# ATTACHMENT 19

# HEALTH CARE IMPROVEMENT PROGRAM (HCIP) MANUAL

#### ATTACHMENT 19

# HEALTH CARE IMPROVEMENT PROGRAM MANUAL GOVERNMENT HEALTH PLAN PROGRAM/PLAN VITAL

FOURTH (4<sup>TH</sup>) YEAR OCTOBER 1, 2021 – SEPTEMBER 30, 2022

(AMENDMENT O)



#### PUERTO RICO HEALTH INSURANCE ADMINISTRATION ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO



ATTACHMENT 19 – HEALTH CARE IMPROVEMENT PROGRAM MANUAL GOVERNMENT HEALTH PLAN PROGRAM

FOURTH YEAR

OCTOBER 1, 2021 - SEPTEMBER 30, 2022

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#### **INTRODUCTION** I.

The Puerto Rico Health Insurance Administration's (ASES, its acronym in Spanish) focus is on providing quality services that are patient-centered and aimed at increasing the use of screening, prevention and appropriate delivery of care in a timely manner to all Medicaid, Children's Health Insurance Program (CHIP) and Medicare-Medicaid Dual Eligible (Platino) Enrollees in Puerto Rico. The Health Care Improvement Program (HCIP) is one of the tools developed by ASES to reach this goal for the Medicaid and Children's Health Insurance Program (CHIP) population.

The purpose of this manual is to provide the necessary guidelines for attaining the required performance indicators for each of the categories measured under the HCIP as specified and subject to revision by ASES in this Manual and incorporated in Section 12.5 of the Government Health Plan (GHP) contract (Contract) executed between the Contractor and ASES. As the HCIP guidelines and/or performance benchmarks are updated, ASES will share these changes with Contractors and update this manual.

ASES shall maintain a retention fund created by withheld amounts of the per member per month (PMPM) payment each month as part of the HCIP described in Section 22.4 of the Contract. The retained PMPM amount shall be associated with the HCIP initiatives outlined below: OMINISTRACION

- 1. High Cost Conditions Initiative
- 2. Chronic Conditions Initiative
- Healthy People Initiative
- **Emergency Room High Utilizers Initiative**

ASES will disburse the retention fund to the Contractor according to compliance with each of the categories of performance indicators for each of the four (4) HCIP Initiatives specified in this Manual. The Planning, Quality and Clinical Affairs Office will audit the results of the data in the timeframes stated in Section 22.4.2.2 of the Contract for the performance indicators in the above-named initiatives. This Manual describes, in detail, the requirements and the specific metrics for each initiative of the HCIP for the Contract period November 1, 2018 through September 30, 2021, with an option to extend to September 30, 2022, at ASES' discretion. In the event ASES exercises the optional extension, an updated HCIP Manual will be provided. The HCIP will start on the implementation date of the Contract and will be updated annually as GHP benchmarks are set and measures or metrics are revised accordingly.

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#### II. REPORTING TIMEFRAMES

The Contractor will submit a report for each quality initiative on a quarterly basis as established in the following table. The reporting templates will be provided by ASES and the Contractor must submit them through the ASES secure File Transfer Protocol (FTP) service.

Period	Claims Data: Incurred Service Time Period - Start	Claims Data: Incurred Service Time Period - End	Submission Due Date to ASES
Year 1			
Q1	1/1/2018	12/31/2018	7/30/2019
Q2	4/1/2018	3/31/2019	7/30/2019
Q3	7/1/2018	6/30/2019	10/30/2019
Q4	10/1/2018	9/30/2019	1/30/2020
Year 2			
Q1	1/1/2019	12/31/2019	4/30/2020
Q2	4/1/2019	3/31/2020	7/30/2020
Q3	7/1/2019	6/30/2020	10/30/2020
Q4	10/1/2019	9/30/2020	1/30/2021
Year 3			
Q1	1/1/2020	12/31/2020	6/07/2021
Q1/ Q2	4/1/2020	3/31/2021	7/30/2021
Q3	7/1/2020	6/30/2021	10/30/2021
Q4	10/1/2020	9/30/2021	1/30/2022
Year 4			
Q1	1/1/2021	12/31/2021	4/30/2022
Q2	4/1/2021	3/31/2022	7/30/2022
Q3	7/1/2021	6/30/2022	10/30/2022
Q4	10/1/2021	9/30/2022	1/30/2023





#### III. EVALUATION & POINT DISTRIBUTION

The HCIP is divided into four categories:

- 1. High Cost Conditions Initiative
- 2. Chronic Conditions Initiative
- 3. Healthy People Initiative
- 4. Emergency Room High Utilizers Initiative



There is a list of conditions, indicators and performance measures listed for the HCIP in Sections VI, VII, VIII, and IX. From that list, a selection of these indicators and performance measures will be chosen by ASES for quarterly basis reporting and evaluation purposes for the HCIP. The MCOs will be notified which are the selected indicators, the definition of improvement for each metric, and the corresponding point distribution for each fiscal year before the fiscal year begins.

Period	Claims Data: Incurred Service Time Period	Evaluation criteria	
Year 1	*Puerto Rico GHP Benchmark — ASES will establish the Puerto Rico GHP benchmark for t metrics included in this manual using the period from January 1, 2017 through December 2017.		
Q1	1/1/2018 - 12/31/2018	Report submission	
Q2	4/1/2018 - 3/31/2019	Report submission	
Q3	7/1/2018 ~ 6/30/2019	Report submission	
Q4	10/1/2018 - 9/30/2019	Report submission	
Year 2	Contractor GHP Benchmark Data Analysis — From January 1, 2018 to December 31, 2018: To be provided by ASES.		
Q1	1/1/2019 – 12/31/2019	Report submission	
Q2	4/1/2019 – 3/31/2020	Report submission	
Q3	7/1/2019 – 6/30/2020	Report submission	
Q4	10/1/2019 - 9/30/2020	Report submission	
Year 3	Contractor GHP Benchmark Data Analysis — From January 1, 2019 to December 31, 2019: To be provided by ASES.		
Q1	1/1/2020 - 12/31/2020	Report submission	
Q2	4/1/2020 - 3/31/2021	Report submission	
Q3	7/1/2020 - 6/30/2021	Any improvement over GHP benchmark <sup>1</sup>	
Q4	10/1/20209/30/2021	Any improvement over GHP benchmark <sup>1</sup>	
Year 4	Contractor GHP Benchmark Data Analysis — From January 1, 2020 to December 31, 2020: To be provided by ASES.		
Q1	1/1/2021-12/31/2021	See section: X 2.5 Definition of Improvement (pages 21-25)	



Q2	4/1/2021-3/31/2022	See section: X 2.5 Definition of Improvement (pages 21-25)
Q3	7/1/2021-6/30/2022	See section: X 2.5 Definition of Improvement (pages 21-25)
Q4	10/1/2021-9/30/2022	See section: X 2.5 Definition of Improvement (pages 21-25)

The scale of values per indicator is divided into the three levels indicated below.

#### Report Submission:

- 1 point = Report and attestation submission on time with valid data
- 0 points = Report and attestation submission without valid data

#### Any Improvement:

- 1 point = Data submitted has improvement
- .5 point = Data submitted has no change; no improvement or deterioration
- 0 points = Data submitted has deteriorated

#### Improvement Goal Established by ASES:

- 1 Point = Full compliance with the expected goal; The results reported meets or exceeds (90%–100%) the
  established goal.
- 0.5 point = Partial compliance with the expected goal; The results reported are greater than or equal to 70% but less than 90% (70.00%–89.99%) of the established goal.
- 10 points = No compliance; The results reported are less than 70% (0%–69.99%) of the established goal.

The point distribution by program may vary for each fiscal year. Please see the sections specific to each fiscal year for the point distribution table for a particular year.





