

### ATTACHMENT 19

### YEAR 4TH-HCIP ASES DIAGNOSIS CODES

Amendment O (2021-2022)

Plan Vital



10 Codes	nd Commonwealth and CHIP  Description	Milliman Comments
3	Mali mant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
i4	Mali nant neo lasm of middle third of eso ha us	Verified as valid and accurate for 2020.
i5	Mali mant neo lasm of lower third of escuha jus	Verified as valid and accurate for 2020.
8	Malignant neoplasm of overlapping sites of esophagus	Verified as valid and accurate for 2020.
9 0	Malignant neoplasm of esophagus, unspecified  Malignant neoplasm of cardia	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1	Mali mant neoclasm of fundus of stomach	Verified as valid and accurate for 2020.
2	Mali mant neo lasm of body of stomach	Verified as valid and accurate for 2020.
3	Mali mant neoplasm of pyloric antrum	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
4 5	Malignant neoplasm of pylorus  Malignant neoplasm of lesser curvature of stomach, unsu	Verified as valid and accurate for 2020.
8	Mali mant neo clasm of greater curvature of stomach, unsu	Verified as valid and accurate for 2020.
8	Mali nant neoplasm of overlapping sites of stomach	Verified as valid and accurate for 2020.
)	Malignant neoplasm of stomach unspecified	Verified as valid and accurate for 2020.
) 	Liver cell carcinoma Intrahepatic bile duct carcinoma	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
2	Heratoblastoma	Verified as valid and accurate for 2020.
3	An iosarcoma of liver	Verified as valid and accurate for 2020.
	Other sarcomas of liver	Verified as valid and accurate for 2020.
7	Other specified carcinomas of liver	Verified as valid and accurate for 2020.
3	Mali mant neoplasm of liver, primary, unspecified as to type	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali neo lasm of liver, not siecified as irimary or sec  Mali nant neo lasm of pallbladder	Verified as valid and accurate for 2020.
)	Mali mant neo lasm of extrahe atic bile duct	Verified as valid and accurate for 2020.
	Mali nant neo lasm of am ulla of Vater	Verified as valid and accurate for 2020.
3	Malignant neoplasm of overlapping sites of biliary tract  Malignant neoplasm of biliary tract unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
•	Mali nant neo lasm of bilary tract unspecified  Mali nant neo lasm of trachea	
00	Mali nant neo lasm of unspecified main bronchus	Verified as valid and accurate for 2020.
)1	Malignant neoglasm of right main bronchus	Verified as valid and accurate for 2020.
)2	Malignant neoplasm of left main bronchus	Verified as valid and accurate for 2020.
0	Matignant neoplasm of upper lobe, unsp bronchus or lung	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
2	Malignant neoplasm of upper lobe, right bronchus or lung Malignant neoplasm of upper lobe, left bronchus or lung	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
2	Mali mant neo lasm of middle lobe, bronchus or lung	Verified as valid and accurate for 2020.
30	Mali nant neo lasm of lower lobe unsubronchus or lung	Verified as valid and accurate for 2020.
31	Malignant neoplasm of lower lobe, right bronchus or lung	Verified as valid and accurate for 2020.
32	Malignant neoplasm of lower lobe, left bronchus or lung Malignant neoplasm of ovrig sites of unsp bronchus and lung	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
30 31	Mali mant neo clasm of ovrh sites of right bronchus and lung	Varified as welld and appropriate for 2020
82	Mali mant neo plasm of ovri a sites of left bronchus and lung	Verified as valid and accurate for 2020.
90	Mali mant neoplasm of unsopart of unsobronchus or lung	Verified as valid and accurate for 2020.
91	Malignant neoplasm of unsgipart of right bronchus or lung	Verified as valid and accurate for 2020.
92 4	Mail mant neoplasm of unsupart of left bronchus or lung Mail mant neoplasm of pleura	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
0	Mesothelioma of pleura	Verified as valid and accurate for 2020.
1	Mesothelioma of peritoneum	Verified as valid and accurate for 2020.
0	Mali mant neo lasm of retro eritoneum	Verified as valid and accurate for 2020.
1 2	Mali mant neo lasm of specified parts of peritoneum  Mali mant neo lasm of peritoneum, unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8	Mali neo lasm of ovrip sites of retro enton and peritoneum	Verified as valid and accurate for 2020.
.0	Merkel cell carcinoma of lin	Verified as valid and accurate for 2020.
10	Merkel cell carcinoma of unspermid including canthus	Verified as valid and accurate for 2020.
14 12	Merkel cell caramoma of right eyelid, including canthus Merkel cell caramoma of left eyelid, including canthus	C4A111 for right upper eyelid & C4A112 for right lower eyelid C4A121 for left upper eyelid & C4A122 for left lower eyelid
20	Merkel cell carcinoma of unstream and external auric canal	Verified as valid and accurate for 2020.
21	Merkel cell carcinoma of right ear and external auric canal	Verified as valid and accurate for 2020.
22	Merkel cell carcinoma of left ear and external auric canal	Verified as valid and accurate for 2020.
30 31	Merkel cell carcinoma of unspecified part of face  Merkel cell carcinoma of nose	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
39	Merkel cell carcinoma of other parts of face	Verified as valid and accurate for 2020.
4	Merkel cell carcinoma of scalp and neck	Verified as valid and accurate for 2020.
51	Merket cell carcinoma of anal skin	Verified as valid and accurate for 2020.
52	Merkel cell carcinoma of skin of breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
59 60	Merkel cell carcinoma of other part of trunk  Merkel cell carcinoma of unsplut per limb including shoulder	Venified as valid and accurate for 2020.
61	Merkel cell carcinoma of right upper limb inc shoulder	Verified as valid and accurate for 2020.
62	Merkel cell carcinoma of left upper limb, including shoulder	Verified as valid and accurate for 2020.
70	Merkel cell carcinoma of unsp lower limb including hip	Verified as valid and accurate for 2020.
71 72	Merkel cell carcinoma of right lower limb, including hip Merkel cell carcinoma of left lower limb, including hip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
B	Merkel cell carcinoma of overlaging sites	Verified as valid and accurate for 2020.
9	Merket cell carcinoma unspecified	Verified as valid and accurate for 2020.
1	Mali mant neo plasm of right overy	Verified as valid and accurate for 2020.
9	Malignant neoplasm of left ovary  Malignant neoplasm of unspecified ovary	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
00	Mali nant neo lasm of uns ecified fallo ian tube	Verified as valid and accurate for 2020.
01	Malignant neoplasm of right fallopian tube	Verified as valid and accurate for 2020.
02	Mali nant neoplasm of left fallopian tube	Verified as valid and accurate for 2020.
10	Mali mant neoplasm of right broad linament	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
11 12	Malignant neoptasm of right broad ligament  Malignant neoptasm of left broad ligament	Verified as valid and accurate for 2020.
20	Mali mant neo lasm of uns recified round linament	Verified as valid and accurate for 2020.
21	Mali mant neo lasm of right round to ament	Verified as valid and accurate for 2020.
22	Mali mant neo lasm of left round li ament	Verified as valid and accurate for 2020.
4	Mali nant neo lasm of parametrium  Mali nant neo lasm of uterine adnexa, unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.



Condition: Medicaid/Federal and	Cancer				
ICD10 Codes	Description	d CHIP	Milliman Comments		201
C153	Mali mant neople	asm of upper third of esophagus	Verified as valid and acc		
C709 C710		asm of meninges unspecified asm of cerebrum except lobes and ventricles	Verified as valid and acc		
C711		asm of frontal lobe	Verified as valid and acc	rate for 2020.	
C712		asm of temporal lobe	Verified as valid and acci Verified as valid and acci		
C713 C714		asm of parietal lobe asm of occipital lobe	Verified as valid and acc		
C715	Mationant neople	asm of cerebral ventricle	Verified as valid and acc		
C716 C717		asm of cerebellum asm of brain stem	Verified as valid and acci Verified as valid and acci		_
C718		asm of overlanding sites of brain	Verified as valid and acc	urate for 2020.	
C719 C720		asm of brain unspecified asm of spinal cord	Verified as valid and acci Verified as valid and acci		
C720		asm of cauda equina	Verified as valid and acc		
C7220	Mali mant neople	asm of unspecified olfactory nerve	Verified as valid and acc		
C7221 C7222		asm of night olfactory nerve asm of left olfactory nerve	Verified as valid and acc Verified as valid and acc		
C7230	Mali ment neons	asm of uns ecified outic nerve	Verified as valid and acc		
C7231 C7232		asm of right optic nerve asm of left optic nerve	Verified as valid and acc Verified as valid and acc		
C7240	Malignant neople	asm of unstrecified acoustic nerve	Verified as valid and acc	urate for 2020.	
C7241 C7242		asm of right acoustic nerve asm of left acoustic nerve	Verified as valid and acc Verified as valid and acc		_
C7250		asm of unspecified cranial nerve	Verified as valid and acc		
C7259	Mali gnant neople	asm of other cranial nerves	Verified as valid and acc		
C729 C7A00		asm of central nervous system, unspecified noid tumor of unspecified site	Verified as valid and acc Verified as valid and acc		
C7A010	Matignant carcin	noid tumor of the duodenum	Verified as valid and acc	urate for 2020.	
C7A011 C7A012		noid tumor of the jejunum noid tumor of the ileum	Verified as valid and acc Verified as valid and acc		
C7A019	Mali mant carcin	roid turnor of the sm int, unso portion	Verified as valid and acc	urate for 2020.	
C7A020		noid tumor of the appendix	Verified as valid and acc Verified as valid and acc		
C7A021 C7A022		noid tumor of the cecum noid tumor of the ascending colon	Verified as valid and acc		
C7A023		noid tumor of the transverse colon	Verified as valid and acc		
C7A024 C7A025		noid tumor of the descending colon noid tumor of the sigmoid colon	Verified as valid and acc Verified as valid and acc		
C7A026	Malignant carcin	noid tumor of the rectum	Verified as valid and acc		
C7A029 C7A090		noid tumor of the lg int, unsp portion noid tumor of the bronchus and lung	Verified as valid and acc Verified as valid and acc		
C7A091	Malignant carcin	noid tumor of the thymus	Verified as valid and acc	urate for 2020.	
C7A092 C7A093		noid tumor of the stomach noid tumor of the kidney	Verified as valid and acc Verified as valid and acc		
7A094		noid tumor of the fore ut. uns ecified	Verified as valid and acc		
£7A095		noid tumor of the midgut uns ecified	Verified as valid and acc Verified as valid and acc		
C7A096 C7A098		noid tumor of the hindout, unspecified noid tumors of other sites	Verified as valid and acc		
C7A1		y differentiated neuroendocrine tumors	Verified as valid and acc		
C7A8 C7B00		neuroendocrine tumors inoid tumors unspecified site	Verified as valid and acc Verified as valid and acc		
C7B01	Secondary card	incid tumors of distant lymph nodes	Verified as valid and acc	urate for 2020.	
C7B02 C7B03		incid tumors of liver incid tumors of bone	Verified as valid and acc Verified as valid and acc		
C7B04		inoid tumors of peritoneum	Verified as valid and acc	urate for 2020.	
C7B09 C7B1		inoid tumors of other sites sel cell carcinoma	Verified as valid and acc Verified as valid and acc		
C7B8	4.0	y neuroendocrine tumors	Verified as valid and acc		
C8200		oma grade I, unspecified site	Verified as valid and acc		
C8201 C8202		oma grade I nodes of head face, and neck oma grade I intrathoracic lymph nodes	Verified as valid and according to the Verified to the V		
C8203	Follicular lymph	oma grade I intra-abdominal lymph nodes	Verified as valid and acc		
C8204 C8205		oma grade I nodes of axilla and upper limb rade I, nodes of ing region and lower limb	Verified as valid and according to the verified to the v		
C8206	Follicular lymph	oma grade I, intrapelvic lymph nodes	Verified as valid and acc	urate for 2020.	
C8207 C8208		oma grade I spleen oma grade I lymph nodes of multiple sites	Verified as valid and acc		
C8209		oma grade I extrnod and solid organ sites	Verified as valid and acc	urate for 2020.	
C8210		oma grade II uns, ecified site oma grade II nodes of head, face, and neck	Verified as valid and acc		
C8211 C8212		oma grade II intrathoracic I mph nodes	Verified as valid and acc		
C8213		oma grade II intra-abdominal lymph nodes	Verified as valid and acc		
C8214 C8215		oma grade II. nodes of axilla and upper limb rade II, nodes of ingregion and lower limb	Verified as valid and acc Verified as valid and acc		
C8216	Follicular lymph	oma grade II, intrapetvic lymph nodes	Verified as valid and acc	urate for 2020.	
C8217 C8218		oma grade II spleen oma grade II lymph nodes of multiple sites	Verified as valid and acc		- 1
C8219	Follicular lymph	oma grade II, extrnod and solid organ sites	Verified as valid and acc	curate for 2020.	13
C8220 C8221		rade III unspecified unspecified site rade III unspendes of head face and nk	Verified as valid and acc Verified as valid and acc		13
C8222	Follicular lymph	oma grade III, unsp. intrathorac lymph nodes	Verified as valid and acc	urate for 2020.	
C8223		ome grade III, unsp. intra-abd I moh nodes	Verified as valid and acc Verified as valid and acc		-
C8224 C8225		rade III. unsp. nodes of axla and upper limb rade III. unsp. nodes of ing run and low lmb	Verified as valid and acc		10
C8226	Foilicular I muh	oma grade III. unsp, intrapelvic I mph nodes	Verified as valid and acc		10
C8227 C8228		noma grade III. unspecified, spleen noma grade III. unsp. I mph nodes mult site	Verified as valid and acc Verified as valid and acc		-
C8229	Foliclar lymph g	rade III, unsp. extrnod and solid org sites	Verified as valid and acc	curate for 2020.	
C8230 C8231		noma grade Illa, unspecified site ma grade Illa, nodes of head, face, and neck	Verified as valid and acc		
C8232		noma grade Illa intrathoracic lymph nodes	Verified as valid and acc		



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dition: icaid/Federat an IO Codes	Cancer d Commonwealth and CHIP Description		Milliman Comments		
3	Mali nant neo lasm of u	oper third of esophagus	Verified as valid and Verified as valid and	accurate for 2020.	
33 34		le Illa intra-abdominal lymph nodes Illa nodes of axilla and upper limb	Verified as valid and		
35	Foliclar lymch grade Illa,	nodes of ing ran and lower limb	Verified as valid and	accurate for 2020.	
36 37		de Illa, intrapelvic lymph nodes	Verified as valid and Verified as valid and		
3 <i>7</i> 38	Follicular I mehoma grad	de Illa, lymph nodes mult site	Verified as valid and		
19	Foliclar lymphoma grade	Illa extrnod and solid or an sites	Verified as valid and	accurate for 2020.	
0	Follicular lymphoma grac		Verified as valid and Verified as valid and		
11 2		IIIb nodes of head, face, and neck le IIIb, intrathoracic lymph nodes	Verified as valid and		
3		le IIIb, intra-abdominal lymph nodes	Verified as valid and		
14 15		Illb nodes of axilla and upper limb nodes of ing run and lower limb	Verified as valid and Verified as valid and		
6		de Ilib intrapelvic lymph nodes	Verified as valid and		
17	Follicular I mohoma grad		Verified as valid and Verified as valid and		
9		le IIIb, Ivmuh nodes mult site IIIb extrnod and solid organ sites	Verified as valid and		
0	Cutaneous follicle center	lymphoma, unspecified site	Verified as valid and		
i1 i2		oma nodes of head face and neck	Verified as valid and Verified as valid and		
3		tymphoma, intrathorac lymph nodes tymphoma intra-abd lymph nodes	Verified as valid and		
14	Cutan folicl center lymph	oma, nodes of axilla and upper limb	Verified as valid and		
55 66		odes of ing region and lower timb	Verified as valid and Verified as valid and		
7	Cutaneous follicle center		Verified as valid and	accurate for 2020.	
8	Cutaneous follicle center	lymphoma, lymph nodes mult site	Verified as valid and		
9		oma, extrnod and solid or an sites minhoma, unspecified site	Verified as valid and Verified as valid and		
1	Oth types of foliclar lymp	h nodes of head face, and neck	Verified as valid and	accurate for 2020.	
2		phoma intrathoracic tymoh nodes	Verified as valid and Verified as valid and		
3 4		h nodes of axilla and upper limb	Verified as valid and		
5	Oth types of foliclar lymp	h nodes of ing ran and lower limb	Verified as valid and		
7	Other types of follicular I  Other types of follicular I	mohoma intrapelvic lymph nodes	Verified as valid and Verified as valid and		
8		phoma, lymph nodes mult site	Verified as valid and		
9	Oth types of foliclar lymp	h extrnod and solid organ sites	Verified as valid and		
0 1		pecified, unspecified site nodes of head, face, and neck	Verified as valid and Verified as valid and		
2		ecified intrathoracic lymph nodes	Verified as valid and		
3		intra-abdominal lymph nodes	Verified as valid and		
94 95		n, nodes of axilla and upper limb nodes of ing region and lower limb	Verified as valid and Verified as valid and		
96		specified, intrapelvic lymph nodes	Verified as valid and	accurate for 2020.	
17	Follicular I mphoma, uns	e_ecified, spleen collement nodes of multiple sites	Verified as valid and Verified as valid and		
19		e extranodal and solid or an sites	Verified as valid and		
0	Mantle cell lymphoma, u	nspecified site	Verified as valid and		
2		much nodes of head, face, and neck strathoracic lymph nodes	Verified as valid and Verified as valid and		
3		tra-abdominal lymph nodes	Verified as valid and		
4		much nodes of axilla and upper limb	Verified as valid and Verified as valid and		
6	Mantie cell lymphoma ir	odes of ing region and lower limb	Verified as valid and		
7	Mantle cell lymphoma s		Verified as valid and		
9		mph nodes of multiple sites xtranodal and solid or an sites	Verified as valid and Verified as valid and		-
31		homa, nodes of head, face, and neck	Verified as valid and		
32	Diffuse large B-cell lymp	homa, intrathoracic lymph nodes	Verified as valid and		
33		homa_intra-abdominal lymch nodes h_nodes of axilla and upper limb	Verified as valid and Verified as valid and		
35	Diffus large B-cell lymph	nodes of ing ran and lower limb	Verified as valid and	accurate for 2020.	
36		homa_intrapelvic lymph nodes	Verified as valid and		
17 18	Diffuse large B-cell lymp	noma, saleen homa 1 mph nodes of multiple sites	Verified as valid and Verified as valid and		
19		homa extrnod and solid or an sites	Verified as valid and	accurate for 2020.	
10		homa, unspecified site I much nodes of head, face, and neck	Verified as valid and Verified as valid and		
31		homa intrathoracic lymph nodes	Verified as valid and		STRAC.
33	Other non-follicular lymp	homa_intra-abdominal lymph nodes	Verified as valid and		COOLERD Númes
15 15		, nodes of axilla and upper limb nodes of ing region and lower limb	Verified as valid and Verified as valid and		100
6		homa intrapelvic lymph nodes	Verified as valid and		14/
37	Other non-follicular lymp		Verified as valid and		Contrato Númer
18		homa. I much nodes of multiple sites extranodal and solid organ sites	Verified as valid and Verified as valid and		1 1 9 - 1 4
00	Wycosis fungoides unsp	ecified site	Verified as valid and	accurate for 2020.	10
)1		h nodes of head, face, and neck	Verified as valid and		101
02	Mycosis fungoides, intra Mycosis fungoides, intra	-abdominal lymph nodes	Verified as valid and Verified as valid and		10/
04	M cosis fun oides, I	h nodes of axilla and upper limb	Verified as valid and	accurate for 2020.	PODES
05 ne		es of in uinal region and lower limb	Verified as valid and Verified as valid and		DE DE
06 07	M cosis fun oides intra Mycanis fun oides sole		Verified as valid and		
08	Mycosis fungoides, lymp	h nodes of multiple sites	Verified as valid and	accurate for 2020.	
09 40		anodal and solid organ sites ma_not classified_unspecified site	Verified as valid and Verified as valid and		
	TOTAL POST IN THE	and not bludding utild builded bits	Verified as valid and		

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ondition:	Cancer		
edicaid/Federal and D10 Codes	Commonwealth and CHIP Description	Milliman Comments	
53	Mali mant neoplasm of upper third of esophagus	verified as valid and accurate for 2020.	
443 444	Peripheral T-cell lymphoma, not classified, intra-abd nodes Proh T-cell lymph, not class, nodes of axilla and upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
445	Proh T-cell lymph, not class, nodes of ing run and low limb	Verified as valid and accurate for 2020.	
446	Peripheral T-cell I ynchoma not classified intrapely nodes	Verified as valid and accurate for 2020.	
447	Peripheral T-cell lymphoma not classified spleen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
448 449	Peripheral T-cell lymphoma not classified, nodes mult site Proh T-cell lymph, not class, extraod and solid organ sites	Verified as valid and accurate for 2020.	
460	Anaplastic large cell lymphoma ALK-positive unspisite	Verified as valid and accurate for 2020.	
461	Analisto I cell I m h ALK- os nodes of head face and nk	Verified as valid and accurate for 2020.	
462 463	Anaplastic large cell lymphoma ALK-pos intrathorac nodes Anaplastic large cell lymphoma, ALK pos intra-abd nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
464	Anapisto ig cell lymph, ALK-pos, nodes of axia and upr limb	Verified as valid and accurate for 2020.	
465	Analisto I cell I with ALK- os nodes of in rin & low lmb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
466 467	Anaplastic large cell lymphoma ALK pos intrapely nodes Anaplastic large cell lymphoma, ALK positive spleen	Verified as valid and accurate for 2020.	
468	Anaplastic large cell lymphoma ALK cos nodes mult site	Verified as valid and accurate for 2020.	
469	Anapisto ig cell lymph, ALK-pos, extrnod and solid org sites	Verified as valid and accurate for 2020.	
470 471	Anaplastic large cell I mphoma ALK-negative unspisite  Anaplate I cell I mphoma ALK-negative unspisite  Anaplate I cell I mphoma ALK-negative unspisite  Anaplastic large cell I	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
472	Ana lastic la je cell lymphoma, ALK-ne intrathorac nodes	Verified as valid and accurate for 2020.	
473	Anaplastic large cell I mphoma, ALK-neg, intra-abd nodes	Verified as valid and accurate for 2020.	
474 475	Anaptate Ig cell lymph, ALK-neg, nodes of axla and upr limb Anaptate Ig cell lymph, ALK-neg, nodes of ing rgn & low lmb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
476	Ana lastic large cell I mohoma ALK-neg intra elv nodes	Verified as valid and accurate for 2020.	
477	Ananiastic tarne cell lymphoma, ALK-negative, spleen	Verified as valid and accurate for 2020.	
478	Anaplastic large cell lymphoma, ALK-neg, nodes mult site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
479 520	Anailstc In cell I minh. ALK-neg. extmod and solid or sites  Mediastinal (thumic lame B-cell I minhoma unspecified site)	Verified as valid and accurate for 2020.	
521	Mediastni large B-cell lymph nodes of head face, and neck	Verified as valid and accurate for 2020.	
522	Mediastril the ric large B-cell I mehoma intrathorac nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
523 524	Mediastinal (th. mic large B-cell I, mohoma, intra-abd nodes  Mediastni large B-cell I mgh, nodes of axilla and upper limb	Verified as valid and accurate for 2020.	
525	Mediastri I B-cell I mah nodes of ingran and lower limb	Verified as valid and accurate for 2020.	
526	Mediastinal (thyrric large B-cell lymphoma, intra elv nodes	Verified as valid and accurate for 2020.	
527 528	Mediastinal (th, ric large B-cell I, mehoma syleen  Mediastinal (th, ric large B-cell I, mehoma nodes mult site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
529	Mediastrial transe B-cell I mah, extmod and solid organ sites	Verified as valid and accurate for 2020.	
84	Extmod mrgnl zn B-cell lymph of mucosa-assoc lymphoid tiss	Verified as valid and accurate for 2020.	
100	Acute I ymphoblastic leukemia not having achieved remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
3101 3102	Acute I mp hobiastic leukemia in remission  Acute I mp hobiastic leukemia in refarse	Verified as valid and accurate for 2020.	
9110	Chronic I me hocy ic leuk of B-cell two e not achieve remis	Verified as valid and accurate for 2020.	
111	Chronic lymphocytic leukemia of B-cell type in remission	Verified as valid and accurate for 2020.	
9112 9130	Chronic lymphocytic leukemia of B-cell type in relapse  Protymphocytic leukemia of B-cell type not achieve remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
9131	Prof in hocylic leukemia of B-cell tyre, in remission	Verified as valid and accurate for 2020.	
9132	Prolymphocytic leukemia of B-cell type, in relapse	Verified as valid and accurate for 2020.	
9150 9151	Adult T-cell I muh/leuk (HTLV-1-assoc) not achieve remission Adult T-cell I muhoma/leukemia (HTLV-1-assoc), in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
9152	Adult T-cell I homa/leukemia HTLV-1-assoc in rela se	Verified as valid and accurate for 2020.	
160	Prolymphocytic leukemia of T-cell type not achieve remission	Verified as valid and accurate for 2020.	
161	Prolymphocytic leukemia of T-cell type, in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
9162	Prolymphocytic leukemia of T-cell type, in relacse  Lymphoid eukemia uns ecified not having achieved remission	Verified as valid and accurate for 2020.	
9191	L m hoid leukemia, uns ecified, in remission	Verified as valid and accurate for 2020.	
192	Lymphoid leukemia, unspecified, in relapse	Verified as valid and accurate for 2020.	
91A0 91A1	Mature B-cell leukemia Burkitt-type not achieve remission  Mature B-cell leukemia Burkitt-type in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
1A2	Mature B-cell leukemia Burkitt-tipe, in relapse	Verified as valid and accurate for 2020.	
91Z0	Other lymphoid leukemia not having achieved remission	Verified as valid and accurate for 2020.	
91Z1 91Z2	Other tymphoid leukemia, in remission Other tymphoid leukemia, in relapse	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
9200	Acute m eloblastic leukemia not having achieved remission	Verified as valid and accurate for 2020.	
201	Acute myeloblastic leukemia in remission	Verified as valid and accurate for 2020.	
202 210	Acute myeloblastic leukemia, in relapse Chronic myeloid leuk BCR/ABL-positive not achieve remis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
211	Chronic m eloid leukemia BCR/ABL-Jositive in remission	Verified as valid and accurate for 2020.	
212	Chronic m eloid leukemia, BCR/ABL positive, in relatise	Verified as valid and accurate for 2020.	
220	At a chronic myeloid leuk, BCR/ABL-neg, not achieve remis  At acidal chronic myeloid leukemia, BCR/ABL-neg, in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
221 222	At vical chronic m loid leukemia BCR/ABL-ne in rela se	Verified as valid and accurate for 2020.	
1230	Myeloid sarcoma not having achieved remission	Verified as valid and accurate for 2020.	
231	Myeloid sarcoma, in remission	Verified as valid and accurate for 2020.	
232	Myeloid sarcoma in relapse  Acute promyelocylic leukemia, not having achieved remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
241	Acute , rom eto ylic leukemia, in remission	Verified as valid and accurate for 2020.	
1242	Acute promyelocytic leukemia, in relapse	Verified as valid and accurate for 2020.	
9250 9251	Acute m elomonocy ic leukemia not having achieved remission  Acute m elomonocy ic leukemia, in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
9252	Acute m elomonocy ic leukemia in relaise	Verified as valid and accurate for 2020.	and the last
9260	Acute m eloid leukemia w 11 23-abnormali y not achieve remis	Verified as valid and accurate for 2020.	RAC/C
9261	Acute myeloid leukemia with 11-23-abnormality in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	-
9262 9290	Acute myeloid leukemia with 11 23-abnormality in relapse  Myeloid leukemia unspecified not having achieved remission	Verified as valid and accurate for 2020.	,
9291	My loid leukemia unspecified in remission	Verified as valid and accurate for 2020.	
9292	Meloid leukemia, unspecified in relapse	Verified as valid and accurate for 2020.	o Numer
92A0 92A1	Acute myeloid leuk w multilin dynalasia, not achieve remis  Acute myeloid leukemia w multilin dynalasia, in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	L 6 4
92A2	Acute my eloid leukemia w multilinea e dysplasia in relanse	Verified as valid and accurate for 2020.	U 1

