Bypass Left Femoral Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061N4KY	Bypass Left Femoral Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061N4ZY	Bypass Left Femoral Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
061P07Y	Bypass Right Saphenous Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061P09Y	Bypass Right Saphenous Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061P0AY	Bypass Right Saphenous Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061P0JY	Bypass Right Saphenous Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061P0KY	Bypass Right Saphenous Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061P0ZY	Bypass Right Saphenous Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061P47Y	Bypass Right Saphenous Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061P49Y	Bypass Right Saphenous Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061P4AY	Bypass Right Saphenous Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061P4JY	Bypass Right Saphenous Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061P4KY	Bypass Right Saphenous Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061P4ZY	Bypass Right Saphenous Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061Q07Y	Bypass Left Saphenous Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061Q09Y	Bypass Left Saphenous Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061Q0AY	Bypass Left Saphenous Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061Q0JY	Bypass Left Saphenous Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061Q0KY	Bypass Left Saphenous Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061Q0ZY	Bypass Left Saphenous Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061Q47Y	Bypass Left Saphenous Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061Q49Y	Bypass Left Saphenous Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061Q4AY	Bypass Left Saphenous Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061Q4JY	Bypass Left Saphenous Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061Q4KY	Bypass Left Saphenous Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061Q4ZY	Bypass Left Saphenous Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061T07Y	Bypass Right Foot Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
061T09Y	Bypass Right Foot Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061T0AY	Bypass Right Foot Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061TOJY	Bypass Right Foot Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061TOKY	Bypass Right Foot Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061TOZY	Bypass Right Foot Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061T47Y	Bypass Right Foot Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061T49Y	Bypass Right Foot Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061T4AY	Bypass Right Foot Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061T4JY	Bypass Right Foot Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061T4KY	Bypass Right Foot Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061T4ZY	Bypass Right Foot Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061V07Y	Bypass Left Foot Vein to Lower Vein with Autologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061V09Y	Bypass Left Foot Vein to Lower Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
061V0AY	Bypass Left Foot Vein to Lower Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
061V0JY	Bypass Left Foot Vein to Lower Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
061V0KY	Bypass Left Foot Vein to Lower Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
061V0ZY	Bypass Left Foot Vein to Lower Vein, Open Approach	ICD-10-PCS	Procedure
061V47Y	Bypass Left Foot Vein to Lower Vein with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061V49Y	Bypass Left Foot Vein to Lower Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061V4AY	Bypass Left Foot Vein to Lower Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061V4JY	Bypass Left Foot Vein to Lower Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061V4KY	Bypass Left Foot Vein to Lower Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
061V4ZY	Bypass Left Foot Vein to Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06700DZ	Dilation of Inferior Vena Cava with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06700ZZ	Dilation of Inferior Vena Cava, Open Approach	ICD-10-PCS	Procedure
06703DZ	Dilation of Inferior Vena Cava with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
06703ZZ	Dilation of Inferior Vena Cava, Percutaneous Approach	ICD-10-PCS	Procedure
06704DZ	Dilation of Inferior Vena Cava with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06704ZZ	Dilation of Inferior Vena Cava, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
06710DZ	Dilation of Splenic Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06710ZZ	Dilation of Splenic Vein, Open Approach	ICD-10-PCS	Procedure
06713DZ	Dilation of Splenic Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
06713ZZ	Dilation of Splenic Vein, Percutaneous Approach	ICD-10-PCS	Procedure
06714DZ	Dilation of Splenic Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06714ZZ	Dilation of Splenic Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06720DZ	Dilation of Gastric Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06720ZZ	Dilation of Gastric Vein, Open Approach	ICD-10-PCS	Procedure
06723DZ	Dilation of Gastric Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
06723ZZ	Dilation of Gastric Vein, Percutaneous Approach	ICD-10-PCS	Procedure
06724DZ	Dilation of Gastric Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06724ZZ	Dilation of Gastric Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06730DZ	Dilation of Esophageal Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06730ZZ	Dilation of Esophageal Vein, Open Approach	ICD-10-PCS	Procedure
06733DZ	Dilation of Esophageal Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
06733ZZ	Dilation of Esophageal Vein, Percutaneous Approach	ICD-10-PCS	Procedure
06734DZ	Dilation of Esophageal Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06734ZZ	Dilation of Esophageal Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06740DZ	Dilation of Hepatic Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06740ZZ	Dilation of Hepatic Vein, Open Approach	ICD-10-PCS	Procedure
06743DZ	Dilation of Hepatic Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
06743ZZ	Dilation of Hepatic Vein, Percutaneous Approach	ICD-10-PCS	Procedure
06744DZ	Dilation of Hepatic Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06744ZZ	Dilation of Hepatic Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06750DZ	Dilation of Superior Mesenteric Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06750ZZ	Dilation of Superior Mesenteric Vein, Open Approach	ICD-10-PCS	Procedure
06753DZ	Dilation of Superior Mesenteric Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
06753ZZ	Dilation of Superior Mesenteric Vein, Percutaneous Approach	ICD-10-PCS	Procedure
06754DZ	Dilation of Superior Mesenteric Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06754ZZ	Dilation of Superior Mesenteric Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06760DZ	Dilation of Inferior Mesenteric Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06760ZZ	Dilation of Inferior Mesenteric Vein, Open Approach	ICD-10-PCS	Procedure
06763DZ	Dilation of Inferior Mesenteric Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
06763ZZ	Dilation of Inferior Mesenteric Vein, Percutaneous Approach	ICD-10-PCS	Procedure
06764DZ	Dilation of Inferior Mesenteric Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06764ZZ	Dilation of Inferior Mesenteric Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06770DZ	Dilation of Colic Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06770ZZ	Dilation of Colic Vein, Open Approach	ICD-10-PCS	Procedure
06773DZ	Dilation of Colic Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
06773ZZ	Dilation of Colic Vein, Percutaneous Approach	ICD-10-PCS	Procedure
06774DZ	Dilation of Colic Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06774ZZ	Dilation of Colic Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06780DZ	Dilation of Portal Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06780ZZ	Dilation of Portal Vein, Open Approach	ICD-10-PCS	Procedure
06783DZ	Dilation of Portal Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
06783ZZ	Dilation of Portal Vein, Percutaneous Approach	ICD-10-PCS	Procedure
06784DZ	Dilation of Portal Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06784ZZ	Dilation of Portal Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06790DZ	Dilation of Right Renal Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
06790ZZ	Dilation of Right Renal Vein, Open Approach	ICD-10-PCS	Procedure
06793DZ	Dilation of Right Renal Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
06793ZZ	Dilation of Right Renal Vein, Percutaneous Approach	ICD-10-PCS	Procedure
06794DZ	Dilation of Right Renal Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
06794ZZ	Dilation of Right Renal Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067B0DZ	Dilation of Left Renal Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067B0ZZ	Dilation of Left Renal Vein, Open Approach	ICD-10-PCS	Procedure
067B3DZ	Dilation of Left Renal Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067B3ZZ	Dilation of Left Renal Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067B4DZ	Dilation of Left Renal Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067B4ZZ	Dilation of Left Renal Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067C0DZ	Dilation of Right Common Iliac Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067C0ZZ	Dilation of Right Common Iliac Vein, Open Approach	ICD-10-PCS	Procedure
067C3DZ	Dilation of Right Common Iliac Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067C3ZZ	Dilation of Right Common Iliac Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067C4DZ	Dilation of Right Common Iliac Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067C4ZZ	Dilation of Right Common Iliac Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067D0DZ	Dilation of Left Common Iliac Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067D0ZZ	Dilation of Left Common Iliac Vein, Open Approach	ICD-10-PCS	Procedure
067D3DZ	Dilation of Left Common Iliac Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067D3ZZ	Dilation of Left Common Iliac Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067D4DZ	Dilation of Left Common Iliac Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067D4ZZ	Dilation of Left Common Iliac Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067F0DZ	Dilation of Right External Iliac Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067F0ZZ	Dilation of Right External Iliac Vein, Open Approach	ICD-10-PCS	Procedure
067F3DZ	Dilation of Right External Iliac Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067F3ZZ	Dilation of Right External Iliac Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067F4DZ	Dilation of Right External Iliac Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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

Code	Description	Code Type	Code Category
067F4ZZ	Dilation of Right External Iliac Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067G0DZ	Dilation of Left External Iliac Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067G0ZZ	Dilation of Left External Iliac Vein, Open Approach	ICD-10-PCS	Procedure
067G3DZ	Dilation of Left External Iliac Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067G3ZZ	Dilation of Left External Iliac Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067G4DZ	Dilation of Left External Iliac Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067G4ZZ	Dilation of Left External Iliac Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067H0DZ	Dilation of Right Hypogastric Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067H0ZZ	Dilation of Right Hypogastric Vein, Open Approach	ICD-10-PCS	Procedure
067H3DZ	Dilation of Right Hypogastric Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067H3ZZ	Dilation of Right Hypogastric Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067H4DZ	Dilation of Right Hypogastric Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067H4ZZ	Dilation of Right Hypogastric Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067J0DZ	Dilation of Left Hypogastric Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067J0ZZ	Dilation of Left Hypogastric Vein, Open Approach	ICD-10-PCS	Procedure
067J3DZ	Dilation of Left Hypogastric Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067J3ZZ	Dilation of Left Hypogastric Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067J4DZ	Dilation of Left Hypogastric Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067J4ZZ	Dilation of Left Hypogastric Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067M0DZ	Dilation of Right Femoral Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067M0ZZ	Dilation of Right Femoral Vein, Open Approach	ICD-10-PCS	Procedure
067M3DZ	Dilation of Right Femoral Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067M3ZZ	Dilation of Right Femoral Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067M4DZ	Dilation of Right Femoral Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067M4ZZ	Dilation of Right Femoral Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067N0DZ	Dilation of Left Femoral Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067N0ZZ	Dilation of Left Femoral Vein, Open Approach	ICD-10-PCS	Procedure
067N3DZ	Dilation of Left Femoral Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067N3ZZ	Dilation of Left Femoral Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067N4DZ	Dilation of Left Femoral Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067N4ZZ	Dilation of Left Femoral Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067P0DZ	Dilation of Right Saphenous Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067P0ZZ	Dilation of Right Saphenous Vein, Open Approach	ICD-10-PCS	Procedure
067P3DZ	Dilation of Right Saphenous Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067P3ZZ	Dilation of Right Saphenous Vein, Percutaneous Approach	ICD-10-PCS	Procedure

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Code	Description	Code Type	Code Category
067P4DZ	Dilation of Right Saphenous Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067P4ZZ	Dilation of Right Saphenous Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067Q0DZ	Dilation of Left Saphenous Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067Q0ZZ	Dilation of Left Saphenous Vein, Open Approach	ICD-10-PCS	Procedure
067Q3DZ	Dilation of Left Saphenous Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067Q3ZZ	Dilation of Left Saphenous Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067Q4DZ	Dilation of Left Saphenous Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067Q4ZZ	Dilation of Left Saphenous Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067T0DZ	Dilation of Right Foot Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067T0ZZ	Dilation of Right Foot Vein, Open Approach	ICD-10-PCS	Procedure
067T3DZ	Dilation of Right Foot Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067T3ZZ	Dilation of Right Foot Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067T4DZ	Dilation of Right Foot Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067T4ZZ	Dilation of Right Foot Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067V0DZ	Dilation of Left Foot Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067V0ZZ	Dilation of Left Foot Vein, Open Approach	ICD-10-PCS	Procedure
067V3DZ	Dilation of Left Foot Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067V3ZZ	Dilation of Left Foot Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067V4DZ	Dilation of Left Foot Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067V4ZZ	Dilation of Left Foot Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067Y0DZ	Dilation of Lower Vein with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
067Y0ZZ	Dilation of Lower Vein, Open Approach	ICD-10-PCS	Procedure
067Y3DZ	Dilation of Lower Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
067Y3ZZ	Dilation of Lower Vein, Percutaneous Approach	ICD-10-PCS	Procedure
067Y4DZ	Dilation of Lower Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
067Y4ZZ	Dilation of Lower Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
Stroke			
430	Subarachnoid hemorrhage	ICD-9-CM	Diagnosis
431	Intracerebral hemorrhage	ICD-9-CM	Diagnosis
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	ICD-9-CM	Diagnosis
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	ICD-9-CM	Diagnosis
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	ICD-9-CM	Diagnosis
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
434.01	Cerebral thrombosis with cerebral infarction	ICD-9-CM	Diagnosis
434.11	Cerebral embolism with cerebral infarction	ICD-9-CM	Diagnosis
434.91	Unspecified cerebral artery occlusion with cerebral infarction	ICD-9-CM	Diagnosis

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Code	Description	Code Type	Code Category
436	Acute, but ill-defined, cerebrovascular disease	ICD-9-CM	Diagnosis
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	ICD-10-CM	Diagnosis
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	ICD-10-CM	Diagnosis
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	ICD-10-CM	Diagnosis
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	ICD-10-CM	Diagnosis
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	ICD-10-CM	Diagnosis
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	ICD-10-CM	Diagnosis
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	ICD-10-CM	Diagnosis
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	ICD-10-CM	Diagnosis
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	ICD-10-CM	Diagnosis
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	ICD-10-CM	Diagnosis
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	ICD-10-CM	Diagnosis
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	ICD-10-CM	Diagnosis
I60.8	Other nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	ICD-10-CM	Diagnosis
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	ICD-10-CM	Diagnosis
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	ICD-10-CM	Diagnosis
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	ICD-10-CM	Diagnosis
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	ICD-10-CM	Diagnosis
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	ICD-10-CM	Diagnosis
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	ICD-10-CM	Diagnosis
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	ICD-10-CM	Diagnosis
I61.8	Other nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	ICD-10-CM	Diagnosis
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	ICD-10-CM	Diagnosis
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	ICD-10-CM	Diagnosis
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	ICD-10-CM	Diagnosis
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.02	Cerebral infarction due to thrombosis of basilar artery	ICD-10-CM	Diagnosis
I63.031	Cerebral infarction due to thrombosis of right carotid artery	ICD-10-CM	Diagnosis
I63.032	Cerebral infarction due to thrombosis of left carotid artery	ICD-10-CM	Diagnosis
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	ICD-10-CM	Diagnosis
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I63.111	Cerebral infarction due to embolism of right vertebral artery	ICD-10-CM	Diagnosis
I63.112	Cerebral infarction due to embolism of left vertebral artery	ICD-10-CM	Diagnosis
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.12	Cerebral infarction due to embolism of basilar artery	ICD-10-CM	Diagnosis
I63.131	Cerebral infarction due to embolism of right carotid artery	ICD-10-CM	Diagnosis
I63.132	Cerebral infarction due to embolism of left carotid artery	ICD-10-CM	Diagnosis
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.19	Cerebral infarction due to embolism of other precerebral artery	ICD-10-CM	Diagnosis
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	ICD-10-CM	Diagnosis
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	ICD-10-CM	Diagnosis
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	ICD-10-CM	Diagnosis
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	ICD-10-CM	Diagnosis
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	ICD-10-CM	Diagnosis
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	ICD-10-CM	Diagnosis
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	ICD-10-CM	Diagnosis
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.441	Cerebral infarction due to embolism of right cerebellar artery	ICD-10-CM	Diagnosis
I63.442	Cerebral infarction due to embolism of left cerebellar artery	ICD-10-CM	Diagnosis
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.49	Cerebral infarction due to embolism of other cerebral artery	ICD-10-CM	Diagnosis
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	ICD-10-CM	Diagnosis