#### IV. RETENTION FUND & COMPLIANCE PERCENTAGE

ASES will withhold 2% (two percent) of the monthly PMPM payment otherwise payable to the Contractor to validate that the Contractor has met the specified performance targets of the HCIP. The retention fund, comprised of the withheld amounts, will be disbursed to the Contractor based on the determination made by ASES in accordance to the compliance of the Contractor with the improvement standards and criteria established by ASES in accordance with the HCIP manual.

TIME PERIOD (INCURRED SERVICE FROM CONTRACT TERM)	MONTHLY RETENTION FUND PERCENTAGE
Fiscal Year Quarters Defined in Section II – Reporting Timeframes	2%
HCIP INITIATIVE	
High Cost Conditions Initiative	
Chronic Conditions Initiative  Healthy People Initiative	

The retention fund is associated with the HCIP initiatives outlined below for each of the specified timeframes, as per Section 22.4 of the Contract. No later than thirty (30) calendar days after the deadline of the receipt of the Contractor's quarterly submission, ASES shall determine if the Contractor has met the applicable performance objectives for each metric within the initiatives for that period. The evaluation result will determine the percent to be disbursed to the Contractor as described in the following table.

COMPLIANCE PERCENTAGE (BASED ON POINTS EARNED)	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
90.0% - 100%	100%
80.0% - 89.9%	75%
70.0%–79.9%	50%
50.0%–69.9%	25%
0.00% - 49.9%	0%



#### V. DEFINITIONS

The following definitions apply to measures of the HCIP Manual:

- 1. Active Enrollee: GHP Enrollee with continuous enrollment during the HCIP measurement quarter.
- 2. Baseline: is a measurement at a point in time.
- 3. Benchmark: is a measurement of a standard result.
- Continuous Enrollment: Membership enrollment from the start of a designated period through the end of the designated period without interruption.
- 5. Health Care Improvement Program (HCIP): Approach developed to improve the quality of services provided to enrollees. The HCIP consists of four (4) initiatives: High Cost Conditions Initiative, Chronic Condition Initiative, Healthy People Initiative and Emergency Room High Utilizers Initiative. As part of the HCIP, a Retention Fund shall be maintained by ASES from the monthly PMPM payment to incent the Contractor to meet performance indicators and targets under HCIP specified in the HCIP Manual. The Retention Fund shall be disbursed on a quarterly basis to the Contractor when a determination is made by ASES that the Contractor has complied with the quality standards and criteria established by ASES in accordance with the HCIP Manual and the Contract.
- 6. Incurred date: The date on which the service was provided.
- 7. **Intervention:** Activities targeted at the achievement of client stability, wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, care coordination, collaboration and service facilitation.
- 8. **Performance measures:** Periodic measurement of outcomes and results used to assess the effectiveness and efficiency of quality or improvement initiatives on selected indicators.
- 9. Per member per month (PMPM) payment: The fixed monthly amount that the Contractor is paid by ASES for each enrollee to ensure that benefits under the Contract are provided. This payment is made regardless of whether the enrollee receives benefits during the period covered by the payment.



- 10. Preventive services: Health care services provided by a physician or other provider within the scope of his or her practice under Puerto Rico law to detect or prevent disease, disability, behavioral health conditions or other health conditions; and to promote physical and behavioral health and efficiency.
- 11. Primary care physician (PCP): A licensed medical doctor (MD) who is a provider and who, within the scope of practice and in accordance with Puerto Rico certification and licensure requirements, is responsible for providing all required primary care to enrollees. The PCP is responsible for determining services required by enrollees, provides continuity of care and provides referrals for enrollees when medically necessary. A PCP may be a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist or pediatrician.
- 12. **Retention fund**: The amount withheld by ASES of the monthly PMPM payment otherwise payable to the Contractor to incentivize the Contractor to meet performance targets under the HCIP described in this manual. This amount shall be equal to the percent of that portion of the total PMPM payment that is determined to be attributable to the Contractor's administration of the HCIP described in this Manual and Sections 12.5 and 22.4 of the Contract. Amounts withheld will be disbursed to the Contractor in whole or in part (as set forth in the HCIP manual and Sections 12.5 and 22.4 of the Contract) in the event of a determination by ASES that the Contractor has complied with the quality standards and criteria established in this HCIP manual.

#### Note:

Definition references in this manual are from the Contract and the (National Committee for Quality Assurance (NCQA).





#### VI. HIGH COST CONDITIONS INITIATIVE

The High Cost Conditions Initiative focuses on those enrollees with a high cost condition that may be part of the High Cost High Need (HCHN) Program specified in Section 7.8.3 of the Contract. The Contractor must be prepared to report quarterly on the quality measures listed below for each condition. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

HIGH COST CONDITIONS	QUALITY MEASURES
Medicaid/Federal and State	High Cost Conditions
Cancer	<ul> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Admissions/1000</li> <li>Emergency Department (ED) Use/1000</li> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>
End-Stage Renal Disease (ESRD)	<ul> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>
Multiple Sclerosis	<ul> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>

HIGH COST CONDITIONS	QUALITY MEASURES
Rheumatoid Arthritis	<ul> <li>Disease-modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</li> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>
CHIP High Cost Conditions	
Cancer	<ul> <li>Generic Dispensing Rate</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>
Children and Youth with Special Healthcare Needs (CYSHCN)	<ul> <li>Well-child visits in first 15 months of life</li> <li>Well-child visits in the 3rd, 4th, 5th and 6th years of life</li> <li>Adolescent Well-care visits</li> <li>Annual Dental Visit</li> </ul>
Hemophilia	<ul> <li>Well-child visits in first 15 months of life</li> <li>Well-child visits in the 3rd, 4th, 5th and 6th years of life</li> <li>Generic Dispensing Rate</li> <li>Adherence to Formulary Drugs</li> <li>BMI Assessment</li> </ul>
Autism	<ul> <li>Well-child visits in first 15 months of life</li> <li>Well-child visits in the 3rd, 4th, 5th and 6th years of life</li> <li>Generic Dispensing Rate</li> <li>Adherence to Formulary Drugs</li> <li>Incidence rate</li> <li>Prevalence rate</li> </ul>

<sup>\*</sup> Other specific meaures could be added. See X.2 Scored Measures for 2020-2021

#### VII. CHRONIC CONDITIONS INITIATIVE

The Chronic Conditions Initiative focuses on those enrollees with a chronic condition. The Contractor must be prepared to report quarterly on the quality measures listed below for each condition. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

CHRONIC CONDITIONS	QUALITY MEASURES
Medicaid/Federal	State, and CHIP Chronic Conditions
Diabetes	<ul> <li>Comprehensive Diabetes Care:</li> <li>HbA1c</li> <li>Eye exam</li> <li>Nephropathy screen</li> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Adherence to oral diabetic medications</li> <li>Admissions/1000</li> <li>ED Use/1000</li> </ul>
	<ul> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>
Asthma	<ul> <li>Medication management for people with Asthma</li> <li>Asthma medication ratio</li> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Ambulatory visits per quarter for population</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>

CHRONIC CONDITIONS	QUALITY MEASURES		
Medicaid/Federal and State Chronic Conditions			
Diabetes	Statin Use		
Severe Heart Failure	<ul> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> </ul>		
	Medication Reconciliation Annual		
Hypertension	<ul> <li>Controlling High Blood Pressure</li> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> <li>Adherence to Formulary Drugs</li> <li>Adherence to anti-hypertensive (RAS Agonist) medication</li> </ul>		
Chronic Obstructive Pulmonary Disease (COPD)	<ul> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>		