MOUPOSDESAY

ndition: dicaid/Federal a	Cancer nd Commonwealth and CHIP	
10 Codes	Description	Milliman Comments
53	Mali mant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
2Z0	Other myeloid leukemia not having achieved remission	Verified as valid and accurate for 2020.
Z1	Other myeloid leukemia, in remission	Verified as valid and accurate for 2020.
2 <b>2</b> 2	Other myeloid leukemia, in relapse	Verified as valid and accurate for 2020.
300	Acute monoblastic/monocytic leukemia, not achieve remission	Verified as valid and accurate for 2020.
301	Acute monoblastic/monocytic leukemia, in remission	Verified as valid and accurate for 2020.
302	Acute monoblastic/monocytic leukemia in relapse	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
310	Chronic myelomonocytic leukemia not achieve remission	Verified as valid and accurate for 2020.
311	Chronic myelomonocytic leukemia. In remission	Verified as valid and accurate for 2020.
312 330	Chronic my elomonocy ic leukemia, in rela se  Juvenile my elomonocy ic leukemia, not achieve remission	Verified as valid and accurate for 2020.
331	Juvenile m, elomono di cleukemia in remission	Verified as valid and accurate for 2020.
332	Juvenile m elomonocy ic leukemia in rela se	Verified as valid and accurate for 2020.
390	Monocytic leukemia, unsu, not having achieved remission	Verified as valid and accurate for 2020.
391	Mono vic leukemia uns ecified in remission	Verified as valid and accurate for 2020.
392	Mono y ic leukemia, unsuecified in relause	Verified as valid and accurate for 2020.
3Z0	Other mono wic leukemia, not having achieved remission	Verified as valid and accurate for 2020.
Z1	Other monocytic leukemia, in remission	Verified as valid and accurate for 2020.
3Z2	Other monocytic leukemia, in relapse	Verified as valid and accurate for 2020.
100	Acute erythroid leukemia, not having achieved remission	Verified as valid and accurate for 2020.
01	Acute erythroid leukemia in remission	Verified as valid and accurate for 2020.
02	Acute erythroid leukemia in relapse	Verified as valid and accurate for 2020.
20	Acute me takaryoblastic leukemia not achieve remission	Verified as valid and accurate for 2020.
121	Acute me aka voblastic leukemia in remission	Verified as valid and accurate for 2020.
22	Acute me jaka v blastic leukemia, in rela, se	Verified as valid and accurate for 2020.
30	Mast cell leukemia not having achieved remission	Verified as valid and accurate for 2020.
31	Mast cell leukemia in remission	Verified as valid and accurate for 2020.
32	Mast cell leukemia, in relapse	Verified as valid and accurate for 2020.
80	Other specified leukemias not having achieved remission	Verified as valid and accurate for 2020.
81	Other specified leukemias, in remission	Verified as valid and accurate for 2020.
82	Other specified leukemias, in relapse	Verified as valid and accurate for 2020.
00	Acute leukemia of unspicell type not achieve remission	Verified as valid and accurate for 2020.
01	Acute leukemia of unspecified cell type, in remission	Verified as valid and accurate for 2020.
02	Acute leukemia of unspecified cell type, in relapse	Verified as valid and accurate for 2020.
10	Chronic leukemia of unsu cell type not achieve remission	Verified as valid and accurate for 2020.
11	Chronic leukemia of uns ecified cell e in remission	Verified as valid and accurate for 2020.
512	Chronic leukemia of unspecified cell type in relate	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
590	Leukemia uns ecified not having achieved remission	Verified as valid and accurate for 2020.
591	Leukemia, uns ecified in remission	Verified as valid and accurate for 2020.
592 5	Leukemia unspecified, in relapse Polycythemia vera	Verified as valid and accurate for 2020.
721 600 601	Post-transplant I, aphonoliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant rejection	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
502	Bone marrow transplant failure	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
i03 i09	Bone marrow transplant infection Other complications of bone marrow transplant	Verified as valid and accurate for 2020.
0	Encounter for antineoplastic radiation therapy	Verified as valid and accurate for 2020.
11	Encounter for antineo lastic chemothera	Verified as valid and accurate for 2020.
12	Encounter for antineo fastic immunotherapy	Verified as valid and accurate for 2020.
81	Bone marrow trans, lant status	Verified as valid and accurate for 2020.
00	Malignant neoplasm of external upper lip	Verified as valid and accurate for 2020.
01		Verified as valid and accurate for 2020.
		TOTAL DE TAND AND AND ADDRESS TO LOCAL
12	Mailgnant neoplasm of external lower tip Mailgnant neoplasm of external lip, unspecified	Verified as valid and accurate for 2020.
	Malignant neoplasm of external lower tip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
3	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
3 4	Mailgnant neoplasm of external lower tip Mailgnant neoplasm of external lip, unspecified Mailgnant neoplasm of upper tip, inner aspect Mailgnant neoplasm of lower lip, inner aspect Mailgnant neoplasm of lip, unspecified inner aspect	Verified as valid and accurate for 2020.
13 14 15 16	Mailgnant neoplasm of external lower tip Mailgnant neoplasm of external lip, unspecified Mailgnant neoplasm of upper tip, inner aspect Mailgnant neoplasm of lower lip, inner aspect Mailgnant neoplasm of lip, unspecified inner aspect Mailgnant neoplasm of commissure of tip, unspecified	Verified as valid and accurate for 2020.
3 4 5 6 8	Mail mant neoplasm of external lower tip Mail mant neoplasm of external lip, unspecified Mail mant neoplasm of uper tip, inner aspect Mail mant neoplasm of lower lip, inner aspect Mail mant neoplasm of tip, unspecified inner aspect Mail mant neoplasm of commissure of tip, unspecified Mail mant neoplasm of commissure of tip, unspecified	Verified as valid and accurate for 2020.
13 14 15 16 18 19	Mailgnant neoplasm of external lower tip Mailgnant neoplasm of external lip, unspecified Mailgnant neoplasm of upper tip, inner aspect Mailgnant neoplasm of lower lip, inner aspect Mailgnant neoplasm of io, unspecified, inner aspect Mailgnant neoplasm of commissure of lip, unspecified Mailgnant neoplasm of overlapping sites of lip Mailgnant neoplasm of lip, unspecified	Verified as valid and accurate for 2020.
3 4 5 6 8 9	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower tip, inner aspect Malignant neoplasm of tip, unspecified inner aspect Malignant neoplasm of commissure of tip, unspecified Malignant neoplasm of overlapping sites of tip Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton jue	Verified as valid and accurate for 2020.
3 4 5 6 8 9	Mailgnant neoplasm of external lower tip Mailgnant neoplasm of external lip, unspecified Mailgnant neoplasm of upper tip, inner aspect Mailgnant neoplasm of lower lin, inner aspect Mailgnant neoplasm of lip, unspecified inner aspect Mailgnant neoplasm of commissure of tip, unspecified Mailgnant neoplasm of overlapping sites of tip Mailgnant neoplasm of lip, unspecified Mailgnant neoplasm of base of ton ue Mailgnant neoplasm of dorsal surface of ton ue	Verified as valid and accurate for 2020.
3 4 5 6 8 9 9	Mailgnant neoplasm of external lower tip Mailgnant neoplasm of external lip, unspecified Mailgnant neoplasm of lower lip, inner aspect Mailgnant neoplasm of lower lip, inner aspect Mailgnant neoplasm of lower lip, inner aspect Mailgnant neoplasm of commissure of lip, unspecified Mailgnant neoplasm of commissure of lip, unspecified Mailgnant neoplasm of overlapping sites of lip Mailgnant neoplasm of lip, unspecified Mailgnant neoplasm of base of ton use Mailgnant neoplasm of dorsal surface of ton use Mailgnant neoplasm of border of ton use	Verified as valid and accurate for 2020.
3 4 5 6 8 9 0 0	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lip, unspecified inner aspect Malignant neoplasm of commissure of tip, unspecified Malignant neoplasm of overlaping sites of lip Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton ue Malignant neoplasm of dorsal surface of ton ue Malignant neoplasm of overlaping sites of ton ue	Verified as valid and accurate for 2020.
3 4 5 6 8 8 9 0 0 11 12 23	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower tip, inner aspect Malignant neoplasm of tip, unspecified inner aspect Malignant neoplasm of commissure of tip, unspecified Malignant neoplasm of overlaping sites of tip Malignant neoplasm of tip, unspecified Malignant neoplasm of base of ton ue Malignant neoplasm of border of tongue Malignant neoplasm of border of tongue Malignant neoplasm of ventral surface of tongue Malignant neoplasm of ventral surface of tongue Malignant neoplasm of ventral surface of tongue Malignant neoplasm of anterior two-thirds of tongue, part unsp	Verified as valid and accurate for 2020.
3 4 5 6 8 8 9 0 0 11 2 2 3 3	Mail mant neo lasm of external lower tip Mail mant neo lasm of external lip, unspecified Mail mant neo lasm of lower lip, inner aspect Mail mant neo lasm of lower lip, inner aspect Mail mant neo lasm of lower lip, inner aspect Mail mant neo lasm of ownissure of lip, unspecified Mail mant neo lasm of overlaping sites of lip Mail mant neo lasm of overlaping sites of lip Mail mant neo lasm of lip, unspecified Mail mant neo lasm of overlaping sites of lip Mail mant neo lasm of lower lower lip Mail mant neo lasm of lorsal surface of ton ue Mail mant neo lasm of border of tongue Mail mant neo lasm of workral surface of tongue Mail meo lasm of anterior two-thirds of tongue part unsp Mail mant neo lasm of lipquel tonsil	Verified as valid and accurate for 2020.
3 4 4 15 16 16 18 19 10 10 11 12 12 13 14 18	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlaping sites of lip Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of ventral surface of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of lip, unspecified ton upe Malignant neoplasm of interior two-thirds of tongue part unsp Malignant neoplasm of index tonsil Malignant neoplasm of overlaping sites of tongue	Verified as valid and accurate for 2020.
3 4 4 5 5 6 8 9 9 9 9 1 1 1 1 2 2 2 3 3 4 4 8 8 9 9 9	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of tip, unspecified Malignant neoplasm of correlating sites of lip Malignant neoplasm of lip, unspecified Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton que Malignant neoplasm of order of tongue Malignant neoplasm of order of tongue Malignant neoplasm of vertral surface of tongue Malignant neoplasm of order of tongue Malignant neoplasm of tongue unspecified	Verified as valid and accurate for 2020.
3 44 55 56 66 88 99 90 10 11 1 22 23 3 24 4 88 99 90 90 90 90 90 90 90 90 90 90 90 90	Mail mant neo lasm of external lower tip Mail mant neo lasm of external lip, unspecified Mail mant neo lasm of external lip, unspecified Mail mant neo lasm of lower lip, inner aspect Mail mant neo lasm of lower lip, inner aspect Mail mant neo lasm of ownissure of lip, unspecified Mail mant neo lasm of overlae inner sites of lip Mail mant neo lasm of overlae inner sites of lip Mail mant neo lasm of lip, unspecified Mail mant neo lasm of base of ton ue Mail mant neo lasm of obrail surface of tongue Mail mant neo lasm of border of tongue Mail mant neo lasm of ventral surface of tongue Mail ment neo lasm of overlae inner sites of tongue Mail mant neo lasm of lingual tonsil Mail mant neo lasm of overlae, inn sites of tongue Mail mant neo lasm of tongue unspecified Mail mant neo lasm of tongue unspecified Mail mant neo lasm of tongue unspecified	Verified as valid and accurate for 2020.
13 14 15 16 16 18 19 19 10 11 12 12 12 13 14 14 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of ower lip, inner aspect Malignant neoplasm of ower lip, unspecified inner aspect Malignant neoplasm of overlaping sites of lip Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton ue Malignant neoplasm of orders surface of ton ue Malignant neoplasm of border of tongue Malignant neoplasm of wortral surface of tongue Malignant neoplasm of inguel tonsil Malignant neoplasm of linguel tonsil Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of tongue gum Malignant neoplasm of lower gum Malignant neoplasm of lower gum	Verified as valid and accurate for 2020.
33 44 55 66 88 99 90 10 11 12 22 33 44 88 99 90 90 90 90 90 90 90 90 90 90 90 90	Mail mant neo lasm of external lower tip Mail mant neo lasm of external lip, unspecified Mail mant neo lasm of external lip, unspecified Mail mant neo lasm of lower lip, inner aspect Mail mant neo lasm of lower lip, inner aspect Mail mant neo lasm of ownissure of lip, unspecified Mail mant neo lasm of overlae inner sites of lip Mail mant neo lasm of overlae inner sites of lip Mail mant neo lasm of lip, unspecified Mail mant neo lasm of base of ton ue Mail mant neo lasm of obrail surface of tongue Mail mant neo lasm of border of tongue Mail mant neo lasm of ventral surface of tongue Mail ment neo lasm of overlae inner sites of tongue Mail mant neo lasm of lingual tonsil Mail mant neo lasm of overlae, inn sites of tongue Mail mant neo lasm of tongue unspecified Mail mant neo lasm of tongue unspecified Mail mant neo lasm of tongue unspecified	Verified as valid and accurate for 2020.
33 44 55 66 88 99 100 11 12 22 23 33 44 48 89 99 100 131	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlapping sites of lip Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of ventral surface of tongue Malignant neoplasm of ventral surface of tongue Malignant neoplasm of ingust tonsit Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of tongue unspecified Malignant neoplasm of lower gum	Verified as valid and accurate for 2020.
3 4 4 5 5 6 6 8 8 9 9 0 0 11 1 2 2 3 3 4 4 8 8 8 9 9	Malignant neoplasm of external libr unspecified Malignant neoplasm of external libr unspecified Malignant neoplasm of upper lipr inner aspect Malignant neoplasm of lower lipr inner aspect Malignant neoplasm of lower lipr inner aspect Malignant neoplasm of commissure of liprunspecified Malignant neoplasm of correlating sites of liprunspecified Malignant neoplasm of liprunspecified Malignant neoplasm of base of ton que Malignant neoplasm of order of tongue Malignant neoplasm of overal surface of tongue Malignant neoplasm of vertral surface of tongue Malignant neoplasm of vertral surface of tongue Malignant neoplasm of tongue lowell malignant neoplasm of overal pring sites of tongue Malignant neoplasm of tongue unspecified Malignant neoplasm of tongue unspecified Malignant neoplasm of tongue unspecified Malignant neoplasm of lower gum	Verified as valid and accurate for 2020.
3 4 5 5 6 8 9 9 0 0 11 2 2 3 3 4 4 8 8 9 9 9 0 1 1 1 1 2 1 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of uper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlaping sites of lip Malignant neoplasm of overlaping sites of lip Malignant neoplasm of obese of ton ue Malignant neoplasm of obese of ton ue Malignant neoplasm of border of ton ue Malignant neoplasm of border of tongue Malignant neoplasm of overlaping sites of tongue Malignant neoplasm of inguel tonsil Malignant neoplasm of lip uel tonsil Malignant neoplasm of lower um Malignant neoplasm of lateral floor of mouth Malignant neoplasm of lateral floor of mouth	Verified as valid and accurate for 2020.
33 44 55 66 88 99 00 11 12 23 34 44 88 99 90 10 11 11 18 19 10 11 11 18	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlaping sites of lip Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of horder of ton upe Malignant neoplasm of ventral surface of ton upe Malignant neoplasm of ventral surface of ton upe Malignant neoplasm of inpusit tonsil Malignant neoplasm of inpusit tonsil Malignant neoplasm of ton upper gum Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of gum unspecified Malignant neoplasm of lower gum sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth	Verified as valid and accurate for 2020.
33 44 55 66 88 99 90 101 11 88 89 90 101 11 11 18 19 100 101 101 101 101 101 101 101 101	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlapping sites of lip Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of ventral surface of ton upe Malignant neoplasm of ventral surface of ton upe Malignant neoplasm of inventral surface of ton upper u	Verified as valid and accurate for 2020.
13 14 15 15 16 18 18 19 11 10 10 11 12 12 12 12 13 14 14 14 14 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlaping sites of lip Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of investration of ton upe Malignant neoplasm of investration of ton upper upper unsp Malignant neoplasm of invest tonsil Malignant neoplasm of overlaping sites of ton upper Malignant neoplasm of overlaping sites of ton upper Malignant neoplasm of upper upper Malignant neoplasm of upper upper Malignant neoplasm of upper upper Malignant neoplasm of lower upper Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of floor of mouth, unspecified Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of floor of mouth, unspecified Malignant neoplasm of floor of mouth	Verified as valid and accurate for 2020.
13 14 15 15 16 18 18 19 11 10 10 11 12 12 12 12 13 14 14 14 14 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of owerlap, inner aspect Malignant neoplasm of overlaping sites of lip Malignant neoplasm of overlaping sites of lip Malignant neoplasm of base of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of border of ton upe Malignant neoplasm of border of tongue Malignant neoplasm of horder of tongue Malignant neoplasm of ingust tonsil Malignant neoplasm of ingust tonsil Malignant neoplasm of overlaping sites of tongue Malignant neoplasm of overlaping sites of tongue Malignant neoplasm of upper gum Malignant neoplasm of lower gum Malignant neoplasm of lateral floor of mouth Malignant neoplasm of lateral floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of lateral floor of mouth Malignant neoplasm of lateral floor of mouth Malignant neoplasm of lateral floor of mouth Malignant neoplasm of som of soft palate Malignant neoplasm of soft palate	Verified as valid and accurate for 2020.
13 14 15 16 18 18 19 1 1 20 21 22 23 23 24 24 28 29 30 31 41 48 49 50 60 61	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of poer tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overfaping sites of lip Malignant neoplasm of overfaping sites of lip Malignant neoplasm of obese of longue Malignant neoplasm of obese of longue Malignant neoplasm of border of tongue Malignant neoplasm of border of tongue Malignant neoplasm of overfaping sites of tongue Malignant neoplasm of inguel tonsil Malignant neoplasm of linguel tonsil Malignant neoplasm of longuel tonsil Malignant neoplasm of longuel tonsil Malignant neoplasm of longuel tonsil Malignant neoplasm of longue graph Malignant neoplasm of longue graph Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of lateral floor of mouth Malignant neoplasm of lateral floor of mouth Malignant neoplasm of overfaping sites of floor of mouth Malignant neoplasm of overfaping sites of floor of mouth Malignant neoplasm of overfaping sites of palate	Verified as valid and accurate for 2020.
13 14 14 15 15 16 16 18 18 19 19 10 10 10 12 12 23 23 24 24 29 30 31 31 39 40 41 41 48 49 49 50 50 51 51 52 58	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlaping sites of lip Malignant neoplasm of base of ton que Malignant neoplasm of border of ton que Malignant neoplasm of border of ton que Malignant neoplasm of overlaping sites of ton que Malignant neoplasm of inquel tonsil Malignant neoplasm of inquel tonsil Malignant neoplasm of overlaping sites of ton que Malignant neoplasm of inquel tonsil Malignant neoplasm of lower gum Malignant neoplasm of upper gum Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of palate	Verified as valid and accurate for 2020.
13 14 14 15 16 18 18 19 11 12 10 11 12 12 12 12 13 14 14 14 14 14 14 14 15 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of ownissure of tip, unspecified Malignant neoplasm of ownissure of tip, unspecified Malignant neoplasm of ownissure of tip, unspecified Malignant neoplasm of ownissure of ton une Malignant neoplasm of ownissurface of ton une Malignant neoplasm of owniral surface of ton une Malignant neoplasm of owniral surface of ton une Malignant neoplasm of worker two-thirds of ton une part unsp Malignant neoplasm of tingual tonsil Malignant neoplasm of owniral surface of ton une Malignant neoplasm of owniral surface of ton une Malignant neoplasm of owniral surface Malignant neoplasm of flower gum Malignant neoplasm of owniral surface Malignant neoplasm of flower gum Malignant neoplasm of owniral sites of floor of mouth Malignant neoplasm of owniral sites of floor of mouth Malignant neoplasm of owniral sites of glate Malignant neo	Verified as valid and accurate for 2020.
13 14 14 15 16 18 18 19 11 12 10 11 12 12 11 12 12 13 14 14 14 14 14 14 14 14 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of poer tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of owerse in inner aspect Malignant neoplasm of owerse in sites of lip, unspecified Malignant neoplasm of overse ing sites of lip Malignant neoplasm of overse ing sites of lip Malignant neoplasm of obsect of ton jue Malignant neoplasm of bosed for jue Malignant neoplasm of border of tongue Malignant neoplasm of workral surface of tongue Malignant neoplasm of vertral surface of tongue part unsp Malignant neoplasm of inguel tonsil Malignant neoplasm of lower lowers inguities of tongue Malignant neoplasm of tongue unspecified Malignant neoplasm of upper gum Malignant neoplasm of lower unspecified Malignant neoplasm of lower unspecified Malignant neoplasm of lateral floor of mouth Malignant neoplasm of lateral floor of mouth Malignant neoplasm of lateral floor of mouth Malignant neoplasm of lower of mouth, unspecified Malignant neoplasm of hard pelate Malignant neoplasm of soft pelate Malignant neoplasm of soft pelate Malignant neoplasm of soft pelate Malignant neoplasm of reversions sites of pelate Malignant neoplasm of vestibule of mouth Malignant neoplasm of retromolar area	Verified as valid and accurate for 2020.
13 14 15 15 16 18 18 19 11 10 10 10 11 10 10 11 11 10 11 11 11	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlaping sites of lip Malignant neoplasm of base of ton use Malignant neoplasm of border of tongue Malignant neoplasm of border of tongue Malignant neoplasm of border of tongue Malignant neoplasm of ingust tonsil Malignant neoplasm of ingust tonsil Malignant neoplasm of overlaping sites of tongue, part unsp Malignant neoplasm of longust tonsil Malignant neoplasm of longust tonsil Malignant neoplasm of longust unspecified Malignant neoplasm of unper gum Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of anterior floor of mouth Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of palate	Verified as valid and accurate for 2020.
122 123 124 125 120 121 122 123 124 128 129 130 131 139 140 141 148 149 150 150 150 160 160 160 160 160 160 160 16	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of upper tip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlaping sites of lip Malignant neoplasm of lip, unspecified Malignant neoplasm of lip, unspecified Malignant neoplasm of base of ton que Malignant neoplasm of border of tonque Malignant neoplasm of border of tonque Malignant neoplasm of ventral surface of tonque Malignant neoplasm of ventral surface of tonque Malignant neoplasm of overlaping sites of tonque Malignant neoplasm of overlaping sites of tonque Malignant neoplasm of lower gum Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of plate Malignant neoplasm of overlaping sites of plate Malignant neoplasm of overlaping sites of plate Malignant neoplasm of overlaping sites of upper plate of mouth Malignant neoplasm of overlaping sites of other throuth	Verified as valid and accurate for 2020.  Verified as valid and accurate
03 03 04 05 06 08 09 01 12 02 02 12 22 23 24 28 29 30 30 31 31 39 40 41 48 49 56 60 61 61 62 680	Malignant neoplasm of external lower tip Malignant neoplasm of external lip, unspecified Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of commissure of lip, unspecified Malignant neoplasm of overlaping sites of lip Malignant neoplasm of base of ton use Malignant neoplasm of border of tongue Malignant neoplasm of border of tongue Malignant neoplasm of border of tongue Malignant neoplasm of ingust tonsil Malignant neoplasm of ingust tonsil Malignant neoplasm of overlaping sites of tongue, part unsp Malignant neoplasm of longust tonsil Malignant neoplasm of longust tonsil Malignant neoplasm of longust unspecified Malignant neoplasm of unper gum Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of anterior floor of mouth Malignant neoplasm of lower gum Malignant neoplasm of lower gum Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of floor of mouth Malignant neoplasm of overlaping sites of palate	Verified as valid and accurate for 2020.