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

Code	Description	Code Type	Code Category
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	ICD-10-CM	Diagnosis
I63.8	Other cerebral infarction	ICD-10-CM	Diagnosis
I63.9	Cerebral infarction, unspecified	ICD-10-CM	Diagnosis
I67.89	Other cerebrovascular disease	ICD-10-CM	Diagnosis
Transient Ischemic Attack			
435	Transient cerebral ischemia	ICD-9-CM	Diagnosis
435.0	Basilar artery syndrome	ICD-9-CM	Diagnosis
435.1	Vertebral artery syndrome	ICD-9-CM	Diagnosis
435.2	Subclavian steal syndrome	ICD-9-CM	Diagnosis
435.3	Vertebrobasilar artery syndrome	ICD-9-CM	Diagnosis
435.8	Other specified transient cerebral ischemias	ICD-9-CM	Diagnosis
435.9	Unspecified transient cerebral ischemia	ICD-9-CM	Diagnosis
G45.0	Vertebro-basilar artery syndrome	ICD-10-CM	Diagnosis
G45.1	Carotid artery syndrome (hemispheric)	ICD-10-CM	Diagnosis
G45.2	Multiple and bilateral precerebral artery syndromes	ICD-10-CM	Diagnosis
G45.8	Other transient cerebral ischemic attacks and related syndromes	ICD-10-CM	Diagnosis
G45.9	Transient cerebral ischemic attack, unspecified	ICD-10-CM	Diagnosis
G46.0	Middle cerebral artery syndrome	ICD-10-CM	Diagnosis
G46.1	Anterior cerebral artery syndrome	ICD-10-CM	Diagnosis
G46.2	Posterior cerebral artery syndrome	ICD-10-CM	Diagnosis
I67.841	Reversible cerebrovascular vasoconstriction syndrome	ICD-10-CM	Diagnosis
I67.848	Other cerebrovascular vasospasm and vasoconstriction	ICD-10-CM	Diagnosis

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Angiotensin-Converting Enzyme Inhibitors and Angiotensin Receptor Blockers

Captopril Hydrochlorothiazide
Captopril
Captopril Tab 12.5 Mg
Captopril Tab 25 Mg
Captopril Tab 50 Mg
Enalapril Maleate Tab 2.5 Mg
Lisinopril
Lisinopril Tab 5 Mg
Lisinopril Hydrochlorothiazide
Lisinopril/Hydrochlorothiazide
Enalapril Maleate Hydrochlorothiazide Tab 5 12.5 Mg
Enalapril Maleate Tab 5 Mg
Enalapril Maleate Tab 10 Mg
Enalapril Maleate Tab 20 Mg
Losartan Potassium Hydrochlorothiazide
Losartan Potassium/Hydrochlorothiazide
Enalapril Maleate Hydrochlorothiazide Tab 10 25 Mg
Losartan Potassium
Nebivolol Hcl/Valsartan
Irbesartan
Irbesartan Hydrochlorothiazide
Irbesartan/Hydrochlorothiazide
Perindopril Erbumine
Trandolapril Tab 1 Mg
Trandolapril Tab 2 Mg
Trandolapril Tab 4 Mg
Trandolapril Verapamil Hcl Tab Cr 2 180 Mg
Trandolapril Verapamil Hcl Tab Cr 2 240 Mg
Eprosartan Mesylate Tab 400 Mg
Eprosartan Mesylate Tab 600 Mg
Ramipril
Telmisartan
Telmisartan Hydrochlorothiazide
Telmisartan/Hydrochlorothiazide
Quinapril Hydrochlorothiazide Tab 20 12.5 Mg
Quinapril Hcl Hydrochlorothiazide
Quinapril Hcl/Hydrochlorothiazide
Quinapril Hydrochlorothiazide Tab 10 12.5 Mg
Quinapril Hydrochlorothiazide Tab 20 25 Mg
Quinapril Hcl
Trandolapril
Eprosartan Mesylate Hydrochlorothiazide
Eprosartan Mesylate/Hydrochlorothiazide
Eprosartan Mesylate
Trandolapril Verapamil Hcl

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Trandolapril/Verapamil Hcl
Valsartan Hydrochlorothiazide
Valsartan/Hydrochlorothiazide
Valsartan
Amlodipine Besylate Benazepril Hcl
Amlodipine Besylate/Benazepril Hcl
Benazepril Hcl
Benazepril Hcl Hydrochlorothiazide
Benazepril Hcl/Hydrochlorothiazide
Amlodipine Besylate Valsartan
Amlodipine Besylate/Valsartan
Amlodipine Besylate Valsartan Hydrochlorothiazide
Amlodipine Besylate/Valsartan/Hydrochlorothiazide
Aliskiren Valsartan
Sacubitril Valsartan
Sacubitril/Valsartan
Fosinopril Sodium
Fosinopril Sodium Hydrochlorothiazide
Moexipril Hcl
Moexipril Hcl Hydrochlorothiazide
Moexipril Hcl/Hydrochlorothiazide
Enalapril Maleate
Captopril/Hydrochlorothiazide
Enalapril Maleate Hydrochlorothiazide
Enalapril Maleate/Hydrochlorothiazide
Olmesartan Medoxomil/Amlodipine Besylate/Hydrochlorothiazide
Amlodipine Besylate/Olmesartan Medoxomil
Olmesartan Medoxomil
Olmesartan Medoxomil/Hydrochlorothiazide
Enalaprilat Dihydrate
Captopril Hydrochlorothiazide Tab 25 15 Mg
Lisinopril Tab 10 Mg
Lisinopril Tab 20 Mg
Captopril Hydrochlorothiazide Tab 50 25 Mg
Lisinopril Hydrochlorothiazide Tab 20 25 Mg
Lisinopril Hydrochlorothiazide Tab 10 12.5 Mg
Lisinopril Hydrochlorothiazide Tab 20 12.5 Mg
Fosinopril Sodium/Hydrochlorothiazide
Enalapril Maleate Felodipine
Candesartan Cilexetil
Candesartan Cilexetil Hydrochlorothiazide
Candesartan Cilexetil/Hydrochlorothiazide
Telmisartan Amlodipine Besylate
Telmisartan/Amlodipine Besylate
Amlodipine Besylate Benazepril Hcl Cap 2.5 10 Mg
Amlodipine Besylate Benazepril Hcl Cap 5 10 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Amlodipine Besylate Benazepril Hcl Cap 5 20 Mg
Amlodipine Besylate Benazepril Hcl Cap 10 20 Mg
Losartan Potassium Tab 50 Mg
Lisinopril Tab 40 Mg
Quinapril Hcl Tab 40 Mg
Benazepril Hcl Tab 10 Mg
Benazepril Hcl Tab 40 Mg
Lisinopril Tab 30 Mg
Telmisartan Hydrochlorothiazide Tab 80 12.5 Mg
Irbesartan Tab 150 Mg
Irbesartan Tab 300 Mg
Valsartan Tab 80 Mg
Valsartan Tab 160 Mg
Valsartan Hydrochlorothiazide Tab 80 12.5 Mg
Valsartan Hydrochlorothiazide Tab 160 12.5 Mg
Valsartan Hydrochlorothiazide Tab 160 25 Mg
Telmisartan Hydrochlorothiazide Tab 40 12.5 Mg
Telmisartan Hydrochlorothiazide Tab 80 25 Mg
Benazepril Hcl Tab 20 Mg
Lisinopril Tab 2.5 Mg
Irbesartan Tab 75 Mg
Olmesartan Medoxomil Tab 20 Mg
Olmesartan Medoxomil Tab 40 Mg
Valsartan Tab 40 Mg
Losartan Potassium Tab 25 Mg
Losartan Potassium Tab 100 Mg
Losartan Potassium Hydrochlorothiazide Tab 100 12.5 Mg
Losartan Potassium Hydrochlorothiazide Tab 100 25 Mg
Ramipril Cap 2.5 Mg
Ramipril Cap 5 Mg
Ramipril Cap 10 Mg
Benazepril Hydrochlorothiazide Tab 10 12.5 Mg
Captopril Tab 100 Mg
Losartan Potassium Hydrochlorothiazide Tab 50 12.5 Mg
Olmesartan Medoxomil Hydrochlorothiazide
Irbesartan Hydrochlorothiazide Tab 150 12.5 Mg
Amlodipine Besylate Valsartan Tab 10 320 Mg
Amlodipine Besylate Valsartan Tab 5 160 Mg
Valsartan Tab 320 Mg
Valsartan Hydrochlorothiazide Tab 320 25 Mg
Telmisartan Tab 20 Mg
Telmisartan Tab 40 Mg
Telmisartan Tab 80 Mg
Quinapril Hcl Tab 5 Mg
Quinapril Hcl Tab 10 Mg
Quinapril Hcl Tab 20 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Benazepril Hcl Tab 5 Mg
 Candesartan Cilexetil Tab 8 Mg
 Moexipril Hcl Tab 7.5 Mg
 Benazepril Hydrochlorothiazide Tab 5 6.25 Mg
 Benazepril Hydrochlorothiazide Tab 20 12.5 Mg
 Benazepril Hydrochlorothiazide Tab 20 25 Mg
 Amlodipine Besylate Benazepril Hcl Cap 5 40 Mg
 Amlodipine Besylate Benazepril Hcl Cap 10 40 Mg
 Fosinopril Sodium Hydrochlorothiazide Tab 20 12.5 Mg
 Ramipril Cap 1.25 Mg
 Amlodipine Besylate Olmesartan Medoxomil
 Fosinopril Sodium Tab 40 Mg
 Fosinopril Sodium Tab 20 Mg
 Azilsartan Medoxomil
 Azilsartan Medoxomil Chlorthalidone
 Azilsartan Medoxomil/Chlorthalidone
 Perindopril Arginine Amlodipine Besylate
 Perindopril Arginine/Amlodipine Besylate
 Olmesartan Medoxomil Amlodipine Besylate Hydrochlorothiazide
 Fosinopril Sodium Tab 10 Mg
 Candesartan Cilexetil Hydrochlorothiazide Tab 32 12.5 Mg
 Valsartan Hydrochlorothiazide Tab 320 12.5 Mg
 Amlodipine Besylate Olmesartan Medoxomil Tab 10 20 Mg
 Olmesartan Medoxomil Hydrochlorothiazide Tab 40 12.5 Mg
 Olmesartan Medoxomil Hydrochlorothiazide Tab 20 12.5 Mg
 Lisinopril Tab 20 Mg Dietary Management Cap Pack
 Lisinopril Dietary Supplement Comb.10
 Lisinopril/Dietary Supplement,Comb.10

Alcohol Abuse

Disulfiram
 Naltrexone Hcl
 Acamprosate Calcium
 Naltrexone Hcl/Bupropion Hcl
 Naltrexone Microspheres
 Naltrexone Hcl Bupropion Hcl

Amiodarone

Amiodarone Hcl
 Amiodarone Hcl Tab 200 Mg
 Amiodarone Hcl/Dextrose 5 % In Water
 Amiodarone In Dextrose, Iso-Osmotic
 Amiodarone Hcl Tab 400 Mg

Antiarrhythmics

Quinidine Gluconate
 Procainamide Hcl
 Ibutilide Fumarate
 Verapamil Hcl

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Disopyramide Phosphate
Disopyramide Phosphate Cap 150 Mg
Quinidine Sulfate Tab Cr 300 Mg
Propafenone Hcl Tab 150 Mg
Propafenone Hcl
Propafenone Hcl Tab 300 Mg
Propafenone Hcl Tab 225 Mg
Flecainide Acetate
Mexiletine Hcl
Dofetilide
Diltiazem Hcl
Sotalol Hcl
Quinidine Sulfate
Phenytoin Sodium
Lidocaine Hcl/Pf
Tocainide Hcl
Lidocaine Hcl In Dextrose 5% In Water/Pf
Quinidine Gluconate Tab Cr 324 Mg
Adenosine
Esmolol Hcl
Quinidine Sulfate Tab 300 Mg
Quinidine Sulfate Tab 200 Mg
Esmolol Hcl In Sodium Chloride, Iso-Osmotic
Flecainide Acetate Tab 100 Mg
Sotalol Hcl Tab 80 Mg
Amiodarone Hcl/Dextrose 5 % In Water
Amiodarone In Dextrose, Iso-Osmotic
Esmolol Hcl In Sterile Water
Sotalol Hcl (Afib Afl) Tab 120 Mg
Sotalol Hcl (Afib Afl) Tab 80 Mg
Adenosine In 0.9 % Sodium Chloride
Mexiletine Hcl Cap 150 Mg
Mexiletine Hcl Cap 200 Mg
Mexiletine Hcl Cap 250 Mg
Sotalol Hcl Tab 160 Mg
Sotalol Hcl Tab 240 Mg
Sotalol Hcl Tab 120 Mg
Adenosine Triphosphate
Morizine Hcl
Morizine Hcl Tab 200 Mg
Morizine Hcl Tab 300 Mg
Flecainide Acetate Tab 50 Mg
Procainamide Hcl Tab Cr 750 Mg
Procainamide Hcl Cap 375 Mg
Sotalol Hcl (Afib Afl) Tab 160 Mg
Procainamide Hcl Tab Sr 12Hr 500 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Procainamide Hcl Tab Sr 12Hr 1000 Mg