CHRONIC CONDITIONS	QUALITY MEASURES
Chronic Depression	<ul> <li>Follow up after Hospitalization for Mental Illness 7 days and 30 days</li> <li>Follow up after ED visit for Mental Illness</li> <li>Use of Opioids at High Dosage</li> <li>Use of Opioids from Multiple Providers</li> <li>Generic Dispensing Rate</li> <li>Adherence to Formulary Drugs</li> <li>Inpatient Admission/1000</li> <li>Readmission Rate</li> <li>Antidepressant Medication Management</li> </ul>
Substance Use Disorders (SUD) (Buprenorphine User)	<ul> <li>Follow up after Emergency Department Visits for Alcohol and Other Drug Abuse or Dependence</li> <li>Adherence to treatment (12 months)</li> </ul>
Serious Mental Illness (SMI) Other than Depression	<ul> <li>Follow up after Hospitalization for Mental Illness</li> <li>Follow up after ED visit for Mental Illness</li> <li>Use of Opioids at High Dosage</li> <li>Use of Opioids from Multiple Providers</li> <li>Generic Dispensing Rate</li> <li>Adherence to Formulary Drugs</li> <li>Inpatient Admission</li> </ul>
CHIP Chronic Condition	ons.
Diabetes	<ul> <li>Comprehensive Diabetes Care: <ul> <li>HbA1c</li> <li>Eye exam</li> <li>Nephropathy screen</li> </ul> </li> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Statin Use</li> <li>Adherence to oral diabetic medications</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>

CHRONIC CONDITIONS	QUALITY MEASURES
Asthma	<ul> <li>Medication management for people with Asthma</li> <li>Asthma medication ratio</li> <li>Generic Dispensing Rate</li> <li>PHQ-4</li> <li>Admissions/1000</li> <li>ED Use/1000</li> <li>Readmission Rate</li> <li>Ambulatory visits per quarter for population</li> <li>Adherence to Formulary Drugs</li> <li>Medication Reconciliation Post Discharge</li> <li>Medication Reconciliation Annual</li> </ul>
Attention-Deficit/ Hyperactivity Disorder (ADHD)	<ul> <li>Follow up care for children with prescribed ADHD medication</li> <li>Adherence to Formulary Drugs</li> <li>Generic Dispensing Rate</li> </ul>

<sup>\*</sup> Other specific meaures could be added. See X.2 Scored Measures for 2021-2022





#### VIII. HEALTHY PEOPLE INITIATIVE

The Healthy People Initiative focuses on preventive screening for enrollees, including populations identified with high cost and/or chronic conditions. The Contractor must be prepared to report quarterly on the quality measures listed below. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

EFFECTIVENESS OF CARE	QUALITY MEASURES	
Healthy People Ini	tiative	
ABA	Adult BMI Assessment	
wcc.	Weight Assessment and Counseling for Nutrition and Physical Activity for On Children and Adolescents	
	BMI Percentile     Contrato Número     10 = 0.5.3	
	Counseling for Nutrition	
	Counseling for Physical Activity	
CIS	Childhood Immunization Status	
BCS	Breast Cancer Screening	
ccs	Cervical Cancer Screening	
CHL	Chlamydia Screening in Women	
COL	Colorectal Cancer Screening	
AMM	Antidepressant Medication Management	
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.	
FUH	Follow-Up After Hospitalization for Mental Illness: 30 days	
URI	Appropriate Treatment for Children With Upper Respiratory Infection	
Access/Availability	y of Care	
AAP	Adults' Access to Preventive/Ambulatory Health Services	
CAP	Children and Adolescents' Access to Primary Care Practitioners	
ADV	Annual Dental Visit	

EFFECTIVENESS OF CARE	QUALITY MEASURES	
PPC	<ul> <li>Prenatal and Postpartum Care</li> <li>Timeliness of Prenatal Care</li> <li>Postpartum Care</li> </ul>	
Other Utilization		
FPC	Frequency of Ongoing Prenatal Care	
W15	Well-Child Visits in the First 15 Months of Life	
AWC	Adolescent Well-Care Visits	
FSP	Frequency of Selected Procedures	
AMB	Ambulatory Care	
IAD	Identification of Alcohol and Other Drug Services	
MPT	Overall Mental Health Utilization Readmission Rate	
	Mental Health Use of Opioids at High Dosage	
	Mental Health Use of Opioids from Multiple Providers	
	Overall Mental Health admission per thousand	

<sup>\*</sup> Other specific meaures could be added. See X.2 Scored Measures for 2021-2022





#### IX. EMERGENCY ROOM HIGH UTILIZERS INITIATIVE

The Emergency Room High Utilizers Initiative is designed to identify high users of emergency services for non-emergency situations and to allow for early interventions to ensure appropriate utilization of services and resources. The Contractor must be prepared to report quarterly on the quality measures listed below. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

For purpose of the HCIP, ASES will consider the UM Metric described below:

ER HU INITIATIVE	QUALITY MEASURE
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room





#### X. FISCAL YEAR 2021-2022 (OCTOBER 2021 – SEPTEMBER 2022)

#### X.1 Evaluation and Point Distribution

#### X.1.1 Point Distribution

PROGRAM	POINTS
High Cost Conditions Initiative	9
Chronic Conditions Initiative	14
Healthy People Initiative	10
Emergency Room High Utilizers Initiative	1
Total Possible Points	34

#### X.1.2 Compliance Percentage and Points Earned

COMPLIANCE PERCENTAGE	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
90.0% - 100.0%	100%
80,0%–89.9%	75%
70.0%–79.9%	50%
50.0%-69.9%	25%
0.0% - 49.9%	0% STRAC

#### X.2 Scored Measures for 2021-2022

#### X.2.1 High Cost Conditions Initiative

HIGH COST CONDITIONS	SCORED MEASURES	POWYS
Medicaid/Federal and State High	Cost Conditions	
Cancer	Readmissions rate	1
	• PHQ-9	1
End-Stage Renal Disease (ESRD)	Admissions/1000	1
	PHQ-9	1
Multiple Sclerosis	Admissions/1000	1
CHIP High Cost Conditions		
Cancer	Readmissions rate	1

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HIGH COST CONDITIONS	ONS SCORED MEASURES	
Children and Youth with Special Healthcare Needs	Child and Adolescent Well-Care Visits	1
(CYSHCN)	Annual Dental Visits	1
Autism	Child and Adolescent Well-Care Visits	1
otal Points for the High Costs Cond	ditions Initiative for Fiscal Year 2021-2022	9

#### X.2.2 Chronic Conditions Initiative

CHRONIC CONDITIONS	SCORED MEASURES		
Medicaid/Federal, State, and	CHIP Chronic Conditions		
Diabetes	Comprehensive Diabetes Care:		
///	■ HbA1c	1	
/	■ Eye exam	1	
	<ul> <li>Kidney Health Evaluation for Patients With Diabetes</li> </ul>	1	
	Admissions/1000	1	
Asthma	Admissions/1000	1	
	• ED Use/1000	1	
	PHQ-9	1	
Medicaid/Federal and State C	hronic Conditions		
Severe Heart Failure	Admissions/1000	1	
	PHQ-9	1	
Hypertension	• ED Use/1000	1	
Chronic Obstructive Pulmonary Disease (COPD)	Admissions/1000	1	



Chronic Depression	<ul> <li>Follow up after Hospitalization for Mental Illness: 7 days</li> </ul>	1
*	Follow up after Hospitalization for Mental Illness: 30 days	1
	Inpatient Admission/1000	1
otal Points for the Chronic Conditions Initiative for Fiscal Year 2021-2022		14

#### **Healthy People Initiative** X.2.3

EFFECTIVENESS OF CARE	SCORED MEASURES		
Healthy People In	itiative		
BCS	Breast Cancer Screening	1	
ccs	Cervical Cancer Screening	1	
СВР	Controlling High Blood Pressure	1	
SSD	Diabetes Screening for People with Schizophrenia or Bipolar     Disorder who are using Antipsychotic Medications.		
FUH	Follow-Up After Hospitalization for Mental Illness: 30 days		
Access/Availabilit	y of Care		
AAP	Adults' Access to Preventive/Ambulatory Health Services	1	
ADV	Annual Dental Visit	1	
PPC	Timeliness of Prenatal Care		
	Postpartum Care	1	
Other Utilization			
wcv	Child and Adolescent Well-Care Visits     STRAC	1	
otal Points for the	Health People Initiative for Fiscal Year 2021-2022	10	

#### **Emergency Room High Utilizers Initiative** X.2.4

MOUPOS DE MPlian For purpose of the HCIP, ASES will consider the UM Metrics described below for compliance and release to the applicable percent of the retention fund for this particular program.