TRACIONO to Número

OROLPOS DE SAY

Condition:	Cancer	
Medicald/Federal an ICD10 Codes	d Commonwealth and CHIP  Description	Milliman Comments
C153	Mali mant neoclasm of upper third of esochal us	verified as valid and accurate for 2020.
C081	Mali mant neo lasm of sublingual gland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C089 C090	Mati mant neo lasm of major salivary land unspecified  Mati mant neor lasm of tonsillar fossa	Verified as valid and accurate for 2020.
C091	Mati neo lasm of tonsillar pillar (anterior) (posterior)	Verified as valid and accurate for 2020.
C098	Malignant neoplasm of overlapping sites of tonsil	Verified as valid and accurate for 2020.
C099 C100	Mali nant neo lasm of tonsil, unspecified  Mali nant neo lasm of vallecula	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C101	Mali nant neo lasm of anterior surface of eniglottis	Verified as valid and accurate for 2020.
C102	Malignant neoplasm of lateral wall of oropharumx	Verified as valid and accurate for 2020.
C103 C104	Malignant neoglasm of posterior wall of oro-harmx  Malignant neoglasm of branchial cleft	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C108	Malignant neo lasm of overlapping sites of orothat you	Verified as valid and accurate for 2020.
C109	Mali nant neo lasm of orothar rix, unstecified	Verified as valid and accurate for 2020.
C110	Mali mant neoplasm of superior wall of nasophary x	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C111 C112	Mali nant neo lasm of posterior wall of naso harynx Mali nant neo lasm of lateral wall of naso harynx	Verified as valid and accurate for 2020.
C113	Mali nant neo lasm of anterior wall of naso have x	Verified as valid and accurate for 2020.
C118	Malignant neoplasm of overlapping sites of nasopharynx	Verified as valid and accurate for 2020.
C119 C12	Mali nant neo lasm of naso harvix, unspecified  Mali nant neo lasm of pyriform sinus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C130	Mali nant neoplasm of postcricoid region	Verified as valid and accurate for 2020.
C131	Malin neonlasm of an eniglottic fold, him opharymeat as rect	Verified as valid and accurate for 2020.
C132	Mati mant neo lasm of costerior wall of hyporhaly x	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C138 C139	Mali nant neo lasm of overlandin, sites of hypotharmx  Mali nant neo lasm of hypotharmx, unspecified	Verified as valid and accurate for 2020.
C140	Mali mant neo lasm of that mx unspecified	Verified as valid and accurate for 2020.
C142	Mali nant neoclasm of Waldever's ring	Verified as valid and accurate for 2020.
C148 C300	Maligneon Im of ovrig sites of lip, oral cavity and pharyex  Malignant neoglasm of pasal cavity	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C301	Mali nant neo lasm of middle ear	Verified as valid and accurate for 2020.
C310	Mali nant neo lasm of maxilla v sinus	Verified as valid and accurate for 2020.
C311	Mali mant neo lasm of ethmoidal sinus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C312 C313	Malignant neoplasm of frontal sinus  Malignant neoplasm of sphenoid sinus	Verified as valid and accurate for 2020.
C318	Mali nant neo lasm of overlaging sites of accessory sinuses	Verified as valid and accurate for 2020.
C319	Malignant neoplasm of accessory sinus, unspecified	Verified as valid and accurate for 2020.
C320	Malignant neoplasm of plottis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C321 C322	Malignant neoplasm of supraglottis  Malignant neoplasm of subglottis	Verified as valid and accurate for 2020.
C323	Mali nant neo lasm of lanneal cartilane	Verified as valid and accurate for 2020.
C328	Malignant neoplasm of overlapping sites of larvnx	Verified as valid and accurate for 2020.
C329 C430	Malignant neo lasm of larynx unspecified  Malignant melanoma of lip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C4310	Malignant melanoma of unstrecified evelid, including canthus	Verified as valid and accurate for 2020.
G4314	Malignant melanoma of right eyelid, including continue	C43111 for right upper eyelid & C43112 for right lower eyelid
C4312	Maignant melanoma of unsilear and external auricular canal.	C43121 for left upper eyelid & C43122 for left lower eyellid Verified as valid and accurate for 2020.
C4320 C4321	Malignant melanoma of right ear and external auricular canal	Verified as valid and accurate for 2020.
C4322	Mali nant melanoma of left ear and external auricular canal	Verified as valid and accurate for 2020.
C4330	Mali nant melanoma of unspecified part of face	Verified as valid and accurate for 2020.
C4331 C4339	Malignant melanoma of nose  Melignant melanoma of other parts of face	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C434	Mali nant melanoma of scale and neck	Verified as valid and accurate for 2020.
C4351	Mali mant melanoma of anal skin	Verified as valid and accurate for 2020.
C4352 C4359	Malignant melanoma of skin of breast  Malignant melanoma of other part of trunk	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C4360	Malignant melanoma of onsprugger limb, including shoulder	Verified as valid and accurate for 2020.
C4361	Malignant melanoma of right upper limb, including shoulder	Verified as valid and accurate for 2020.
C4362	Malignant melanoma of left upper limb, including shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C4370 C4371	Mali nant melanoma of unspecified lower limb, including hip Mali nant melanoma of right lower limb, including hip	Verified as valid and accurate for 2020.
C4372	Mali mant melanoma of left lower timb, including him	Verified as valid and accurate for 2020.
C438	Matignant melanoma of overlapping sites of skin	Verified as valid and accurate for 2020.
C439 C4400	Malignant melanoma of skin unspecified Unspecified malignant neoglasm of skin of light	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C4401	Basal cell carcinoma of skin of lip	Verified as valid and accurate for 2020.
C4402	Squamous cell carcinoma of skin of lip	Verified as valid and accurate for 2020.
C4409	Other succified mall mant neo lasm of skin of lin	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44101 C44102	Unspirali nant neo lasm skin/ unspie elid, including anthus Unspirali nant neo lasm skin/ right e elid, inc canthus	Verified as valid and accurate for 2020.
C44109	Unso mali nant neoplasm skin/ left evelid including canthus	Verified as valid and accurate for 2020.
C44111	Basal cell carcinoma skin/ unsule elid, includinu canthus	Verified as valid and accurate for 2020.
C44112 C44119	Basal cell carcinoma skin/ right e yelid, including canthus  Basal cell carcinoma skin/ left e yelid, including canthus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44121	S uamous cell carcinoma skin/ unsp eyelid, including canthus	Verified as valid and accurate for 2020.
C44122	S uamous celt carcinoma skin/ ri tht e elid inc canthus	Verified as valid and accurate for 2020.
C44129	Squamous cell carcinoma skin/ left e elid includin canthus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44191 C44192	Oth malignant neoplasm skin/ unspleyelid, including canthus  Oth malignant neoplasm skin/ right eyelid, including canthus	Verified as valid and accurate for 2020.
C44199	Oth mali mant neo lasm skin/ left e elid, including canthus	Verified as valid and accurate for 2020.
C44201	Unsu malig neoplasm skin/ unsu ear and external auric canal	Verified as valid and accurate for 2020.
C44202 C44209	Unsu malig neoplasm skin/ right ear and external auric canal Unsu malig neoplasm skin/ left ear and external auric canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44211	Basal cell carcinoma skin/ unsp ear and external auric canal	Verified as valid and accurate for 2020.
C44212	Basal cell carcinoma skin/ r ear and external auric canal	Verified as valid and accurate for 2020.
C44219	Basal cell carcinoma skin/ left ear and external auric canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44221 C44222	S uamous cell carcinoma skin/ unspear and extra auric canal S uamous cell carcinoma skin/ r ear and external auric canal	Verified as valid and accurate for 2020.
	Suamous cell carcinoma skin/ left ear and extrn auric canal	Verified as valid and accurate for 2020.

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SDES

Condition:	Cancer	
Medicaid/Federal and	Commonwealth and CHIP	VIIII - C
ICD10 Codes C153	Description  Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C44291	Oth mali neo lasm skin/ unspear and external auric canal	Verified as valid and accurate for 2020.
C44292	Oth malig neoplasm skin/ right ear and external auric canal	Verified as valid and accurate for 2020.
C44299 C44300	Oth matic neoplasm skin/ left ear and external auric canal Unsp matic nant neoplasm of skin of unspecified part of face	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44301	Uns ecified mali nant neo lasm of skin of nose	Verified as valid and accurate for 2020.
C44309	Unsp mali mant neoplasm of skin of other parts of face	Verified as valid and accurate for 2020.
C44310 C44311	Basal cell carcinoma of skin of unspecified parts of face  Basal cell carcinoma of skin of nose	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44319	Basal cell carcinoma of skin of other parts of face	Verified as valid and accurate for 2020.
C44320	Squamous cell carcinoma of skin of unspecified parts of face	Verified as valid and accurate for 2020.
C44321 C44329	Squamous cell carcinoma of skin of nose Squamous cell carcinoma of skin of other parts of face	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44390	Oth mali mant neoplasm of skin of unspecified parts of face	Verified as valid and accurate for 2020.
C44391	Other specified malignant neoplasm of skin of nose	Verified as valid and accurate for 2020.
C44399 C4440	Oth malignant neoplasm of skin of other parts of face Unspecified malignant neoplasm of skin of scalp and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C4441	Basal cell carcinoma of skin of scal and neck	Verified as valid and accurate for 2020.
C4442	Squamous cell carcinoma of skin of scalp and neck	Verified as valid and accurate for 2020.
C4449 C44500	Other specified mali mant neo lasm of skin of scale and neck Unspecified mali mant neo lasm of anal skin	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44501	Uns ecified mali nant neo lasm of skin of breast	Verified as valid and accurate for 2020.
C44509	Unsp matignant neoplasm of skin of other part of trunk	Verified as valid and accurate for 2020.
C44510 C44511	Basal cell carcinoma of anal skin Basal cell carcinoma of skin of breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44519	Basal cell carcinoma of skin of other part of trunk	Verified as valid and accurate for 2020.
C44520	Squamous cell carcinoma of anal skin	Verified as valid and accurate for 2020.
C44521 C44529	Squamous cell carcinoma of skin of breast Squamous cell carcinoma of skin of other part of trunk	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44529	Other s ecified mali nant neo lasm of anal skin	Verified as valid and accurate for 2020.
C44591	Other s ecified mali nant neo lasm of skin of breast	Verified as valid and accurate for 2020.
C44599 C44601	Oth malignant neoplasm of skin of other part of trunk  Unsp malignant neoplasm skin/ unsp upper limb, inc shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44602	Unso mali mant neoplasm skin/ right upper limb inc shoulder	Verified as valid and accurate for 2020.
C44609	Unspirmali mant neoplasm skin/ left upper limb, inc shoulder	Verified as valid and accurate for 2020.
C44611 C44612	Basal cell carcinoma skin/ unsp upper limb, inc shoulder Basal cell carcinoma skin/ right upper limb, inc shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44619	Basal cell carcinoma skin/ left up er limb inc shoulder	Verified as valid and accurate for 2020.
C44621	Squamous cell carcinoma skin/ unsp upper limb, inc shoulder	Verified as valid and accurate for 2020.
C44622 C44629	S uamous cell carcinoma skin/ right upper limb, inc shoulder S uamous cell carcinoma skin/ left upper limb, inc shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44691	Oth mali nant neo lasm, skin/ unsp upper limb inc shoulder	Verified as valid and accurate for 2020.
C44692	Oth malignant neoplasm skin/ right upper limb, inc shoulder	Verified as valid and accurate for 2020.
C44699 C44701	Oth malignant neoplasm skin/ left upper limb, inc shoulder Unsp malignant neoplasm skin/ unsp lower limb, including hip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44702	Uns. mali nant neo lasm skin/ ri ht lower limb inc hi	Verified as valid and accurate for 2020.
C44709	Unsu mali mant neo lasm skin/ left lower limb, including hip	Verified as valid and accurate for 2020.
C44711 C44712	Basal cell carcinoma skin/ unsa lower limb, including hig Basal cell carcinoma skin/ right lower limb, including hig	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44719	Basal cell carcinoma skin/ left lower limb, including hip	Verified as valid and accurate for 2020.
C44721	Squamous cell carcinoma skin/ unso lower limb including hip	Verified as valid and accurate for 2020.
C44722 C44729	Squamous cell carcinoma skin/ right lower limb, including hip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44791	Oth malignant neoplasm skin/ unso lower limb including hip	Verified as valid and accurate for 2020.
C44792	Oth malignant neo tasm skin/ right lower limb including hip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44799 C4480	Oth mali nant neo lasm skin/ left lower limb, including his Unspecified mali nant neo lasm of overlaging sites of skin	Verified as valid and accurate for 2020.
C4481	Basal cell carcinoma of overlapping sites of skin	Verified as valid and accurate for 2020.
C4482	Squamous cell carcinoma of overlapping sites of skin	Verified as valid and accurate for 2020.
C4489 C4490	Oth malignant neoplasm of overlapping sites of skin Unspecified malignant neoplasm of skin unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C4491	Basal cell carcinoma of skin, unsuecified	Verified as valid and accurate for 2020.
C4492	S uamous cell carcinoma of skin, unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C4499 C457	Other specified malignant neo lasm of skin, unspecified Mesothelioma of other sites	also C459 Mesothelioma unspecified - if applicable
C50011	Mali nant neo lasm of nicele and areola right female breast	Verified as valid and accurate for 2020.
C50012 C50019	Mali mant neo clasm of nipple and areola, left female breast  Mali mant neo clasm of nipple and areola, unspriemale breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50019	Mali nant neo lasm of nipple and areola unstrenale breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50022	Mali mant neo lasm of nighte and areota, left male breast	Verified as valid and accurate for 2020.
C50029	Malignant neoplasm of nipote and areota unspirale breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50111 C50112	Mali: nant neo lasm of central portion of right female breast  Mali: nant neo lasm of central portion of left female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50119	Mali nant neo lasm of central ortion of unsi female breast	Verified as valid and accurate for 2020.
C50121 C50122	Mali nant neo tasm of central portion of right male breast  Mali nant neo tasm of central portion of left male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50129	Malionant neoplasm of central portion of tent male breast	Verified as valid and accurate for 2020.
C50211	Malig neonlim of upper-inner quadrant of right female breast	Verified as valid and accurate for 2020.
C50212	Malig neoplasm of upper-inner guadrant of left female breast Malig neoplasm of upper-inner guadrant of upper female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50219 C50221	Mali neo lasm of upper-inner quadrant of unspremale breast	Verified as valid and accurate for 2020.
C50222	Matig neoplasm of upper-inner quadrant of left male breast	Verified as valid and accurate for 2020.
C50229	Malia neoptasm of upper-inner quadrant of unsp male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50311 C50312	Malig neor im of lower-inner quadrant of right female breast  Malig neor lasm of lower-inner quadrant of left female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50319	Malig neoplasm of lower-inner quadrant of unsp female breast	Verified as valid and accurate for 2020.
C50321	Maligneo lasm of lower-inner quadrant of right male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50322 C50329	Mali neo lasm of lower-inner quadrant of left male breast  Mali neo lasm of lower-inner quadrant of unspirale breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Malia neonlm of upper-outer quadrant of right female breast	Verified as valid and accurate for 2020.

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ondition: ledicaid/Federal and	Cancer Commonwealth and CHIP	
D10 Codes	Description	Millman Comments
153 50412	Malignant neoplasm of upper third of esophagus  Maligneoplasm of upper-outer quadrant of left female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
50419	Malin neo lasm of upper-outer quadrant of unspriemale breast	Verified as valid and accurate for 2020.
0421	Malig necolasm of upper-outer quadrant of right male breast	Verified as valid and accurate for 2020.
0422	Mali neoclasm of upper-outer quadrant of left male breast	Verified as valid and accurate for 2020.
0429 0511	Malin neoclasm of upper-outer quadrant of unsp male breast  Malin neoclm of lower-outer quadrant of right female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
0512	Malin neo lasm of lower-outer quadrant of left female breast	Verified as valid and accurate for 2020.
0519	Malin neoplasm of lower-outer quadrant of unsp female breast	Verified as valid and accurate for 2020.
0521	Malig neoplasm of lower-outer quadrant of right male breast	Verified as valid and accurate for 2020.
0522	Malig neo fasm of lower-outer quadrant of left male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
0529 0611	Maligneoplasm of lower-outer guadrant of unspimale breast  Malignant neoplasm of axillary tail of right female breast	Verified as valid and accurate for 2020.
0612	Mali mant neo lasm of axilla y tail of left female breast	Verified as valid and accurate for 2020.
0619	Malignant neoplasm of axillary tail of unsurfemale breast	Verified as valid and accurate for 2020.
0621	Malignant neoplasm of axillary tail of right male breast	Verified as valid and accurate for 2020.
0622 0629	Malignant neoplasm of axillary tail of left male breast  Malignant neoplasm of axillary tail of unspinale breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
0811	Mali mant neoclasm of ovrig sites of right female breast	Verified as valid and accurate for 2020.
0812	Malignant neoplasm of ovrig sites of left female breast	Verified as valid and accurate for 2020.
0819	Mali nant neo lasm of ovrig sites of unsp female breast	Verified as valid and accurate for 2020.
0821	Mali mant neo lasm of overlapping sites of right male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
i0822 i0829	Mali nant neoplasm of overlapping sites of left male breast  Mali nant neoplasm of overlapping sites of unso male breast	Verified as valid and accurate for 2020.
0911	Mali nant neo lasm of unsusite of right female breast	Verified as valid and accurate for 2020.
0912	Mali nant neo lasm of uns, ecified site of left female breast	Verified as valid and accurate for 2020.
0919	Mali nant neo lasm of unspisite of unspecified female breast	Verified as valid and accurate for 2020.
50921 50922	Mail nant neo lasm of unspecified site of right male breast  Mail nant neo lasm of unspecified site of left male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
50929	Mali nant neo lasm of unspecified site of left male breast	Verified as valid and accurate for 2020.
510	Mali nant neo lasm of labium maius	Verified as valid and accurate for 2020.
511	Mali nant neo lasm of labium minus	Verified as valid and accurate for 2020.
512	Malignant neoplasm of clitoris	Verified as valid and accurate for 2020.
518 519	Malicnant neoclasm of overlapping sites of vulva  Malicnant neoclasm of vulva unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
52	Mali nant neo lasm of varina	Verified as valid and accurate for 2020.
530	Mali nant neo lasm of endocervix	Verified as valid and accurate for 2020.
531	Mali mant neo lasm of exocervix	Verified as valid and accurate for 2020.
538	Malignant neoplasm of overlapping sites of cervix uteri  Malignant neoplasm of cervix uteri unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
539 540	Maii mant neoplasm of isthmus uteri	Verified as valid and accurate for 2020.
541/	Mali nant necelasm of endometrium	Verified as valid and accurate for 2020.
542	Mali ment neoplasm of myometrium	Verified as valid and accurate for 2020.
543	Malignant neoplasm of fundus uteri	Verified as valid and accurate for 2020.
548 549	Mali nant neo lasm of overlapping sites of corpus uteri Mali nant neoplasm of corpus uteri unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
55	Mali mant neo lasm of uterus, part unspecified	Verified as valid and accurate for 2020.
577	Mali mant neo lasm of other specified female genital or ans	Verified as valid and accurate for 2020.
578	Mali mant neoplasm of ovrip sites of female genital organs	Verified as valid and accurate for 2020.
579	Maliphant neoclasm of female cenital organ, unspecified	Verified as valid and accurate for 2020.
58 600	Malignant neoplasm of placenta  Malignant neoplasm of prepuce	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
601	Mali mant neo lasm of plans penis	Verified as valid and accurate for 2020.
602	Mali nant neo lasm of body of penis	Verified as valid and accurate for 2020.
608	Malignant neoplasm of overlapping sites of penis	Verified as valid and accurate for 2020.
609	Mali nant neo lasm of enis uns ecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
61 6200	Mali nant neo lasm of prostate  Mali nant neo lasm of uns ecified undescended testis	Verified as valid and accurate for 2020.
6201	Malignant neoplasm of undescended right testis	Verified as valid and accurate for 2020.
6202	Mali mant neoplasm of undescended left testis	Venified as valid and accurate for 2020.
6210	Matignant neoplasm of unspecified descended testis	Verified as valid and accurate for 2020.
6211 6212	Malignant neo lasm of descended right testis  Malignant neo lasm of descended left testis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
6290	Malig neoplasm of unspitestis, unspitested or undescended	
6291	Malig neoplm of right testis, unso descended or undescended	Verified as valid and accurate for 2020.
6292	Malig neoplasm of left testis, unspidescended or undescended	Verified as valid and accurate for 2020.
6300	Mali mant neo lasm of unspecified epididymis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
6301 6302	Mali nant neo lasm of right e ididymis  Mali nant neo lasm of left e ididymis	Verified as valid and accurate for 2020.
6310	Malignant neo lasm of unspecified spermatic cord	Verified as valid and accurate for 2020.
6311	Malignant neoplasm of right spermatic cord	Verified as valid and accurate for 2020.
6312	Mali nant neoplasm of left spermatic cord	Verified as valid and accurate for 2020.
632	Malignant neoplasm of scrotum  Malignant neoplasm of other specified male genital organs	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
637 638	Mali nant neo lasm of other silectiled male pential or lans  Mali nant neo lasm of ovrto sites of male pential or lans	Verified as valid and accurate for 2020.
639	Mali nant neo lasm of male penital or an unspecified	Verified as valid and accurate for 2020.
641	Mali nant neo lasm of right kidne, except renal relvis	Verified as valid and accurate for 2020.
642	Malinant neoplasm of left kidney, except renal pelvis	Verified as valid and accurate for 2020.
649	Malignant neoplasm of unsigkidney, except renat pelvis  Malignant neoplasm of right renat pelvis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
651 652	Mali nant neo lasm of nent renal pelvis  Mali nant neo lasm of left renal pelvis	Verified as valid and accurate for 2020.
659	Maii mant neo lasm of unspecified renal pelvis	Verified as valid and accurate for 2020.
:661	Mali mant neo lasm of right ureter	Verified as valid and accurate for 2020.
662	Malinant neo lasm of left ureter	Verified as valid and accurate for 2020.
669	Mali nant neo lasm of unspecified ureter	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
670 671	Mali mant neo lasm of tri one of bladder  Mali mant neo lasm of dome of bladder	Verified as valid and accurate for 2020.
672	Mali mant neo lasm of lateral wall of bladder  Mali mant neo lasm of anterior wall of bladder	Verified as valid and accurate for 2020.

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	Cancer Commonwealth and CHIP	William Commants	
Codes	Description Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.	
	Mali nant neo lasm of bladder neck	Verified as valid and accurate for 2020.	
	Mali mant neo lasm of ureteric orifice  Mali mant neo lasm of urachus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali mant neo lasm of overlapping sites of bladder	Verified as valid and a curate for 2020.	
	Mali mant neo lasm of bladder, uns, ecified  Mali mant neo lasm of urethra	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Malignant neoplasm of paraurethral glands	Verified as valid and accurate for 2020.	
	Mali nant neo lasm of overlapping sites of urina y grans	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
0	Mali nant neo lasm of unnary or an unsuecified  Mali nant neo lasm of unsuecified conjunctiva	Verified as valid and accurate for 2020.	
1	Malignant neoglasm, of right conjunctiva	Verified as valid and accurate for 2020.	
02 10	Malignant neoglasm of left conjunctiva  Malignant neoglasm of unspecified cornea	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
11	Mali nant neo lasm of right cornea	Verified as valid and accurate for 2020.	
12	Mali nant neo lasm of left comea  Mali nant neo lasm of uns ecified retina	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
21	Malignant neo lasm of right retina	Verified as valid and accurate for 2020.	
22	Malignant neoglasm of left retina	Verified as valid and accurate for 2020.	
30 31	Mali nant neo lasm of uns ecified choroid  Mali nant neo lasm of right choroid	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
32	Mali nant neo lasm of left choroid	Verified as valid and accurate for 2020.	
40 41	Mali nant neo lasm of uns, ecified ciliary body  Mali nant neo lasm of right ciliary body	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
2	Malignant neoplasm of left ciliary body	Verified as valid and accurate for 2020.	
0 1	Mali mant neo lasm of uns ecified lacrimal gland and duct Mali mant neo lasm of right lacrimal gland and duct	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
2	Mali nant neo lasm of nent lacrimal land and duct  Mali nant neo lasm of left lacrimal land and duct	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
0	Malignant neoplasm of unspecified orbit	Verified as valid and accurate for 2020.	
2	Malignant neoplasm of right orbit  Malignant neoplasm of left orbit	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
30	Mali nant neo lasm of ovrip sites of unspere and adnexa	Verified as valid and accurate for 2020.	
31 32	Mali mant neoptasm of ovrlp sites of right eye and adnexa  Mali mant neoptasm of ovrlp sites of left eye and adnexa	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
0	Matignant neo lasm of unspecified site of unspecified eye	Verified as valid and accurate for 2020.	
1	Mali mant neo lasm of uns ecified site of right eye	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
2	Mali nant neo lasm of uns, ecified site of left e, e  Mali nant neo lasm of thy old pland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of head, face and neck	Verified as valid and accurate for 2020.	
	Malinant neoclasm of thorax  Malinant neoclasm of abdomen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of relvis	Verified as valid and accurate for 2020.	
1	Mali nant neo lasm of unspecified upper limb  Mali nant neo lasm of right upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
2	Mali nant neo lasm of right upper limb	Verified as valid and accurate for 2020.	
0	Mali nant neo lasm of uns ecified lower limb	Verified as valid and accurate for 2020.	
2	Malinant neo lasm of right lower limb  Malinant neo lasm of left lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of other si ecified ill-defined sites	Verified as valid and accurate for 2020.	
0	Melanoma in situ of lin Melanoma in situ of uns, ecified eyelid, including canthus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
1	Meianoma in situ of right eyelid, including cantifus	D03111 for right upper eyelid & D03112 for right lower eyelid	
2	Metanoma in situ of loft eyeid, including commus  Metanoma in situ of unstream aud external auricular canal	D03121 for left upper eyelid & D03122 for left lower eyelid Verified as valid and accurate for 2020.	
	Metanoma in situ of unstream and external auricular canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
2	Melanoma in situ of left ear and external auricular canal	Verified as valid and accurate for 2020.	
)	Melanoma in situ of unspecified part of face Melanoma in situ of other parts of face	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Melanoma in situ of scal and neck	Verified as valid and accurate for 2020.	
1 2	Melanoma in situ of anal skin Melanoma in situ of breast skin soft tissue	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
9	Melanoma in situ of other part of trunk	Verified as valid and accurate for 2020.	
0	Melanoma in situ of unsplugger limb, including shoulder	Verified as valid and accurate for 2020.	
2	Melanoma in situ of right upper limb, including shoulder  Melanoma in situ of left upper limb, including shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
0	Melanoma in situ of uns ecified lower limb including hip	Verified as valid and accurate for 2020.	
2	Melanoma in situ of right lower limb including hip  Melanoma in situ of left lower limb including hip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Melanoma in situ of other sites	Verified as valid and accurate for 2020.	
h	Metanoma in situ uns pecified Encutr for fit/adjst of external breast prosth, unsp breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
0 1	Encounter for fit/adist of external right breast prostnesss	Verified as valid and accurate for 2020.	
2	Encounter for fit/adjut of external left breast prosthesis	Verified as valid and accurate for 2020.	
11	Encounter for adjustment or removal of right breast implant Encounter for adjustment or removal of left breast implant	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
19	Encounter for adjustment or removal of unsp breast implant	Verified as valid and accurate for 2020.	
	Mali nant neo lasm of duodenum  Mali nant neo lasm of jejunum	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of ileum	Verified as valid and accurate for 2020.	
	Meckel's diverticulum malignant Malignant neoplasm of overlapping sites of small intestine	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of overlap in sites of small intestine Mali nant neo lasm of small intestine, unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Malionant neoclasm of cecum	Verified as valid and accurate for 2020.	
	Mali nant neo lasm of a pendix  Mali nant neo lasm of ascending colon	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
3	Mali nant neo lasm of he atic flexure	Verified as valid and accurate for 2020.	
4	Malignant neoplasm of transverse colon  Malignant neoplasm of splenic flexure	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali mant neoclasm of descending colon	Verified as valid and accurate for 2020.	
5 6 7	Mali mant neoclasm of sigmoid colon	Verified as valid and accurate for 2020.	