Anticoagulants

Heparin Sodium Porcine
Fondaparinux Sodium
Argatroban
Heparin Sodium (Bovine) Inj 1000 Unit MI
Heparin Sodium Beef
Heparin Sodium (Bovine) Inj 5000 Unit MI
Heparin Sodium (Bovine) Inj 10000 Unit MI
Dalteparin Sodium Porcine
Heparin Sodium Porcine Pf
Heparin Sodium, Porcine/Pf
Heparin Sodium, Porcine
Dalteparin Sodium, Porcine
Heparin Sodium (Porcine) Inj 10000 Unit MI
Heparin Sodium (Porcine) Inj 2500 Unit MI
Heparin Sodium (Porcine) Inj 7500 Unit MI
Heparin Sodium (Porcine) Inj 5000 Unit MI
Heparin Sodium Porcine Normal Saline Pf
Heparin Sodium Porcine 0.5 Normal Saline
Heparin Sodium Porcine Dextrose 5% Water
Enoxaparin Sodium
Enoxaparin Sodium Inj 10 Mg 0.1MI (100 Mg MI)
Argatroban In 0.9 % Sodium Chloride
Desirudin
Heparin Sodium Porcine Normal Saline
Heparin Sodium, Porcine/Dextrose 5 % In Water
Heparin Sodium, Porcine In 0.9 % Sodium Chloride/Pf
Bivalirudin In 0.9 % Sodium Chloride
Heparin Sodium Porcine In 0.9 % Sodium Chloride Pf
Heparin Sodium Porcine In 0.45 % Sodium Chloride
Heparin Sodium, Porcine In 0.45 % Sodium Chloride
Heparin Sodium Porcine Dextrose 5 % In Water
Heparin Sodium (Porcine) 100 Unit MI In D5W
Bivalirudin
Warfarin Sodium
Heparin Sodium (Porcine) Inj 1000 Unit MI
Enoxaparin Sodium Inj 30 Mg 0.3MI
Enoxaparin Sodium Inj 40 Mg 0.4MI
Enoxaparin Sodium Inj 60 Mg 0.6MI
Enoxaparin Sodium Inj 80 Mg 0.8MI
Enoxaparin Sodium Inj 100 Mg MI
Enoxaparin Sodium Inj 120 Mg 0.8MI
Enoxaparin Sodium Inj 150 Mg MI
Argatroban In Sodium Chloride, Iso-Osmotic
Heparin Sodium, Porcine In 0.9 % Sodium Chloride

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Heparin Sodium Porcine Dextrose 5 % In Water Pf
 Heparin Sodium, Porcine/Dextrose 5 % In Water/Pf
 Heparin Sodium, Porcine In 0.45 % Sodium Chloride/Pf
 Tinzaparin Sodium Porcine
 Tinzaparin Sodium, Porcine
 Lepirudin, Recombinant
 Heparin Sodium Porcine In 0.9 % Sodium Chloride
 Tinzaparin Sodium Inj 20000 Anti Xa Unit Ml
 Heparin Sodium Porcine In 1 2 Normal Saline
 Heparin Sodium Porcine Dextrose 5 % Water

Antiplatelet Agents (non-aspirin)

Prasugrel Hydrochloride
 Prasugrel Hcl
 Abciximab
 Ticlopidine Hcl
 Vorapaxar Sulfate
 Cilostazol
 Dipyridamole
 Aspirin Dipyridamole
 Aspirin/Dipyridamole
 Eptifibatide
 Clopidogrel Bisulfate
 Aspirin
 Anagrelide Hcl
 Ticagrelor
 Aspirin/Calcium Carbonate
 Clopidogrel Bisulfate Tab 75 Mg (Base Equiv)
 Dipyridamole Tab 50 Mg
 Dipyridamole Tab 75 Mg
 Cangrelor Tetrasodium
 Cilostazol Tab 100 Mg
 Clopidogrel Bisulfate Tab 300 Mg (Base Equiv)
 Tirofiban Hcl Monohydrate
 Tirofiban Hcl Monohydrate In 0.9 % Sodium Chloride
 Ticlopidine Hcl Tab 250 Mg
 Cilostazol Tab 50 Mg
 Dipyridamole Tab 25 Mg
 Aspirin Dipyridamole Cap Sr 12Hr 25 200 Mg
 Aspirin/Omeprazole

Beta Blockers

Nadolol Tab 40 Mg
 Nadolol
 Nadolol Tab 120 Mg
 Nadolol Tab 20 Mg
 Nadolol Tab 80 Mg
 Bisoprolol Hydrochlorothiazide Tab 5 6.25 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Bisoprolol Hydrochlorothiazide Tab 10 6.25 Mg
Bisoprolol Hydrochlorothiazide Tab 2.5 6.25 Mg
Bisoprolol Fumarate Tab 5 Mg
Bisoprolol Fumarate Tab 10 Mg
Timolol Maleate
Timolol Maleate Hydrochlorothiazide
Carvedilol Phosphate
Carvedilol
Acebutolol Hcl Cap 200 Mg
Acebutolol Hcl
Betaxolol Hcl
Betaxolol Hcl Tab 10 Mg
Metoprolol Tartrate Hydrochlorothiazide
Metoprolol Tartrate
Propranolol Hcl
Propranolol Hcl Hydrochlorothiazide
Carteolol Hcl
Metoprolol Tartrate/Hydrochlorothiazide
Penbutolol Sulfate
Atenolol
Sotalol Hcl
Bisoprolol Fumarate
Nadolol Bendroflumethiazide
Nadolol/Bendroflumethiazide
Labetalol Hcl
Pindolol
Labetalol Hcl Tab 100 Mg
Labetalol Hcl Tab 200 Mg
Labetalol Hcl Tab 300 Mg
Metoprolol Succinate
Bisoprolol Fumarate Hydrochlorothiazide
Bisoprolol Fumarate/Hydrochlorothiazide
Propranolol Hydrochlorothiazide Tab 40 25 Mg
Atenolol Tab 50 Mg
Atenolol Chlorthalidone
Atenolol/Chlorthalidone
Metoprolol Succinate Hydrochlorothiazide
Metoprolol Succinate/Hydrochlorothiazide
Propranolol Hcl/Hydrochlorothiazide
Nebivolol Hcl
Atenolol Chlorthalidone Tab 50 25 Mg
Atenolol Chlorthalidone Tab 100 25 Mg
Pindolol Tab 10 Mg
Esmolol Hcl
Propranolol Hcl Tab 10 Mg
Propranolol Hcl Tab 20 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Propranolol Hcl Tab 40 Mg
Propranolol Hcl Tab 80 Mg
Esmolol Hcl In Sodium Chloride, Iso-Osmotic
Metoprolol Tartrate Tab 50 Mg
Atenolol Tab 100 Mg
Atenolol Tab 25 Mg
Propranolol Hcl Cap Sr 24Hr 120 Mg
Metoprolol Succinate Tab Sr 24Hr 50 Mg
Propranolol Hcl Cap Sr 24Hr 60 Mg
Metoprolol Tartrate Tab 25 Mg
Metoprolol Succinate Tab Sr 24Hr 100 Mg
Metoprolol Succinate Tab Sr 24Hr 25 Mg
Metoprolol Tartrate Tab 100 Mg
Propranolol Hcl Cap Sr 24Hr 160 Mg
Carvedilol Tab 25 Mg
Carvedilol Tab 6.25 Mg
Carvedilol Tab 12.5 Mg
Carvedilol Tab 3.125 Mg
Sotalol Hcl Tab 80 Mg
Esmolol Hcl In Sterile Water
Sotalol Hcl (Afib Afl) Tab 120 Mg
Sotalol Hcl (Afib Afl) Tab 80 Mg
Acebutolol Hcl Powder
Sotalol Hcl Tab 160 Mg
Sotalol Hcl Tab 240 Mg
Sotalol Hcl Tab 120 Mg
Pindolol Tab 5 Mg
Propranolol Hcl Tab 60 Mg
Metoprolol Succinate Tab Sr 24Hr 200 Mg
Carvedilol Phosphate Cap Sr 24Hr 20 Mg
Levetiracetam
Timolol Maleate Tab 10 Mg
Propranolol Hcl Cap Sr 24Hr 80 Mg
Sotalol Hcl (Afib Afl) Tab 160 Mg
Labetalol In Dextrose 5 % In Water
Metoprolol Hydrochlorothiazide Tab 50 25 Mg
Nebivolol Hcl Tab 2.5 Mg (Base Equivalent)
Nebivolol Hcl Tab 20 Mg (Base Equivalent)
Nebivolol Hcl Tab 10 Mg (Base Equivalent)
Nebivolol Hcl Tab 5 Mg (Base Equivalent)
Metoprolol Tab 50 Mg Dietary Management Cap Pack
Carvedilol Tab 12.5 Mg Dietary Management Cap Pack
Metoprolol Tartrate Dietary Supplement Comb.10
Metoprolol Tartrate/Dietary Supplement,Comb.10

Calcium Channel Blockers

Nicardipine Hcl

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Verapamil Hcl
Nimodipine
Nifedipine
Nifedipine Tab Sr 24Hr 30 Mg
Nifedipine Tab Sr 24Hr 60 Mg
Verapamil Hcl Tab Cr 180 Mg
Verapamil Hcl Tab Cr 240 Mg
Verapamil Hcl Tab Cr 120 Mg
Bepridil Hcl
Trandolapril Verapamil Hcl Tab Cr 2 180 Mg
Trandolapril Verapamil Hcl Tab Cr 2 240 Mg
Amlodipine Besylate
Amlodipine Besylate Atorvastatin Calcium
Nifedipine Cap 10 Mg
Diltiazem Hcl
Trandolapril Verapamil Hcl
Amlodipine Besylate Benazepril Hcl
Amlodipine Besylate Valsartan
Amlodipine Besylate Valsartan Hydrochlorothiazide
Aliskiren Hemifumarate Amlodipine Besylate
Aliskiren Hemifumarate Amlodipine Hydrochlorothiazide
Diltiazem Hcl Cap Sr 12Hr 90 Mg
Diltiazem Hcl Cap Sr 12Hr 120 Mg
Nicardipine Hcl Cap 20 Mg
Verapamil Hcl Cap Sr 24Hr 180 Mg
Diltiazem Hcl Tab 30 Mg
Diltiazem Hcl Tab 60 Mg
Diltiazem Hcl Tab 90 Mg
Isradipine
Diltiazem Hcl Coated Beads Cap Sr 24Hr 120 Mg
Diltiazem Hcl Coated Beads Cap Sr 24Hr 180 Mg
Diltiazem Hcl Coated Beads Cap Sr 24Hr 240 Mg
Enalapril Maleate Felodipine
Felodipine
Felodipine Tab Sr 24Hr 2.5 Mg
Felodipine Tab Sr 24Hr 5 Mg
Felodipine Tab Sr 24Hr 10 Mg
Nisoldipine
Verapamil Hcl Cap Sr 24Hr 120 Mg
Verapamil Hcl Cap Sr 24Hr 240 Mg
Verapamil Hcl Cap Sr 24Hr 360 Mg
Telmisartan Amlodipine Besylate
Amlodipine Besylate Tab 2.5 Mg
Amlodipine Besylate Tab 5 Mg
Amlodipine Besylate Tab 10 Mg
Amlodipine Besylate Benazepril Hcl Cap 2.5 10 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Amlodipine Besylate Benazepril Hcl Cap 5 10 Mg
Amlodipine Besylate Benazepril Hcl Cap 5 20 Mg
Amlodipine Besylate Benazepril Hcl Cap 10 20 Mg
Nifedipine Tab Sr 24Hr 90 Mg
Nifedipine Tab Sr 24Hr Osmotic 90 Mg
Verapamil Hcl Tab 80 Mg
Verapamil Hcl Tab 120 Mg
Nicardipine In Sodium Chloride, Iso-Osmotic
Nicardipine In Dextrose, Iso-Osmotic
Clevidipine Butyrate
Diltiazem Hcl/Dextrose 5 % In Water
Nifedipine Tab Sr 24Hr Osmotic 60 Mg
Nifedipine Tab Sr 24Hr Osmotic 30 Mg
Diltiazem Hcl Extended Release Beads Cap Sr 24Hr 180 Mg
Diltiazem Hcl Tab 120 Mg
Nicardipine Hcl In 0.9 % Sodium Chloride
Amlodipine Besylate Valsartan Tab 10 320 Mg
Amlodipine Besylate Valsartan Tab 5 160 Mg
Diltiazem Hcl Coated Beads Cap Sr 24Hr 300 Mg
Nimodipine Cap 30 Mg
Nifedipine Cap 20 Mg
Diltiazem Hcl Cap Sr 12Hr 60 Mg
Verapamil Hcl Tab Sr 24Hr (Controlled Onset) 180 Mg
Verapamil Hcl Tab Sr 24Hr (Controlled Onset) 240 Mg
Nisoldipine Tab Sr 24Hr 30 Mg
Diltiazem Hcl Extended Release Beads Cap Sr 24Hr 120 Mg
Diltiazem Hcl Extended Release Beads Cap Sr 24Hr 240 Mg
Amlodipine Besylate Benazepril Hcl Cap 5 40 Mg
Amlodipine Besylate Benazepril Hcl Cap 10 40 Mg
Verapamil Hcl Cap Sr 24Hr 100 Mg
Diltiazem Hcl Cap Sr 24Hr 180 Mg
Isradipine Cap 2.5 Mg
Diltiazem Hcl Cap Sr 24Hr 240 Mg
Verapamil Hcl Cap Sr 24Hr 300 Mg
Amlodipine Besylate Olmesartan Medoxomil
Nifedipine Tab Sr 24Hr Osmotic Release 60 Mg
Nifedipine Tab Sr 24Hr Osmotic Release 30 Mg
Fosinopril Sodium
Diltiazem Hcl Cap Sr 24Hr 120 Mg
Diltiazem Hcl In 0.9 % Sodium Chloride
Nicardipine In 5 % Dextrose In Water
Perindopril Arginine Amlodipine Besylate
Olmesartan Medoxomil Amlodipine Besylate Hydrochlorothiazide
Amlodipine Besylate Olmesartan Medoxomil Tab 10 20 Mg
Amlodipine Tab 2.5 Mg Dietary Management Cap Pack