ER HU INITIATIVE	SCORED MEASURES	POINTS
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	1
otal Points for the	Emergency Room High Utilizer Initiative for Fiscal Year 2021-2022	1

#### X.2.5 Definition of Improvement

HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Medicaid/Federal ar	nd State High Cost Conditions	
Cancer	Readmissions rate	Q1: Report submission
		Q2: Any decrease over Q1
		Q3: 2% of decrease over Q2
		Q4: 3% of decrease over Q2
	PHQ-9	Q1: Report submission
		Q2: Any increase over Q1
		Q3: 2% of increase over Q2
	n .	Q4: 3% of increase over Q2
End-Stage Renal	Admissions/1000	Q1: Report submission
Disease (ESRD)	1+	Q2: Any decrease over Q1
		Q3: 2% of decrease over Q2
		Q4: 3% of decrease over Q2
2	PHQ-9	Q1: Report submission
	1 14	Q2: Any increase over Q1
		Q3: 2% of increase over Q2
		Q4: 3% of increase over Q2
Multiple Sclerosis	Admissions/1000	Q1: Report submission
		Q2: Any decrease over Q1
		Q3: 2% of decrease over Q2
		Q4: 3% of decrease over Q2
CHIP High Cost Condit	tions	



HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Cancer	Readmissions rate	Q1: Report submission Q2: Report submission Q3: Report submission Q4: Report submission
Children and Youth with Special Healthcare Needs (CYSHCN)	Child and Adolescent WellCare Visits	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	Annual Dental Visits	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Autism	Child and Adolescent     WellCare Visits	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2

CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Medicaid/Federal	, State, and CHIP Chronic Conditions	WINISTRACIO
Diabetes	Comprehensive Diabetes     Care:	Contrato Número
	o HbA1c	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	o Eye exam	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	Kidney Health Evaluation for Patients With Diabetes	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2

CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
	Admissions/1000	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2
Asthma	Admissions/1000	Q4: 3% of decrease over Q2 Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	• ED Use/1000	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
1/	• PHQ-9	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Medicaid/Federal	and State Chronic Conditions	
Severe Heart Failure	Admissions/1000	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	• PHQ-9	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Hypertension	• ED Use/1000	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
Chronic Obstructive Pulmonary Disease (COPD)	Admissions/1000  NUSTRAC/ON	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2

Contrato Número



CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Chronic Depression	Follow up after     Hospitalization for Mental     Illness: 7 days	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	Follow up after     Hospitalization for Mental     Illness: 30 days	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	Inpatient Admission/1000	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2

EFFECTIVENESS OF CARE	SCORED MEASURES	DEFINITION OF IMPROVEMENT	
BCS	Breast Cancer Screening	Q1: Report submission	
ccs	Cervical Cancer Screening	Q2: Any increase over Q1	
СВР	Controlling High Blood Pressure	Q3: 2% of increase over Q2 Q4: 3% of increase over Q2	
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.	Controto Número 19-053	
FUH	Follow-Up After Hospitalization for Mental Illness: 30 days		
AAP	<ul> <li>Adults' Access to Preventive/Ambulatory Health Services</li> </ul>		
ADV	Annual Dental Visit		
PPC	Timeliness of Prenatal Care	TOUROS DESP	
	Postpartum Care		
WCV	Child and Adolescent Well-Care Visits		



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Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room

Q1: Report submission
Q2: Any decrease over Q1
Q3: 2% of decrease over Q2
Q4: 3% of decrease over Q2





### ATTACHMENT 19

## HCIP -FOURTH (4<sup>TH</sup>) YEAR BENCHMARKS REFERENCE GUIDE

Amendment O (2021-2022)

Plan Vital



# PUERTO RICO HEALTH INSURANCE ADMINISTRATION ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO



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#### HEALTH CARE IMPROVEMENT PROGRAM BENCHMARKS

#### **FOURTH YEAR**

#### **BENCHMARKS REFERENCE GUIDE**

GOVERNMENT HEALTH PLAN PROGRAM NOVEMBER 1, 2018 – SEPTEMBER 30, 2022

Vol:1

Revised July 14, 2021



#### HEALTH CARE IMPROVEMENT PROGRAM 2020 BENCHMARKS REFERENCE

HIGH COST CONDITIONS	SCORED MEASURES		2020 BENCHMARKS (1/1/2020-12/31/2020)
Medicaid/Federal and	State High Cost Conditions		
Cancer	Readmissions rate	HINISTRAC/O1	12.28
	• PHQ-9	OH! IN ON	17.79
End-Stage Renal	Admissions/1000	Contrato Número	49.80
Disease (ESRD)	● PHQ-9	19 - 0 5 3	16.58
Multiple Sclerosis	Admissions/1000	TOSDESAY	31.70
CHIP High Cost Condition	ons	POSDE	
Cancer	Readmissions rate		N/A
Children and Youth with Special Healthcare Needs (CYSHCN)	Child and Adolescent V	Well-Care Visits	47.12
	Annual Dental Visits		44.61
Autism	Child and Adolescent	Child and Adolescent Well-Care Visits	

CHRONIC CONDITIONS	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
Medicaid/Federal,	State, and CHIP Chronic Conditions	10]
Diabetes	Comprehensive Diabetes Care:	
	o HbA1c	70.37
	o Eye exam	20.89
	o Kidney Health Evaluation for Patients with Diabetes	9.33
	Admissions/1000	41.36
Asthma	Admissions/1000	32.48
	• ED Use/1000	164.91
	• PHQ-9	13.18
Medicaid/Federal a	and State Chronic Conditions	
Severe Heart Failure	Admissions/1000	80.13
	PHQ-9	15.73



CHRONIC CONDITIONS	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
Hypertension	• ED Use/1000	51.03
Chronic Obstructive Pulmonary Disease (COPD)	Admissions/1000	69.74
Chronic Depression	<ul> <li>Follow up after Hospitalization for Mental Illness: 7 days</li> </ul>	45.65
	Follow up after Hospitalization for Mental     Illness: 30 days	73.26
	Inpatient Admission/1000	52.13

EFFECTIVENESS OF CARE	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
BCS	Breast Cancer Screening	57.90
n ccs	Cervical Cancer Screening	43.43
COL	Controlling High Blood Pressure	41.60
SSD	<ul> <li>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.</li> </ul>	49.74
FUH	Follow-Up After Hospitalization for Mental Illness: 30 days	71.51
AAP	Adults' Access to Preventive/Ambulatory     Health Services	69.15
ADV	Annual Dental Visit	36.85
PPC	Timeliness of Prenatal Care	66.15
	Postpartum Care	33.91
AWC	Child and Adolescent Well-Care-Visits	28.75

ER HU INITIATIVE	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	946.21





# ATTACHMENT 19 CODE BOOK FOR THE FOURTH (4<sup>TH</sup>) YEAR

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## PUERTO RICO HEALTH INSURANCE ADMINISTRATION ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO



HEALTH CARE IMPROVEMENT PROGRAM CODE BOOK I

**GOVERNMENT HEALTH PLAN PROGRAM** 

NOVEMBER 1, 2018 – SEPTEMBER 30, 2022

Code Book for the fourth year

Vol:1

OR.