dition: licaid/Federal and Co 10 Codes	Cancer mmonwealth and CHIP Descriction	Millimair Comments	
	Mali mant necessar of upper third of esophagus	Verified as valid and accurate for 2020.	
	Mali nant neoplasm of overlapping sites of colon Mali nant neoplasm of colon, unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of rectosi moid junction	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of rectum Mali nant neo lasm of anus, uns ecified	Verified as valid and accurate for 2020.	
	Malignant neoplasm of anal canal Malignant neoplasm of cloacegenic zone	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali neoplasm of ovrig sites of rectum, anus and anal canal	Verified as valid and accurate for 2020.	
	Mali nant neclasm of thinus Mali nant neclasm of heart	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Malignant neoplasm of anterior mediastinum Malignant neoplasm of posterior mediastinum	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of mediastinum, part unspecified	Verified as valid and accurate for 2020.	
	Mali neophm of ovrlp sites of heart, mediastinum and pleura  Mali nant neoplasm of upper respiratory tract, part unsp	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neoplasm of lower respiratory tract part unsp	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
	Malig neoplasm of scanula and long bones of unsprupper limb  Malig neoplasm of scanula and long bones of right upper limb	Verified as valid and accurate for 2020.	
	Mali neo lasm of scapula and long bones of left upper limb Mali nant neo lasm of short bones of unspecified upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neoplasm of short bones of right upper limb	Verified as valid and accurate for 2020.	
	Malignant neoplasm of short bones of left upper limb  Malignant neoplasm of long bones of unspecified lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali mant neo lasm of long bones of right lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of long bones of left lower limb Mali nant neo lasm of short bones of uns ecified lower limb	Verified as valid and accurate for 2020.	
	Malignant neoplasm of short bones of right lower limb  Malignant neoplasm of short bones of left lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Malin neoplm of ovrip sites of bone/artic cartl of unsplimb	Verified as valid and accurate for 2020.	
	Malig neoghn of ovrlg sites of bone/artic cartl of r limb  Malig neoghn of ovrlg sites of bone/artic cartl of left limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Malig neoplasm of unsp bones and artic cartin of unsp limb Malig neoplasm of unsp bones and artic cartin of right limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Malig neoplasm of unsp bones and artic cartle of left limb	Verified as valid and accurate for 2020.	
	Malimant neoplasm of bones of skull and face Malimant neoplasm of mandible	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali mant neo lasm of vertebral column	Verified as valid and accurate for 2020.	
	Mali_nant neoplasm of ribs_stemum and clavicle Mali_nant neoplasm of pelvic bones_sacrum and coccyx.	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Matignant neoplasm of bone and articular cartilage unsp Mesothelioma of pericardium	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mesothelioma unspecified	Verified as valid and accurate for 2020.	
	Malignant neoplasm of prohinerves of head, face and neck Maligneoplm of prohinerves of unspurper limb, inc shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Malig neonim of prohinerves of right upper limb, inc shidr Malig neonim of prohinerves of left upper limb, inc shoulder	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
	Malig neoplasm of prohinerves of unsplower limb inchip	Verified as valid and accurate for 2020.	
	Malig neoplasm of prohinerves of right lower limb, inc hip Malig neoplasm of prohinerves of left lower limb, inc hip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of peri heral nerves of thorax	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
	Mali nant neo lasm of peri heral nerves of abdomen Mali nant neo lasm of peri heral nerves of pelvis	Verified as valid and accurate for 2020.	
	Malignant neoplasm of peripheral nerves of trunk unsp Maligneoplasm of ovrlo sites of perh nrv and autonm nrv sys	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Matin neoplasm of prohinerves and autonminervous sys. unso	Verified as valid and accurate for 2020.	
	Malin neonlm of conn and soft tissue of head face and neck Malin neonlm of conn & soft tiss of unstruments, inc shidt	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
2	Malig neoptm of conn and soft tiss of rupr limb, inc shidr Malig neoptm of conn and soft tiss of lupr limb, inc shidr	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
	Malig neoplim of conn and soft tiss of unsa low limb, inc hip	Verified as valid and accurate for 2020.	
	Mali nee Im of conn and soft tiss of r low limb, inc his Mali nee Im of conn and soft tiss of left low limb inc hip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali mant neoplasm of connective and soft tissue of thorax Mali mant neoplasm of connective and soft tissue of abdomen	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
	Mali nant neo lasm of connective and soft tissue of elvis	Verified as valid and accurate for 2020.	
	Mali mant neo lasm of conn and soft tissue of trunk unsp.  Mali mant neo lasm of ovrh sites of conn and soft tissue	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Meli nant neo lasm of connective and soft tissue, uns	Verified as valid and accurate for 2020.	
	Gastrointestinal stromal tumor, unspecified site Gastrointestinal stromal tumor of esophagus	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
	Gastrointestinal stromal tumor of stomach Gastrointestinal stromal tumor of small intestine	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Gastrointestinal stromal tumor of large intestine	Verified as valid and accurate for 2020.	
	Gastrointestinal stromal tumor of rectum  Gastrointestinal stromal tumor of other sites	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	Mali nant neo lasm of cortex of uns ecified adrenal land	Verified as valid and accurate for 2020.	
	Malignant neoplasm of cortex of right adrenal gland Malignant neoplasm of cortex of left adrenal gland	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
	Malignant neoplasm of medulla of unspecified adrenal gland Malignant neoplasm of medulla of right adrenal gland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	E D
	Malignant neoplasm of medulla of left adrenationand	Verified as valid and accurate for 2020.	
	Mali nant neoclasm of unsplant of unspecified adrenal pland Mali nant neoclasm of unspeart of right adrenal pland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	10/
	Malignant neoplasm of unspecified part of left adrenal gland Malignant neoplasm of parathyroid gland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	101
	Malignant neoglasm of pituitary gland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	mero / m
	Mali mant neo lasm of cranio ha nieal duct Mali mant neo lasm of cineal cland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	10
	Mali mant neo lasm of carotid body	Verified as valid and accurate for 2020.	4 90

ledicald/Federal a	and Commonwealth and CHIP	The graduate of the same of th
CD10 Codes	Description	Millman Comments
153	Mali mant neo lasm of upper third of eso hagus	Verified as valid and accurate for 2020.
755	Malignant neoplasm of acrtic body and other paraganglia	Verified as valid and accurate for 2020.
758	Mati nant recolasm with pluriglandular involvement, unsp	Verified as valid and accurate for 2020.
759	Mati mant neo lasm of endocrine land uns ecified  Sec and uns mali neo lasm of nodes of head, face and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
770 771	Secondary and unsu malionant neo lasm of intrathorac nodes	Verified as valid and accurate for 2020.
772	Secondary and unspringing mant neoptasm of intra-abd nodes	Verified as valid and accurate for 2020.
773	Sec and unsp mality neoclasm of axilla and upper limb nodes	Verified as valid and accurate for 2020.
774	Sec and unsu malic neoclasm of incuinal and lower limb nodes	Verified as valid and accurate for 2020.
775	Secondary and unsu mali nant neo lasm of intra lelv nodes	Verified as valid and accurate for 2020.
778	Sec and unsp malin neoplasm of nodes of multiple regions	Verified as valid and accurate for 2020.
779	Secondary and unsu malignant neoplasm of lymph node, unsu	Verified as valid and accurate for 2020.
800	Disseminated malignant neoplasm, unspecified	Verified as valid and accurate for 2020.
801	Malignant (primary) neoplasm unspecified	Verified as valid and accurate for 2020.
802	Mali mant neo lasm associated with transplanted or an	Verified as valid and accurate for 2020.
8100	Nodular lymphocyte predominant Hodykin lymphoma, unsp site	Verified as valid and accurate for 2020.
8101	Nodir lymphocy predom Hdykn lymph, nodes of head, face, & nk	Verified as valid and accurate for 2020.
8102	Nodutar lymphocy predom Hodykin lymphoma, intrathorac nodes	Verified as valid and accurate for 2020.
8103	Nodufar lymphocy e predom Hod kin lymphoma, intra-abd nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8104	Nodir lymphocy predom Hdukn lymph nodes of axia and upr imb	Verified as valid and accurate for 2020.
8105	Nodir lymphocy predom Hdijkn lymph nodes of ing rgn & low lmb	Verified as valid and accurate for 2020.
8106	Nodular lymphocy e predom Hodykin lymphoma intrapely nodes  Nodular lymphocy e predominant Hodykin lymphoma spleen	Verified as valid and accurate for 2020.
8107	Nodular Ivininos de predominant Hodiskin Ivininoma, nodes mult site	Verified as valid and accurate for 2020.
8109	Nodis I how predom Hd kn I have extraod & solid or site	Verified as valid and accurate for 2020.
28110	Nodular sclerosis Hod kin I homa, uns ecified site	Verified as valid and accurate for 2020.
8111	Nodular scler Hodekin I mech nodes of head, face, and neck	Verified as valid and accurate for 2020.
8112	Nodular sclerosis Hod kin I m homa intrathorac lymph nodes	Verified as valid and accurate for 2020.
8113	Nodular sclerosis Hodakin Iya ahoma intra-abd I mah nodes	Verified as valid and accurate for 2020.
8114	Nodular scler Hod kin I mith nodes of axilla and upper limb	Verified as valid and accurate for 2020.
8115	Nodir scier Hdgkn lymph nodes of ing region and lower limb	Verified as valid and accurate for 2020.
8116	Nodular sclerosis Hod kin lymphoma intrapelvic lymph nodes	Verified as valid and accurate for 2020.
28117	Nodular sclerosis Hodukin lymphoma, spleen	Verified as valid and accurate for 2020.
8118	Nodular sclerosis Hodekin lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.
28119	Nodular scler Hodokin lymph, extrnod and solid organ sites	Verified as valid and accurate for 2020.
8120	Mixed cellularily Hod kin lymphoma unspecified site	Verified as valid and accurate for 2020.
28121	Mixed cellular Hodikin lymph, nodes of head, face, and neck	Verified as valid and accurate for 2020.
8122	Mixed cellularity Hodykin lymphoma, intrathorac lymph nodes	Verified as valid and accurate for 2020.
28123	Mixed cellularity Hodokin lymphoma intra-abd lymph nodes	Verified as valid and accurate for 2020.
28124	Mixed cellular Hodnkin lymph, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
8125	Mixed cellular Holkin lymph, nodes of ing run and lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
08126 08127	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes  Mixed cellularity Hodgkin lymphoma, spleen	Verified as valid and accurate for 2020.
8128	Mixed cellularity Hod kin tymphoma tymph nodes mult site	Verified as valid and accurate for 2020.
08129	Mixed cellular Hod kin lymph extmod and solid or an sites	Verified as valid and accurate for 2020.
8130	Lymphod te de leted Hodykin tymphoma, unspecified site	Verified as valid and accurate for 2020.
28131	Lym ho de let Hod kin l h nodes of head, face, and neck	Verified as valid and accurate for 2020.
08132	Lymphogyle depleted Hodykin lymphoma, intrathorac nodes	Verified as valid and accurate for 2020.
28133	Lymphocyte denleted Hodgkin lymphoma, intra-abd lymph nodes	Verified as valid and accurate for 2020.
28134	Lymphocy deplet Hdgkn lymph, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
28135	Lymphocy deplet Hdgkn lymph, nodes of ing run and lower limb	Verified as valid and accurate for 2020.
C8136	Lymphocyte dealeted Hodykin lymphoma, intrapely lymph nodes	Verified as valid and accurate for 2020.
28137	Lymphocyte depleted Hodijkin lymphoma, spleen	Verified as valid and accurate for 2020.
28138	Lymphocyte depleted Hodykin lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.
28139	Lymphocy deplet Hodukin lymph, extmod and solid organ sites	Verified as valid and accurate for 2020.
08140	Lymphocyte-rich Hodgkin lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8141	Lymp-rich Hodukin lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
28142	Lymphocyte-rich Hodykin lymphoma intrathoracic lymph nodes	Verified as valid and accurate for 2020.
28143	Lymphocyte-rich Hodykin lymphoma intra-abd lymph nodes Lymp-rich Hodykin lymphoma nodes of axilla and upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
08144 08145	Lymp-rich Hodukin lymph, nodes of axilla and upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
28145 28146	L hoc e-rich Hod kin I home intre elvic I h nodes	Verified as valid and accurate for 2020.
C8147	L hac e-rich Hod kin I m homa scleen	Verified as valid and accurate for 2020.
C8148	Lymphocyte-rich Hodgkin lymphoma. lymph nodes mult site	Verified as valid and accurate for 2020.
C8149	Lymp-rich Hod kin lymphoma extranodal and solid organ sites	Verified as valid and accurate for 2020.
28170	Other Hod kin lymphoma, unspecified site	Verified as valid and accurate for 2020.
08171	Other Hodokin lymphoma, lymph nodes of head, face, and neck	Verified as valid and accurate for 2020.
28172	Other Hod kin lymphoma intrathoracic lymph nodes	Verified as valid and accurate for 2020.
38173	Other Hodokin lymphoma_intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8174	Other Hodokin lymphoma, lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8175	Other Hodokin I) uphoma nodes of ing region and lower limb	Verified as valid and accurate for 2020.
28176	Other Hod kin lymphoma intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8177	Other Hod kin I mphoma spleen	Verified as valid and accurate for 2020.
C8178	Other Hodgkin lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8179	Other Hodgkin lymphoma extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8190	Hod kin I mehoma uns ecified unspecified site	Verified as valid and accurate for 2020.
C8191	Hodykin I mychoma unsy I mych nodes of head face and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8192	Hod kin I mphoma unspecified intrathoracic I mph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8193 C8194	Hodokin I mehoma, unspecified, intra-abdominal I meh nodes Hodokin I mehoma unspecified nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8195	Hodgkin I mehoma unspinodes of ingregion and lower limb	Verified as valid and accurate for 2020.
C8196	Hod kin I mohoma, unspecified intra elvic I main nodes	Verified as valid and accurate for 2020.
C8197	Hod kin lymphoma unspecified spleen	Verified as valid and accurate for 2020.
C8198	Hod kin I m home unspecified I m h nodes of multiple sites	Verified as valid and accurate for 2020.
C8199	Hod kin lymphoma unsp extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8250	Diffuse follicle center ly whoma unspecified site	Verified as valid and accurate for 2020.
C8251	Diffuse folicl center lymph, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8252	Diffuse follicle center I homa intrathoracic I much nodes	Verified as valid and accurate for 2020.
C8253	Diffuse follicle center I m homa, intra-abd I m h nodes	Verified as valid and accurate for 2020.
	Diffuse folici center lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.

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10 Codes Desc			
	ription nant neoplasm of upper third of esophagus	Verified as valid and accurate for 202	20.
5 Diffus	folicl cntr I might nodes of ing region and lower limb	Verified as valid and accurate for 202	20.
	se follicle center lymphoma intrapelvic lymph nodes se follicle center lymphoma spleen	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
B Diffus	e follicle center lymphoma. Lymph nodes mult site	Verified as valid and accurate for 202	
	se folic! center I /mph_extmod and solid or an sites cell B-cell I /mphoma_uns_ecified site	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
1 Smal	cell B-cell lymphoma nodes of head face and neck	Verified as valid and accurate for 202	
	cell B-cell Iymphoma, intrathoracic Iymph nodes cell B-cell Iymphoma, intra-abdominal I mph nodes	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
	cell B-cell lymphoma nodes of axilla and upper limb	Verified as valid and accurate for 202	
	cell B-cell lymph, nodes of ing region and lower limb cell B-cell lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
	cell B-cell lymphoma spieen	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
	cell B-cell I me home. I me h nodes of multiple sites cell B-cell I me home extranodal and solid or an sites	Verified as valid and accurate for 202	
	te large B-cell lymphoma unspecified site hoblastic (diffuse) lymphoma unspecified site	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
i1 Lyms	hobiastic lymphoma nodes of head, face, and neck	Verified as valid and accurate for 202	20.
	hoblastic diffuse lymphoma intrathoracic i poh nodes hoblastic diffuse lymphoma intra-abd i poh nodes	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
54 Lýme	hoblastic lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 202	20.
	hoblastic lymphoma, nodes of ing region and lower limb hoblastic (diffuse) lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
7 Lýmp	hoblastic diffuse I mphoma spleen	Verified as valid and accurate for 202	20.
	hoblastic diffuse lymphoma lymph nodes mult site hoblastic lymphoma, extrnod and solid organ sites	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
O Burki	tt lymphoma, unspecified site	Verified as valid and accurate for 202	20.
	tt lymphoma, lymph nodes of head, face, and песк tt lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
3 Burki	tt lymphoma, intra-abdominal lymph nodes	Verified as valid and accurate for 202	20.
	tt I mphoma 1 mph nodes of axilla and upper limb tt I mphoma nodes of inquinal region and lower limb	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
'6 Burki	tt lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 202	20.
	tt lymphoma, spleen tt lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
79 Burki	tt I ym homa extranodal and solid or an sites	Verified as valid and accurate for 20	
	follicular (diffuse) lymphoma, unsp., unspecified site follic lymphoma, unsp., nodes of head, face, and neck	Verified as valid and accurate for 202 Verified as valid and accurate for 202	
2 Non-	follic (diffuse) lymphoma, unsp, intrathorac lymph nodes	Verified as valid and accurate for 20	
	foliic (diffuse) lymphoma, unsp. intra-abd lymph nodes foliic lymphoma, unsp. nodes of axilla and upper limb	Verified as valid and accurate for 20: Verified as valid and accurate for 20:	
5 Non-	follic lymph, unsp, nodes of ing region and lower limb	Verified as valid and accurate for 20.  Verified as valid and accurate for 20.	
	follic (diffuse I vmphoma, unsp, intrapelvic I vmph nodes follicular (diffuse) I vmphoma unspecified, spleen	Verified as valid and accurate for 20:	
	follic diffuse I muhoma, unsu, lymph nodes mult site follic lymphoma, unsu, extrnod and solid or an sites	Verified as valid and accurate for 20: Verified as valid and accurate for 20:	
	ry disease uns ecified site	Verified as valid and accurate for 20:	20.
	ry disease. Iym h nodes of head, face, and neck ry disease, intrathoracic lymph nodes	Verified as valid and accurate for 20.  Verified as valid and accurate for 20.	
13 Seza	ry disease, intra-abdominal lymph nodes	Verified as valid and accurate for 20	20.
	y disease, lymch nodes of axilla and upper limb y disease, nodes of inquinal region and lower limb	Verified as valid and accurate for 20.  Verified as valid and accurate for 20.	
16 Seza	ry disease, intrapelvic tymph nodes	Verified as valid and accurate for 20:	20.
	ny disease, spleen ny disease, lymph nodes of multiple sites	Verified as valid and accurate for 20 Verified as valid and accurate for 20	
9 Seza	disease, extranodal and solid or an sites	Verified as valid and accurate for 20	20.
	re T/NK-cell Ihomas_uns_ecified_uns_ecified site re T/NK-cell I mr.h_unsnodes of head_face_and_neck	Verified as valid and accurate for 20 Verified as valid and accurate for 20	
92 Matu	re T/NK-cell lymphomas, unsp, intrathoracic lymph nodes	Verified as valid and accurate for 20	
	re T/NK-cell lymphomas, unsp. intra-abd lymph nodes re T/NK-cell lymph, unsp. nodes of axilla and upper limb	Verified as valid and accurate for 20.  Verified as valid and accurate for 20.	
	re T/NK-cell lymph unso nodes of ing ran and low limb	Verified as valid and accurate for 20.  Verified as valid and accurate for 20.	
97 Matu	re T/NK-cett lymphomas, unsp, intrapelvic lymph nodes re T/NK-cett lymphomas, unspecified, spleen	Verified as valid and accurate for 20.	20.
98 Matu	re T/NK-cell lymphomas, unsp, lymph nodes mult site re T/NK-cell lymph, unsp, extrnod and solid organ sites	Verified as valid and accurate for 20. Verified as valid and accurate for 20.	
0 Cuta	neous T-cell lymphoma, unspecified, unspecified site	Verified as valid and accurate for 20	20.
	n T-cell lymphoma, unspinodes of head, face, and neck neous T-cell lymphoma, unspintrathoracic lymph nodes	Verified as valid and accurate for 20 Verified as valid and accurate for 20	
\3 Cuta	neous T-cett lymphoma, unsp, intra-abdominal lymph nodes	Verified as valid and accurate for 20	20.
	n T-cell lymphoma, unsp. nodes of axilla and upper limb n T-cell lymph, unsp. nodes of ing region and lower limb	Verified as valid and accurate for 20 Verified as valid and accurate for 20	
\6 Cuta	neous T-cell lymphoma, unsp, intrapelvic lymph nodes	Verified as valid and accurate for 20	20.
	neous T-cell lymphoma unspecified is leen neous T-cell lymphoma unsp. lymph nodes multisite	Verified as valid and accurate for 20 Verified as valid and accurate for 20	
N9 Cuta	n T-cell lymphoma, unsp, extmod and solid organ sites	Verified as valid and accurate for 20	20.
	r mature T/NK-cell lymphomas unspecified site nature T/NK-cell lymph, nodes of head, face, and neck	Verified as valid and accurate for 20 Verified as valid and accurate for 20	
2 Othe	r mature T/NK-cell lymphomas, intrathoracic lymph nodes	Verified as valid and accurate for 20	20.
	mature T/NK-cell I mphomas, intra-abdominal I mph nodes mature T/NK-cell I mph, nodes of axilla and upper limb	Verified as valid and accurate for 20 Verified as valid and accurate for 20	
5 Oth	nature T/NK-cell lymph, nodes of ing ran and lower limb	Verified as valid and accurate for 20	
	r mature T/NK-cell lymphomas, intrapelvic lymph nodes r mature T/NK-cell lymphomas spleen	Verified as valid and accurate for 20 Verified as valid and accurate for 20	
Z8 Oth	nature T/NK-cell lymphomas. lymph nodes mult site	Verified as valid and accurate for 20	20.
	nature T/NK-cell lymph, extmod and solid or an sites ecified B-cell lymphoma, unspecified site	Verified as valid and accurate for 20 Verified as valid and accurate for 20	20.
I1 Uns	B-cell lymphoma, lymph nodes of head, face, and neck	Verified as valid and accurate for 20	20. Contrate Numero
i12 Uns	ecified B-cell I mphoma intrathoracic I mph nodes	Verified as valid and accurate for 20	ZU. TO A
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Condition: Medicald/Federal	Cancer and Commonwealth and CHIP	
CD10 Codes	Description	Milliman Comments
153	Mali nant neoplasm of upper third of esopha jus	Verified as valid and accurate for 2020.
8513	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8514 8515	Unsp B-cell lymphoma, lymph nodes of axilla and upper limb Unsp B-cell lymphoma, nodes of ing region and lower limb	Verified as valid and accurate for 2020.
8516	Unsuecified B-cell I muhoma, intra elvic I muh nodes	Verified as valid and accurate for 2020.
8517	Unspecified B-cell lymphoma, spleen	Verified as valid and accurate for 2020.
8518	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
8519	Unsp B-cell lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8580 8581	Oth types of non-hode lymph nodes of head face, and neck	Verified as valid and accurate for 2020.
8582	Oth yes of non-Hod kin I mehoma intrathoracic lamb nodes	Verified as valid and accurate for 2020.
28583	Oth types of non-Hodekin I vm. homa intra-abd I much nodes	Verified as valid and accurate for 2020.
8584	Oth types of non-hod lymph, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
28585 28586	Oth types of non-hodg lymph nodes of ing run and lower limb  Oth types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8587	Other specified types of non-Hoddkin I mphoma spleen	Verified as valid and accurate for 2020.
C8588	Oth types of non-Hod kin I me home Tymeh nodes mult site	Verified as valid and accurate for 2020.
8589	Oth types of non-hod lymph extrnod and solid or an sites	Verified as valid and accurate for 2020.
28590 28591	Non-Hodekin I me home unspecified unspecified site  Non-Hodekin I me home unspecified unspecified site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8592	Non-Hod kin I mehama unspecified intrathoracic lymph nodes	Verified as valid and accurate for 2020.
8593	Non-Hod kin I muhoma unsp intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
8594	Non-Hodokin fymphoma, unsp. nodes of axilla and upper limb	Verified as valid and accurate for 2020.
28595	Non-hod I mohoma uns nodes of in region and lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
08596 08597	Non-Hodykin I muhoma unspecified intra elvic lymph nodes Non-Hodykin I muhoma, unspecified spleen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8598	Non-Hodgkin I wohoma, unsp. 1 mph nodes of multiple sites	Verified as valid and accurate for 2020.
C8599	Non-Hod kin I mahoma unsprextranodal and solid or an sites	Verified as valid and accurate for 2020.
0860	Extranodal NK/T-cell lymphoma, nasal type	Verified as valid and accurate for 2020.
C861 C862	Hepatosplenic T-cell lymphoma	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C863	Entero athy-type intestinal T-cell lymphoma Subcutaneous panniculitis-like T-cell lymphoma	Verified as valid and accurate for 2020.
2864	Blastic NK-cell lymphoma	Verified as valid and accurate for 2020.
C865	Angioimmunoblastic T-cell lymphoma	Verified as valid and accurate for 2020.
C866	Prima v cutaneous CD30-positive T-cell proliferations	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
09140 09141	Hairy cell leukemia not having achieved remission Hairy cell leukemia, in remission	Verified as valid and accurate for 2020.
29142	Hai v cell leukemia, in relause	Verified as valid and accurate for 2020.
C960	Multifocal and multisystemic Langerhans-cell histiocytosis	Verified as valid and accurate for 2020.
0962	Mali mant mast cell tumor	Verified as valid and accurate for 2020.
C964 C969	Sarcoma of dendritic cells (accessory cells)  Malia neo Im of lymphoid, hemat, oetc and rel tissue, unsp	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C96A	Histioc vic sarcoma	Verified as valid and accurate for 2020.
C96Z	Oth malig neopim of lymphoid, hemat poets and related tissue	Verified as valid and accurate for 2020.
C250	Mali mant neo lasm of head of pancreas	Verified as valid and accurate for 2020.
C251	Mali nant neo lasm of body of jancreas	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C252 C253	Mali mant neoclasm of tail of pancreas  Mali mant neoclasm of pancreatic duct	Verified as valid and accurate for 2020.
C254	Mali mant neoplasm of endocrine pancreas	Verified as valid and accurate for 2020.
C257	Mali mant neoplasm of other parts of pancreas	Verified as valid and accurate for 2020.
C258	Mali mant neoplasm of overlapping sites of pancreas	Verified as valid and accurate for 2020.
C259 C7800	Malignant neoplasm of pancreas, unspecified  Secondary malignant neoplasm of unspecified lung	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7801	Secondary malignant neo tasm of right lun	Verified as valid and accurate for 2020.
C7802	Secondary malignant neoplasm of left lung	Verified as valid and accurate for 2020.
C781	Secondary mali nant neo lasm of mediastinum	Verified as valid and accurate for 2020.
C782	Secondary malignant neo lasm of pleura	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7830 C7839	Secondary malignant neoplasm of unsurespiratory organ Secondary malignant neoplasm of other respiratory or lans	Verified as valid and accurate for 2020.
C784	Secondary malignant neoplasm of small intestine	Verified as valid and accurate for 2020.
C785	Secondary mali mant neo lasm of large intestine and rectum	Verified as valid and accurate for 2020.
C786	Secondary mali nant neo lasm of retro eriton and peritoneum	Verified as valid and accurate for 2020.
C787 C7880	Secondary maligneoplasm of liver and intrahenatic bile duct Secondary malignant neoplasm of unspecified digestive or an	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7889	Secondary mali mant neo lasm of other dillestive or lans	Verified as valid and accurate for 2020.
C7900	Secondary malignant neoplasm of unspikidney and renal pelvis	Verified as valid and accurate for 2020.
C7901	Secondary malignant neoplasm of rikidney and renal pelvis	Verified as valid and accurate for 2020.
C7902	Secondary malignant neoplasm of left kidney and renal jelvis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7910 C7911	Secondary matignant neoplasm of unspecified urinary organs Secondary matignant neoplasm of bladder	Verified as valid and accurate for 2020.
C7919	Secondary malignant neoplasm of other urinary or lens	Verified as valid and accurate for 2020.
C792	Secondary mali_nant neor lasm of skin	Verified as valid and accurate for 2020.
C7931	Secondary malignant neoplasm of brain	Verified as valid and accurate for 2020.
C7932 C7940	Secondary malignant neoplasm of cerebral meninges:  Secondary malignant neoplasm of unspipart of nervous system	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7949	Secondar mail nant neo lasm of oth parts of nervous system	Verified as valid and accurate for 2020.
C7951	Seconda mali nant neorlasm of bone	Verified as valid and accurate for 2020.
C7952	Secondary mali mant neo lasm of bone marrow	Verified as valid and accurate for 2020.
C7960	Secondary malignant neoplasm of unspecified ovary	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7961 C7962	Secondary malignant neoplasm of right ovary Secondary malignant neoplasm of left ovary	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7970	Secondary mail mant neo lasm of lett dvar Secondary mail mant neo lasm of uns ecified adrenal land	Verified as valid and accurate for 2020.
C7971	Secondary mali nant neo lasm of right adrenal gland	Verified as valid and accurate for 2020.
C7972	Secondary malignant neoplasm of left adrenal gland	Verified as valid and accurate for 2020.
C7981	Secondary mali mant neor lasm of breast	Verified as valid and accurate for 2020.
C7982 C7989	Secondary malignant neo clasm of genital organs Secondary malignant neo clasm of other specified sites	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7989	Secondary mail mant neoplasm of other streemed sites	Verified as valid and accurate for 2020.
C882	Heaw chain disease	Verified as valid and accurate for 2020.
	Immuno roliferative small intestinal disease	Verified as valid and accurate for 2020.