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Corticosteroids

Triamcinolone Acetonide
 Fludrocortisone Acetate
 Dexamethasone
 Hydrocortisone
 Methylprednisolone Sodium Succinate/Pf
 Hydrocortisone Sodium Succinate/Pf
 Methylprednisolone
 Prednisone Tab 2.5 Mg
 Prednisone Tab 5 Mg
 Methylprednisolone Tab 24 Mg
 Prednisone Tab 20 Mg
 Prednisone Tab 10 Mg
 Prednisone
 Methylprednisolone Acetate
 Prednisone Tab 50 Mg
 Methylprednisolone Sodium Succinate
 Hydrocortisone Sod Succinate
 Azelastine Hcl/Fluticasone Propionate
 Flunisolide
 Fluticasone Propionate
 Dexamethasone Sod Phosphate
 Betamethasone Acetate/Betamethasone Sodium Phosphate
 Betamethasone
 Mometasone Furoate
 Prednisolone
 Budesonide
 Prednisolone Sod Phosphate
 Fluticasone Furoate
 Cortisone Acetate
 Beclomethasone Dipropionate
 Dexamethasone Tab 0.75 Mg Dose Pack
 Methylprednisolone Tab 4 Mg Dose Pack
 Methylprednisolone Tab 4 Mg
 Prednisone Tab 10 Mg Dose Pack
 Prednisone Tab 5 Mg Dose Pack
 Flunisolide/Menthol
 Triamcinolone
 Prednisolone Syrup 15 Mg 5Ml
 Dexamethasone Elixir 0.5 Mg 5Ml
 Prednisolone Tab 5 Mg
 Dexamethasone Tab 1.5 Mg
 Dexamethasone Tab 4 Mg
 Triamcinolone Hexacetonide
 Prednisolone Syrup 15 Mg 5Ml (Usp Solution Equivalent)
 Hydrocortisone Tab 20 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Prednisolone Sod Phosphate Oral Soln 15 Mg 5MI (Base Equiv)
 Prednisolone Sodium Phosphate Peak Flow Meter
 Prednisolone Sodium Phosphate/Peak Flow Meter
 Dexamethasone Tab 0.75 Mg
 Deflazacort
 Prednisone Oral Soln 5 Mg 5MI
 Dexamethasone Sodium Phosphate/Pf
 Prednisone Tab 1 Mg
 Dexamethasone Tab 0.5 Mg
 Prednisolone Acetate
 Cortisone Acetate Tab 25 Mg
 Fludrocortisone Acetate Tab 0.1 Mg
 Methylprednisolone Tab 16 Mg
 Prednisolone Syrup 5 Mg 5MI
 Dexamethasone Tab 2 Mg
 Ciclesonide
 Prednisone Syrup 5 Mg 5MI
 Prednisolone Sod Phosph Oral Soln 6.7 Mg 5MI (5 Mg 5MI Base)
 Fluticasone Propionate/Sodium Chloride/Sodium Bicarbonate
 Dexamethasone Sodium Phosphate In 0.9 % Sodium Chloride
 Dexamethasone Soln 0.5 Mg 5MI
 Azelastine/Fluticasone/Sodium Chloride/Sodium Bicarbonate
 Betamethasone Sodium Phosph In Sterile Water For Injection
 Methylprednisolone Acetate In Sterile Water For Injection
 Betamethasone Acetate/Betamethasone Sodium Phosphate/Water
 Dexamethasone Acetate And Sodium Phosphate In Sterile Water
 Methylprednisolone Acetate/Bupivacaine Hcl In Sterile Water
 Methylprednisolone Acetate In Sodium Chloride,Iso-Osmotic/Pf
 Triamcinolone Diacetate In 0.9 % Sodium Chloride
 Triamcinolone Diacetate In 0.9 % Sodium Chloride/Pf
 Dexamethasone Acetate In Sodium Chloride, Iso-Osmotic
 Triamcinolone Acetonide/Bupivacaine/ In 0.9% Sodium Chloride
 Triamcinolone Acetonide In 0.9 % Sodium Chloride
 Triamcinolone Acetonide/0.9% Sodium Chloride/Pf
 Triamcinolone Acetonide/Lidocaine Hcl
 Dexamethasone Sodium Phosphate/Lidocaine Hcl
 Methylprednisolone Acetate/Bupivacaine Hcl

Digoxin

Digoxin
 Digoxin Tab 0.125 Mg
 Digoxin Oral Soln 0.05 Mg MI
 Digoxin Tab 0.25 Mg
 Digoxin Tab 125 Mcg (0.125 Mg)
 Digoxin Tab 250 Mcg (0.25 Mg)

Dronedarone

Dronedarone Hydrochloride

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Dronedarone Hcl

Diuretics: Loop Diuretics

Bumetanide
 Torsemide
 Ethacrynic Acid
 Furosemide
 Furosemide Oral Soln 10 Mg Ml
 Furosemide Tab 20 Mg
 Furosemide Tab 80 Mg
 Bumetanide Tab 0.5 Mg
 Bumetanide Tab 1 Mg
 Bumetanide Tab 2 Mg
 Furosemide Tab 40 Mg
 Furosemide In 0.9 % Sodium Chloride
 Ethacrynate Sodium
 Torsemide Tab 10 Mg
 Torsemide Tab 5 Mg
 Torsemide Tab 20 Mg
 Furosemide/Dextrose 5 % In Water

Diuretics: Potassium Sparing Diuretics

Amiloride Hcl
 Amiloride Hcl Hydrochlorothiazide
 Triamterene Hydrochlorothiazide
 Triamterene/Hydrochlorothiazide
 Spironolactone
 Spironolactone Hydrochlorothiazide
 Spironolactone/Hydrochlorothiazide
 Eplerenone
 Amiloride Hcl/Hydrochlorothiazide
 Triamterene Hydrochlorothiazide Tab 75 50 Mg
 Triamterene Hydrochlorothiazide Cap 50 25 Mg
 Spironolactone Hydrochlorothiazide Tab 25 25 Mg
 Amiloride Hydrochlorothiazide Tab 5 50 Mg
 Triamterene Hydrochlorothiazide Tab 37.5 25 Mg
 Spironolactone Tab 100 Mg
 Spironolactone Tab 50 Mg
 Spironolactone Tab 25 Mg
 Triamterene Hydrochlorothiazide Cap 37.5 25 Mg
 Triamterene
 Amiloride Hcl Tab 5 Mg

Diuretics: Thiazide Diuretics

Captopril Hydrochlorothiazide
 Bendroflumethiazide
 Bisoprolol Hydrochlorothiazide Tab 5 6.25 Mg
 Bisoprolol Hydrochlorothiazide Tab 10 6.25 Mg
 Bisoprolol Hydrochlorothiazide Tab 2.5 6.25 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Hydrochlorothiazide Tab 25 Mg
Timolol Maleate Hydrochlorothiazide
Lisinopril Hydrochlorothiazide
Enalapril Maleate Hydrochlorothiazide Tab 5 12.5 Mg
Chlorothiazide
Methyldopa Hydrochlorothiazide
Methyldopa Chlorothiazide
Losartan Potassium Hydrochlorothiazide
Enalapril Maleate Hydrochlorothiazide Tab 10 25 Mg
Amiloride Hcl Hydrochlorothiazide
Triamterene Hydrochlorothiazide
Irbesartan Hydrochlorothiazide
Spironolactone Hydrochlorothiazide
Metoprolol Tartrate Hydrochlorothiazide
Methyclothiazide
Propranolol Hcl Hydrochlorothiazide
Telmisartan Hydrochlorothiazide
Hydrochlorothiazide
Polythiazide Tab 1 Mg
Polythiazide Tab 2 Mg
Prazosin Hcl Polythiazide
Quinapril Hydrochlorothiazide Tab 20 12.5 Mg
Quinapril Hcl Hydrochlorothiazide
Quinapril Hydrochlorothiazide Tab 10 12.5 Mg
Quinapril Hydrochlorothiazide Tab 20 25 Mg
Eprosartan Mesylate Hydrochlorothiazide
Methyclothiazide Tab 5 Mg
Deserpidine Methyclothiazide
Indapamide Tab 2.5 Mg
Indapamide
Valsartan Hydrochlorothiazide
Benazepril Hcl Hydrochlorothiazide
Aliskiren Hemifumarate Hydrochlorothiazide
Amlodipine Besylate Valsartan Hydrochlorothiazide
Aliskiren Hemifumarate Amlodipine Hydrochlorothiazide
Fosinopril Sodium Hydrochlorothiazide
Moexipril Hcl Hydrochlorothiazide
Indapamide Tab 1.25 Mg
Enalapril Maleate Hydrochlorothiazide
Hydrochlorothiazide Cap 12.5 Mg
Metolazone
Nadolol Bendroflumethiazide
Hydrochlorothiazide Tab 100 Mg
Captopril Hydrochlorothiazide Tab 25 15 Mg
Captopril Hydrochlorothiazide Tab 50 25 Mg
Lisinopril Hydrochlorothiazide Tab 20 25 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Lisinopril Hydrochlorothiazide Tab 10 12.5 Mg
Lisinopril Hydrochlorothiazide Tab 20 12.5 Mg
Bisoprolol Fumarate Hydrochlorothiazide
Candesartan Cilexetil Hydrochlorothiazide
Propranolol Hydrochlorothiazide Tab 40 25 Mg
Atenolol Chlorthalidone
Metoprolol Succinate Hydrochlorothiazide
Clonidine Hcl Chlorthalidone
Chlorthalidone
Chlorothiazide Sodium
Triamterene Hydrochlorothiazide Tab 75 50 Mg
Atenolol Chlorthalidone Tab 50 25 Mg
Atenolol Chlorthalidone Tab 100 25 Mg
Chlorothiazide Tab 500 Mg
Hydralazine Reserpine Hydrochlorothiazide Tab 25 0.1 15 Mg
Triamterene Hydrochlorothiazide Cap 50 25 Mg
Spironolactone Hydrochlorothiazide Tab 25 25 Mg
Amiloride Hydrochlorothiazide Tab 5 50 Mg
Triamterene Hydrochlorothiazide Tab 37.5 25 Mg
Telmisartan Hydrochlorothiazide Tab 80 12.5 Mg
Isosorbide Dinitrate Hydralazine Hcl
Valsartan Hydrochlorothiazide Tab 80 12.5 Mg
Valsartan Hydrochlorothiazide Tab 160 12.5 Mg
Valsartan Hydrochlorothiazide Tab 160 25 Mg
Telmisartan Hydrochlorothiazide Tab 40 12.5 Mg
Telmisartan Hydrochlorothiazide Tab 80 25 Mg
Hydrochlorothiazide Tab 50 Mg
Losartan Potassium Hydrochlorothiazide Tab 100 12.5 Mg
Losartan Potassium Hydrochlorothiazide Tab 100 25 Mg
Benazepril Hydrochlorothiazide Tab 10 12.5 Mg
Losartan Potassium Hydrochlorothiazide Tab 50 12.5 Mg
Irbesartan Hydrochlorothiazide Tab 150 12.5 Mg
Triamterene Hydrochlorothiazide Cap 37.5 25 Mg
Valsartan Hydrochlorothiazide Tab 320 25 Mg
Hydrochlorothiazide Tab 12.5 Mg
Metolazone Tab 2.5 Mg
Metolazone Tab 5 Mg
Hydralazine Hcl Hydrochlorothiazide
Reserpine Hydrochlorothiazide Tab 0.125 25 Mg
Chlorthalidone Tab 25 Mg
Hydroflumethiazide
Methyldopa Hydrochlorothiazide Tab 250 25 Mg
Benazepril Hydrochlorothiazide Tab 5 6.25 Mg
Benazepril Hydrochlorothiazide Tab 20 12.5 Mg
Benazepril Hydrochlorothiazide Tab 20 25 Mg
Reserpine Hydrochlorothiazide Tab 0.125 50 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Fosinopril Sodium Hydrochlorothiazide Tab 20 12.5 Mg
 Hydralazine Hcl Reserpine Hydrochlorothiazide
 Bendroflumethiazide Rauwolfia Tab 4 50 Mg
 Spironolactone
 Methyldopa Hydrochlorothiazide Tab 250 15 Mg
 Trichlormethiazide Tab 4 Mg
 Azilsartan Medoxomil Chlorthalidone
 Candesartan Cilexetil Hydrochlorothiazide Tab 32 12.5 Mg
 Valsartan Hydrochlorothiazide Tab 320 12.5 Mg
 Metoprolol Hydrochlorothiazide Tab 50 25 Mg

Estrogen Replacement

Estradiol Valerate Im In Oil 40 Mg Ml
 Estradiol Valerate Im In Oil 10 Mg Ml
 Estradiol Valerate Im In Oil 20 Mg Ml
 Norgestrel Ethinyl Estradiol
 Levonorgestrel Eth Estra
 Estrogens Conjugated Bazedoxifene Acetate
 Estrogens, Conjugated/Bazedoxifene Acetate
 Estradiol Testosterone Cypionates Im In Oil 2 50 Mg Ml
 Estradiol Cypionate
 Estradiol Cypionate Medroxyprogesterone Acet
 Medroxyprogesterone Ace Estradiol Cyp Im Susp 25 5 Mg 0.5Ml
 Estropipate
 Estradiol Norethindrone Acetate
 Estradiol
 Estradiol Acetate
 Ethynodiol Diacetate Ethinyl Estradiol Tab 1 Mg 50 Mcg
 Ethynodiol D Ethinyl Estradiol
 Ethynodiol Diacetate Ethinyl Estradiol Tab 1 Mg 35 Mcg
 Methyltestosterone Estrogens Esterified
 Estrogens Conjugated
 Estrogens, Conjugated
 Estrogens Conjugated Tab 1.25 Mg
 Estrogens Conjugated Tab 0.625 Mg
 Estrogens Conjugated Medroxyprogesterone Acet
 Estrogens, Conjugated/Medroxyprogesterone Acetate
 Estrogens Conjugated Medroxyprogesterone Acetate
 Desogestrel Ethinyl Estradiol
 Etonogestrel Ethinyl Estradiol
 Desogestrel Ethinyl Estradiol Ethinyl Estradiol
 Norgestimate Ethinyl Estradiol
 Norethindrone Ethinyl Estrad
 Norethindrone Ethinyl Estradiol Tab 1 Mg 35 Mcg
 Estradiol Norgestimate
 Ethinyl Estradiol Norelgestromin
 Ethinyl Estradiol Norethindrone Acetate