#### I.1 Scored Measures for 2021-2022

#### I.1.1 High Cost Conditions Initiative

Readmissions rate		
Technical specifications	Plan all cause (PCR) metric: HEDIS MY 2020 & MY 2021, Volume 2 technical specifications.	
PHQ-9		
Definition	The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.	
Numerator	Patients in the denominator who were screened with a PHQ-9 test during the measurement period.	
Dènominator	All elegible population with the condition during the measurement year or period.	
Continuous enrollment	N/A	
Allowable gap	N/A	
Description	Codes	
//	CPT: 96127 Brief emotional/behav assmt	
	G8431: Screening for depression is documented as being positive and a follow-up plan is documented Short Description: Pos clin depres scrn f/u doc	
	G8510: Screening for depression is documented as negative, a follow-up plan is not required; Short description: Scr dep neg, no plan reqd	
	Other: Supplementary Data (test peformed by case managers among others)	
Exclusions	N/A	
Admissions/1000		
Definition	Discharges for a principal diagnosis of selected conditions (see HCIP Manual) per 1,000 enrolled population.	
	Excludes obstetric admissions and transfers from other institutions.	
Numerator	Discharges for members with a principal diagnosis (ICD-10-CM) which meet the criteria of the applicable initiative/condition	



All elegible population with the condition during the measurement year or period.
N/A
N/A
Codes
Revenue codes: See Appendix A
Exclude cases: With admission source for transferred from a different hospital or other health care facility UB04 Admission source - 2, 3)
With a point of origin code for transfer from a hospital, Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or other healthcare facility (Appendix A) (UBO4 Point of Origin - 4,5,6) - With missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing)
n) Use/1000
For members 18 years of age and older, the number of observed emergency department (ED) visits during the measurement year.
*ED visits for a principal diagnosis of selected conditions (see HCIP Manual).
The number of all ED visits during the measurement year.
Count each visit to an ED once, regardless of the intensity or duration of the visit.
*ED visits for a principal diagnosis of selected conditions (see HCIP Manual).
All elegible population with the condition during the measurement year or period.
N/A
N/A
Codes

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	CPT: 99281-99285, 99288
	Place of service code: 23
	Use the following reference:
	- ED Visits from HEDIS Ambulatory Care (HEDIS MY 2020 & MY 2021, Volume 2 technical specifications ).
	- ED Use ICD10 codes tab from the Code Book II Health Care Improvement Program
Exclusions	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications:
	The measure does not include mental health or chemical dependency services. Exclude visits for mental health or chemical dependency. Any of the following meet criteria:
	<ul> <li>A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set).</li> </ul>
	Psychiatry (Psychiatry Value Set).
	Electroconvulsive therapy (Electroconvulsive Therapy Value Set).
Emergency Room High Uti	lizers Initiative
Definition	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room
Numerator	Total Number of ER Visits incurred by members with 7 or more ER
	Visits
Denominator	•
Denominator  Continuous enrollment	Visits
Continuous	Total members with 7 or more ER Visits
Continuous enrollment	Visits  Total members with 7 or more ER Visits  N/A



Exclusions	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications:
	The measure does not include mental health or chemical dependency services. Exclude visits for mental health or chemic dependency. Any of the following meet criteria:
	A principal diagnosis of mental health or chemical dependence (Mental and Behavioral Disorders Value Set).
	Psychiatry (Psychiatry Value Set).
	• Electroconvulsive therapy (Electroconvulsive Therapy Value Set).
(ADV) Annual Dental Vis	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(AAP) Adults' Access to I	Preventive/Ambulatory Health Services
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(WCV) Child and Adoles	cent Well-Care Visits
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(BCS) Breast Cancer Scre	eening
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(CCS) Cervical Cancer Sc	reening
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(CDC) Comprehensive D	iabetes Care
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
Kidney Health Evaluation for	Patients With Diabetes
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(CBP) Controlling High B	slood Pressure

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Technical specifications HEDIS MY 2020 & MY 2021, Volume 2 technical specification			
(PPC) Prenatal And Post	partum Care		
HEDIS MY 2020 & MY 2021, Volume 2 technical specification			
(CCD) Dishotos Scrooning	g for People with Schizophrenia or Bipolar Disorder who are using		
Antipsychotic Medica			





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### ATTACHMENT 19 YEAR 4<sup>TH</sup>-HCIP ASES DIAGNOSIS CODES