Número

Número

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Condition:	Cancer	
Medicaid/Federal a	nd Commonwealth and CHIP	- W
ICD10 Codes	Description	Milliman Comments
C153	Mali mant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C888	Other malignant immunoproliferative diseases	Verified as valid and accurate for 2020.
C889	Mali nant immuno roliferative disease, unspecified	Verified as valid and accurate for 2020.
C9000	Multiple myeloma not having achieved remission	Verified as valid and accurate for 2020.
C9001	Multiple myeloma in remission	Verified as valid and accurate for 2020.
C9002	Multiple my loma in relapse	Verified as valid and accurate for 2020.
C9010	Plasma cell leukemia not having achieved remission	Verified as valid and accurate for 2020.
C9011	Plasma cell leukemia in remission	Verified as valid and accurate for 2020.
C9012	Plasma cell leukemia in relaise	Verified as valid and accurate for 2020.
C9020	Extramedullary plasmacy oma not having achieved remission	Verified as valid and accurate for 2020.
C9021	Extramedullary plasmac foma in remission	Verified as valid and accurate for 2020.
C9022	Extramedullary plasmac floma in relatise	Verified as valid and accurate for 2020.
C9030	Solita alasma doma not having achieved remission	Verified as valid and accurate for 2020.
C9031	Solitary plasma cytoma in remission	Verified as valid and accurate for 2020.
C9032	Solitary plasmacytoma in relapse	Verified as valid and accurate for 2020.

Contrato Número
19-049

CONTRACION

CONTRA

**End Stage Renal Disease** 

Medicaid/Federal ar	nd Commonwealth	
ICD10 Codes	Description	Milliman Comments
N183	Chronic kidney disease, stage 3 (moderate)	Verified as valid and accurate for 2020.
N184	Chronic kidney disease, stage 4 (severe)	Verified as valid and accurate for 2020.
N185	Chronic kidney disease, stage 5	Verified as valid and accurate for 2020.
N186	End stage renal disease	Verified as valid and accurate for 2020.
N189	Chronic kidney disease, unspecified	Verified as valid and accurate for 2020.







**Multiple Sclerosis** 

Medicaid/Federal and Commo	onwealth	
ICD10 Codes	Description	Milliman Comments
G35	Multiple Sclerosis	Verified as valid and accurate for 2020.

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Condition:	Autism	
Population	CHIP	
ICD10 Codes	Description	Milliman Comments
F84.0	Autistic disorder	Verified as valid and accurate for 2020.
F842	Retts syndrome	Verified as valid and accurate for 2020.
F843	Other childhood disintegrative disorder	Verified as valid and accurate for 2020.
F845	Asperger's syndrome	Verified as valid and accurate for 2020.
F848	Other pervasive developmental disorders	Verified as valid and accurate for 2020.
F849	Pervasive developmental disorder unspecified	Verified as valid and accurate for 2020.







Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.

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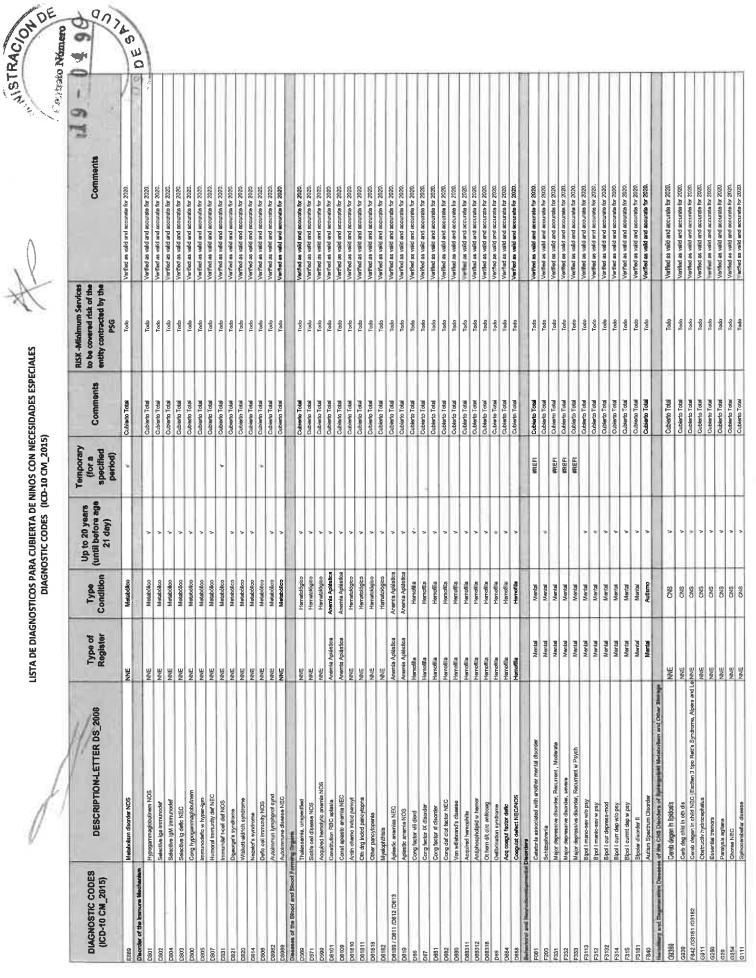


a: Se utilizaron los códigos	Nota: Se utilizaron los códigos padre en las condiciones que necesitan de las especificidades de la condición por ejemplo, leg and right, Uper right, congenital, other specified, unspecified, unspecified La codificación en ICD10CAh no	dades de la condición p	or ejemplo, leg	and righ, Uper right, cong	genital, other spec	ffied, unspecified La	codificación • n ICD10CM no	10000 OF
rend el número de emen	aumenta el número de enfermedades, determina la especificidad misma de la enfermedad	edad						
DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK -Minimum Services to be covered risk of the entity contracted by the PSG	Сопипенты
E220	Acromegaly and giganitem	NAG	Metabólico	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Pituitery owerfism	NNE	Metabólico			Cubierto Total	Todes	Verified as valid and accurate for 2020.
		IN A	1	,		o Fritance	Toda	This code now has a 4th digit: E250 - Oxperited adversoritied disorders associated with enzyme deficiency E250 - Other potworperited disorder, unspecified
	Adrenopertial disorders	NNE	Melabolco			Consens rote	100	And and an artist of the state
	Ownersec	NNE	Metabolico	2		Cimento ione	and a	Verlied as varia and accounts to 2020.
Other Manney and Insurance Plans	Ohonifedeeude Ditt	EN A	Majobolico	,		Orhiteth Total	Todo	Vertical as valid and are unath for 2020
2000	Access and a state NEC	NAF	Melabólico	. ,		Cubierto Total	opu,	Vertical as valid and anounts for 2020.
070.5	Culab ander add mas die	NNE	Metabóllos	. ,		Cublerto Total	Todo	Verified as valid and appropriate for 2020.
F2041	Ok hktidine metabolikm	NN	Metabólico			Cubierto Total	Todo	Verified as valid and accurate for 2020.
67230	Dis urea cycle metabol	NNE	Metabólico	A		Cublento Total	Todo	Verffed as valid and accurate for 2020.
671120	Straig amin-acid met NEC	NNE	Metabólico	À		Cubierto Total	Todo	Vertfied as valid and accurate for 2020.
	Or senting and property MIT?	u Z	Management	29		Cublerto Total	Todo	This code now has a 5th digit: ET281 - Olsorders of gamma eminobutyric acid metabolism ET288 - Other specified disorders of amino-acid metabolism
	Ob aminoracid metab NOS	UNIV.	Metabolico		>	Cublerto Total	900	Verified as valid and accurate for 2020.
	Galactoearnia	NNE	Metabólico	*		Cublerto Total	Todo	Verified as valid and accurate for 2020.
E730	Disaccharidase defimalab	NNE	Metabólico	7		Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Renal giyoceurla	NNE	Metabólico	,		Cubierto Total	Todo	Umritan as valid and accurate for 2020.
	Dis carbohydr metab NOS	NN III	Metabólico		,	Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Lipoprotein deficiencies	NNE	Metabólico	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Disections of Pleanine Protein Metabolism	W N	Metabólico	>		Cublerto Total	opot	The code now has a 8th digit: EBROT - Alpha-1 antitypain deficiency EBROZ - Plaumogen deficiency EBROZ - Other disorders of plasma-probain metabolism, not elsewhere classified
E8300	Dis concer metabolism	NNE	Metabolico	2		Cublerto Total	Todo	verifies as valid and accurate for 2020.
E8340	Dis magnesium metabolism	NNE	Metabólico	,		Cublerto Total	Todo	Verified as valid and accurate for 2020.
E8330	Dis phosphorus metabol	N.E	Metabólico	>		Cublerto Total	Todo.	Verified as valid and accurate for 2020,
E8350	Dis calcium metablem NOS	N.	Metabólico		,	Cublerto Total	Todo	Varified as valid and accurate for 2020.
E8359	Dis celcum metablem NEC	NNE	Metabólico	>		Cublerto Total	Todo	Verified as velid and accurate for 2020.
E8381	Hunary bare s manuar	NNE	Metabólico	,		cublerte fotal	Todo	Verified as valid and accurate for 2020.
E8389	Oth mineral metabol	NNE	Metabólico	>		cublerta lotal	Todo	Verified as valid and accurate for 2020.
	Dis mineral metabol NOS	NNE	Metabólico		,	Cublerto Total	Todo	Verified as valid and accurate for 2020.
,	Acidosis láctica	NNE	Metabólico			Cubierto Total	Todo	Verified as valid and accurate for 2020,
	Overtic fibros w/o ileus	Fibrosis Cistica	Metabólico			Cubierto Total	Todo	Verified as valid and accurate for 2020.
E8411	Costo floresta w lieus	Fbrosis Cistica	Metabólico			Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Ovetic fibros w out man	Fibrosis Cistica	Metabófico	*		Cubierto Total	Tode	Varified as valid and accurate for 2020.
	Coate floorie w Gi man	Fibrosia Cistica	Metabólico	,		Cubierto Total	Todo	Vortilled as valid and accurate for 2020.
E848	Ovetic fibrosis NEC	Fibrosis Cística	Metabólico	>		Cubierto Total	Todo	Vertified its valid and accurate for 2020.
E7601	Mucopolysaccharidosis	NNE	Metabólico	,,		Cubierto Total	Todo	Verified as valid and accurate for 2020.
D84840	Other deficiencies circulating enzymes	H.S.	Metabólico	,		Cubierto Total	Todo	Vertiled as valid and accurate for 2020.
2000	Options of the state of the sta	HNN	Metabolico	,		Cubierto Total	Todo	as valid and accurate for 2020.
E7142	Cmitne def d\t rb met	NNE	Metabolico			Cubierto Total	Todo	*** as valid and accurate for 2020.
E7143	latrocenic camiline def	NE	Metabólico	*		Cubierto Total	Todo	Vertex as valid and accurate for 2029.
27	Care annual to a defeate his	NAIG	Modrabolino	,		Cubierto Total	Todo	Varified as valid and accurate for 2020.
04170	Sec curiling cemos reco	TANK.	MONEY			and or other	200	
		Little	1			Cubineto Total	1	Verification on the second and the second se



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DIAGNOSTIC CODES (ICD-10 CM 2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age	Temporary (for a specified	Comments	RISK - Minimum Services to be covered risk of the entity contracted by the	Commenta	0
				Z1 day)	(polued)		PSG	6	
6360	Nauromyeallis optical	NNE	CNS	>		Cublerto Total	todo	5	
G370	Schilder's disease	NNE	CNS	^		Cubiento Total	Todo	/	000
38100	Ficed hmipiga unspf side	NNE	SNS	>		Cubierto Total	Todo	Vermed as valid and accurate for ZUZO,	
G8110	Spett mmlplga unspriside	NNE	Ses			Cubierto Total	Todo	VOITING AS VAIN AND MODEL AND IN 2020.  Validade on valid and accounts for 2020.	T
08190	Unsp hemiologa unspri skite	NNE.	8 8	,		Orbitate Total	Today	Mariflad on wallel and accountable for 2000	Ī
G801	Congenital diplega	NNE	SNS S	> 3		Cubledo Total	Todo	Verified as valid and accurate for 2020.	
G802	Congestial hemiplogia	NNE	8			Cubinda Total	2001	VOLUME AND THE PARTY OF THE PAR	Ī
GBDO	Congenital quadriplegia	NNE	CNS	^		Cuberto Loss	Todo	Vermed as valid and accumulation of ZOZO.	Ī
G8190	Infantile hemiplegia	NNE	CNS			Cubierto Total	Todo	Vermed as valid and accurate for 2020.	T
G809	Cerebral palsy NOS	NNE	CNS	>		Cubierto lotal	Todo	and the serial serial second serial s	Ī
G8250	Quadriplegia, unspecifd	NNE	CNS	7		Cubierto total	Todo	Vermed as valid and accurate for 2020.	
G8251	Quadrolg c1-c4, complete-	ZNE	CNS	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
G8252	Quadraig e1-e4, incompit	NNE	CNS	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
G8253	Quadreq o5-c7, companie	NNE	CNS	٨		Cubierto Total	Todo	Vertised as valid and accurate for 2020.	
G8254	Quadrig c5-c7, xxx	NNE	CNS			Cubierto Total	Todo	Vertiled as velid and accumits for 2020,	
G8250	Other quadriplegla	NNE	CNS	^		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
G834	Cauda equina syndrome	NNE	CNS	٨		Cublerto Total	Toda	Verified as valid and accurate for 2020.	
G930	Cerebral cyats	NNE	CNS			Cublerto Fotal	Todo	Verfilled as valid and accurate for 2020.	
C-8240	Encachalcoathy NOS	NNE	CNS	,		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
680	Dafe m'e de meen	NNF	SNS	2		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
000	Control of the department of the control of the con	MAIL	CAIC	. ,		Cubierto Total	Todo	Verified as valid and accurate for 2020.	Ī
2000	American dead food one		SAIS ONE			Cutherto Total	Toda	and and accurate for 2020	Ī
3808	Idea periph neurphy NEC	NAME OF THE PARTY	SNO			100000000	CPO!	COUNTY OF THE PARTY OF THE PART	Ī
8080	Idlo perigh neurothy NOS	NNE	CNS	>		Cubierto rotas	gpoj	Viernibo as velid sand accurate for 2020.	
G810	Ac Infect polymeuritis (Guillian-Barre)	NNE	CNS	^		Cubierto Total	Todo	Verfilled as valid and accurate for 2020,	
9712	Cong hered musc dystrphy	NNE	CNS	^		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
6710	Hered prog musc dystrphy	NNE	CNS	7		Cubiento Total	Todo	Vertfied as valid and accurate for 2020.	
G7111	Myotonie museln dystrphy	NNE.	CNS	٨		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
Discrete of Eye tool Advens.					The second				
							Visitas a Oftalmólogo y servicios		
H540	Both eyes blind-who def	NNE	Ceguera	7		Cubierto pareial	retactionados al problema visual	Verthed as valid and accurate for 2020.	T
H542	Modernia/severe imparement both eyes	NN	Ceguera	7		Cubierto partial	relacionados al problema visual	Verified as valid and accurate for 2020.	
				*		C. dictandos accessival	Visites a Offalmologo y servicios	CCOC and control of the control of t	
H548	Legal biridhess-usa def	NNE	Ceguera			Concrete to Man onthe	reparentages at problems yourse	VOILIGE AND VALLE AND AND VALLE AND	
H5000	Esotroda NOS	NN NN	Oftaimológico		7	Cubierto parofal	Procedimiento quinúrgico y servidos oftaimológicos refacionados	Verified as vaild and accurate for 2020.	
H5010	Exotropia NOS	NNE	Oftalmológico		7	Cubierto parcial	Procedimiento quirurgico y servicios oftalmológicos refacionados	Verified as vaild and ecountile for 2020.	
						1	Procedimiento quirúrgico y servicios	Very the second of second seco	
H5080	Mechanical strabism NDS	NNE	Спастоюдісо		>	capacity parce	ORAIIIIONSKOS IEISTKOIIISOOS	youride so varie and account and Luke.	
H50811 Right eve H50812 Left eve	Other specified strabism (Duane's) ( Apitoar solo et obdigo de lado del polo del polo)	<u> </u>	Official colonies		7.	Cublerto percial	Procedimiento quininglos y servictos offalmológicos relacionados	Verified as valid and accurate for 2020.	
Discussion of the Managed at Sec.	non and Garantine Theat						The second second		
			) in the second			Control Description	Procedimiento quiningico y sarvichos	COMP and advantages been below as backback.	
AY 10 YA	Equatus determity of root, acquired	J <sub>N</sub> N	NGM				Procedimienta quirúngico y servicios	CANADA DA AND DESCRIPTION OF THE PARTY OF TH	Ī
M4000	Addes postural hyphosis	NNE	MSK		7	Cubierta Parcial	relacionados	Verified as valid and accurate for 2020.	
MB65	Idiopathic scotlosis, progressive	NNE	MSK		7	Cublerta Parcial	Procedimiento quirurgico y servicios relacionados	Verified as valid and accurate for 2020.	
Companied Avenuables									
G002	Internophaty	NNE	CNS	7		Cubierta Total	Todo	Verified as valid and accurate for 2020.	
100	Spin bif w hydroceph NOS	NNE	CNS	*		Cubierta Total	Todo	Vertified as valid and accurate for 2020.	7
0050	Spin bif w hydroaph-cerv	NNE	CNS	7		Cubients Total	Todo	Verified as valid and accurate for 2020.	
0081	Spin bif w hydrosph-dors	NNE	CNS	7		Cublerta Total	Todo	Verified as valid and accurate for 2020.	15
500	Soin bif with resolutions	NNE	CNS	7		Cubierta Total	Todo	Verified as vriid and accurate for 2020.	
100	994-03-6	MINE	ONC	7		Cublerts Total	Todo	Vertiled as valid and accurate for 2020.	
COD	RDMG RUGO	NACE AND ADDRESS OF THE PARTY O	SNS	. ,		Cublerta Total	Todo	Verified as valid and accurate for 2020.	
Care	Andrew Andrews	NA STATE	SNS	, ,		Cublerta Total	Todo	Verfiled as valid and eccurade for 2020.	
2002	System by Mary Law Law	NNE	SAS	7		Cubierta Total	Todo	Verified as valid and accurate for 2020.	
000	Microardiabas	NNE	SKS	7		Cublerts Total	Todo	Verified as valid and accurate for 2020.	
C062	Disstandomyelfa	NNE	CNS	7		Cubierta Total	Toda	Verified as valid and accurate for 2020.	
0004	Hystocrayalia	NNE	CNS	خ		Cubierta Total	Todo	Verified as valid end accurate for 2020.	
2000	- Advanta								



DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK-Minimum Services to be covered risk of the entity contracted by the PSG	Comments	ombjere i
0111	Clinic anophthairtoe NOS	3404	Offermológico	ż		Cubierta Percial	Procedimientos quirúrgicos y visitas al oftalmólogo	Vertiled as valid and accurate for 2020.	***
0110	Congan cystic eveball	24	Offalmológico	77		Cubierta Parcial	Procedimientos quintingcos y visitas af oftalmólogo	Verified as valid and accurate for 2020.	A
9112	Cryptophtaimos	044	Oftalmológico		7	Cubierta Parcial	Procedimientos quintingicos y visitas al oftaimólogo	Verified as valid and acquate for 2020,	60
Q112	Microphithalmics NOS	Ţ	Oftalmológico	7		Cubierta Parolas	Procedimientos quiningicos y visitas al ofratmologo	Verified as valid and accurate for 2020.	
0112	Managed and a state of secondary of secondary	7	Oftaimológico		7	Cublerta Parcial	Procedimientos quintrgicos y visitas al oftalmálogo	Verified as valid and accurate for 2020.	
0150		196	Oflamológico		7-	Cubierte Parcial	Procedimientos quintrafcos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
0750	Buphthaime w other aromalies	306	Oftermològico		7	Cublerta Parotal	Procedimientos quintrgioos y visitas al oftalmálogo	Verified as valid and accurate for 2020.	
0120	Concentral cateract NOS	, and	Oftalmotógico		7-	Cublerta Parcial	Procedimientos quirúngicos y visitas al oftalmólogo	Verified as velid and accurate for 2020,	
0123	Congenital aphakis	yed	Oftaimológico		7	Cublerta Parcial	Procedimientos quindrígicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
0121	Corganital ectopic lens	gres	Oftaimológico		7	Cubierta Parolei	Procedimientos quintingicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
0128	Cong catantens anom NEC	- THE	Oftalmológico		⇒	Cubierta Parcial	Procedimientos quintrgloos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
0134	Anom comed size/shape	HARE	Oftaimológico		7	Cublerta Parcial	Procedimientos quirúngicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
0193	Construction on the des	1	Oftalmoióolog		7	Cublerta Parolal	Procedimientos quintrgicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
0 233	OBN #1000 Manual control	ē	Offsmolódica		->-	Cublerta Parcial	Procedimientos quintigicos y visitas ai oftalmálogo	Verified as valid and accurate for 2020,	
	Configuration opening remain				7	Cuchierta Parrilai	Procedimientos quintingicos y visitas al	Verified as valid and accurate for 2020.	
Q131	Articia	340	Ortaimologica		-	Section 1 and 1	Procedimientos quintrajcos y visitas al	Varification and and another by 2000	
0132	Anom in a di body NEC		Ortamologico				Procedimientos quintrgicos y visitas al	CONSTRUCTION OF THE PROPERTY O	
0135	Anomalies of sclora	3666	Offaimológico		>	Cubierta Parcial	oftalmdogn Procedimientos quintrgicos y visitas al	Verified as valid and accurate for 2020.	
Q1389	Multi anom anter seg-eye	3504	Offalmológico		>	Cubierta Parcial	oftalmólogo  Procedimientos cultivalos y vieltas al	Vertfied as valid and accumite for 2020.	
74351+A238:A247	Vitrocus anomalies	300	Offalmológico		>	Cublerta Percial	oftalmólogo	Verified as valid and accurate for 2020.	
Q140	Cong chorioretinal degen	366	Oftalmológico		*7	Cubierta Percial	Procedimientos quintiglos y vertas al oftalmólogo	Verified as valid and encurate for 2020.	
O141	Cong redhal changes NEC	HHE	Oftalmológico		7	Cublerta Parcial	Procedimientos quintrigicos y visitas al oftalmólogo	Vertised as valid and accurate for 2020,	
0142	Optic disc anomales	WE.	Oftalmológico		7	Cubierta Parcial	Procedimientos quiningicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
0100	Congenital ptoels	WE	Oftalmológico		7	Cubierta Parcial	Procedimientos quintrgicos y visitas al officialmólogo	Verified as vaild and accurate for 2020.	
0103	Some anom of evel NEC	*	Oftalmológico		7	Cublerta Parcial	Procedimientos quintingicos y visitas al oftalmólogo	Verified as valid and accurate for 2020,	
0108	See scrima dayd ayom	30	Oftalmológico		7	Cubierta Parcial	Procedimientos quiningicos y visitas al oftalmúlogo	Verified as valid and accurate for 2020.	
20102	Soon anomals of orbit	200	Ofteimolónico		7	Cubierta Parciel	Procedimientos quirúrgicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
6 6	Con encounty of control	-	Offarmológico		7	Cubierte Parcial	Procedimientos quinúngicos y visitas al ofralmólogo	Verified as valid and accurate for 2020.	
9	De anomaio NOS	2	Oftalmológico		7	Cublerta Parcial	Procedimientos quintrgicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
986	Ear anom NOS/mosi been	NAME	K		7	Cubierte Percial	Procedimientos quirúrgicos y visitas al ENT	Verified as valid and accurate for 2020.	
03/80	Corn absence ext eer	3	ENT		7	Cublerta Parolal	Procedimlentos quirúrgicos y visitas al ENT	Verified as valid and accurate for 2020.	
Q161	Ex ear arm NEC-impr hear	22	ENT		7	Cublerte Perotal	Procedimientos quirúrgicos y visitas al ENT	we was valid and accurate for 2020.	
0164	Middle ear anomaly NEC	MAG	ENT		7	Cublerta Parctel	Procedimientos quintrafos y visitas al ENT	Verified as valid and accurate for 2020.	
Q163	Anomalies ear ossicles	- Police	ENT		7	Cubierte Perotal	Procedimientos quiningicos y visitas al ENT	Verified as valid and accurate for 2020.	
Q165	Anomables of Inner ear	HAVE	ENT		7	Cubierta Parcial	Procedimientos quinirgicos y visitas al ENT	Verified as valid and accurate for 2020.	
0169	Ear wom NEC/Impair hear	384	ENT		7	Cubierta Parolni	Procedimientos quirúrgicos y visitas al ENT	Vertilled as valid and accurate for 2020.	
0170	Accessory auricle	346	TAS		ح	Cublerta Percial	Procedimientos quirángicos y visítas al ENT	Verified as valid and accurate for 2020.	
0178	Cong absence of ear tobe	NAE	ENT .		7	Cubierta Parcial	Procedimientos quírúrgicos y visitas al , ENT	Verified as valid and accurate for 2020.	
1,10	Macrotis	(A)E	TNO TNO		**	Cubierta Parcial	Procedindentos quinúrgicos y visitas al ENT	Vertified as valid and accurate for 2020.	
0172	Microtta	MME	ENT		7	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT	Verified as valid and accurate for 2020.	