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Norethindrone A E Estradiol Ferrous Fumarate
Norethindrone A E Estradiol
Estradiol Td Patch Biweekly 0.025 Mg 24Hr
Estradiol/Norethindrone Acetate
Estradiol Td Patch Biweekly 0.05 Mg 24Hr
Estradiol Td Patch Biweekly 0.1 Mg 24Hr
Estradiol Td Patch Biweekly 0.0375 Mg 24Hr
Estradiol Td Patch Biweekly 0.075 Mg 24Hr
Estradiol Tab 0.5 Mg
Norethindrone Ethinyl Estradiol Ferrous Fumarate
Norethindrone Acetate Ethinyl Estradiol
Norethindrone Acetate-Ethinyl Estradiol
Levonorgestrel Eth Estra Ethinyl Estradiol
Norethindrone Acetate Ethinyl Estradiol Ferrous Fumarate
Ethinyl Estradiol Drospirenone
Estrone
Estradiol Valerate
Testosterone Enanthate Estradiol Valerate
Norelgestromin Ethinyl Estradiol
Estropipate Tab 3 Mg
Levonorgestrel Ethinyl Estradiol
Levonorgestrel Ethinyl Estradiol Tab 0.1 Mg 20 Mcg
Estradiol Tab 1.5 Mg
Estradiol Tab 1 Mg
Norethindrone Ethinyl Estradiol Fe Chew Tab 0.4 Mg 35 Mcg
Norethindrone Ethinyl Estradiol
Estrogens,Esterified/Methyltestosterone
Esterified Estrogens Methyltestosterone Tab 0.625 1.25 Mg
Esterified Estrogens Methyltestosterone Tab 1.25 2.5 Mg
Estrogens Esterified Methyltestosterone
Estradiol Tab 2 Mg
Levonorgestrel Ethinyl Estradiol (91 Day) Tab 0.15 0.03 Mg
Estrogens Conjugated Tab 0.45 Mg
Estradiol Td Patch Weekly 0.05 Mg 24Hr
Estradiol Td Patch Weekly 0.1 Mg 24Hr
Drospirenone Ethinyl Estradiol Tab 3 0.03 Mg
Desogestrel Ethinyl Estradiol Tab 0.15 Mg 30 Mcg
Levonorgestrel Ethinyl Estradiol Tab 0.10 Mg 20 Mcg
Norgestrel Ethinyl Estradiol Tab 0.3 Mg 30 Mcg
Norgestimate Ethinyl Estradiol Tab 0.25 Mg 35 Mcg
Drospirenone Ethinyl Estradiol Tab 3 0.02 Mg
Estradiol Td Patch Weekly 0.025 Mg 24Hr
Drospirenone Ethinyl Estradiol Levomefolate Calcium
Estradiol Valerate Dienogest
Levonorgestrel Ethinyl Estradiol Tab 0.15 Mg 30 Mcg
Estradiol Hemihydrate Drospirenone

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Drospirenone/Estradiol
Estradiol Levonorgestrel
Estradiol/Levonorgestrel
Estradiol Estriol Progesterone Micronized Cream (Cmpd Kit)
Estropipate Tab 0.75 Mg
Estradiol/Norgestimate
Estrogens Conj. Synthetic B
Estrogens, Conjugated, Synthetic B
Estrogens Conj. Synthetic A
Estrogens, Conjugated, Synthetic A
Estropipate Tab 1.5 Mg
Norethindrone Ethinyl Estradiol Tab 0.5 Mg 35 Mcg
Norethindrone Eth Estradiol Tab 0.5 35 1 35 Mg Mcg (10 11)
Norethindrone Ace Ethinyl Estradiol Tab 1 Mg 20 Mcg
Norethindrone Ace Ethinyl Estradiol Fe Tab 1.5 Mg 30 Mcg
Ethinyl Estradiol Tab 0.02 Mg
Esterified Estrogens Tab 0.625 Mg
Esterified Estrogens Tab 0.3 Mg
Estrogens Conjugated Tab 0.9 Mg
Estrogens Conjugated Tab 0.3 Mg
Norgestrel Ethinyl Estradiol Tab 0.5 Mg 50 Mcg
Norethindrone Ethinyl Estradiol Tab 0.4 Mg 35 Mcg
Estradiol Cypionate Im In Oil 5 Mg MI
Conj Est 0.625(14) Conj Est Medroxypro Ac Tab 0.625 5Mg(14)
Norethindrone Acetate Ethinyl Estradiol Tab 1 Mg 5 Mcg
Norethindrone Ace Ethinyl Estradiol Fe Tab 1 Mg 20 Mcg
Norethindrone Ethinyl Estradiol Fe Chew Tab 0.8 Mg 25 Mcg
Norethin Eth Estradiol Fe Tab 1 Mg 10 Mcg (24) 10 Mcg (2)
Norelgestromin Ethinyl Estradiol Td Ptwk 150 35 Mcg 24Hr
Norethindrone Eth Estradiol Tab 0.5 35 0.75 35 1 35 Mg Mcg
Levonorgestrel Ethinyl Estradiol And Ethinyl Estradiol
Ethinodiol Diacetate Ethinyl Estradiol
Estrogens Esterified
Estrogens,Esterified
Esterified Estrogens Tab 1.25 Mg
Ethinyl Estradiol
Estrogens Conjugated Synthetic A Tab 1.25 Mg
Estrogens Conjugated Synthetic A Tab 0.625 Mg
Estrogens Conjugated Synthetic A Tab 0.9 Mg
Esterified Estrogens Tab 2.5 Mg
Estrogens Conjugated Tab 2.5 Mg
Estradiol Implant Pellet 6 Mg
Estradiol Implant Pellet 10 Mg
Estradiol Implant Pellet 12.5 Mg
Estradiol Implant Pellet 18 Mg
Estradiol Implant Pellet 20 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Estradiol Implant Pellet 25 Mg
 Estradiol Implant Pellet 31 Mg
 Estradiol Implant Pellet 37.5 Mg
 Estradiol Implant Pellet 50 Mg
 Norgestimate Eth Estrad Tab 0.18 35 0.215 35 0.25 35 Mg Mcg
 Conjugated Estrogen Medroxyprogesterone Acetate Tab 0.3 1.5 Mg
 Conjugated Estrogen Medroxyprogesterone Acetate Tab 0.45 1.5 Mg
 Conjugated Estrogen Medroxyprogesterone Acetate Tab 0.625 2.5 Mg
 Conjugated Estrogen Medroxyprogesterone Acetate Tab 0.625 5 Mg
 Norelgestromin Ethinyl Estradiol Td Ptkw 150 20 Mcg 24Hr

Fibrates

Gemfibrozil Tab 600 Mg
 Gemfibrozil
 Fenofibric Acid (Choline)
 Fenofibrate Nanocrystallized
 Fenofibrate Micronized
 Fenofibric Acid
 Fenofibrate Micronized Cap 67 Mg
 Fenofibrate Micronized Cap 134 Mg
 Fenofibrate Micronized Cap 200 Mg
 Fenofibrate, Micronized
 Fenofibrate
 Choline Fenofibrate Cap Dr 135 Mg (Fenofibric Acid Equiv)
 Fenofibrate Tab 48 Mg
 Fenofibrate Tab 145 Mg
 Fenofibrate Tab 160 Mg
 Fenofibrate Tab 54 Mg

H₂ Antagonists

Nizatidine
 Famotidine
 Famotidine Tab 40 Mg
 Cimetidine Hcl
 Famotidine/Pf
 Cimetidine
 Ranitidine Hcl
 Cimetidine Tab 300 Mg
 Famotidine Calcium Carbonate Magnesium
 Famotidine/Calcium Carbonate/Magnesium Hydroxide
 Famotidine Ca Carbonate Mag Hydroxide Chew Tab 10 800 165 Mg
 Ranitidine Hcl Tab 150 Mg
 Cimetidine Tab 800 Mg
 Cimetidine Tab 200 Mg
 Ranitidine Hcl In 0.45 % Sodium Chloride
 Cimetidine Tab 400 Mg
 Cimetidine Hcl Soln 300 Mg 5MI
 Famotidine Tab 20 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Famotidine In Sodium Chloride, Iso-Osmotic/Pf
 Ranitidine Hcl Tab 75 Mg
 Famotidine Calcium Carbonate Magnesium Hydroxide
 Ranitidine Hcl Tab 300 Mg
 Famotidine Tab 10 Mg
 Nizatidine Cap 150 Mg
 Famotidine Chew Tab 20 Mg
 Famotidine Ca Carbonate Mag Hydroxide Chew Tab 10 800 185 Mg
 Ranitidine Hcl Syrup 15 Mg Ml (75 Mg 5Ml)
 Ranitidine Hcl For Oral Susp 22.4 Mg Ml (Compound Kit)
 Nizatidine Cap 300 Mg
 Diclofen Dr Tab 75Mg Ranitidine Tab 150Mg Capsaicin Cr Thpk
 Famotidine In 0.9 % Sodium Chloride
 Ranitidine Hcl Tab 150 Mg Dietary Management Cap Pack
 Ranitidine Hcl Dietary Supplement Misc Comb17
 Ranitidine Hcl/Dietary Supplement No.17
 Ranitidine Hcl Dietary Supplement Misc.Combo8
 Ranitidine Hcl/Dietary Supplement No.8
 Diclofen Dr Tab 75Mg Ranitidine Tab 150Mg Lido Cr 3.75% Thpk
 Ibuprofen Famotidine
 Ibuprofen/Famotidine

Insulin

Insulin Lispro Human Rec.Anlog
 Insulin Lispro
 Insulin Lispro (Npl) Insulin Lispro Human Rec.Anlog
 Insulin Lispro Protamine And Insulin Lispro
 Insulin Glargine,Human Recombinant Analog
 Insulin (Regular) Inj 100 Unit Ml
 Insulin Pork Purified
 Insulin Regular Human Rec
 Insulin Regular, Human
 Insulin Regular Human
 Insulin Isophane Inj 100 Unit Ml
 Insulin Isophane Pork Pure
 Insulin Nph Human Recom
 Insulin Nph Human Isophane
 Nph Human Insulin Isophane
 Insulin Zinc Inj 100 Unit Ml
 Insulin Zinc Pork Purified
 Insulin Zinc Human Rec
 Insulin Zinc Extend Human Rec
 Insulin Nph Human Recom Insulin Regular Human Rec
 Insulin Nph Human Isophane/Insulin Regular, Human
 Nph Human Insulin Isophane Insulin Regular Human
 Insulin Lispro Protamine Insulin Lispro
 Insulin Glargine Human Recombinant Analog

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Insulin Regular Human Rec Insulin Release Unit
 Insulin Regular Human Rec Insulin Release Unit Chbr Ihlr
 Insulin Glargine Human Recombinant Analog
 Insulin Glargine Hum.Rec.Anlog
 Insulin Glulisine
 Insulin Reg Hum Rec Buff
 Insulin Degludec
 Insulin Aspart (Niacinamide)
 Insulin Aspart
 Insulin Aspart Protamine Human Insulin Aspart
 Insulin Aspart Protamine Human/Insulin Aspart
 Insulin Detemir
 Diluent Insulin Aspart Combination #1
 Insulin Lispro (Human) Inj 100 Unit MI
 Insulin Isophane (Human) Inj 100 Unit MI
 Insulin Regular (Human) Inj 100 Unit MI
 Insulin Detemir Inj 100 Unit MI
 Insulin Aspart Prot Aspart (Human) Inj 100 Unit MI (70 30)
 Insulin Glargine Inj 100 Unit MI
 Insulin Aspart Inj 100 Unit MI
 Insulin Isophane Regular (Human) Inj 100 Unit MI (70 30)
 Insulin Zinc (Human) Inj 100 Unit MI
 Insulin Detemir Soln Pen Injector 100 Unit MI
 Insulin Glargine Soln Pen Injector 100 Unit MI
 Insulin Lispro (Human) Soln Pen Injector 100 Unit MI
 Insulin Aspart Soln Cartridge 100 Unit MI
 Insulin Aspart Soln Pen Injector 100 Unit MI
 Insulin Aspart Prot Aspart Sus Pen Inj 100 Unit MI (70 30)
 Insulin Lispro Prot Lispro (Human) Inj 100 Unit MI (75 25)

Metformin

Saxagliptin Hcl Metformin Hcl
 Saxagliptin Hcl/Metformin Hcl
 Sitagliptin Phosphate Metformin Hcl
 Sitagliptin Phosphate/Metformin Hcl
 Ertugliflozin Pidolate/Metformin Hcl
 Rosiglitazone Maleate Metformin Hcl
 Rosiglitazone Maleate/Metformin Hcl
 Metformin Hcl
 Glyburide Metformin Hcl
 Glyburide/Metformin Hcl
 Glipizide Metformin Hcl
 Glipizide/Metformin Hcl
 Pioglitazone Hcl Metformin Hcl
 Pioglitazone Hcl/Metformin Hcl
 Glyburide Micronized Metformin Hcl
 Repaglinide Metformin Hcl

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Repaglinide/Metformin Hcl
 Metformin Hcl Tab 1000 Mg
 Dapagliflozin Propanediol/Metformin Hcl
 Dapagliflozin Propanediol Metformin Hcl
 Glyburide Metformin Tab 5 500 Mg
 Linagliptin Metformin Hcl
 Linagliptin/Metformin Hcl
 Empagliflozin Metformin Hcl
 Empagliflozin/Metformin Hcl
 Metformin Hcl Tab 500 Mg
 Metformin Hcl Tab 850 Mg
 Glyburide Metformin Tab 2.5 500 Mg
 Metformin Hcl Tab Sr 24Hr 500 Mg
 Alogliptin Benzoate Metformin Hcl
 Alogliptin Benzoate/Metformin Hcl
 Glipizide Metformin Hcl Tab 2.5 500 Mg
 Glipizide Metformin Hcl Tab 5 500 Mg
 Sitagliptin Metformin Hcl Tab 50 1000 Mg
 Sitagliptin Metformin Hcl Tab 50 500 Mg
 Butalbital Aspirin Caffeine
 Canagliflozin Metformin Hcl
 Canagliflozin/Metformin Hcl
 Metformin Hcl Tab Sr 24Hr 750 Mg
 Propranolol Hcl
 Rosiglitazone Maleate Metformin Hcl Tab 4 500 Mg
 Pioglitazone Hcl Metformin Hcl Tab 15 850 Mg
 Sitagliptin Metformin Hcl Tab Sr 24Hr 50 1000 Mg
 Metformin Hcl Tab 500 Mg Dietary Management Cap Pack
 Metformin Caffeine Amino Acids#7 Herbal Comb#125 Choline Bit
 Metformin/Caffeine/Amino Acids 7/Herbal Comb 125/Choline Bit
 Metformin Amino Acids Comb. #7 Herbal Comb.#125 Choline
 Metformin/Amino Acids No.7/Herbal Cmb.125/Choline Bitartrate

Nicotine Dependency

Nicotine
 Nicotine Inhaler System 10 Mg (4 Mg Delivered)
 Nicotine Td Patch 24Hr 7 Mg 24Hr
 Nicotine Polacrilex
 Varenicline Tartrate
 Bupropion Hcl
 Bupropion Hcl
 Nicotine Td Patch 24Hr 14 Mg 24Hr
 Nicotine Polacrilex Gum 2 Mg
 Nicotine Polacrilex Gum 4 Mg
 Calcium Carbonate
 Nicotine Polacrilex Lozenge 2 Mg
 Nicotine Polacrilex Lozenge 4 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Varenicline Tartrate Tab 0.5 Mg (Base Equiv)
 Varenicline Tartrate Tab 1 Mg (Base Equiv)
 Nicotine Td Patch 24Hr 21 Mg 24Hr
 Nicotine Td Patch 24Hr 11 Mg 24Hr
 Nicotine Td Patch 24Hr 22 Mg 24Hr
 Varenicline Tartrate Tab 0.5 Mg X 11 Tab 1 Mg X 42 Pack
 Smoking Deterrent Filter
 Silver Nitrate
 Nicotine Bitartrate
 Homeopathic Products Kit