Amendment O (2021-2022)
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ondition: edicald/Federal a	Cancer and Commonwealth and CHIP	
D10 Codes	Description	Millimen Comments
153	Mali mant neoplasm of upper third of esophanus	Verified as valid and accurate for 2020.
154	Malignant neoplasm of middle third of esophagus	Verified as valid and accurate for 2020.
155	Malignant neoplasm of lower third of esophagus	Verified as valid and accurate for 2020.
58	Mali-nant neoplasm of overlapping sites of esophagus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
59 60	Mali nant neo lasm of eso hagus unspecified  Mali nant neo lasm of cardia	Verified as valid and accurate for 2020.
61	Malignant neoplasm of fundus of stomach	Verified as valid and accurate for 2020.
62	Malignant neoplasm of body of stomach	Verified as valid and accurate for 2020.
63	Malignant neoplasm of pyloric antrum	Verified as valid and accurate for 2020.
64	Mali nant neoclasm of pylorus	Verified as valid and accurate for 2020.
65	Malionant neoplasm of lesser curvature of stomach, unsu	Verified as valid and accurate for 2020.
66	Mali nant neo lasm of greater curvature of stomach uns	Verified as valid and accurate for 2020.
68	Mali mant neoplasm of overlapping sites of stomach	Verified as valid and accurate for 2020.
169 220	Malignant neoglasm of stomach, unspecified  Liver cell carcinoma	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
221	Intrahe atic bife duct carcinoma	Verified as valid and accurate for 2020.
22	Hepatoblastoma	Verified as valid and accurate for 2020.
23	Anuiosarcoma of liver	Verified as valid and accurate for 2020.
224	Other sarcomas of liver	Verified as valid and accurate for 2020.
27	Other specified carcinomas of liver	Verified as valid and accurate for 2020.
28	Malignant neoplasm of liver, primary, unspecified as to type	Verified as valid and accurate for 2020.
29	Malin neontasm of liver, not specified as primary or sec	Verified as valid and accurate for 2020.
3	Malignant neoplasm of gallbladder	Verified as valid and accurate for 2020.
40	Mali nant neo lasm of extrahe, atic bile duct	Verified as valid and accurate for 2020.
241	Mali nant neo lasm of am ulla of Vater	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
48	Malignant neoplasm of overlapping sites of biliary tract Malignant neoplasm of biliary tract unspecified	Verified as valid and accurate for 2020.
3	Malignant neoglasm of trachea	Verified as valid and accurate for 2020.
400	Malignant neo lasm of unsuecified main bronchus	Verified as valid and accurate for 2020.
401	Mali mant neoplasm of right main bronchus	Verified as valid and accurate for 2020.
402	Malignant neoplasm of left main bronchus	Verified as valid and accurate for 2020.
410	Malignant neoplasm of upper lobe, unso bronchus or lung	Verified as valid and accurate for 2020.
411	Malignant neoplasm of upper lobe right bronchus or lung	Verified as valid and accurate for 2020.
412	Malignant neoplasm of upper lobe, left bronchus or lung	Verified as valid and accurate for 2020.
42	Malignant neoclasm of middle lobe bronchus or lung	Verified as valid and accurate for 2020.
430	Mali nant neoplasm of lower lobe, unsp bronchus or lung	Verified as valid and accurate for 2020.
431	Malignant neo lasm of lower lobe, right bronchus or lung	Verified as valid and accurate for 2020.
432 480	Malignant neoplasm of lower lobe, left bronchus or lung Malignant neoplasm of ovrip sites of unspibronchus and lung	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
3481	Mali nant neo lasm of over sites of this proficus and fun	Verified as valid and accurate for 2020.
1482	Mali mant neo lasm of ovri sites of left bronchus and lung	Verified as valid and accurate for 2020.
3490	Mali mant neo lasm of unsapart of unsabronchus or lung	Verified as valid and accurate for 2020.
3491	Malionant neoptasm of unsopeart of right bronchus or lung	Verified as valid and accurate for 2020.
3492	Malignant neoplasm of unsurpart of left bronchus or lung	Verified as valid and accurate for 2020.
384	Malignant neoplasm of pleura	Verified as valid and accurate for 2020.
150	Mesothelioma of pleura	Verified as valid and accurate for 2020.
451	Mesothelioma of peritoneum	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
480 481	Malignant neoplasm of retroperitoneum  Malignant neoplasm of specified parts of peritoneum	Verified as valid and accurate for 2020.
182	Malignant neoplasm of peritoneum, unspecified	Verified as valid and accurate for 2020.
188	Malig neo lasm of ovrh sites of retroperiton and peritoneum	Verified as valid and accurate for 2020.
A0	Merkel cell carcinoma of lin	Verified as valid and accurate for 2020.
A10	Merkel cell carcinoma of unsple elid, including canthus	Verified as valid and accurate for 2020.
A11	Markei cell cercanoma of right eyelid, including centhus	C4A111 for right upper eyelid & C4A112 for right lower eyel
A12	Market cell carcinoma of left eyelid, including canthus	C4A121 for left upper eyelid & C4A122 for left lower eyelid
A20	Merket cell carcinoma of unso ear and external auric canal	Verified as valid and accurate for 2020.
A21 A22	Merket cell carcinome of left ear and external auric canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
A22 A30	Merket cell carcinoma of left ear and external auric canal  Merket cell carcinoma of unspecified part of face	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
A31	Merkel cell carcinoma of nose	Verified as valid and accurate for 2020.
A39	Merkel cell carcinoma of other parts of face	Verified as valid and accurate for 2020.
A4	Merkel cell carcinoma of scalp and neck	Verified as valid and accurate for 2020.
A51	Merkel cell carcinoma of anal skin	Verified as valid and accurate for 2020.
A52	Merkel cell carcinoma of skin of breast	Verified as valid and accurate for 2020.
A59	Merkel cell carcinoma of other part of trunk	Verified as valid and accurate for 2020.
IA60	Merkel cell carcinoma of unsu upper limb including shoulder	Verified as valid and accurate for 2020.
IA61 IA62	Merkel cell carcinoma of right upper limb, inc shoulder  Merkel cell carcinoma of left upper limb, including shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
A70	Merkel cell carcinoma of unsu lower limb including shoulder	Verified as valid and accurate for 2020.
A71	Merkel cell carcinoma of right lower limb including his	Verified as valid and accurate for 2020.
A72	Merkel cell carcinoma of left lower limb including him	Verified as valid and accurate for 2020.
A8	Merkel cell carcinoma of overtagoing sites	Verified as valid and accurate for 2020.
IA9	Merkel cell carcinoma, unspecified	Verified as valid and accurate for 2020.
61	Malignant neoplasm of right overy	Verified as valid and accurate for 2020.
562 560	Mali-пant neoplasm of left ovan Mali-пant neoplasm of unspecified ovan	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
569 5700	Malignant neoglasm of unspecified fallogian tube	Verified as valid and accurate for 2020.
5701	Mali nant neo lasm of right fallo ian tube	Verified as valid and accurate for 2020.
5702	Malignant neo lasm of left fallogian tube	Verified as valid and accurate for 2020.
5710	Mali nant neonlasm of unspecified broad linement	Verified as valid and accurate for 2020.
5711	Mali nant neo lasm of right broad ligament	Verified as valid and accurate for 2020.
5712	Malignant neoplasm of left broad ligament	Verified as valid and accurate for 2020.
5720	Mali nant neo lasm of unspecified round ligament	Verified as valid and accurate for 2020.
5721	Mali mant neo tasm of right round ligament	Verified as valid and accurate for 2020.
5722	Mali mant neo lasm of left round li ament	Verified as valid and accurate for 2020.
573 574	Mali mant neoplasm of parametrium	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
574	Mali nant neo lasm of uterine adnexa uns ecified	Verified as valid and accurate for 2020.
700	Malignant neoplasm of cerebral meninges	