		LISTA DE DIAGN	OSTICOS PA DIAGN	LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NINOS CON NECESIDADES ESPECIALES DIAGNOSTIC CODES (ICD-10 CM_2015)	INOS CON NE	CESIDADES ESPE	CIALES		Convesto Numero
DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK -Minimum Services to be covered risk of the entity contracted by the PSG	Comments	0 4 0 - 6 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0.162	Eustachlan tube anom NEC	NNE	ENT		7	Cublerta Percial		Verified as valid and accurate for 2020.	O DE
0179	Ear anomaly NOS	NNE	FNE		7-	Oublerta Parcial		Verified as valid and accurate for 2020.	3
0162	Cervicial surficie	NNE	ENT		7	Cubierta Parolal		Verified as valid and accurate for 2020.	
Q181	Presunicular cyst	NNE	ENT		7	Cublerte Percial	Procedimlentos quíntigicos y visitas el ENT	Verified as valid and accurate for 2020.	
Q182	Branchial cleft enom NEC	NNE	SURG		>	Cublerte Percial	Procedimientos quintirgicos y visitas a especialistas (Oral/Max)	Verified as valid and accurate for 2020.	
	Webbing of neck	NNE	SURG	7		Cublerta Parolal	Procedimientos quinúrgicos y visitas a es peclaístas (Onal/Max)	Verified as valid and accurate for 2020,	
93189	Marrocheila	NNE	SURG		7	Cubierta Parolal	Procedimientos quinirgicos y visitas a especialistas (Oral/Max)	Verified as velid and accurate for 2020.	
Q187	Microchelia	NVE	SURG		7	Cubierta Parcial	Procedimientos quinirigicos y visitas a especialistas (Onal/Max)	Verified as valid and accurate for 2020.	
0164	Macrostumia	NNE	SURG		>	Oublerta Parcíal	Procedimitentos quirúrgicos y visitas a especialistas (Oral/Max)	Verified as valid and accurate for 2020.	
2910	Microstomia	NNE	SURG		7	Cubierts Parolal	Procedimientos quinúrgicos y visitas a especialistas (Oral/Max)	Verified as vakid and accurate for 2020.	
88	Cond faselneck aroom NOS	NVE	sura		7	Cubierts Parcial		Verified as valid and accurate for 2020.	
0203	Complitanapos great ves	MAG	Congénito		7	Cubierta Percial		Verified as valid and accurate for 2020.	
G201	Double outlet it ventre	NNE	Congénito		7	Cublerts Parcial	Procedimientos quirurgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0205	Correct transpos grt ves	NNE	Congénito	77	7	Cubierta Parcial		Verified as valid and sceurate for 2020.	
Q213	Tetralogy of fallot	NNE E	Congenito		7	Cubierta Parcial		Verified as vaild and sccurate for 2020.	
0204	Common ventricle	NNE	Congénito		7	Cubierta Parolal	Procedimientos quirungicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
Q210	Ventricular sept defect	NNE	Congénito		7	Cublerta Parcial		Verfied as vaild and accurate for 2020.	
0211	Secundum attial sept def	NNE	Congénito		7	Cubierta Percial	Procedimientos quinzigicos y Visitas a especialistas (Cardio)	Vertied as vaid and accurate for 2020.	
0212	Endocard custion def NOS	NNE	Congérito		7	Cubierta Parcial		Vertiled as valid and accurate for 2020.	
Q212	Ositum primum defect	NNE	Congénito		7	Cubierta Pandial	Procedimientos quifungicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0212	Endocard outshion def NEC	NNE	Congánito		7	Cubierta Parcial	-	Verified as valid and accurate for 2020.	
0208	Cor biloculare	NNE	Congérito		7	Cublerta Parolal		Vertified as valid and accurate for 2020.	
9208	Septial absure arrorn NEC	NNE	Congénito		7	Cublerte Percial		Vertiled as valid and accurate for 2020.	
Q219	Septal closure anom NOS	NNE	Congérito		7	Cublerta Parcial	especialistas (Cardio)	Verified as valid and accurate for 2020.	
0223	Pulmonary valve anon NOS	NNE	Congénito		7	Cublerta Parolal		Verified as valid and accurate for 2020.	
0220	Cong pulman valv stresia	NNE	Congénito		7	Cublerta Parcial		Vertiled as valid and accurate for 2020.	
Q221	Cong pulman valve stenos	NNE	Congénito		7	Cublerta Parcial		Verified as valid and accurate for 2020.	
0222	Pulmonary valve anom NEC	NNE	Congénito		7	Cubierta Percial		Verified as valid and accurate for 2020.	
9225	Ebstein's anomaly	NNE	Congénito		7	Cubierta Parcial		Verified as vaild and accurate for 2020.	
0230	Cong sorts valv stenoels	NNE	Congénito		7	Cublerta Parcial		Verified as valid and accurate for 2020.	
Q231	Cong sorta valv insuffic	NNE	Congénito		7	Cublerta Paroles		Verified as valid and accurate for 2020.	
0232	Congen mitral stenoris	NNE	Congénito		7	Oublerta Parcial		Verified as valid and accurate for 2020.	
0233	Cong mitral insufficienc	NNE	Congénito		7	Cublerta Parolal		Verified as valid and accurate for 2020.	
9234	Hypopies left hoert synd	NNE	Congénito		7	Cubierta Parcial	Procedimientos quintigicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0244	Cong subaortio stanosia	NNE	Congénito		7	Cubierta Percial		Verified as volid and accurate for 2020.	
Q242	Cor matriatum	NNE	Congénito		7	Cublerta Panolal	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	



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DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified perfod)	Comments	RISK-Minimum Services to be covered risk of the entity contracted by the PSG	Comments
Q243	Infundib pulmon stenosis	NNE	Congénito		ŗ	Cubierta Parcial		Verified as valid and accurate for 2020.
G248	Obstruct heart arom NEC	NNE	Congénito		7	Cubierta Parcial	_	Verified as valid and accurate for 2020.
0245	Various yastes	NNE	Congénito		7	Cubierta Parcial	Procedimientos quiningicos y visitas a especialistas (Cardio)	miled as valid and accurate for 2020.
0248	Congeritial heart block	NNE	Congénito		7	Cubierta Parcial	Procedimientos quiningicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
024	Malenetton of heart	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020,
0520	Patent ductus arteriosus	NNE	Congénito		7	Cublerta Parolal		Verified as valid and accurate for 2020.
Q251	Coarctation of acrts	NNE	Congénito		77	Cubierta Parcial		Verified as valid and accurate for 2020.
0252	Interrupt of sortic arch	NNE	Congénito		7	Cublerta Parcial	Procedimientos quirárgicos y visitas a especialistas (Cardio)	Varified as valid and accurate for 2020.
0254	Cong anom of sorts NOS	NNE	Congenito		7	Cubjerts Parcial		Verified as valid and accurate for 2020.
0254	Anomalies of sortic arch	NNE	Congénito			Cubierta Parciai		Verified as valid and accurate for 2020,
Q2572	Pulmonary AV matformath	NNE	Congénito		77	Cubierta Parcial		Verified as valid and accurate for 2020.
0269	Great vein enormaly NOS	NNE	Congenito		7	Cubierta Parolaí		Verified as valid and socurate for 2020,
Q282	Tot anom pulm van connec	NNE	Congénito		7	Cubierta Percial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
0270	Umbilical artery absence	NNE	Congénito		7	Cubierta Parcial		Verified as valid and eccurate for 2020.
6220	Unab profeet vasc anomal	N. N.	Canaénita		7	Cubierta Parcial		Verified as valid and accurate for 2020.
Q271	Renal vessel anomaly	NNE	Congénito		7	Cubjerta Parcial		Varified as velid and accurate for 2020.
02731	Upper limb vessel anomaly	NNE	Congénito		7-	Cubierta Parcial		Verified as valid and accurate for 2020.
02732	Lowe limb vessel anomaly	NNE	Congénito		7	Cubierta Parolal		Verified as valid and accurate for 2020.
0279	Spiral vessel anomaly	CARDIO	Congénito		7	Cubjerta Parcial		Verthed as valid and accurate for 2020.
P283	Persistent fetal circ	CARDIO	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020,
0300	Choensi stresia	NNE	Congénito		7	Cubierta Parolai		Verified as velid end accurate for 2020,
0310	Larynged web	NNE	Congénito		7	Cublerta Parcial		Verified as valid and accurate for 2020.
0330	Congenitie cystic lung	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.
Q33	Agenesis of lung	NNE	Congénito	7		Cublerta Parcial		Verified as vaild and accumin for 2020.
0339	Lung anomaly NOS	NNE	Congénito		7	Cublerta Parcial		Verified as valid and accumile for 2020.
0334	Congen bronchiectasis	NNE	Congénito	7		Cubierta Parcial		Verified as valid and accurate for 2020.
9359	Unitat cleft palate-comp	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.
G389	Cleft lip NOS	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.
0389	United cleft Ep-Incompl	NNE	Congenito		7	Cubierta Parcial		Verified as valid and accurate for 2020.
0379	Cleft petate & tip NOS	NNE	Congénito		7>	Cubierta Parolal		Verified as valid and accurate for 2020.
Q381	Tongue 8e	NN	Congenito		7>	Cubierta Percial		Verified as valid and accurate for 2020.
0383	Tongue enomely NOS	NNE	Congénito		7	Cubierta Parcial	Procedimientos quininglos y visitas a especialistas	as velid and accurate for 2020.
Q382	Cong mecroplossia	NNE	Congénito		*	Cubierts Parcial	Procedimientos quintigicos y visitas a especialistas	e ed as valid and accurate for 2020.
G386	Mauth with NEC	NNE	Congénito		7	Oublerts Percial		Verified as valid and accurate for 2020,
Q387	Diverticulum of phenynx	NNE	Congenito		7	Cublerta Percial		Verified as valid and accurate for 2020.
0388	Pharyngod anomaly NEC	NNE	Congénito		7	Cubierte Percial	Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020.
0401	Congenital histus hemita	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.
Q408	Upper GI anomaly NEC	NNE	Congénito		7	Cublerta Parciel		Verified as valid and accurate for 2020.
			Consideribi		7	Cublerte Percial	Procedimientos quinúngicos y visitas a especialistas	Novilland are smalled and accounted for 5000

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HERTA DE NINOS CON NECESIDADES ESP	CODES (ICD-10 CM_2015)

DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK -Minimum Services to be covered risk of the entity contracted by the PSG	Comments	6 - 6 1
Q433	Anometee if internal floatio	NNE	Congénito		7	Cublerta Parcial		Verified as valid and accurate for 2020.	0
Q448	Cong cysto Byer dis	NN	Congénito	7		Cubierta Parcial		Verified as valid and accurate for 2020,	Pool
Q458	Anom digestive syst NOS	NNE	Congenito		7	Cublerta Parolai		Vertilled as valid and accurate for 2020.	vi.
0508	Tubathroad lig arrom NOS	NNE	Congénito		7	Cubierta Parcial	_	Verified as valid and accurate for 2020.	
Second Control of the	Tubalorad la axon NEC	ÄNN	Consénito		7	Cublerta Parolal	Procedimlentos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0510	Ademais of therus	ii.	Congénito		7	Cubierte Parcial		Verified as valid and accurate for 2020,	
200	The receipt of a dear to	U U	Connénito		>	Cublerta Parcial	Procedimientos quirángicos y visitas a especialistas	Verified as valid and accurate for 2020.	
Q51611	i jyropraesa o'i uosi ue I follomen arka idean e		Concento		. 7	Cublerta Parcial	s y visitas a	Verified as valid and accurate for 2020,	
*	כווככו וייפוס מופוס פים				-	de chailte	s y visitas a	Varified to solid end consents for 2000	
0513	Biographics Literals	NAME OF THE PERSON OF THE PERS	Congentia		7	Cuthierte Pancial	s y visitas a	Verified as valid and accurate for 2020.	
2150	Oginate unital		Consideration			Signature of the state of the s	s y visitas a	Varified as valid and ancurate for 2020.	
00000	Avenue consider avelena avelenativelin	U	SHIP			Oublerte Percial		Verified as valid and scourate for 2020.	
876	A total or and the special of the special or and th					1		COOK and a form many from a faller was the Standard	
0544	Congenital chordee	NNE .	Congenito		,	Orkierto Derrito	s y visitas a	Verified to trailed and eventuals for 2020	4
70007	Midropenis	STATE OF THE PERSON OF THE PER	milation				s y visitas a		
05623	Scrotal transposition	NNE	Congénito		>	Cubierta Parcisi	especialistas Procedimientos quintingicos y visitas a	Verified as valid and accurate for 2020.	1
Q813	Polycyatic kidney NOS	NNE	Congénito		7	Cubierta Parciai		Verified as valid and accurate for 2020.	1
Q#12	Polyeyst kid-autosom dom	NNE	Congénito		7	Oublerts Parcial		Verified as valid and accurate for 2020.	
Q814	Ronal dysplasia	NNE	Congénito		7	Cubierta Parciai		Verified as valid and accurate for 2020.	1
Q815	Meduliary cystic kidney	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020,	11
Q415	Medulary sponge kidney	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020,	
08102	Overlic kidney disease NEO	NNE.	Concénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.	
0700	Obet Dutes to read addition treates	u u	Balls			Cubierte Parcial	s y visitas a	Verified as valid and accurate for 2020,	
9	COLUMN TOTAL					Cultimete Descript	s y visitas a	Varified on valid and are under the 2000	
Q8238	Obs drot ran pwdurt NOS	NN	Congenito		,	Consecte Fercial		Vernicul as vaid ond accumine for 2020.	
06239	Congen dost urtrophy (no	NNH	Congénito		>	Cublerta Parcial		Verified as valid and accurate for 2020.	
Q844	Anomalies of unachus	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.	
Qeso	Congenital tortlocitis	NNE	Congénito		>	Cubierte Parolei		Vertified as valid and accurate for 2020.	
Q851	Congen hip distor, bilat	NNE	Congénito		7	Cubierte Parcial	rientos quintigicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0854	Cong hip sublux, bilet	NNE	Congénito		7	Oublerts Percial		Verified as valid and accurate for 2020.	
QB8Z	Cong knee dislocation	NNE	Congénito		7	Cublerta Percial	Procedimientos quimigicos y vísitas a especialistas	Verified as valid and accurate for 2020.	
0883	Contain bowing of femur	NN	Congénito		ح	Cublerta Parcial		Verified as valid and accurate for 2020.	
0884	Cons bowing tibla/fibuta	NNE	Congénito		77	Cublerts Parcisi		Verified as valid and accumbs for 2020,	
0,000	Cone bowing len NOS	III Z	Concénito		>	Cublerta Parcial	Procedimientos quirúrgicos y vísitas a especialistas	Verified as valid and accurate for 2020,	
0980	M. A. Perforence regime course	LL Z	Connémito		7	Oubjects Parcial	e settiga à s	Verified as valid and accurate for 2020.	
9880	Mediation size viewing	N N	Consénito		->	Cubierta Parcial	s y visitas a	Verified as valid and accurate for 2020.	
P890	gilnee udinis	ENV.	Connaintin		~	Cubierte Parciai		Verified as valid and accurate for 2020.	
	AND THE PROPERTY OF	L d			-	Glypping Darring		Varified as valid and accurate for 2020	
C004	so Persona and military		minesterno.			Outhern Burnella	Procedimientos quintingicos y visitas a	Varified as valid and somewate for 2020	
Case	Cong vagus toot det NEC	DES.	Congenius		>				
Cear						Contract Burnella		Agent and the second se	





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		LISTA DE DIAGN	IOSTICOS PAI	LISTA DE DIAGNOSTICOS PARA CUBIERTÀ DE NINOS CON NECESIDADES ESPECIALES DIAGNOSTIC CODES (ICD-10 CM_2015)	INDS CON NEC	ESIDADES ESPE	CIALES	0	WINSTRACION H
DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK -Minimum Services to be covered risk of the entity contracted by the PSG	Comments	Contrato Nomero
7790	Pectus carinstum	NNE	Congénito		7	Cublerta Parcial	Procedimientos quimingicos y visitas a especialistas	Verified as valid and accurate for 2020.	277
0704	Polydachy NOS	N N	Congénito		7	Cubierta Parcial	Procedimientos quimirgitos y visitas a especialistas	Verified as valid and accurate for 2020.	
500	Portugative Inse	E N	Consenito		7	Cublerta Parcial	Procedimientos quiringicos y visitas a especialistas	Verified as valid and accurate for 2020.	SOS
020	Syndacty financiusion	NNE	Congenito		~	Cublerta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0280	Acroeophicos	NNE	Conplenito		7	Oubjerts Parcial	Procedimientos quinirgicos y visitas a especialistas	Verified as valid and accurate for 2020,	
Q748	Accessory cerpal bones	NNE	Congénito		7	Cubierte Percial	Procedimientos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0740	Macrodactyla fingers	NNE	Congénito		7	Cublerte Percial	Procedimientos quiringicos y visítas a especialistas	Verified as valid and accurate for 2020.	
Q6581	Congenital coxe valga	NNE	Congénito		7	Cubierte Percial	Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020,	
Q68Z	Cong knee deforming	. NNE	Congénito		77	Oublerte Parcial	Procedimientos quirúngicos y visitas a especialistas	verter as valid and accurate for 2020.	
07646	Anomaly of spine NOS	NeuroSx	No específico		7	Cublerta Percial	Procedimientos quintrígicos y visítas a especialistas	Verter as valid and accurate for 2020.	
0762	Lumbosacr spondydyeis	NeuroSx	SURG		7	Oubjerta Parcial	Procedimientos quirúrgicos y visitas a especialistas	were as valid and accurate for 2020.	
Q762	Spondylolisthesis	NeuroSk	SURG		7	Cubierta Percial	Procedimientos quirúngicos y visitas a especialistas	Vertiled as valid and accurate for 2020.	
Q7649	Congen fusion of spine	NeuroSx	SURG		7	Cubierta Percial	Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0781	Klippat-teil syndrome	NeuroSx	Congénito	7		Cubierta Parolal	Procedimientos quintrigicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0785	Cervical rib	NNE	Congénito		7	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.	
Q780	Osteogenesis Imperfecta	NNE	Congénito	7		Cublerta Parcial	Procedimientos quirúngicos y visitas a especialistas	Vertified as valid and accurate for 2020.	
0782	Osteopetrosis	NNE	Congénito	7		Cublerta Parcial	Procedimlentos quiringisos y visitas a especialistas	Verified as valid and accurate for 2020.	
Q788	Osteopoliiloais	NNE	Congénito	٦		Cublerta Parolal	Procedimlentos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.	
Q781	Polycetodic fibros shipli	NNE	Congénito	7		Cubierta Parcial	Procedimientos quintrigicos y visitas a especialistas	Verified as veild and accurate for 2020.	
0776	Chandrosatodem dysplas	NNE	Congénito	7		Cubierta Parcial	Procedimientos quiningloos y visitas a especialistas	Verified as valid and accurate for 2020.	1
C783	Mult apiphyses dysplas	NNE	Congénito	7		Cublerta Parciai	Procedimientos quírúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	2
07951	Prune belly syndrome	NNE	Congénito	7		Cubierta Parcial	Procedimientos quintrigicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0792	Omptratocete	NNE	Congénito		٠.	Cublerta Parcial	Procedimientos quintrigicos y visitas a especialistas	Verified as valid and accurate for 2020.	/
0783	Congr. arom) and wall NEC	NNE	Congénito		7-	Cublerta Parcial	Procedimientos quininglos y visitas a especialistas	Verified as valid and accurate for 2020.	
98/0	Eriers-denies syndrome	NNE	Congénito	7		Cubierta Percial	Procedimientos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.	
02820	Heredian edema of lega	NE	Congénito		7	Cubierta Parcial	Procedimientos quinngicos y visitas a especialistas	Verified as valid and accurate for 2020.	j
Q828	Demany of anomales	NNE	Congénito		7	Cubierta Parcial	Procedimientos quintigados y visitas a especialistas	Verified as valid and accurate for 2020,	
7280	Cong setodermal dysplas	NNE	Congénito		7	Cublerta Parcial	Procedimientos quirurgicos y visitas a especialistas	Varified as valid and accurate for 2020.	
Q825	Vescular transforms	NNE	Congénito		7	Cublerta Parcial	Procedementos quirurgos y vontas especialistas	Verfiled as valid and accurate for 2020.	
7578	Cong breast anomaly NEC	NNE	Congénito		7	Cublerta Parcial	Procedimento qui uguos y values a especialistas	This code is a holdover from ICD-9	
Oppulation attended			- Constitution of the cons			Cuttiente Total	Total	Varified as valid and annurale for 2020	
08361	Chatrona syndrone Velocardio facial synd	NNE NNE	Genético	7		Cubierta Total	Todo	Verified as valid and accurate for 2020.	
98590	Other microdeletions	NNE	Genético	7		Cubierta Total	Todo	Vertiled as valid and accurate for 2020.	
8660	Conditions due to chromosome anomaly, NOS	NNE	Genético	7		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.	
Q8901	Anomalies of spleen	NNE	Genético	7		Cubierta Parcial	Procedimientos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.	
Q897	Adrenal gland anomaly	MNE	Genètico	7		Cubierta Parcial	Procedimientos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.	
Other arm arm thed	1		STATISTICS.				Procedimientos quirúmicos v visitas a		
9098C	Anomalies of spicen	NNE	Genético	7		Cubierta Parcial	especialistas Procedimientos quirárecos y visitas a	Verified as valid and accurate for 2020.	
Q892	Endocrine anomaly NEC	NNE	Genético	7		Cubierta Parcial	especialistas especialistas	Vertified as valid and accurate for 2020.	
Q883	Shus Invertus	NNE	Genético	7		Cublerta Parolal	especialistas	Verified as valid and accurate for 2020.	

Option         Type         Condetion         V         Condetion         V         Condetion         Procediments on valid and described by Valid as a valid and described by Valid as valid and described by Valid and vali	DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK-Minimum Services to be covered risk of the entity contracted by the PSG	Comments
Tuberia Percial   Tuberia Pe	7907	Contributed bulling	u Z	Genético	7		Cubleria Parcial	Procedimientos quininglos y visitas a especialistas	Varified as valid and eccurate for 2020.
NNE   Cachetico   V   Cuberia Parcial estredibilitas y Vielas a repedialitas   Procedimenta cultingoco y Vielas   Procedimenta   Vielas   Procedimenta   Vi	2851	Tuberous scienosis	SIN X	Genético	7		Cubierta Parolai	Procedimientos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.
Production of the Production of the Confector of the Co	0897	Mult concern amornal NEC	E N	Genético	<b>-</b>		Cublerta Parolal	Procedimientos quinirgicos y visitas a especialistas	
Fingle a gradient of the control o	0871	Pradarwilli gan rome	NNE	Genético	7		Cublerta Total	Todo	Verfiled as valid and accurate for 2020.
NNE         Partneral         4         Cubiento por exceepción         Code por excepción no porte no port	0982	Frazle x syndrome	NNE	Genético	7		Cubierta Total	Todo	Verified as valid and accurate for 2020.
NNE Perhatia 4 Cubierte Total Todo  NNE Perhatia 4 Cubierte Total Todo  NNE Perhatia 4 Cubierte Protein Protein especialistes a cubierte protein Todo  NNE Perhatia 4 Cubierte Protein Total Todo  NNE Desarrollo 4 Cubierte Protein Victios a especialistas receiulistas obseculatas obseculatas a protein Victios a especialistas receiulistas obseculatas a cubierte Protein Victios a especialistas receiulistas obseculatas obseculatas obseculatas obseculatas receiulistas obseculatas obsecula	1	Specified code assume NEC	BNN	Genético	7		Cubierto por excepción	Codigo no registra, solo por excepción	E78 is the 3-digit code family for disorder of tipo-protein metabolism
NNE         Perhatuda         4         Octivina Todal         Todo           NNE         Perhatuda         4         Octivina Perceia         Procedimientos quincipos y vibras a specialistra casa and procedimientos quincipos y vibras a specialistra casa and perceia         4         Octivina Perceia         Procedimientos quincipos y vibras a specialistra casa and perceia         7 dois not perceia	With an annual series	- Personnel Perfect							
NNE         Petratad         4         Octivity Todal         Provident Todal           NNE         Petratad         4         Octivity Percial         Seperation of percental representations of petratal reportances of percental representations of percentages of p		Fetal alcohol suntreme	NNE	Perhatal	7		Cublerta Total	Todo	Incorract - Fetal abothol syndrome is Q860
NNE         Perfection         4         Objects Percial reposition reproductive yet the same reposition of the confine control of the control of	HO000 0427001	Extreme immedur with OS	NN	Perinstal	7		Cublerta Total	Todo	Verified as vaild and accurate for 2020.
NNE         Perthada         V         Oublets Todal         Todo           NNE         CNS         V         Cubierta Todal         Todo           NNE         Desarrollo         V         Cubierta Percial         Victora a especialista           NNE         Desarrollo         V         Cubierta Percial         Victora a especialista           NNE         Desarrollo         V         Cubierta Percial         Victora a especialista           NNE         Desarrollo-Habbs         V         Cubierta Percial         Victora a especialista	P04	Brach pleasus In-berth	NNE	Portnatal		7	Cublerta Percial	Procedimientos quirúrgicos y visitas a especialistas	Incorrect - PO4 is the 3-digit code family for Newborn affected by noxious aubstances transmitted via placenta or breast milk.
NNE CNS 4 Cubierta Total	P84	Birth asphyxla NOS	NNE	Perinetal	٠,٠		Cublerta Total	Pode	Verified as vaild and accurate for 2020.
NNE         CNS         4         Cubienta Poercial         Todo           NNE         Desarrollo         4         Cubienta Percial         Victora a especialistra           NNE         Desarrollo         4         Cubienta Percial         Victora a especialistra           NNE         Desarrollo-Habbs         4         Cubienta Percial         Victora a especialistra           NNE         Desarrollo-Habbs         4         Cubienta Percial         Victora a especialistra	7	Intravent hemorrhage (Grade I-IV)	NNE	Pertnatal	7		Cubierta Total	Todo	Incorrect - P14 is the 3-digit code family for Birth Injury to peripheral mercus system
NNE Desarrotio y Cubierta Parcial Veltas a especialistas  NNE Desarrotio y Cubierta Parcial Veltas a especialista  NNE Desarrotio y Cubierta Parcial Veltas a especialista  NNE Desarrotio y Cubierta Parcial Veltas a especialista	P912	Perivent leukomalada	NNE	CNS	Ą		Cublerta Total	Todo	Verified as valid and accurate for 2020.
NNE Desarrolo y Cubierte Parolas Veltas a especialistas NNE Desarrolo y Cubierte Parolas Veltas a especialista Veltas a especialista NNE Desarrolo y Cubierte Parolas Veltas a especialista NNE Desarrolo y Cubierte Parolas Veltas a especialista NNE Desarrolo-Habba	* nais and Ili-Defined C	Conditions							
NNE Desarrollo 4 Oubberta Parcial Veltra a especialista especialista a NNE Desarrollo 4 Oubberta Parcial Veltra a especialista especial	R6251	Fellure to thrive-child	NNE	Desarrollo		7	Cubierta Parcial	Visitas a especialistas	Verified as valid and accurate for 2020.
NNE Desarroldo ( Cubierta Parcial Velino a especialistas NNE Desarroldo-Habba ( Cubierta Parcial Velino a especialista )	R620	Delayed milestones	NNE	Desarrollo		7	Cubjerta Percial	Visitas a especialistas	Verified as valid and accurate for 2020.
NNE Costambo-Habba Visitos a especialibidas	R8252	Short stature	NNE	Deserrollo	77		Cubierta Percial	Visitas a especialistas	Verified as vaild and socurate for 2020.
Lake filteba of Ispuries, Pobjorings, Tozo Effects and Other External Cesses	RABI	Aphonia	NN	Desarrofo-Habla		7	Cubjerts Parcial	Visitas a especialistas	Verified as valid and accurate for 2020.
	Late effects of injuries, Poleonings,	, Toxto Effects and Other External Cevises.			A COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS				