Nitrates

Isosorbide Mononitrate
 Isosorbide Dinitrate
 Isosorbide Dinitrate Tab 10 Mg
 Isosorbide Dinitrate Tab 20 Mg
 Isosorbide Dinitrate Tab 30 Mg
 Isosorbide Dinitrate Sl Tab 10 Mg
 Nitroglycerin
 Nitroglycerin Td Patch 24Hr 0.8 Mg Hr
 Nitroglycerin Td Patch 24Hr 0.1 Mg Hr
 Nitroglycerin Td Patch 24Hr 0.2 Mg Hr
 Nitroglycerin Td Patch 24Hr 0.3 Mg Hr
 Nitroglycerin Td Patch 24Hr 0.4 Mg Hr
 Nitroglycerin Td Patch 24Hr 0.6 Mg Hr
 Nitroglycerin Cap Cr 2.5 Mg
 Isosorbide Mononitrate Tab Sr 24Hr 60 Mg
 Nitroglycerin Oint 2%
 Nitroglycerin In 5 % Dextrose In Water
 Isosorbide Dinitrate Sl Tab 2.5 Mg
 Isosorbide Dinitrate Hydralazine Hcl
 Isosorbide Mononitrate Tab Sr 24Hr 120 Mg
 Isosorbide Mononitrate Tab 20 Mg
 Nitroglycerin Tl Soln 0.4 Mg Spray (400 Mcg Spray)
 Nitroglycerin Sl Tab 0.4 Mg
 Isosorbide Mononitrate Tab Sr 24Hr 30 Mg
 Amyl Nitrite
 Isosorbide Dinitrate Tab 5 Mg
 Isosorbide Dinitrate Tab Cr 40 Mg
 Nitroglycerin Cap Cr 6.5 Mg
 Nitroglycerin Sl Tab 0.3 Mg
 Nitroglycerin Sl Tab 0.6 Mg

Other Antidiabetic Drugs

Dulaglutide
 Dapagliflozin Propanediol
 Saxagliptin Hydrochloride
 Saxagliptin Hcl

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Saxagliptin Hcl Metformin Hcl
Saxagliptin Hcl/Metformin Hcl
Sitagliptin Phosphate Metformin Hcl
Sitagliptin Phosphate/Metformin Hcl
Sitagliptin Phosphate
Sitagliptin Phosphate Simvastatin
Sitagliptin Phosphate/Simvastatin
Ertugliflozin Pidoate
Ertugliflozin Pidoate/Sitagliptin Phosphate
Ertugliflozin Pidoate/Metformin Hcl
Rosiglitazone Maleate Glimepiride
Rosiglitazone Maleate/Glimepiride
Rosiglitazone Maleate Metformin Hcl
Rosiglitazone Maleate/Metformin Hcl
Miglitol
Acarbose
Rosiglitazone Maleate Glimepiride Tab 4 1 Mg
Rosiglitazone Maleate Glimepiride Tab 4 2 Mg
Rosiglitazone Maleate Glimepiride Tab 4 4 Mg
Rosiglitazone Maleate
Nateglinide
Pioglitazone Hcl
Pioglitazone Hcl Metformin Hcl
Pioglitazone Hcl/Metformin Hcl
Repaglinide
Repaglinide Metformin Hcl
Repaglinide/Metformin Hcl
Liraglutide
Insulin Degludec/Liraglutide
Albiglutide
Dapagliflozin Propanediol/Metformin Hcl
Exenatide
Exenatide Microspheres
Pramlintide Acetate
Dapagliflozin Propanediol/Saxagliptin Hcl
Fructose Dextrose Phosphoric Acid Oral Soln
Linagliptin
Linagliptin Metformin Hcl
Linagliptin/Metformin Hcl
Empagliflozin
Empagliflozin/Metformin Hcl
Empagliflozin/Linagliptin
Empagliflozin Linagliptin
Pioglitazone Glimepiride
Pioglitazone Hcl/Glimepiride
Miglitol Tab 25 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Pioglitazone Hcl Tab 15 Mg (Base Equiv)
Pioglitazone Hcl Tab 30 Mg (Base Equiv)
Pioglitazone Hcl Tab 45 Mg (Base Equiv)
Sitagliptin Phosphate Tab 100 Mg (Base Equiv)
Alogliptin Benzoate
Alogliptin Benzoate/Metformin Hcl
Alogliptin Benzoate Pioglitazone Hcl
Alogliptin Benzoate/Pioglitazone Hcl
Sitagliptin Metformin Hcl Tab 50 1000 Mg
Sitagliptin Metformin Hcl Tab 50 500 Mg
Rosiglitazone Maleate Tab 2 Mg (Base Equiv)
Rosiglitazone Maleate Tab 4 Mg (Base Equiv)
Rosiglitazone Maleate Tab 8 Mg (Base Equiv)
Canagliflozin
Canagliflozin/Metformin Hcl
Acarbose Tab 50 Mg
Acarbose Tab 25 Mg
Nateglinide Tab 120 Mg
Repaglinide Tab 2 Mg
Liraglutide Soln Pen Injector 18 Mg 3MI (6 Mg MI)
Rosiglitazone Maleate Metformin Hcl Tab 4 500 Mg
Pioglitazone Hcl Metformin Hcl Tab 15 850 Mg
Sitagliptin Metformin Hcl Tab Sr 24Hr 50 1000 Mg
Nateglinide Tab 60 Mg
Pioglitazone Hcl Glimepiride
Exenatide Inj 5 Mcg 0.02MI
Exenatide Inj 10 Mcg 0.04MI
Mifepristone

Prescription Nonsteroidal Anti-Inflammatory Drugs

Naproxen
Ketorolac Tromethamine
Naproxen Sodium Tab 550 Mg
Naproxen Sodium
Naproxen Tab 375 Mg
Naproxen Tab 250 Mg
Indomethacin
Rofecoxib
Sulindac
Ketoprofen
Flurbiprofen
Ibuprofen
Ibuprofen Tab 800 Mg
Oxaprozin
Diclofenac Sodium Misoprostol
Diclofenac Sodium/Misoprostol
Celecoxib

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Valdecoxib
Diclofenac Potassium
Diclofenac Sodium
Nabumetone
Tolmetin Sodium
Ibuprofen Susp 100 Mg 5Ml
Ibuprofen Tab 200 Mg
Etodolac
Etodolac Tab Sr 24Hr 600 Mg
Meloxicam
Diclofenac Sodium Tab Delayed Release 75 Mg
Piroxicam
Piroxicam Cap 20 Mg
Hydrocodone/Ibuprofen
Ibuprofen/Diphenhydramine Citrate
Ibuprofen/Pseudoephedrine Hcl
Naproxen Tab 500 Mg
Naproxen Sodium Tab 275 Mg
Fenoprofen Calcium
Etodolac Tab 500 Mg
Etodolac Tab 400 Mg
Flurbiprofen Tab 100 Mg
Sumatriptan Succinate Naproxen Sodium
Sumatriptan Succinate/Naproxen Sodium
Naproxen Esomeprazole Magnesium
Naproxen/Esomeprazole Magnesium
Fenoprofen Calcium Tab 600 Mg
Tolmetin Sodium Tab 600 Mg
Tolmetin Sodium Cap 400 Mg
Ibuprofen/Oxycodone Hcl
Mefenamic Acid
Indomethacin Cap Cr 75 Mg
Naproxen Sodium Tab 220 Mg
Naproxen Sodium/Pseudoephedrine Hcl
Naproxen Sodium Cap 220 Mg
Lansoprazole Naproxen
Ibuprofen Cap 200 Mg
Ibuprofen Diphenhydramine Citrate
Ibuprofen Diphenhydramine Hcl
Ibuprofen/Diphenhydramine Hcl
Meclofenamate Sodium Cap 50 Mg
Meclofenamate Sodium
Indomethacin Sodium
Celecoxib Cap 200 Mg
Diclofenac Sodium Tab Delayed Release 50 Mg
Diclofenac Sodium Tab Sr 24Hr 100 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Indomethacin Cap 25 Mg
Naproxen Tab Ec 500 Mg
Ibuprofen/Phenylephrine Hcl
Chlorpheniramine Maleate/Pseudoephedrine Hcl/Ibuprofen
Chlorpheniramine Maleate/Phenylephrine Hcl/Ibuprofen
Meclofenamate Sodium Cap 100 Mg
Sulindac Tab 150 Mg
Sulindac Tab 200 Mg
Ibuprofen Tab 600 Mg
Ibuprofen Tab 400 Mg
Nabumetone Tab 500 Mg
Meloxicam Tab 15 Mg
Meloxicam Tab 7.5 Mg
Indomethacin Cap 50 Mg
Ketorolac Tromethamine Tab 10 Mg
Oxaprozin Tab 600 Mg
Diclofenac Epolamine
Diclofenac Sodium Gel 1%
Diclofenac W Misoprostol Tab 75 0.2 Mg
Nabumetone Tab 750 Mg
Diclofenac Sodium Tab Delayed Release 25 Mg
Naproxen Cream 10% (Compound Kit)
Diclofenac Gabapentin Lidocaine Hcl Cream 5 5 2% (Cmpd Kit)
Celecoxib Cap 100 Mg
Diclofenac Potassium Tab 50 Mg
Etodolac Tab Sr 24Hr 500 Mg
Ketoprofen Cap 75 Mg
Piroxicam Cap 10 Mg
Etodolac Cap 300 Mg
Diclofenac W Misoprostol Tab 50 0.2 Mg
Naproxen Esomeprazole Magnesium Tab Dr 375 20 Mg
Naproxen Sodium Tab Sr 24Hr 375 Mg (Base Equiv)
Naproxen Susp 125 Mg 5Ml
Naproxen Sodium/Diphenhydramine Hcl
Naproxen Tab 500 Mg Liniment Topical Gel Kit
Magnesium Carbonate Aluminum Hydroxide Alginic Acid
Ibuprofen Lysine/Pf
Indomethacin Submicronized
Indomethacin, Submicronized
Diclofenac Submicronized
Meloxicam Submicronized
Meloxicam, Submicronized
Ibuprofen Irritants Counter Irritants Combination #2
Meloxicam Irritants Counter Irritants Combination No.2
Ketoprofen Cream 5% (Compound Kit)
Flurbiprofen Cyclobenzaprine Cream (Cmpd Kit)

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Ketoprofen Baclofen Gabapentin Cream (Cmpd Kit)
Ketoprofen Lidocaine Gabapentin Cream (Cmpd Kit)
Diclofenac Potassium Cap 25 Mg
Flurbiprofen Baclofen Lidocaine Cream 15 4 5% (Cmpd Kit)
Ketoprofen Baclofen Gabapentin Lido Crm 15 4 10 2% (Cmp Kit)
Metaxalone Tab 800 Mg Diclofenac Sodium Soln 1.5% Kit
Ketoprofen Lidocaine Hcl Cream 10 2% (Compound Kit)
Ketoprofen Lidocaine Gabapentin Cream 5 2 5% (Cmpd Kit)
Ketoprofen Ketamine Lidocaine Cream 5 5 2% (Compounding Kit)
Ketoprofen Ketamine Lidocaine Cream 5 5 2% (Compound Kit)
Rofecoxib Tab 50 Mg
Valdecoxib Tab 10 Mg
Valdecoxib Tab 20 Mg
Etodolac Tab Sr 24Hr 400 Mg
Ibuprofen Cream 10% (Compounding Kit)
Fenoprofen Calcium Cap 400 Mg
Ketorolac Tromethamine Gel 2% (Cmpd Kit) (Base Equiv)
Ketoprofen (Bulk) Cream 10%
Ketoprofen Cap Sr 24Hr 200 Mg
Ketoprofen Tab 12.5 Mg
Phenylbutazone Tab 100 Mg
Rofecoxib Tab 25 Mg
Fenoprofen Calcium Cap 200 Mg
Indomethacin Suppos 50 Mg
Naproxen Irritants Counter Irritants Combination #2
Prasterone Cap 200 Mg Ibuprofen Tab 400 Mg Kit
Naproxen Sodium Tab Sr 24Hr 500 Mg (Base Equiv)
Rofecoxib Tab 12.5 Mg
Etodolac Cap 200 Mg
Ibuprofen Caffeine Vitamins B1 B2 B6 B12
Ibuprofen/Caffeine/Vitamins B1, B2, B6, & B12
Diclofenac Sodium Capsicum Oleoresin
Diclofenac Sod Tab Dr 75 Mg Lido Men Methyl Sal Ptch Kit
Flurbiprofen Tab 50 Mg
Mefenamic Acid Cap 250 Mg
Ketoprofen Cap 50 Mg
Phenylephrine Hcl Ketorolac Tromethamine
Phenylephrine Hcl/Ketorolac Tromethamine
Gold Sodium Thiomalate
Naproxen Sodium Tab 550 Mg Menthol Gel 2% Therapy Pack
Naproxen Sodium Menthol
Flurbiprofen Gabapentin Cycloben Lido Dexameth Cr (Cmp Kit)
Flurbiprofen Baclofen Cycloben Lido Cream (Cmp Kit)
Naproxen Tab 250 Mg Dietary Management Cap Pack
Meloxicam Tab 7.5 Mg Dietary Management Cap Pack
Piroxicam Cap 20 Mg Dietary Management Cap Pack