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	Cancer d Commonwealth and CHIP	
CD10 Codes	Description  Molivered against of upper third of accuracy.	Verified as valid and accurate for 2020.
2153 2709	Mali nant neo lasm of upper third of eso ha jus Mali nant neo lasm of meninoes, unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
710	Mali nant neo lesm of cerebrum, except lobes and ventricles	Verified as valid and accurate for 2020.
711	Mali nant neoplasm of frontal lobe	Verified as valid and accurate for 2020.
712	Malignant neoplasm of temporal lobe	Verified as valid and accurate for 2020.
713 714	Mali mant neo lasm of parietal lobe  Mali mant neo lasm of occipital lobe	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
715	Malignant neoplasm of cerebral ventricle	Verified as valid and accurate for 2020.
716	Mali nant neoplasm of cerebellum	Verified as valid and accurate for 2020.
717	Mali nant neo lasm of brain stem	Verified as valid and accurate for 2020.
718	Mali mant neoplasm of overlapping sites of brain	Verified as valid and accurate for 2020.
719 720	Mali nant neoplasm of brain, unspecified  Mali nant neoplasm of spinal cord	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
721	Mali mant neoplasm of cauda equina	Verified as valid and accurate for 2020.
7220	Mali nant neo lasm of unspecified olfactory nerve	Verified as valid and accurate for 2020.
7221	Mali nant neo lasm of right olfactory nerve	Verified as valid and accurate for 2020.
7222 7230	Mali nant neo lasm of left olfactory nerve  Mali nant neo lasm of unspecified optic nerve	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7231	Mali mant neo lasm of right optic nerve	Verified as valid and accurate for 2020.
7232	Mali mant neoclasm of left outic nerve	Verified as valid and accurate for 2020.
7240	Mall nant neo lasm of unspecified acoustic nerve	Verified as valid and accurate for 2020.
7241	Mali mant neo lasm of right acoustic nerve	Verified as valid and accurate for 2020.
7242	Malignant neoglasm of left acoustic nerve  Malignant neoglasm of unspecified cranial nerve	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7250 7259	Mali nant ne clasm of other cranial nerves	Verified as valid and accurate for 2020.
729	Mali mant neo lasm of central nervous system uns ecified	Verified as valid and accurate for 2020.
7A00	Mali nant carcinoid tumor of uns ecified site	Verified as valid and accurate for 2020.
7A010 .	Malignant carcinoid tumor of the duodenum	Verified as valid and accurate for 2020.
7A011 7A012	Malignant carcinoid tumor of the jejunum  Malignant carcinoid tumor of the ileum	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7A012 7A019	Malignant carcinoid tumor of the smini unspection	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7A020	Malignant carcinoid tumor of the appendix	Verified as valid and accurate for 2020.
7A021	Mali nant carcinoid tumor of the cecum	Verified as valid and accurate for 2020.
7A022	Mali mant carcinoid tumor of the ascending colon	Verified as valid and accurate for 2020.
7A023 7A024	Malignant carcinoid tumor of the transverse colon  Malignant carcinoid tumor of the descending colon	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7A025	Mali mant cardinoid tumor of the sigmoid colon	Verified as valid and accurate for 2020.
7A026	Mali nant carcinoid tumor of the rectum	Verified as valid and accurate for 2020.
7A029	Malignant carcinoid tumor of the lig int, unso portion	Verified as valid and accurate for 2020.
7A090	Matignant carcinoid tumor of the bronchus and lung	Verified as valid and accurate for 2020.
7A091 7A092	Malignant cercinoid tumor of the thymus  Malignant carcinoid tumor of the stomach	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7A093	Malignant carcinoid tumor of the sidney	Verified as valid and accurate for 2020.
7A094	Malignant carcinoid tumor of the foregut, unspecified	Verified as valid and accurate for 2020.
7A095	Mali nant carcinoid tumor of the mid ut uns edified	Verified as valid and accurate for 2020.
7A096	Mali nant carcinoid tumor of the hinduut unspecified	Verified as valid and accurate for 2020.
7A098	Mali nant cercinoid tumors of other sites  Mali nant poorly differentiated neuroendocrine tumors	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7A8	Other mali mant neuroendocrine tumors	Verified as valid and accurate for 2020.
7B00	Secondary carcinoid tumors unspecified site	Verified as valid and accurate for 2020.
7B01	Secondary carcinoid tumors of distant lymph nodes	Verified as valid and accurate for 2020.
7B02	Secondary carcinoid tumors of liver	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7B03 7B04	Secondary carcinoid tumors of bone Secondary carcinoid tumors of peritoneum	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7B09	Secondary carcinoid tumors of other sites	Verified as valid and accurate for 2020.
7B1	Secondary Merkel cell carcinoma	Verified as valid and accurate for 2020.
7B8	Other secondary neuroendocrine tumors	Verified as valid and accurate for 2020.
8200 8201	Follicular lymphoma_rade I_uns_ecified site Follicular lymphoma_rade I_nodes of head, face_and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8202	Follicular lymphoma grade i, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
8203	Follicular lymphoma grade I intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
8204	Follicular lymphoma grade I nodes of axilla and upper limb	Verified as valid and accurate for 2020.
8205	Foliciar lymph grade I, nodes of ing region and lower limb	Verified as valid and accurate for 2020.
8206 8207	Follicular lymphoma grade I intrapelvic lymph nodes Follicular lymphoma grade I spieen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8207 8208	Follicular I m home grade I lym h nodes of multiple sites	Verified as valid and accurate for 2020.
8209	Follicular I Tohoma grade I extraod and solid organ sites	Verified as valid and accurate for 2020.
8210	Follicular I, home grade II, uns, ecified site	Verified as valid and accurate for 2020.
8211	Follicular tymchoma grade II nodes of head, face, and neck	Verified as valid and accurate for 2020.
8212	Follicular lymphoma grade II, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
8213 8214	Follicular I me home grade II, intra-abdominal I much nodes Follicular I me home grade II, nodes of axilla and upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8215	Foliciar I much grade II nodes of in a region and lower limb	Verified as valid and accurate for 2020.
8216	Follicular lymphoma grade II, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
8217	Follicular lymphoma grade II, spieen	Verified as valid and accurate for 2020.
8218	Follicular lymphoma grade II, lymph nodes of multiple sites	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8219 8220	Follicular I phoma grade II extrnod and solid or an sites Follicular I phoma grade III unspecified unspecified site	Venified as valid and accurate for 2020.  Venified as valid and accurate for 2020.
8221	Foliciar I might grade III, unstructed of head, face, and nk	Verified as valid and accurate for 2020.
8222	Follicular lymphoma grade III, unsp. intrathorac lymph nodes	Verified as valid and accurate for 2020.
8223	Follicular lymphoma grade III unsp intra-abd lymph nodes	Verified as valid and accurate for 2020.
8224	Foliclar I mph grade III, unsu, nodes of axia and upper limb	Verified as valid and accurate for 2020.
8225 8226	Foliciar lymph grade III unso, nodes of ing ron and low imb Folicular lymphome grade III unso, intrapelvic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8227	Follicular I michoma rade III unspecified spleen .	Verified as valid and accurate for 2020.
8228	Follicular lymphoma grade III unso lymph nodes mult site	Verified as valid and accurate for 2020.
8229	Foliclar I which grade ItI unsu extmod and solid org sites	Verified as valid and accurate for 2020.
8230	Follicular I my homa grade IIIa, unspecified site	Verified as valid and accurate for 2020.
08231	Foliciar lymphoma grade Illa, nodes of head, face, and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.

RACION Número P

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Condition	Canan	
Condition: Medicaid/Federal and	Commonwealth and CHIP	
ICD10 Codes	Description	Milliman Comments
C153	Mali mant neo lasm of upper third of esochar us	Verified as valid and accurate for 2020.
C8233	Follicular lymphoma grade Illa, intra-abdominal I muh nodes	Verified as valid and accurate for 2020.
C8234	Foliclar I minhoma grade Ilia, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8235	Foliciar from h grade Illa nodes of ing ran and lower limb	Verified as valid and accurate for 2020.
C8236	Follicular lymphoma grade Illa, intrapelvic lymph nodes Follicular lymphoma grade Illa, spleen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8237 C8238	Follicular lymphoma grade IIIa. lymph nodes mult site	Verified as valid and accurate for 2020.
C8239	Foliciar I working grade IIIa extrnod and solid organ sites	Verified as valid and accurate for 2020.
C8240	Follicular lymphoma grade IIIb unspecified site	Verified as valid and accurate for 2020.
C8241	Foliclar I mohoma grade Ilib nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8242	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8243	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8244	Foliclar I muhoma grade IIIb, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8245 C8246	Foliciar lymph grade IIIb nodes of ing rgn and lower limb Follicular lymphoma grade IIIb intra elvic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8247	Follicular lymphoma rade lilb spleen	Verified as valid and accurate for 2020.
C8248	Follicular lymphoma grade IIIb lymph nodes mult site	Verified as valid and accurate for 2020.
C8249	Foliclar imphoma grade IIIb, extrnod and solid organ sites	Verified as valid and accurate for 2020.
C8260	Cutaneous follicle center lymphoma, unsuecified site	Verified as valid and accurate for 2020.
C8261	Cutan folicl center lymphoma nodes of head face and neck	Verified as valid and accurate for 2020.
C8262	Cutaneous follicle center lymphoma, intrathorac lymph nodes	Verified as valid and accurate for 2020.
C8263	Cutaneous follicle center lymphoma, intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8264	Cutan folici center ivi choma nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8265	Cutan folici cntr lymph, nodes of ing region and lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8266 C8267	Cutaneous follicle center lymphoma intrapelvic lymph nodes Cutaneous follicle center lymphoma spleen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8268	Cutaneous follicle center lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.
C8269	Cutan folici center lymphoma extraod and solid organ sites	Verified as valid and accurate for 2020.
C8280	Other types of follicular tymphoma unspecified site	Verified as valid and accurate for 2020.
C8281	Oth types of foliclar lymph, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8282	Oth types of follicular lymphoma intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8283	Oth was of follicular lymphoma, intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8284	Oth types of foliclar lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8285 C8286	Oth types of foliciar lymph nodes of ing righ and lower limb Other types of folicular lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8287	Other types of follicular I mi homa, sileen	Verified as valid and accurate for 2020.
C8288	Oth types of follicular lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.
C8289	Oth types of foliciar lymph, extmod and solid organ sites	Verified as valid and accurate for 2020.
C8290	Follicular lymphoma, unspecified unspecified site	Verified as valid and accurate for 2020.
C8291	Follicular lymphoma, unsp. nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8292	Follicular I mohoma unspecified intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8293	Follicular lymphoma, unse, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8294	Follicular lymphoma unsu nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8295 C8296	Folicular lymphoma, unsp. nodes of ing region and lower limb  Follicular lymphoma, unspecified intrapelvic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8297	Follicular I homa uns ecified scleen	Verified as valid and accurate for 2020.
C8298	Follicular I muhoma unsultymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8299	Follicular I mphoma, unsp. extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8310	Mantle cell lymphoma_unspecified site	Verified as valid and accurate for 2020.
C8311	Mantle cell lymphoma lymph nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8312	Mantle cell lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8313	Mantle cell lymphoma intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8314 C8315	Mantle cell lymphoma lymph nodes of axilla and upper limb  Mantle cell lymphoma nodes of ing region and lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8316	Mantle cell lymphoma intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8317	Mantle cell lymphoma spleen	Verified as valid and accurate for 2020.
C8318	Mantle cell lymphoma, tymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8319	Mantle cell lymphoma extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8331	Diffuse large B-celf lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8332	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020:
C8333	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8334 C8335	Diffuse large B-cell lymph, nodes of axilla and upper limb  Diffus large B-cell lymph, nodes of ing run and lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8336	Diffuse large B-cell lymphoma intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8337	Diffuse large B-cell lymphoma, spleen	Verified as valid and accurate for 2020.
C8338	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8339	Diffuse large B-cell I prohoma extmod and solid or an sites	Verified as valid and accurate for 2020.
C8380	Other non-follicular lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8381	Oth non-follic lymphoma lymph nodes of head face, and neck	Verified as valid and accurate for 2020.
C8382	Other non-follicular lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8383 C8384	Other non-follicular lymphoma, intra-abdominal lymph nodes Oth non-follic lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8385	Oth non-follic lymphoma nodes of axilia and upper limb  Oth non-follic lymphoma nodes of ingreeion and lower limb	Verified as valid and accurate for 2020.
C8386	Other non-follicular lymphoma intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8387	Other non-follicular lymphoma spleen	Verified as valid and accurate for 2020.
C8388	Other non-follicular lymphoma. I much nodes of multiple sites	Verified as valid and accurate for 2020.
C8389	Oth non-follic lymphoma extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8400	Mycosis fun pides, unspecified site	Verified as valid and accurate for 2020.
C8401	Mycosis fun joides lymph nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8402	Mycosis fun oides intrathoracic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8403 C8404	Mycosis funnoides, intra-abdominal 1 mph nodes Mycosis funnoides, lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8405	M cosis fundades nodes of injuinal region and lower limb	Verified as valid and accurate for 2020.
C8406	My sis fun pides intra elvic lymph nodes	Verified as valid and accurate for 2020.
C8407	M cosis fun oides sileen	Verified as valid and accurate for 2020.
C8408	Mycasis fungoides, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8409	Mycosis fun oides, extranodal and solid or an sites	Verified as valid and accurate for 2020.
C8440	Peri heral T-cell I homa not classified uns ecified site	Verified as valid and accurate for 2020.
C0444		
C8441 C8442	Peri heral T-cell 1 mph not class nodes of head, face and neck Peri heral T-cell 1 mphoma not class intrathorac nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.