Nota: Se utilizaron los códigos padre en las condiciones que necesitan de las específicidades de la condición por ejemplo, leg and righ, Uper right, congenital, other specífied, unspecífied La codificación en ICD10CM no aumenta el número de enfermedades, determina la específicidad misma de la enfermedad





Measurement perio	d: Diabetes  Medicald/Federal, Commonwealth and CHIP Population	
CD 10 CODES	Description Commonwealth and orner reputation	Milliman Comments
1011	Type 1 diabetes mellitus with ketoacidosis with coma	Verified as valid and accurate
1021	Type 1 diabetes mellitus with diabetic nephropathy	Verified as valid and accurate
1022	Type 1 diabetes mellitus w diabetic chronic kidney disease	Verified as valid and accurate
1029	Type 1 diabetes mellitus w oth diabetic kidney complication	Verified as valid and accurate
10641	Type 1 diabetes mellitus with hypoglycemia with coma	Verified as valid and accurate
29483	Pancreas transplant status	Verified as valid and accurate
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	Verified as valid and accurate
E10311	Type 1 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate
E10319	Type 1 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate
E103211	Type 1 diab with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate
E103212	Type 1 diab with mild none rtnop with macular edema, I eye	Verified as valid and accurate
E103213	Type 1 diabetes with mild none rtnop with macular edema, bi	Verified as valid and accurate
E103219	Type 1 diab with mild none rtnop with macular edema, unsp	Verified as valid and accurate
E103291	Type 1 diab with mild none rtnop without mclr edema, r eye	Verified as valid and accurate
E103292	Type 1 diab with mild nonp rtnop without mclr edema, I eye	Verified as valid and accurate
E103293	Type 1 diab with mild none rtnoe without macular edema, bi	Verified as valid and accurate
E103299	Type 1 diab with mild none rtnop without macular edema unsp	Verified as valid and accurate
E103311	Type 1 diab with mod nong rtnop with macular edema, r eye	Verified as valid and accurate
E103312	Type 1 diab with mod nonp rtnop with macular edema, I eye	Verified as valid and accurate
E103313	Type 1 diab with moderate none rtnop with macular edema, bi	Verified as valid and accurate
E103319	Type 1 diab with mod none rtnop with macular edema, unsp	Verified as valid and accurate
E103391	Type 1 diab with mod nonp rtnop without macular edema, r eye	Verified as valid and accurate
E103392	Type 1 diab with mod none rtnop without macular edema, I eye	Verified as valid and accurate
E103393	Type 1 diab with mod nonp rtnop without macular edema, bi	Verified as valid and accurate
E103399	Type 1 diab with mod none rtnop without macular edema, unsp	Verified as valid and accurate
E103411	Type 1 diab with severe none rinos with macular edema, r eye	Verified as valid and accurate
E103412	Type 1 diab with severe nonertnop with macular edema, I eye	Verified as valid and accurate
E103413	Type 1 diab with severe none rinop with macular edema, bi	Verified as valid and accurate
E103419	Type 1 diab with severe nonp rinop with macular edema, unsp	Verified as valid and accurate
E103491	Type 1 diab with severe nonp rtnop without mclr edema r eye	Verified as valid and accurate
E103492	Type 1 diab with severe nonp rtnop without mclr edema, I eye	Verified as valid and accurate
E103493	Type 1 diab with severe nonp rtnop without macular edema, bi	Verified as valid and accurate
E103499	Type 1 diab with severe nonp rtnop without mclr edema_unsp	Verified as valid and accurate
E103511	Type 1 diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate
E103512	Type 1 diab with prolif diab rtnop with macular edema, I eye	Verified as valid and accurate
E103513	Type 1 diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate
E103519	Type 1 diab with prolif diab rtnop with macular edema, unsp	Verified as valid and accurate
E103521	Type 1 diab w prolif diab rtnop w treth dtch macula, r eye	Verified as valid and accurate
E103522	Type 1 diab w prolif diab rtnop w trctn dtch macula, I eye	Verified as valid and accurate
E103523	Type 1 diab w prolif diab rtnop with treth dtch macula, bi	Verified as valid and accurate
E103529	Type 1 diab w prolif diab rtnop with treth dtch macula, unsp	Verified as valid and accurate
E103531	Type 1 diab w prolif diab rtnop w troth dtch n-mcla, r eye	Verified as valid and accurate
E103532 E103533	Type 1 diab w prolif diab rtnop w troth dtch n-mola, I eve	Verified as valid and accurate
	Type 1 diab w prolif diab rtnop with treth dtch n-mela, bi	Verified as valid and accurate
E103539	Type 1 diab w prolif diab rtnop with treth dtch n-mela, unsp	Verified as valid and accurate  Verified as valid and accurate
E103541 E103542	Type 1 diab with prolif diab rtnop with comb detach, r eye Type 1 diab with prolif diab rtnop with comb detach, I eye	Verified as valid and accurate
E103542	Type 1 diab with prolif diabetic rtnop with comb detach, he	Verified as valid and accurate
E103549	Type 1 diab with prolif diab rtnop with comb detach, unsp	Verified as valid and accurate
E103551	Type 1 diab with profit diab targe with comb detach, drisp	Verified as valid and accurate
E103551	Type 1 diabetes with stable profit diabetic rinop, fight eye	Verified as valid and accurate
E103552	Type 1 diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate
E103559	Type 1 diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate
E103591	Type 1 diabetes with stable from diabete triop, disp	Verified as valid and accurate
E103592	Type 1 diab with prolif diab rtnop without moir edema, I eye	Verified as valid and accurate
E103593	Type 1 diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate
E103599	Type 1 diab with prolif diab rtnop without molr edema, unsp	Verified as valid and accurate
E1036	Type 1 diabetes mellitus with diabetic cataract	Verified as valid and accurate
E1037X1	Type 1 diab with diab mclr edema, resolved fol trtmt, r eye	Verified as valid and accurate
E1037X2	Type 1 diab with diab moir edema, resolved fol trimt, I eye	Verified as valid and accurate
E1037X3	Type 1 diab with diab macular edema, resolved fol trimt, bi	Verified as valid and accurate
E1037X9	Type 1 diab with diab mclr edema, resolved fol trtmt, unsp	Verified as valid and accurate
E1039	Type 1 diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate
E1040	Typ∈ 1 diabetes mellitus with diabetic neuropathy, unsp	Verified as valid and accurate
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate
E1043	Type 1 diabetes w diabetic autonomic (poly neuropathy	Verified as valid and accurate
E1044	Type 1 diabetes mellitus with diabetic amyutrophy	Verified as valid and accurate
E1049	Type 1 diabetes w oth diabetic neurological complication	Verified as valid and accurate
E1051	Type 1 diabetes w diabetic peripheral angiopath w/o gangrene	Verified as valid and accurate
E1052	Type 1 diabetes w diabetic peripheral andiopathy w pan grene	Verified as valid and accurate
E1059	Type 1 diabetes mellitus with oth circulatory complications	Verified as valid and accurate
E10610	Type 1 diabetes mellitus w diabetic neuropathic arthropathy	Verified as valid and accurate
E10618	Type 1 diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate
E10620	Type 1 diabetes mellitus with diabetic dermatitis	Verified as valid and accurate

Contrato Número

19 - 04

POSDES

Measurement perio	Medicald/Federal Commonwealth and CHIP Population	
ICD 10 CODES	Description	Milliman Comments
E10621	Type 1 diabetes mellitus with foot ulcer	Verified as valid and accurate
E10622	Type 1 diabetes mellitus with other skin ulcer	Verified as valid and accurate
E10628	Type 1 diabetes mellitus with other skin complications	Verified as valid and accurate
E10630	Type 1 diabetes mellitus with periodontal disease	Verified as valid and accurate
E10638	Type 1 diabetes mellitus with other oral complications	Verified as valid and accurate
E10649	Type 1 diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate
E1065	Type 1 diabetes mellitus with hyperglycemia	Verified as valid and accurate
E1069	Type 1 diabetes mellitus with other specified complication	Verified as valid and accurate
E108	Type 1 diabetes mellitus with unspecified complications	Verified as valid and accurate
E109	Type 1 diabetes mellitus without complications	Verified as valid and accurate
E08618	Diabetes due to underlying condition w oth diabetic arthrop	Verified as valid and accurate
E08620	Diabetes due to underlying condition w diabetic dermatitis	Verified as valid and accurate
E08621	Diabetes mellitus due to underlying condition w foot ulcer	Verified as valid and accurate
E08622	Diabetes due to underlying condition w oth skin ulcer	Verified as valid and accurate
E08628	Diabetes due to underlying condition w oth skin comp	Verified as valid and accurate
E08630	Diabetes due to underlying condition w periodontal disease	Verified as valid and accurate
E08638	Diabetes due to underlying condition w oth oral comp	Verified as valid and accurate
E08649	Diabetes due to underlying condition w hypoglycemia w/o coma	Verified as valid and accurate
E0865	Diabetes due to underlying condition w hyperglycemia	Verified as valid and accurate
E0869	Diabetes due to underlying condition w oth complication	Verified as valid and accurate
E088	Diabetes due to underlying condition w unsp complications	Verified as valid and accurate
E089	Diabetes due to underlying condition w/o complications	Verified as valid and accurate
E09618	Drug/chem diabetes mellitus w oth diabetic arthropathy	Verified as valid and accurate
E09620	Drug/chem diabetes mellitus w diabetic dermatitis	Verified as valid and accurate
E09621	Drug or chemical induced diabetes mellitus with foot ulcer	Verified as valid and accurate
E09622	Drug or chemical induced diabetes mellitus w oth skin ulcer	Verified as valid and accurate
E09628	Drug/chem diabetes mellitus w oth skin complications	Verified as valid and accurate
E09630	Drug/chem diabetes mellitus w periodontal disease	Verified as valid and accurate
E09638	Drugichem diabetes mellitus w oth oral complications	Verified as valid and accurate
E09649	Drug/chem diabetes mellitus w hypoglycemia w/o coma	Verified as valid and accurate
E0965	Drug or chemical induced diabetes mellitus w hyperglycemia	Verified as valid and accurate
E0969	Drug/chem diabetes mellitus w oth complication	Verified as valid and accurate
E098	Drug/chem diabetes mellitus w unsp complications	Verified as valid and accurate
E099	Drug or chemical induced diabetes mellitus w/o complications	Verified as valid and accurate
E1151	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	Verified as valid and accurate
E1152	Type 2 diabetes w diabetic peripheral angiopathy w gangrene	Verified as valid and accurate
E1159	Type 2 diabetes mellitus with oth circulatory complications	Verified as valid and accurate
E11618	Type 2 diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate
E11620	Type 2 diabetes mellitus with diabetic dermatilis	Verified as valid and accurate
E11621	Type 2 diabetes mellitus with foot ulcer	Verified as valid and accurate
E11622	Type 2 diabetes mellitus with other skin ulcer	Verified as valid and accurate
E11628	Type 2 diabetes mellitus with other skin complications	Verified as valid and accurate
E11630	Type 2 diabetes mellitus with periodontal disease	Verified as valid and accurate
E11638	Type 2 diabetes mellitus with other oral complications	Verified as valid and accurate
E11649	Type 2 diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate
E1165	Type 2 diabetes mellitus with hyperglycemia	Verified as valid and accurate
E1169	Type 2 diabetes mellitus with other specified complication	Verified as valid and accurate
E118	Type 2 diabetes mellitus with unspecified complications	Verified as valid and accurate
E119	Type 2 diabetes mellitus without complications	Verified as valid and accurate
E13618	Oth diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate
E13620	Other specified diabetes mellitus with diabetic dermatitis	Verified as valid and accurate
E13621	Other specified diabetes mellitus with foot ulcer	Verified as valid and accurate
E13622	Other specified diabetes mellitus with other skin ulcer	Verified as valid and accurate
E13628	Oth diabetes mellitus with other skin complications	Verified as valid and accurate
E13630	Other specified diabetes mellitus with periodontal disease	Verified as valid and accurate
E13638	Oth diabetes mellitus with other oral complications	Verified as valid and accurate
E13649	Oth diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate
E1365	Other specified diabetes mellitus with hyperglycemia	Verified as valid and accurate
E1369	Oth diabetes mellitus with other specified complication	Verified as valid and accurate
E138	Oth diabetes mellitus with unspecified complications	Verified as valid and accurate
E139	Other specified diabetes mellitus without complications	Verified as valid and accurate
E0800	Diab d/t undrl cond w hyprosm w/o nonker hyproly-hypros coma	Verified as valid and accurate
E0801	Diabetes due to underlying condition w hyprosim w coma	Verified as valid and accurate
E0810	Diabetes due to underlying condition w ketoacidosis w/o coma	Verified as valid and accurate
E0811	Diabetes due to underlying condition w ketoacidosis w coma	Verified as valid and accurate
E0821	Diabetes due to underlying condition w diabetic nephropathy	Verified as valid and accurate
E0822	Diabetes due to undri cond w diabetic chronic kidney disease	Verified as valid and accurate
E0829	Diabetes due to undri condition w oth diabetic kidney comp	Verified as valid and accurate
E08311	Diab due to undri cond w unsp diabetic rtnop w macular edema	Verified as valid and accurate
E08319	Diab due to undri cond w unsp diab rtnop w/o macular edema	Verified as valid and accurate
E083211	Diabetes with mild none rtnop with macular edema, right eye	Verified as valid and accurate
E083212	Diabetes with mild nonp rtnop with macular edema, left eye	Verified as valid and accurate
E083213	Diabetes with mild nonp rtnop with macular edema bilateral	Verified as valid and accurate
E083219	Diabetes with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate
E083291	Diabetes with mild nonp rtnop without macular edema, r eye	Verified as valid and accurate

TRACIONOM o Número TOS DESANO

Population	Medicaid/Federal, Commonwealth and CHIP Population	
CD 10 CODES	Description	Milliman Comments
083292	Diab with mild none rtnop without macular edema, left eve	Verified as valid and accurate
083293	Diabetes with mild none rtnop without macular edema, bi	Verified as valid and accurate
083299	Diabetes with mild none rtnop without macular edema, unsp	Verified as valid and accurate
083311	Diabetes with moderate none rtnop with macular edema ir eye	Verified as valid and accurate
083312	Diab with moderate nonpirtnop with macular edema, left eve	Verified as valid and accurate
E083313	Diabetes with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate
E083319	Diabetes with moderate none rinop with macular edema, unsp	Verified as valid and accurate
083391	Diab with moderate none rtnop without macular edema, r eye	Verified as valid and accurate
E083392	Diab with moderate none rtnop without macular edema. I eye	Verified as valid and accurate
E083393	Diabetes with moderate nonp rtnop without macular edema, bi	Verified as valid and accurate
E083399	Diab with moderate nonp rtnop without macular edema, unsp	Verified as valid and accurate
E083411	Diabetes with severe none rtnop with macular edema, r eve	Verified as valid and accurate
E083412	Diabetes with severe nonp rtnop with macular edema, left eye	Verified as valid and accurate
083413	Diabetes with severe non-rtnop with macular edema, bi	Verified as valid and accurate
083419	Diabetes with severe none rtnop with macular edema, unsp	Verified as valid and accurate
083491	Diabetes with severe nonpirtnon without macular edema, riew	Verified as valid and accurate
E083492	Diab with severe none rtnop without macular edema, left eye	Verified as valid and accurate
E083493	Diabetes with severe nonp rtnop without macular edema, bi	Verified as valid and accurate
083499	Diabetes with severe none rtnop without macular edema unsp	Verified as valid and accurate
E083511	Diab with prolif diabetic rtnop with macular edema, r eye	Verified as valid and accurate
E083512	Diab with prolif diabetic rtnop with macular edema, left eye	Verified as valid and accurate
E083513	Diabetes with prolif diabetic rtnop with macular edema bi	Verified as valid and accurate
E083519	Diabetes with prolif diabetic rtnop with macular edema unsp	Verified as valid and accurate
083521	Diab with prolif diab rtnop with treth dtch macula, r eye	Verified as valid and accurate
083522	Diab with prolif diab rtnop with treth dtch macula, left eye	Verified as valid and accurate
E083523	Diab with prolif diabetic rtnop with treth dtch macula, bi	Verified as valid and accurate
£083529	Diab with prolif diabetic rtnop with treth dtch macula, unsp	Verified as valid and accurate
E083531	Diab with prolif diab rtnop with treth dtch n-mela, r eye	Verified as valid and accurate
E083532	Diab with prolif diab rtnop with treth dtch n-mela, left eye	Verified as valid and accurate
E083533	Diab with prolif diabetic rtnop with treth dtch n-mcla, bi	Verified as valid and accurate
E083539	Diab with prolif diabetic rtnop with treth dtch n-mela, unsp	Verified as valid and accurate
E083541	Diabetes with prolif diabetic rtnop with comb detach, reve	Verified as valid and accurate
083542	Diab with prolif diabetic rtnop with comb detach, left eye	Verified as valid and accurate
E083543	Diabetes with prolif diabetic rtnop with combined detach, bi	Verified as valid and accurate
E083549	Diabetes with prolif diabetic rtnop with comb detach, unsp	Verified as valid and accurate
E083551	Diabetes with stable prolif diabetic retinopathy, right eye	Verified as valid and accurate
083552	Diabetes with stable prolif diabetic retinopathy, left eve	Verified as valid and accurate
E083553	Diabetes with stable prolif diabetic retinopathy, bilateral	Verified as valid and accurate
E083559	Diabetes with stable prolif diabetic retinopathy, unsp	Verified as valid and accurate
E083591	Diab with prolif diabetic rtnop without macular edema, r eye	Verified as valid and accurate
E083592	Diab with prolif diab rtnop without macular edema, left eye	Verified as valid and accurate
E083593	Diab with prolif diabetic rtnop without macular edema, bi	Verified as valid and accurate
E083599	Diab with prolif diabetic rtnop without macular edema, unsp	Verified as valid and accurate
E0836	Diabetes due to underlying condition w diabetic cataract	Verified as valid and accurate
E0837X1	Diab with diabetic macular edema, resolved fol trtmt, r eye	Verified as valid and accurate
E0837X2	Diab with diab macular edema, resolved fol trimt, left eye	Verified as valid and accurate
0837X3	Diabetes with diabetic macular edema, resolved fol trtmt, bi	Verified as valid and accurate
0837X9	Diab with diabetic macular edema, resolved fol trtmt, unsp	Verified as valid and accurate
0839	Diabetes due to undrl condition w oth diabetic or th com-	Verified as valid and accurate
0840	Diabetes due to underlying condition w diabetic neurop, unsp	Verified as valid and accurate
0841	Diabetes due to undri condition w diabetic mononeuro, athy	Verified as valid and accurate
E0842	Diabetes due to underlying condition w diabetic polyneurop	Verified as valid and accurate
E0843	Diab due to undri cond w diabetic autonm (poly)neuropathy	Verified as valid and accurate
E0844	Diabetes due to underlying condition w diabetic amyotrophy	Verified as valid and accurate
E0849	Diabetes due to undri condition w oth diabetic neuro comp	Verified as valid and accurate
E0851	Diab due to undri cond w diab proh angiopath w/o gangrene	Verified as valid and accurate
E0852	Diab due to undri cond w diabetic prph angiopath w gangrene	Verified as valid and accurate
E0859	Diabetes due to underlying condition w oth circulatory comp	Verified as valid and accurate
E08610	Diabetes due to undri cond w diabetic neuropathic arthrop	Verified as valid and accurate
E08641	Diabetes due to underlying condition w hypoglycemia w coma	Verified as valid and accurate
E0900	Drun/chem diab w hyprosm w/o nonket hyproly hypros coma	Verified as valid and accurate
E0901	Dru /chem diabetes mellitus w hyperosmolarity w coma	Verified as valid and accurate
E0910	Drug/chem diabetes mellitus w ketoacidosis w/o coma	Verified as valid and accurate
0911	Dru /chem diabetes mellitus w ketoacidosis w coma	Verified as valid and accurate
E0921	Drug/chem diabetes mellitus w diabetic nephropathy	Verified as valid and accurate
E0922	Dru /chem diabetes w diabetic chronic kidne / disease	Verified as valid and accurate
0929	Drug/chem diabetes w oth diabetic kidney complication	Verified as valid and accurate
E09311	Dru /chem diabetes w unsp diabetic rtnop w macular edema	Verified as valid and accurate
09319	Drugichem diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate
093211	Drugichem diab with mild nonpirtnop with molr edema, rieve	Verified as valid and accurate
E093212	Drug/chem diab with mild nonpirtnop with molr edema, I eve	Verified as valid and accurate
093213	Dru /chem diab with mild none rtno with macular edema bi	Verified as valid and accurate
E093219	Drug/chem diab with mild nonpirtnop with macular edema, unsp	Verified as valid and accurate
E093291	Drug/chem diab with mild nonp rtnop w/o mclr edema, r eye	Verified as valid and accurate
E093292	Drug/chem diab with mild nonp rtnop w/o mclr edema, I eye	Verified as valid and accurate

ontrato Número

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POSDESP

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Measurement perion Population	Diabetes  Medicaid/Federal Commonwealth and CHIP Population	
CD 10 CODES	Description	Milliman Comments
093293	Drug/chem diab with mild nonp rtnop without mclr edema, bi	Verified as valid and accurate
E093299	Drug/chem diab with mild nonp rtnop without mclr edema, unsp	Verified as valid and accurate
E093311	Drug/chem diab with mod nong rtnog with macular edema, r eye	Verified as valid and accurate
E093312	Drug/chem diab with mod nong rtnog with macular edema, I eye	Verified as valid and accurate
E093313	Drug/chem diab with mod nonp rtnop with macular edema, bi	Verified as valid and accurate
E093319	Drug/chem diab with mod nonpirtnop with macular edema, unsp	Verified as valid and accurate
E093391	Drug/chem diab with mod nonp rtnop without mclr edema, r eye	Verified as valid and accurate
E093392	Drug/chem diab with mod nong rtnog without mclr edema, I eye	Verified as valid and accurate
E093393	Drug/chem diab with mod none rtnop without macular edema, bi	Verified as valid and accurate
E093399	Drug/chem diab with mod nonp rtnop without mclr edema, unsp	Verified as valid and accurate
E093411	Drug/chem diab with severe none rtnop with mclr edema, r eye	Verified as valid and accurate
E093412	Drug/chem diab with severe none rtnor with mclr edema, I eye	Verified as valid and accurate
E093413	Dru /chem diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate
E093419	Drug/chem diab with severe none rtnop with molr edema, unsp	Verified as valid and accurate
E093491	Drug/chem diab with severe none rtnop w/o mclr edema, r eye	Verified as valid and accurate
E093492	Drug/chem diab with severe nonertnon w/o mclr edema, I eye	Verified as valid and accurate
E093493	Drug/chem diab with severe nonp rtnop without mclr edema, bi	Verified as valid and accurate
E093499	Dru /chem diab with severe none rtnop w/o mclr edema, unsp	Verified as valid and accurate
E093511	Drug/chem diab with prolif diab rtnop with mclr edema, r eye	Verified as valid and accurate
E093512	Dru /chem diab with prolif diab rtnop with molr edema, I eve	Verified as valid and accurate
E093513	Drug/chem diab with prolif diab rtnog with macular edema, bi	Verified as valid and accurate
E093519	Drug/chem diab with prolif diab rtnop with mclr edema, unsp	Verified as valid and accurate
E093521	Drug/chem diab w prolif diab rtnop w trctn dtch macula,r eye	Verified as valid and accurate
E093522	Drug/chem diab w prolif diab rtnop w trctn dtch macula, l eve	Verified as valid and accurate
E093523	Drug/chem diab w prolif diab rtnop w treth dtch macula, bi	Verified as valid and accurate
E093529	Drug/chem diab w prolif diab rtnop w trctn dtch macula, unsp	Verified as valid and accurate
E093531	Drug/chem diab w prolif diab rtnop w tretn dtch n-mela r eye	Verified as valid and accurate
E093532	Drug/chem diab w prolif diab rtnop w treth dtch n-mela, I eye	Verified as valid and accurate  Verified as valid and accurate
E093533	Drug chem diab w prolif diab rtnop w treth dtch n-mela, bi	
E093539	Drug chem diab w prolif diab rtnop w treth detch n-mela unsp	Verified as valid and accurate
E093541	Drug chem diab w prolif diab rtnop with comb detach, r eye	Verified as valid and accurate  Verified as valid and accurate
E093542	Drug/chem diab w prolif diab rtnop with comb detach, I eye	Verified as valid and accurate
E093543	Drugichem dieb with prolif dieb rtnop with comb detach, bi	Verified as valid and accurate
E093549	Drug/chem disb with prolif disb rtnop with comb detach, unsp	Verified as valid and accurate
E093551 E093552	Drug/chem diabetes with stable prolif diabetic rtnop, r eye Drug/chem diab with stable prolif diabetic rtnop, left eye	Verified as valid and accurate
E093553	Drug/chem diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate
E093559	Drug/chem diabetes with stable profit diabetic rtnop, bi	Verified as valid and accurate
E093591	Drug/chem diab with profit diab rtnop w/o mcir edema, r eye	Verified as valid and accurate
E093592	Drug/chem diab with prolif diab rtnop w/o mclr edema, I eye	Verified as valid and accurate
E093593	Drug/chem diab with proof diab rtnop without mclr edema, bi	Verified as valid and accurate
E093599	Drug/chem diab with profit diab itnop w/o mclr edema, unsp	Verified as valid and accurate
E0936	Drug/chem diabetes mellitus w diabetic cataract	Verified as valid and accurate
E0937X1	Drug/chem diab w diab mclr edma, resolved fol trtmt, r eye	Verified as valid and accurate
E0937X2	Drug/chem diab w diab mclr edma, resolved fol trtmt, I eye	Verified as valid and accurate
E0937X3	Drug/chem diab with diab mcir edema, resolved fol trtmt, bi	Verified as valid and accurate
E0937X9	Drug/chem diab with diab mc/r edma, resolved fol trtmt, unsp	Verified as valid and accurate
E0939	Drug/chem diabetes wioth diabetic ophthalmic complication	Verified as valid and accurate
E0940	Drug/chem diabetes w neuro comp w diabetic neuropathy, unsp	Verified as valid and accurate
E0941	Drug/chem diabetes w neuro comp w diabetic mononeuropathy	Verified as valid and accurate
E0942	Drugichem diabetes w neurological comp w diabetic polyneurop	Verified as valid and accurate
E0943	Drug/chem diab w neuro comp w diab autonm (poly)neuropathy	Verified as valid and accurate
E0944	Drug/chem diabetes w neurological comp w diabetic amyotrophy	Verified as valid and accurate
E0949	Drug/chem diabetes w neuro comp w oth diabetic neuro comp	Verified as valid and accurate
E0951	Drug/chem diabetes w diabetic prph angiopath w/o gangrene	Verified as valid and accurate
E0952	Drug/chem diabetes w diabetic prph angiopath w gangrene	Verified as valid and accurate
E0959	Drug/chem diabetes mellitus wioth circulatory complications	Verified as valid and accurate
E09610	Drug/chem diabetes w diabetic neuropathic arthropathy	Verified as valid and accurate
E09641	Drug/chem diabetes mellitus w hypoglycemia w coma	Verified as valid and accurate
E1100	Type 2 diab w hyprosm w/o noriket hyproly-hypros coma (NKHHC)	Verified as valid and accurate
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma	Verified as valid and accurate
E1121	Type 2 diabetes mellitus with diabetic nephropathy	Verified as valid and accurate
E1122	Type 2 diabetes mellitus w diabetic chronic kidney disease	Verified as valid and accurate
E1129	Type 2 diabetes mellitus w oth diabetic kidney complication	Verified as valid and accurate
E11311	Type 2 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate
E11319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate
E113211	Type 2 diab with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate
E113212	Type 2 diab with mild nonp rtnop with macular edema, I eye	Verified as valid and accurate
E113213	Type 2 diabetes with mild nonp rtnop with macular edema, bi	Verified as valid and accurate
E113219	Type 2 diab with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate
E113291	Type 2 diab with mild nonp rtnop without mclr edema, r eye	Verified as valid and accurate
E113292	Type 2 diab with mild nonp rtnop without mcfr edema, I eye	Verified as valid and accurate
E113293	Type 2 diab with mild nonp rtnop without macular edema, bi	Verified as valid and accurate
E113299	Typ∈ 2 diab with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate
E113311	Type 2 diab with mod none rinop with macular edema, r eye	Verified as valid and accurate