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Ibuprofen Tab 600 Mg Dietary Management Cap Pack
 Naproxen Tab 500 Mg Dietary Management Cap Pack
 Ibuprofen Tab 800 Mg Dietary Management Cap Pack
 Naproxen Dietary Supplement Misc. Cb.11
 Naproxen/Dietary Supplement,Misc. Cb.11
 Diclofenac Tab Dr 25 Mg Dietary Management Cap Pack
 Piroxicam Dietary Supplement Misc. Cb.11
 Piroxicam/Dietary Supplement,Misc. Cb.11
 Ibuprofen Dietary Supplement Misc. Cb.11
 Ibuprofen/Dietary Supplement,Misc. Cb.11
 Naproxen Capsaicin Menthol Methyl Salicylate
 Fluorouracil Diclofenac Sodium Cream 5 1%
 Tamoxifen Adapalene Diclofenac Cream 0.2 0.3 2% (Cmpd Kit)
 Amantadine Gabapent Diclofenac Baclofen Lido Cr (Cmpd Kit)
 Diclofenac Amitriptyline Prilo Lido Cream (Cmpd Kit)
 Diclofenac Tab 75Mg Ranitid Tab 150Mg Lido Prilo Cr Thpk
 Ketorolac Tromethamine Nasal Spray 15.75 Mg Spray
 Naproxen Capsaicin Menthol
 Celecoxib Capsaicin Menthol
 Celecoxib Lidocaine Menthol
 Ibuprofen Tab 800 Mg Multiple Minerals Cap Therapy Pack
 Ropivacaine Hcl/Epinephrine/Clonidine Hcl/Ketorolac Trometh
 Diclofenac Td Soln 1.5% Camph Men Methyl Sal Patch Kit
 Ibuprofen/Famotidine

Proton Pump Inhibitors

Pantoprazole Sodium
 Lansoprazole
 Rabeprazole Sodium
 Omeprazole
 Esomeprazole Magnesium
 Lansoprazole Tab Delayed Release Orally Disintegrating 15 Mg
 Lansoprazole Tab Delayed Release Orally Disintegrating 30 Mg
 Lansoprazole Amoxicillin Trihydrate Clarithromycin
 Lansoprazole/Amoxicillin Trihydrate/Clarithromycin
 Omeprazole Magnesium
 Naproxen Esomeprazole Magnesium
 Naproxen/Esomeprazole Magnesium
 Esomeprazole Mag Trihydrate
 Esomeprazole Sodium
 Lansoprazole Naproxen
 Omeprazole Sodium Bicarbonate Cap 20 1100 Mg
 Esomeprazole Magnesium Cap Delayed Release 40 Mg
 Esomeprazole Magnesium Cap Delayed Release 20 Mg
 Omeprazole Cap Delayed Release 20 Mg
 Pantoprazole Sodium Ec Tab 40 Mg (Base Equiv)
 Esomeprazole Magnesium Cap Delayed Release 20 Mg (Base Eq)

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Omeprazole Cap Delayed Release 40 Mg
 Omeprazole Sodium Bicarbonate
 Omeprazole/Sodium Bicarbonate
 Omeprazole Delayed Release Tab 20 Mg
 Lansoprazole Cap Delayed Release 15 Mg
 Lansoprazole Cap Delayed Release 30 Mg
 Pantoprazole Sodium Ec Tab 20 Mg (Base Equiv)
 Omeprazole Sodium Bicarbonate Cap 40 1100 Mg
 Omeprazole Cap Delayed Release 10 Mg
 Naproxen Esomeprazole Magnesium Tab Dr 375 20 Mg
 Rabeprazole Sodium Ec Tab 20 Mg
 Dexlansoprazole Cap Delayed Release 60 Mg
 Dexlansoprazole Cap Delayed Release 30 Mg
 Esomeprazole Magnesium Cap Delayed Release 40 Mg (Base Eq)
 Omeprazole Susp 2 Mg Ml (Compound Kit)
 Esomeprazole Strontium
 Dexlansoprazole
 Colchicine
 Esomeprazole Magnesium/Glycerin
 Omeprazole Clarithromycin Amoxicillin Trihydrate
 Omeprazole/Clarithromycin/Amoxicillin Trihydrate
 Omeprazole Magnesium Delayed Release Tab 20 Mg (Base Equiv)
 Aspirin/Omeprazole

SSRI Depressants

Fluoxetine Hcl
 Olanzapine Fluoxetine Hcl
 Paroxetine Hcl
 Sertraline Hcl
 Citalopram Hydrobromide
 Fluvoxamine Maleate
 Escitalopram Oxalate
 Fluoxetine Hcl Cap 40 Mg
 Sertraline Hcl Tab 25 Mg
 Sertraline Hcl Tab 100 Mg
 Fluvoxamine Maleate Tab 50 Mg
 Fluvoxamine Maleate Tab 100 Mg
 Fluoxetine Hcl Cap 10 Mg
 Fluoxetine Hcl Cap 20 Mg
 Fluvoxamine Maleate Tab 25 Mg
 Citalopram Hydrobromide Tab 20 Mg (Base Equiv)
 Escitalopram Oxalate Tab 10 Mg (Base Equiv)
 Sertraline Hcl Tab 50 Mg
 Fluoxetine Hcl Solution 20 Mg 5Ml
 Citalopram Hydrobromide Tab 40 Mg (Base Equiv)
 Citalopram Hydrobromide Tab 10 Mg (Base Equiv)
 Paroxetine Hcl Tab 20 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Paroxetine Hcl Tab 10 Mg
 Paroxetine Hcl Tab 30 Mg
 Escitalopram Oxalate Tab 5 Mg (Base Equiv)
 Paroxetine Hcl Tab Sr 24Hr 37.5 Mg
 Escitalopram Oxalate Tab 20 Mg (Base Equiv)
 Escitalopram Tab 10 Mg Methylfolate B12 B6 D Cap Thpk
 Fluvoxamine Maleate Cap Sr 24Hr 150 Mg
 Fluoxetine Hcl Tab 20 Mg
 Paroxetine Hcl Tab 40 Mg
 Zaleplon
 Paroxetine Mesylate
 Paroxetine Hcl Tab Sr 24Hr 25 Mg
 Paroxetine Hcl Tab Sr 24Hr 12.5 Mg
 Fluoxetine Hcl Tab 10 Mg
 Fluoxetine Hcl Tab 60 Mg
 Citalopram Tab 10 Mg Dietary Management Cap Pack
 Fluoxetine Hcl Cap 10 Mg Dietary Management Cap Pack
 Fluoxetine Hcl Dietary Supplement Misc Comb17
 Fluoxetine Hcl/Dietary Supplement No.17
 Fluoxetine Hcl Dietary Supplement Misc.Combo8
 Fluoxetine Hcl/Dietary Supplement No.8

Statins

Pitavastatin Calcium
 Pravastatin Sodium
 Aspirin Calcium Carbonate Magnesium Pravastatin
 Sitagliptin Phosphate Simvastatin
 Simvastatin
 Simvastatin Tab 80 Mg
 Lovastatin
 Lovastatin Tab 20 Mg
 Amlodipine Besylate Atorvastatin Calcium
 Amlodipine Besylate/Atorvastatin Calcium
 Atorvastatin Calcium
 Niacin Lovastatin
 Niacin/Lovastatin
 Niacin Simvastatin
 Niacin/Simvastatin
 Fluvastatin Sodium
 Rosuvastatin Calcium
 Ezetimibe/Simvastatin
 Atorvastatin Calcium Tab 10 Mg (Base Equivalent)
 Atorvastatin Calcium Tab 20 Mg (Base Equivalent)
 Atorvastatin Calcium Tab 40 Mg (Base Equivalent)
 Atorvastatin Calcium Tab 80 Mg (Base Equivalent)
 Pravastatin Sodium Tab 10 Mg
 Pravastatin Sodium Tab 20 Mg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Pravastatin Sodium Tab 40 Mg
Simvastatin Tab 40 Mg
Ezetimibe Simvastatin
Fluvastatin Sodium Cap 20 Mg
Simvastatin Tab 20 Mg
Simvastatin Tab 5 Mg
Simvastatin Tab 10 Mg
Rosuvastatin Calcium Tab 10 Mg
Lovastatin Tab 40 Mg
Ezetimibe Simvastatin Tab 10 20 Mg
Pravastatin Sodium Tab 80 Mg
Rosuvastatin Calcium Tab 20 Mg
Pitavastatin Magnesium
Lovastatin Tab 10 Mg
Rosuvastatin Calcium Tab 5 Mg
Ezetimibe Simvastatin Tab 10 40 Mg
Ezetimibe Simvastatin Tab 10 80 Mg
Fluvastatin Sodium Cap 40 Mg
Ezetimibe Atorvastatin Calcium
Ezetimibe/Atorvastatin Calcium
Rosuvastatin Calcium Tab 40 Mg
Atorvastatin Tab 20 Mg Coenzyme Q10 Cap 100 Mg Ther Pack

Sulfonyureas

Rosiglitazone Maleate Glimepiride
Rosiglitazone Maleate/Glimepiride
Tolazamide
Glyburide
Glyburide Micronized
Glyburide, Micronized
Rosiglitazone Maleate Glimepiride Tab 4 1 Mg
Rosiglitazone Maleate Glimepiride Tab 4 2 Mg
Rosiglitazone Maleate Glimepiride Tab 4 4 Mg
Glimepiride
Glipizide
Chlorpropamide
Glyburide Metformin Hcl
Glyburide/Metformin Hcl
Glipizide Metformin Hcl
Glipizide/Metformin Hcl
Glyburide Micronized Metformin Hcl
Chlorpropamide Tab 100 Mg
Tolbutamide
Glyburide Metformin Tab 5 500 Mg
Acetohexamide
Chlorpropamide Tab 250 Mg
Pioglitazone Glimepiride

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Pioglitazone Hcl/Glimepiride
Glipizide Tab 10 Mg
Triamterene Hydrochlorothiazide
Glyburide Micronized Tab 1.5 Mg
Glipizide Tab 5 Mg
Glyburide Tab 5 Mg
Glipizide Tab Sr 24Hr 2.5 Mg
Glyburide Tab 2.5 Mg
Glimepiride Tab 4 Mg
Glimepiride Tab 2 Mg
Glyburide Metformin Tab 2.5 500 Mg
Glipizide Tab Sr 24Hr 5 Mg
Glipizide Tab Sr 24Hr 10 Mg
Glimepiride Tab 1 Mg
Bulk Chemicals Powder
Glipizide Metformin Hcl Tab 2.5 500 Mg
Glipizide Metformin Hcl Tab 5 500 Mg
Tolazamide Tab 250 Mg
Tolazamide Tab 500 Mg
Glyburide Micronized Tab 3 Mg
Glyburide Tab 1.25 Mg
Glyburide Micronized Tab 6 Mg
Tolazamide Tab 100 Mg
Buspirone Hcl
Pioglitazone Hcl Glimepiride

Thyroid Replacement Medications

Levothyroxine Sodium
Levothyroxine Sodium Tab 200 Mcg
Homeopathic Drugs
Levothyroxine Sodium Tab 150 Mcg
Levothyroxine Sodium Tab 300 Mcg
Levothyroxine Sodium Tab 112 Mcg
Levothyroxine Sodium Tab 175 Mcg
Levothyroxine Sodium Tab 88 Mcg
Levothyroxine Sodium Tab 137 Mcg
Liothyronine Sodium
Liotrix
Thyroid
Thyroid,Pork
Thyroid Tab 30 Mg (1 2 Grain)
Thyroid Tab 60 Mg (1 Grain)
Thyroid Tab 120 Mg (2 Grain)
Thyroid Tab 180 Mg (3 Grain)
Levothyroxine Sodium Tab 25 Mcg
Levothyroxine Sodium Tab 100 Mcg
Levothyroxine Sodium Tab 50 Mcg

Appendix H. Generic Names of Medical Products Used to Define Covariates in this Request

Levothyroxine Sodium Tab 75 Mcg
Levothyroxine Sodium Tab 125 Mcg
Liothyronine Sodium Tab 50 Mcg
Liothyronine Sodium Tab 5 Mcg
Thyroid Pork
Thyroid Tab 15 Mg (1 4 Grain)
Liothyronine Sodium Tab 25 Mcg
Thyroid Tab 240 Mg (4 Grain)
Thyroid Tab 300 Mg (5 Grain)
Liotrix Tab 60 Mg
Liotrix Tab 120 Mg
Thyroid Tab 65 Mg

Appendix I. Specifications Defining Parameters for Type 2 in this Request

The Center for Drug Evaluation and Research requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 8.0.3 with additional programming, to compare baseline characteristics of standard dose apixaban, dabigatran, rivaroxaban, and edoxaban in those aged 64 years or less in the Sentinel Distributed Database (SDD).

Query period: October 19, 2010 - Current data
Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
1	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Stroke	IPP	1	See Appendix K
2	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Stroke	IPP	1	See Appendix K
3	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Stroke	IPP	1	See Appendix K
4	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Stroke	IPP	1	See Appendix K

Appendix I. Specifications Defining Parameters for Type 2 in this Request

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Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requiremen	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
5	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Intracranial hemorrhage	IPP	1	See Appendix K
6	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Intracranial hemorrhage	IPP	1	See Appendix K
7	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Intracranial hemorrhage	IPP	1	See Appendix K
8	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Intracranial hemorrhage	IPP	1	See Appendix K

Appendix I. Specifications Defining Parameters for Type 2 in this Request

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Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
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Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requiremen	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
9	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
10	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					

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The Center for Drug Evaluation and Research requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 8.0.3 with additional programming, to compare baseline characteristics of standard dose apixaban, dabigatran, rivaroxaban, and edoxaban in those aged 64 years or less in the Sentinel Distributed Database (SDD).

Query period: October 19, 2010 - Current data
Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

		Exposure					Inclusion / Exclusion			Outcome			Covariates		
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
11	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
12	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
13	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
14	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K

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The Center for Drug Evaluation and Research requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 8.0.3 with additional programming, to compare baseline characteristics of standard dose apixaban, dabigatran, rivaroxaban, and edoxaban in those aged 64 years or less in the Sentinel Distributed Database (SDD).

Query period: October 19, 2010 - Current data
Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates
15	Rivaroxaban, 20 mg	Once daily	183	First valid incident exposure episode only	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0				
								Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0				
16	Edoxaban, 60 mg	Once daily	183	First valid incident exposure episode only	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0				
								Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0				

¹The major extracranial bleed outcome is defined as **a**) one code from "MEB_1" tab in the primary inpatient position AND no code from "MEB_trauma_exclusion" on the same day OR **b**) one code from "MEB_2" in the primary inpatient position AND one code from "MEB_1" in secondary or unspecified inpatient position on the same day AND no code from "MEB_trauma_exclusion" on the same day

²The gastrointestinal hemorrhage outcome is defined as **a**) one code from "GI_1" tab in the primary inpatient position OR **b**) one code from "GI_2" in the primary inpatient position AND one code from "GI_1" in secondary or unspecified inpatient position on the same day

International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification, Healthcare Common Procedure Coding System, and Current Procedural Terminology codes are provided by Optum360. National Drug Codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

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Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
1	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
2	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
3	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0					
4	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0					

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Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
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Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requiremen	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/ Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
5	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
6	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
7	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0					
8	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0					

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Exposure							Inclusion / Exclusion			Outcome			Covariates		
Index exposure	Daily dose requiremen	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/ Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
9	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
10	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					

Appendix I. Specifications Defining Parameters for Type 2 in this Request

The Center for Drug Evaluation and Research requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 8.0.3 with additional programming, to compare baseline characteristics of standard dose apixaban, dabigatran, rivaroxaban, and edoxaban in those aged 64 years or less in the Sentinel Distributed Database (SDD).

Query period: October 19, 2010 - Current data
Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
11	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
12	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
13	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
14	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K

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Coverage requirement: Medical and drug coverage
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Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates
15	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0				
								Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0				
16	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0				
								Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0				

¹The major extracranial bleed outcome is defined as **a)** one code from "MEB_1" tab in the primary inpatient position AND no code from "MEB_trauma_exclusion" on the same day OR **b)** one code from "MEB_2" in the primary inpatient position AND one code from "MEB_1" in secondary or unspecified inpatient position on the same day AND no code from "MEB_trauma_exclusion" on the same day

²The gastrointestinal hemorrhage outcome is defined as **a)** one code from "GI_1" tab in the primary inpatient position OR **b)** one code from "GI_2" in the primary inpatient position AND one code from "GI_1" in secondary or unspecified inpatient position on the same day

International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification, Healthcare Common Procedure Coding System, and Current Procedural Terminology codes are provided by Optum360. National Drug Codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

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Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
1	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
2	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
3	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0					
4	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0					

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Query period: October 19, 2010 - Current data
Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requiremen	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/ Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
5	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
6	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
7	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0					
8	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0					

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Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requiremen	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/ Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
9	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
10	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K

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Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
11	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
12	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
13	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
14	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include Exclude Exclude	Atrial fibrillation Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	-183 to 0 -183 to 0 Day 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K

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Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
15	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
									Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0				
									Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0				
16	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
									Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0				
									Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0				

¹The major extracranial bleed outcome is defined as **a)** one code from "MEB_1" tab in the primary inpatient position AND no code from "MEB_trauma_exclusion" on the same day OR **b)** one code from "MEB_2" in the primary inpatient position AND one code from "MEB_1" in secondary or unspecified inpatient position on the same day AND no code from "MEB_trauma_exclusion" on the same day

²The gastrointestinal hemorrhage outcome is defined as **a)** one code from "GI_1" tab in the primary inpatient position OR **b)** one code from "GI_2" in the primary inpatient position AND one code from "GI_1" in secondary or unspecified inpatient position on the same day

International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification, Healthcare Common Procedure Coding System, and Current Procedural Terminology codes are provided by Optum360. National Drug Codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

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Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
1	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
2	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
3	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0					
4	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, major extracranial bleeding, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Stroke	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0					

Appendix I. Specifications Defining Parameters for Type 2 in this Request

The Center for Drug Evaluation and Research requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 8.0.3 with additional programming, to compare baseline characteristics of standard dose apixaban, dabigatran, rivaroxaban, and edoxaban in those aged 64 years or less in the Sentinel Distributed Database (SDD).

Query period: October 19, 2010 - Current data
Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requiremen	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/ Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
5	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
6	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
7	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0					
8	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, gastrointestinal hemorrhage	Include	Atrial fibrillation	-183 to 0	Intracranial hemorrhage	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0					

Appendix I. Specifications Defining Parameters for Type 2 in this Request

The Center for Drug Evaluation and Research requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 8.0.3 with additional programming, to compare baseline characteristics of standard dose apixaban, dabigatran, rivaroxaban, and edoxaban in those aged 64 years or less in the Sentinel Distributed Database (SDD).

Query period: October 19, 2010 - Current data
Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
9	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					
10	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
								Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0					
								Exclude	Low-dose dabigatran, apixaban, rivaroxaban, edoxaban, warfarin, institutional stay	Day 0					

Appendix I. Specifications Defining Parameters for Type 2 in this Request

The Center for Drug Evaluation and Research requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 8.0.3 with additional programming, to compare baseline characteristics of standard dose apixaban, dabigatran, rivaroxaban, and edoxaban in those aged 64 years or less in the Sentinel Distributed Database (SDD).

Query period: October 19, 2010 - Current data
Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
11	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
12	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, gastrointestinal hemorrhage, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Major Extracranial Bleeding ¹	IPP	1	See Appendix K
13	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
14	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K

Appendix I. Specifications Defining Parameters for Type 2 in this Request

The Center for Drug Evaluation and Research requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 8.0.3 with additional programming, to compare baseline characteristics of standard dose apixaban, dabigatran, rivaroxaban, and edoxaban in those aged 64 years or less in the Sentinel Distributed Database (SDD).

Query period: October 19, 2010 - Current data
Coverage requirement: Medical and drug coverage
Pre-index enrollment requirement: 183 days
Enrollment gap: 45 days
Age groups: 21-34, 35-49, 50-64 years
Data partners: All except CMS
Output: Censoring table for duration of exposure (0-90, 91-180, 181+ days)
Additional programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure								Inclusion / Exclusion			Outcome			Covariates	
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Episode gap	Episode extension	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	Condition	Care setting	Blackout	Covariates	
15	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
									Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0				
									Exclude	Low-dose rivaroxaban, apixaban, dabigatran, edoxaban, warfarin, institutional stay	Day 0				
16	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	3	3	Death, DP end date, query end date, disenrollment, end of exposure episode, low-dose apixaban, dabigatran, rivaroxaban, edoxaban, warfarin, kidney transplant, dialysis, outcome occurrence, IS encounter, thromboembolic stroke, major extracranial bleeding, intracranial hemorrhage	Include	Atrial fibrillation	-183 to 0	Gastrointestinal hemorrhage ²	IPP	1	See Appendix K
									Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0				
									Exclude	Low-dose edoxaban, apixaban, dabigatran, rivaroxaban, warfarin, institutional stay	Day 0				

¹The major extracranial bleed outcome is defined as **a**) one code from "MEB_1" tab in the primary inpatient position AND no code from "MEB_trauma_exclusion" on the same day OR **b**) one code from "MEB_2" in the primary inpatient position AND one code from "MEB_1" in secondary or unspecified inpatient position on the same day AND no code from "MEB_trauma_exclusion" on the same day

²The gastrointestinal hemorrhage outcome is defined as **a**) one code from "GI_1" tab in the primary inpatient position OR **b**) one code from "GI_2" in the primary inpatient position AND one code from "GI_1" in secondary or unspecified inpatient position on the same day

International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification, Healthcare Common Procedure Coding System, and Current Procedural Terminology codes are provided by Optum360. National Drug Codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

Appendix J. Specifications Defining Parameters for Type 1 in this Request

The Center for Drug Evaluation and Research requested execution of the Cohort Identification and Descriptive Analysis (CIDA) tool, version 8.0.3 with additional programming, to compare baseline characteristics of standard dose apixaban, dabigatran, rivaroxaban, and edoxaban in those aged 64 years or less in the Sentinel Distributed Database (SDD).

Query Period: October 19, 2010 - Current data completeness
Coverage Requirement: Medical and drug coverage
Pre-index Enrollment Requirement: 183 days
Enrollment Gap: 45 days
Age Groups: 21-34, 35-49, 50-64 years
Data Partners: All except CMS
Output: Censoring table for available follow-up time (0-90, 91-180, 181+ days)
Additional Programming: Risk scores, daily dose requirement, SMD for table 1s

Exposure						Inclusion / Exclusion			
Index exposure	Daily dose requirement	Cohort definition	Exposure washout	Incident with respect to:	Censor treatment episode at evidence of:	Include/Exclude	Condition	Evaluation period	
1	Apixaban, 5 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	Death; DP end date; Query end date; Disenrollment	Include	Atrial fibrillation	-183 to 0
							Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0
							Exclude	Dabigatran, rivaroxaban, edoxaban, low-dose apixaban, warfarin, institutional stay	Day 0
2	Dabigatran, 150 mg	Twice daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	Death; DP end date; Query end date; Disenrollment	Include	Atrial fibrillation	-183 to 0
							Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0
							Exclude	Apixaban, rivaroxaban, edoxaban, low-dose dabigatran, warfarin, institutional stay	Day 0
3	Rivaroxaban, 20 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	Death; DP end date; Query end date; Disenrollment	Include	Atrial fibrillation	-183 to 0
							Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0
							Exclude	Apixaban, dabigatran, edoxaban, low-dose rivaroxaban, warfarin, institutional stay	Day 0
4	Edoxaban, 60 mg	Once daily	First valid incident exposure episode only	183	Apixaban, dabigatran, rivaroxaban, edoxaban, and warfarin (all doses)	Death; DP end date; Query end date; Disenrollment	Include	Atrial fibrillation	-183 to 0
							Exclude	Kidney transplant, dialysis, mitral valve disease, heart valve repair or replacement, deep vein thrombosis, pulmonary embolism, joint replacement	-183 to 0
							Exclude	Apixaban, dabigatran, rivaroxaban, low-dose edoxaban, warfarin, institutional stay	Day 0

International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification, Healthcare Common Procedure Coding System, and Current Procedural Terminology codes are provided by Optum360. National Drug Codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

Appendix K. Specifications Defining Parameters for Baseline Characteristics in this Request

Covariate	Evaluation Window	Care Settings
Age (continuous)	Index date	--
Age Group		
21-34	Index date	--
35-49	Index date	--
50-64	Index date	--
Sex		
Female	Index date	--
Male	Index date	--
Other	Index date	--
Race/Ethnicity		
American Indian or Alaska Native	Index date	--
Asian	Index date	--
Black or African American	Index date	--
Native Hawaiian or Other Pacific Islander	Index date	--
White	Index date	--
Unknown	Index date	--
Year		
2010	Index date	--
2011	Index date	--
2012	Index date	--
2013	Index date	--
2014	Index date	--
2015	Index date	--
2016	Index date	--
2017	Index date	--
2018	Index date	--
Medical Comorbidities		
Alcohol abuse	-183 to 0	Any
Anemia	-183 to 0	Any
Chronic liver disease	-183 to 0	Any
COPD	-183 to 0	Any
Dementia	-183 to 0	Any
Diabetes	-183 to 0	Any
Gout	-183 to 0	Any
Hypercholesterolemia	-183 to 0	Any
Hypertension	-183 to 0	Any
Kidney failure - Chronic	-183 to 0	Any
Kidney failure - Acute	-183 to 0	Any
Malignancy	-183 to 0	Any
Obesity	-183 to 0	Any
Peptic ulcer disease	-183 to 0	Any
Nicotine dependency	-183 to 0	Any
Hospitalized AMI (past 0-30 days)	-30 to 0	Primary or secondary inpatient diagnosis
Hospitalized AMI (past 31-183 days)	-183 to -31	Primary or secondary inpatient diagnosis
Coronary revascularization	-183 to 0	Any

Appendix K. Specifications Defining Parameters for Baseline Characteristics in this Request

Covariate	Evaluation Window	Care Settings
Hospitalized heart failure	-183 to 0	Inpatient or emergency department
Outpatient heart failure	-183 to 0	Outpatient
Other ischemic heart disease	-183 to 0	Any
Peripheral vascular disease	-183 to 0	Any
Hospitalized stroke (past 0-30 days)	-30 to 0	Primary inpatient diagnosis
Hospitalized stroke (past 31-183 days)	-183 to -31	Primary inpatient diagnosis
Transient ischemic attack	-183 to 0	Any
Other cerebrovascular disease	-183 to 0	Any
Other medical conditions (falls, fractures, syncope, walker use)	-183 to 0	Any
Cardioversion	-183 to 0	Any
Cardioablation	-183 to 0	Any
Hospitalized for bleeding	-183 to 0	Primary inpatient diagnosis
Medication Use		
Corticosteroids	-183 to 0	--
Estrogen replacement	-183 to 0	--
H2-antagonist	-183 to 0	--
NSAIDs	-183 to 0	--
Proton pump inhibitors	-183 to 0	--
SSRI antidepressants	-183 to 0	--
Thyroid replacement	-183 to 0	--
Insulin	-183 to 0	--
Metformin (Biguanide)	-183 to 0	--
Sulfonylureas	-183 to 0	--
Other Diabetes Medications	-183 to 0	--
ACEI/ARB	-183 to 0	--
Antiarrhythmics	-183 to 0	--
Anti-coagulant (injectable)	-183 to 0	--
Anti-platelets	-183 to 0	--
Beta-blockers	-183 to 0	--
Calcium channel blockers	-183 to 0	--
Digoxin	-183 to 0	--
Diuretics - Loop	-183 to 0	--
Diuretics - Potassium sparing	-183 to 0	--
Diuretics - Thiazide	-183 to 0	--
Nitrates	-183 to 0	--
Statins	-183 to 0	--
Fibrates	-183 to 0	--
Amiodarone	-183 to 0	--
Dronedarone	-183 to 0	--
CHA₂DS₂-VASc score¹		
0-1	-183 to 0	--
2	-183 to 0	--
3	-183 to 0	--
4	-183 to 0	--

Appendix K. Specifications Defining Parameters for Baseline Characteristics in this Request

Covariate	Evaluation Window	Care Settings
5	-183 to 0	--
≥6	-183 to 0	--
HAS-BLED score²		
0-1	-183 to 0	--
2	-183 to 0	--
3	-183 to 0	--
≥4	-183 to 0	--
Health Care Utilization		
Mean number of ambulatory encounters	-183 to 0	Ambulatory
Number of emergency department encounters		
0 visit	-30 to 0	Emergency department
At least 1 visit	-30 to 0	Emergency department
2+ visits	-30 to 0	Emergency department
Number of emergency room encounters		
0 visit	-183 to -31	Emergency department
At least 1 visit	-183 to -31	Emergency department
2+ visits	-183 to -31	Emergency department
Mean number of inpatient hospital encounters	-183 to 0	Inpatient
Mean number of filled prescriptions	-183 to 0	--
Mean number of generics	-183 to 0	--
Mean number of drug classes	-183 to 0	--

¹CHA2DS2-VaSc: Lip, G.Y., Nieuwlaat, R., Pisters, R., Lane, D.A. and Crijns, H.J., 2010. Refining clinical risk stratification for predicting stroke and thromboembolism in atrial fibrillation using a novel risk factor-based approach: the euro heart survey on atrial fibrillation. *Chest*, 137(2), pp.263-272.

²HAS-BLED: Pisters, R., Lane, D.A., Nieuwlaat, R., De Vos, C.B., Crijns, H.J. and Lip, G.Y., 2010. A novel user-friendly score (HAS-BLED) to assess 1-year risk of major bleeding in patients with atrial fibrillation: the Euro Heart Survey. *Chest*, 138(5), pp.1093-1100.