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Medical Diabetes Population Type 2 diabet	Condition:		
EGO BOSE    Page 2 dais with mode nong ringo with macular edoma, 1 eye   Verified as valid and accurate	Measurement perio		
E13312 Type 2 dieb with moderate norm princy with moural redems, 1 bye.  F13319 Type 2 dieb with moderate norm princy with moural redems, 1 by.  F13319 Type 2 dieb with mod mone princy with moural redems, 1 by.  F13319 Type 2 dieb with mod mone princy with moural redems, 1 by.  F13319 Type 2 dieb with mod mone princy without moural redems, 1 by.  F13319 Type 2 dieb with mod mone princy without moural redems, 1 by.  F13319 Type 2 dieb with mod mone princy without moural redems, 1 by.  F13319 Type 2 dieb with moderate princy without moural redems, 1 by.  F13319 Type 2 dieb with evere none princy with moural redems, 1 by.  F13319 Type 2 dieb with evere none princy with moural redems, 1 by.  F13319 Type 2 dieb with evere none princy with moural redems, 1 by.  F13319 Type 2 dieb with evere none princy with moural redems, 1 by.  F13319 Type 2 dieb with evere none princy with moural redems, 1 by.  F13319 Type 2 dieb with evere none princy without moural redems, 1 by.  F13319 Type 2 dieb with evere none princy without moural redems, 1 by.  F13319 Type 2 dieb with evere none princy without moural redems, 1 by.  F13319 Type 2 dieb with evere none princy without moural redems, 1 by.  F13319 Type 2 dieb with severe none princy without moural redems, 1 by.  F13319 Type 2 dieb with severe none princy without moural redems, 1 by.  F13319 Type 2 dieb with profel dieb from you without moural redems, 1 by.  F13319 Type 2 dieb with profel dieb from you without moural redems, 1 by.  F13319 Type 2 dieb with profel dieb from you with moural redems, 1 by.  F13319 Type 2 dieb with profel dieb from without moural redems, 1 by.  F13319 Type 2 dieb with profel dieb from without moural redems, 1 by.  F13319 Type 2 dieb with profel dieb from you with moural redems, 1 by.  F13319 Type 2 dieb with profel dieb from with moural redems, 1 by.  F13310 Type 2 dieb with profel dieb from you with moural redems, 1 by.  F13310 Type 2 dieb with profel dieb from you with moural redems, 1 by.  F13310 Type 2 dieb with grift dieb from you with count dieb			THE PARTY OF THE P
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133419	Oth diabetes with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate
133491	Oth diab with severe none rtnog without macular edema, r eye	Verified as valid and accurate
133492	Oth diab with severe none rtnop without macular edema. I eye	Verified as valid and accurate
133493	Oth diab with severe none rtnop without macular edema, bi	Verified as valid and accurate
133499	Oth diab with severe none rtnop without macular edema, unsp	Verified as valid and accurate
133511	Oth diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate
133512	Oth diab with prolif diab rtnop with macular edema, left eye	Verified as valid and accurate
133513	Oth diab with prolif diabetic rtnop with macular edema bi	Verified as valid and accurate
133519	Oth diab with prolif diabetic rtnop with macular edema, unsp	Verified as valid and accurate
133521	Oth diab w prolif diab rtnop with tretn dtch macula, r eye	Verified as valid and accurate
133522	Oth diab w prolif diab rtnop with troth dtch macula, I eye	Verified as valid and accurate
133523	Oth diab with prolif diab rtnop with treth dtch macula, bi	Verified as valid and accurate
133529	Oth diab with prolif diab rtnop with treth dtch macula, unsp	Verified as valid and accurate
133531	Oth diab w prolif diab rtnop with treth dtch n-mela r eve	Verified as valid and accurate
133532	Oth diab w prolif diab rtnop with treth dtch n-mela, I eye	Verified as valid and accurate
133533	Oth diab with prolif diab rtnop with treth dtch n-mela, bi	Verified as valid and accurate
133539	Oth diab with prolif diab rtnop with treth dtch n-mela unsp	Verified as valid and accurate
133541	Oth diab with prolif diabetic rtnop with comb detach, r eve	Verified as valid and accurate
133542	Oth diab with prolif diab rtnop with comb detach, left eye	Verified as valid and accurate
E133543	Oth diabetes with prolif diabetic rtnop with comb detach, bi	Verified as valid and accurate
133549	Oth diab with prolif diabetic rtnop with comb detach unsp	Verified as valid and accurate
133551	Oth diabetes with stable prolif diabetic rinop, right e	Verified as valid and accurate
133552	Oth diabetes with stable prolif diabetic rtnop, left eve	Verified as valid and accurate
133553	Oth diabetes with stable prolif diabetic rtnop bilateral	Verified as valid and accurate
133559	Oth diabetes with stable prolif diabetic retinopathy, unsp	Verified as valid and accurate
133591	Oth diab with prolif diab rtnop without macular edema, reve	Verified as valid and accurate
133592	Oth diab with prolif diab rtnop without macular edema, i eye	Verified as valid and accurate
133593	Oth diab with prolif diab rtnop without macular edema, if eye	Verified as valid and accurate
133599	Oth diab with profit diab rtnop without macular edema, unsp	Verified as valid and accurate
1336	Other specified diabetes mellitus with diabetic cataract	Verified as valid and accurate
1337X1	Other's eclined drabetes mentus with drabetic cataract  Oth diab with diab macular edema, resolved fol trimt, r eye	Verified as valid and accurate
1337X1		Verified as valid and accurate
1337X3	Oth diab with diab macular edema, resolved fol trimt, I eye	Verified as valid and accurate
1337X9	Oth diab with diabetic macular edema resolved fol trtmt bi	Verified as valid and accurate
1337 8	Oth diab with diab macular edema resolved fol trtmt, unsp	Verified as valid and accurate
	Oth diabetes mellitus w oth diabetic or hthalmic complication	
1340	Oth diabetes mellitus with diabetic neuropathy, unspecified	Verified as valid and accurate
1341	Oth diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate
1342	Oth diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate
1343	Oth diabetes mellitus w diabetic autonomic (poly neuro athy	Verified as valid and accurate
1344	Other specified diabetes mellitus with diabetic amyotrophy	Verified as valid and accurate
1349	Oth diabetes w oth diabetic neurological complication	Verified as valid and accurate
1351	Oth diabetes w diabetic peripheral angiopathy w/o gangrene	Verified as valid and accurate
1352	Oth diabetes w diabetic peripheral anglopathy w gangrene	Verified as valid and accurate
1359	Oth diabetes mellitus with other circulatory complications	Verified as valid and accurate
13610	Oth diabetes mellitus with diabetic neuropathic arthropathy	Verified as valid and accurate
E13641	Oth diabetes mellitus with hypoglycemia with coma	Verified as valid and accurate





Condition:	Asthma	_
Population	Medicaid/Federal, Commonwealth	
ICD 10 CODES	Description	Milliman Comments
J4520	Mild intermittent asthma, uncomplicated	Verified as valid and accurate for 2020.
J4521	Mild intermittent asthma with (acute) exacerbation	Verified as valid and accurate for 2020.
J4522	Mild intermittent asthma with status asthmaticus	Verified as valid and accurate for 2020.
J4530	Mild persistent asthma, uncomplicated	Verified as valid and accurate for 2020.
J4531	Mild persistent asthma with (acute) exacerbation	Verified as valid and accurate for 2020.
J4532	Mild persistent asthma with status asthmaticus	Verified as valid and accurate for 2020.
J4540	Moderate persistent asthma, uncomplicated	Verified as valid and accurate for 2020.
J4541	Moderate persistent asthma with (acute) exacerbation	Verified as valid and accurate for 2020.
J4542	Moderate persistent asthma with status asthmaticus	Verified as valid and accurate for 2020.
J4550	Severe persistent asthma, uncomplicated	Verified as valid and accurate for 2020.
J4551	Severe persistent asthma with (acute) exacerbation	Verified as valid and accurate for 2020.
J4552	Severe persistent asthma with status asthmaticus	Verified as valid and accurate for 2020.
J45901	Unspecified asthma with (acute) exacerbation	Verified as valid and accurate for 2020.
J45902	Unspecified asthma with status asthmaticus	Verified as valid and accurate for 2020.
J45909	Unspecified asthma, uncomplicated	Verified as valid and accurate for 2020.
J45990	Exercise induced bronchospasm	Verified as valid and accurate for 2020.
J45991	Cough variant asthma	Verified as valid and accurate for 2020.
J45998	Other asthma	Verified as valid and accurate for 2020.







Condition: Severe Heart Failure

Population	Medicaid/Federal and Commonwealth	
ICD 10 CODES	Description	Milliman Comments
1501	Left ventricular failure, unspecified	Verified as valid and accurate for 2020.
5020	Unspecified systolic (congestive) heart failure	Verified as valid and accurate for 2020.
5021	Acute systolic (congestive) heart failure	Verified as valid and accurate for 2020.
5022	Chronic systolic (congestive) heart failure	Verified as valid and accurate for 2020.
5023	Acute on chronic systolic (congestive) heart failure	Verified as valid and accurate for 2020.
5030	Unspecified diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
5031	Acute diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
5032	Chronic diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
5033	Acute on chronic diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
15040	Unsp combined systolic and diastolic (congestive) hrt fail	Verified as valid and accurate for 2020.
5041	Acute combined systolic and diastolic (congestive) hrt fail	Verified as valid and accurate for 2020.
15042	Chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2020.
15043	Acute on chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2020.
1509	Heart failure, unspecified	Verified as valid and accurate for 2020.







Condition:	Hypertension	
Population	Medicaid/Federal and Commonwealth	
ICD10 Codes	Description	Millman Comments
110	Hypertension	Verified as valid and accurate for 2020.







Chronic Obstructive Pulmonary Disease (COPD)

Medicaid/Federal and Commonwealth		1
ICD10 Codes	Description	Milliman Comments
J440	Chronic obstructive pulmonary disease w acute lower resp infect	Verified as valid and accurate for 2020.
J441	Chronic obstructive pulmonary disease w (acute) exacerbation	Verified as valid and accurate for 2020.
J449	Chronic obstructive pulmonary disease, unspecified	Verified as valid and accurate for 2020.
J410	Simple chronic bronchitis	Verified as valid and accurate for 2020.
J411	Mucopurulent chronic bronchitis	Verified as valid and accurate for 2020.
J418	Mixed simple and mucopurulent chronic bronchitis	Verified as valid and accurate for 2020.
J42	Unspecified chronic bronchitis	Verified as valid and accurate for 2020.
J430	Unilateral pulmonary emphysema [MacLeods syndrome]	Verified as valid and accurate for 2020.
J431	Panlobular emphysema	Verified as valid and accurate for 2020.
J <b>432</b>	Centrilobular emphysema	Verified as valid and accurate for 2020.
J438	Other emphysema	Verified as valid and accurate for 2020.
J439	Emphysema unspecified	Verified as valid and accurate for 2020.







Condition:	Chronic Depression	
Population	Medicaid/Federal and Commonwealth	
CD 10 Codes Cons	ildered Description	Milliman Comments
F33.0	Major depressive disorder, recurrent, mild	Verified as valid and accurate for 2020.
F33.1	Major de ressive disorder recurrent moderate	Verified as valid and accurate for 2020.
F33.2	Major depressive disorder, recurrent severe without psychotic features	Verified as valid and accurate for 2020.
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms	Verified as valid and accurate for 2020.
F33.40	Major depressive disorder, recurrent, in remission unspecified	Verified as valid and accurate for 2020.
F33.41	Major depressive disorder, recurrent, in partial remission	Verified as valid and accurate for 2020.
F33.42	Major depressive disorder, recurrent, in full remission	Verified as valid and accurate for 2020.
F33.8	Other recurrent depressive disorders	Verified as valid and accurate for 2020.
F33.9	Major depressive disorder, recurrent, unspecified	Verified as valid and accurate for 2020.
3010	Manic episode without psychotic symptoms unspecified	Verified as valid and accurate for 2020.
3011	Manic episode without psychotic symptoms mild	Verified as valid and accurate for 2020.
3012	Manic episode without psychotic symptoms moderate	Verified as valid and accurate for 2020.
3013	Manic episode severe without psychotic symptoms	Verified as valid and accurate for 2020.
302	Manic episode severe with psychotic symptoms	Verified as valid and accurate for 2020.
303	Manic episode in partial remission	Verified as valid and accurate for 2020.
304		
308	Manic episode in full remission Other manic episodes	Verified as valid and accurate for 2020.
309		Verified as valid and accurate for 2020.
	Manic episode unspecified	Verified as valid and accurate for 2020.
310 3110	Bipolar disorder current episode hypomanic	Verified as valid and accurate for 2020.
	Bipolar disord cmt episode manic wo psych features unsp	Verified as valid and accurate for 2020.
3111 3112	Bipolar disord cmt episode manic wo psych features mild	Verified as valid and accurate for 2020.
	Bipolar disord cmt episode manic wo psych features mod	Verified as valid and accurate for 2020.
3113	Bipolar disord cmt epsd manic wo psych features severe	Verified as valid and accurate for 2020.
312	Bipolar disord cmt episode manic severe w psych features	Verified as valid and accurate for 2020.
3130	Bipolar disord cmt epsd depress mild or mod severt unsp	Verified as valid and accurate for 2020.
-3131 -3132	Bipolar disorder current episode depressed mild	Verified as valid and accurate for 2020.
	Bipolar disorder current episode depressed moderate	Verified as valid and accurate for 2020.
314	Bipolar disord crnt epsd depress sev wo psych features	Verified as valid and accurate for 2020.
-315	Bipolar disord crnt epsd depress severe w psych features	Verified as valid and accurate for 2020.
3160	Bipolar disorder current episode mixed unspecified	Verified as valid and accurate for 2020.
3161	Bipolar disorder current episode mixed mild	Verified as valid and accurate for 2020.
3162	Bipolar disorder current episode mixed moderate	Verified as valid and accurate for 2020.
3163	Bipolar disord cmt epsd mixed severe wo psych features	Verified as valid and accurate for 2020.
3164	Bipolar disord crnt episode mixed severe w psych features	Verified as valid and accurate for 2020.
3170	Bipolar disord currently in remis most recent episode unsp	Verified as valid and accurate for 2020.
3171	Bipolar disord in partial remis most recent epsd hypomanic	Verified as valid and accurate for 2020.
3172	Bipolar disord in full remis most recent episode hypomanic	Verified as valid and accurate for 2020.
3173	Bipolar disord in partial remis most recent episode manic	Verified as valid and accurate for 2020.
3174	Bipolar disorder in full remis most recent episode manic	Verified as valid and accurate for 2020.
3175	Bipolar disord in partial remis most recent epsd depress	Verified as valid and accurate for 2020.
3176	Bipolar disorder in full remis most recent episode depress	Verified as valid and accurate for 2020.
3177	Bipolar disord in partial remis most recent episode mixed	Verified as valid and accurate for 2020.
3178	Bipolar disorder in full remis most recent episode mixed	Verified as valid and accurate for 2020.
3181	Bipolar II disorder	Verified as valid and accurate for 2020.
3189	Other bipolar disorder	Verified as valid and accurate for 2020.
319	Bipolar disorder unspecified	Verified as valid and accurate for 2020.
320	Major depressive disorder single episode mild	Verified as valid and accurate for 2020.
321	Major depressive disorder single episode moderate	Verified as valid and accurate for 2020.
322	Major depressy disord single epsd sev wo psych features	Verified as valid and accurate for 2020.
323	Major depressy disord single epsd severe w psych features	Verified as valid and accurate for 2020.
324	Major depressy disorder single episode in partial remis	Verified as valid and accurate for 2020.
325	Major depressive disorder single episode in full remission	Verified as valid and accurate for 2020.
-3281	Premenstrual dysphoric disorder	Verified as valid and accurate for 2020.
3289	Other specified depressive enjandes	Verified as valid and accurate for 20

Other specified depressive episodes Major depressive disorder single episode unspecified



Verified as valid and accurate for 2020.
Verified as valid and accurate for 2020.



F3289 F329

REVENUE CODE	REVENUE CODE DESCRIPTION	USE FOR IP	Milliman Comments
22	SNF claim paid under PPS	= 8	Verified as valid and accurate for 2020.
24	Inpatient Rehabilitation Facility paid under PPS		Verified as valid and accurate for 2020.
100	All inclusive rate-room and board plus ancillary	×	Verified as valid and accurate for 2020.
101	All inclusive rate-room and board	x	Verified as valid and accurate for 2020.
110	Private medical or general general classification	x	Verified as valid and accurate for 2020.
111	Private medical or general-medical/surgical/GYN	X	Verified as valid and accurate for 2020.
112	Private medical or general-OB	X	Verified as valid and accurate for 2020.
113 114	Private medical or general-pediatric	X	Verified as valid and accurate for 2020.
115	Private medical or general-psychiatric	X	Verified as valid and accurate for 2020.
116	Private medical or general-hospice  Private medical or general-detoxification	X	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
117	Private medical or general-detoxinication	X	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
118	Private medical or general-rehabilitation	x	Verified as valid and accurate for 2020.
119	Private medical or general-other	×	Verified as valid and accurate for 2020.
120	Semi-private 2 bed (medical or general)-general classification	X	Verified as valid and accurate for 2020.
121	Semi-private 2 bed (medical or general) medical/surgical/GYN	x	Verified as valid and accurate for 2020.
122	Semi- rivate 2 bed (medical or general) OB	x	Verified as valid and accurate for 2020.
123	Semi-private 2 bed (medical or general) pediatric	x	Verified as valid and accurate for 2020.
124	Semi-private 2 bed (medical or general) psychiatric	x	Verified as valid and accurate for 2020.
125	Semi-private 2 bed (medical or general) hospice	x	Verified as valid and accurate for 2020.
126	Semi-private 2 bed (medical or general) detoxification	x	Verified as valid and accurate for 2020.
127	Semi-private 2 bed (medical or general) oncology	X	Verified as valid and accurate for 2020.
128	Semi-private 2 bed (medical or general) mhabilitation	x	Verified as valid and accurate for 2020.
129	Semi-private 2 bed (medical or general) other	x	Verified as valid and accurate for 2020.
130	Semi- rivate 3 and 4 beds- general classification	x	Verified as valid and accurate for 2020.
131	Semi-private 3 and 4 beds-medical/surpical/GYN	x	Verified as valid and accurate for 2020.
132	Semi-private 3 and 4 beds-OB	X	Verified as valid and accurate for 2020.
133	Semi-private 3 and 4 beds pediatric	х	Verified as valid and accurate for 2020.
134	Semi-private 3 and 4 beds-psychiatric	х	Verified as valid and accurate for 2020.
135	Semi-private 3 and 4 beds-hospice	х	Verified as valid and accurate for 2020.
136	Semi-private 3 and 4 beds-detoxification	х	Verified as valid and accurate for 2020.
137	Semi-private 3 and 4 beds-oncology	X	Verified as valid and accurate for 2020.
138	Semi_private 3 and 4 beds-rehabilitation	х	Verified as valid and accurate for 2020.
139	Semi-urivate 3 and 4 beds-other	X	Verified as valid and accurate for 2020.
140	Private deluxe general classification	X	Verified as valid and accurate for 2020.
141	Private (deluxe) medical/sur_ical/GYN	X	Verified as valid and accurate for 2020.
142	Private (deluxe) OB	X	Verified as valid and accurate for 2020.
143	Private (deluxe)-pediatric	X	Verified as valid and accurate for 2020.
144	Private (deluxe) psychiatric	X	Verified as valid and accurate for 2020.
145	Private deluxe hospice	X	Verified as valid and accurate for 2020.
146 147	Private (deluxe) detoxification	X	Verified as valid and accurate for 2020.
148	Private deluxe -oncolony	X	Verified as valid and accurate for 2020.
149	Private (deluxe)-rehabilitation Private (deluxe)-other	X	Verified as valid and accurate for 2020.
150	Room&Board ward (medical or general)—eneral classification	X X	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
151	Room&Board ward (medical or general)—medical/surgical/GYN	X	Verified as valid and accurate for 2020.
152	Room&Board ward medical or general OB	×	Verified as valid and accurate for 2020.
153	Room&Board ward (medical or general pediatric	x	Verified as valid and accurate for 2020.
154	Room&Board ward (medical or general)-psychiatric	x	Verified as valid and accurate for 2020:
155	Room&Board ward (medical or general)-hospice	x	Verified as valid and accurate for 2020.
156	Room&Board ward medical or general metoxification	×	Verified as valid and accurate for 2020.
157	Room&Board ward (medical or general)-oncology	×	Verified as valid and accurate for 2020.
158	Room&Board ward (medical or general) ehabilitation	×	Verified as valid and accurate for 2020.
159	Room&Board ward (medical or general)-other	×	Verified as valid and accurate for 2020.
160	Other Room&Board eneral classification	x	Verified as valid and accurate for 2020.
161	Other Room&Board-SNF (Medicaid)	×	Verified as valid and accurate for 2020.
162	Other Room&Board-ICF (Medicaid)	x	Verified as valid and accurate for 2020.
164	Other Room&Board-sterile environment	X	Verified as valid and accurate for 2020.
166	Other Room&Board-Admin Days	X	Verified as valid and accurate for 2020.
167	Other Room&Board-self care	x	Verified as valid and accurate for 2020.
168	Other Room&Board-Chem Using Preg Women	X	Verified as valid and accurate for 2020.
169	Other Room&Board-other	x	Verified as valid and accurate for 2020.
170	Nursery general classification	x	Verified as valid and accurate for 2020.
171	Nursery-newborn-level I (routine)	x	Verified as valid and accurate for 2020.
172	Nursery-premature-newborn-level II (continuing care)	x	Verified as valid and accurate for 2020.
173	Nursery-newborn-level III intermediate care Heff 10/96	х	Verified as valid and accurate for 2020.
174	Nursery-newborn-level IV intensive care leff 10/96	X	Verified as valid and accurate for 2020.
175 179	Nursery-neonatal ICU (obsolete eff 10/96)	X	Verified as valid and accurate for 2020.
180	Nursely-other	X	Verified as valid and accurate for 2020.
182	Leave of absence-general classification  Leave of absence-patient convenience charges-billable		Verified as valid and accurate for 2020.
183	Leave of absence-therapy utic leave	_	Verified as valid and accurate for 2020.
184	Leave of absence-ICF mentally retarded-any reason		Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
185	Leave of absence-nursing home those italization		Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
189	Leave of absence-other leave of absence		Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
190	Subacute care - general classification (eff. 10/97)		Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
191	Subacute care - level I (eff. 10/97)		Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
192	Subacute care - level II (eff. 10/97)		Verified as valid and accurate for 2020.
193	Subacute care - level III eff. 10/97		Verified as valid and accurate for 2020.
194	Subacute care - level IV leff. 10/97		Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
			Verified as valid and accurate for 2020.
199	Subacute care - other ten 10/9/1		
199 200	Subacute care - other (eff 10/97)	Y	
200	Intensive care-general classification	x	Verified as valid and accurate for 2020.
		x x x	



Contrato Número
19 - 049

REVENUE CODE	REVENUE CODE DESCRIPTION	USE FOR IP	Millman Comments
204	Intensive care-psychiatric	X	Verified as valid and accurate for 2020.
206	Intensive care-post ICU: redefined as-Intermediate ICU (eff 10/96)	х	Verified as valid and accurate for 2020.
207	Intensive care-burn care	х	Verified as valid and accurate for 2020.
208	Intensive care-trauma	х	Verified as valid and accurate for 2020.
209	Intensive care-other Intensive care	х	Verified as valid and accurate for 2020.
210	Coronary care-general classification	x	Verified as valid and accurate for 2020.
211	Coronary care-myocardial Infraction	х	Verified as valid and accurate for 2020.
212	Coronary care-rulmonary care	х	Verified as valid and accurate for 2020.
213	Coronary care-heart transplant	x	Verified as valid and accurate for 2020.
214	Coronary care-post CCU redefined as-intermediate CCU (eff 10/96)	х	Verified as valid and accurate for 2020.
219	Coronary care-other coronary care	х	Verified as valid and accurate for 2020.
1000	Behavioral Health Accomodation general classification	x	Verified as valid and accurate for 2020.
1001	Behavioral Health Accomodations-residential-psychiatric	X	Verified as valid and accurate for 2020.
1002	Behavioral Health Accomodations-residential-chemical derendency		Verified as valid and accurate for 2020.
1003	Behavioral Health Accomodations-supervised living		Verified as valid and accurate for 2020.
1004	Behavioral Health Accomodations-halfway house		Verified as valid and accurate for 2020.
1005	Behavioral Health Accomodations group home		Verified as valid and accurate for 2020.