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Contrato Número
19 - 053

	Cancer I Commonwealth and CHIP	Millman Comments
10 Codes 33	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
143	Pericheral T-cell lymphoma not classified intra-abd nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
44	Prph T-cell lymph, not class, nodes of axilla and upper limb Prph T-cell lymph, not class, nodes of ing run and low limb	Verified as valid and accurate for 2020.
46	Peni heral T-cell I, mphoma, not classified, intra elv nodes	Verified as valid and accurate for 2020.
47 48	Peri heral T-cell I phona not classified, sileen Peri heral T-cell I phona not classified nodes mult site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
49	Proh T-cell lymph, not class, extrnod and solid organ sites	Verified as valid and accurate for 2020.
60	Ana tastic large cell I mphoma ALK positive, unso site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
61 62	Analastic In cell lymph ALK-nos nodes of head face and nk Analastic Iane cell lymphoma ALK-nos intrathorac nodes	Verified as valid and accurate for 2020.
163	Anaplastic la de cell l'imphoma ALK pos intra-abd nodes	Verified as valid and accurate for 2020.
64 65	Anapisto la cell lymph, ALK pos, nodes of axia and up limb  Anapisto la cell lymph, ALK pos, nodes of ing ran & low lmb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
66	Anaplastic large cell lymphoma ALK pos intrapely nodes	Verified as valid and accurate for 2020.
67 68	Ana lastic lar le cell lymphoma, ALK positive spleen  Ana lastic lar le cell lymphoma, ALK-pos, nodes mult site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
69	Ana liste to cell I mph, ALK, os, extmod and solid or, sites	Verified as valid and accurate for 2020.
70	Anaplastic large cell lymphoma, ALK-negative unspisite	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
71 72	Analistic I cell tymph, ALK-nig, nodes of head, face, and rik Analistic large cell I mehoma, ALK-neg, intrathorac nodes	Verified as valid and accurate for 2020.
73	Ana lastic large cell lymphoma ALK-neg intra-abd nodes	Verified as valid and accurate for 2020.
74 75	Analistic Ig cell I mph, ALK-neg, nodes of exla and upr limb Analistic Ig cell I mph, ALK-neg, nodes of ing ran & low lmb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
76	Anaplastic large cell lymphoma, ALK-neg intracely nodes	Verified as valid and accurate for 2020.
77 70	Anaplastic large cell I mohoma ALK-negative soleen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
78 79	Anaplastic large cell lymphoma ALK-neg nodes mult site Anaplate In cell lymph, ALK-neg extraod and solid org sites	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
20	Mediastinal (th mic lar e B-cell lymphoma unspecified site	Verified as valid and accurate for 2020.
21	Mediastril large B-cell lymph, nodes of head, face, and neck Mediastril (thymic) large B-cell lymphoma, intrathorac nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
523	Mediastinal (thymic large B-cell I) rephoma, intra-abd nodes	Verified as valid and accurate for 2020.
24 25	Mediastn1 large B-cell lymph, nodes of axilla and upper limb  Mediastn1 in B-cell lymph, nodes of ingran and lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
26 26	Mediastinal (thyrric) large B-cell I прhoma, intrapely пodes	Verified as valid and accurate for 2020.
27	Mediastinal (thymic large B-cell I mohoma, spleen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
28 29	Mediastinal (thymic) large B-cell lymphoma, nodes mult site  Mediastnl large B-cell lymph, extrnod and solid organ sites	Verified as valid and accurate for 2020.
4	Extraod might zn B-cell lymph of mucosa-assoc lymphoid tiss	Verified as valid and accurate for 2020.
00 01	Acute lymphoblastic leukemia not having achieved remission Acute lymphoblastic leukemia in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
02	Acute I hobiastic leukemia, in relause	Verified as valid and accurate for 2020.
10	Chronic I mphocyric leuk of B-cell type not achieve remis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
11	Chronic lymphocytic leukemia of B-cell type in remission Chronic lymphocytic leukemia of B-cell type in relapse	Verified as valid and accurate for 2020.
30	Profunction of B-cell type not achieve remission	Verified as valid and accurate for 2020.
31	Protymphocytic leukemia of B-cell type, in remission  Protymphocytic leukemia of B-cell type, in rela se	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
50	Adult T-cell tymph/leuk (HTLV-1-assoc) not achieve remission	Verified as valid and accurate for 2020.
51 52	Adult T-cell Imphoma/leukemia HTLV-1-assoc in remission Adult T-cell Imphoma/leukemia HTLV-1-assoc in relapse	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
60	Prolymphocytic leukemia of T-cell type not achieve remission	Verified as valid and accurate for 2020.
61	Prolymphocytic leukemia of T-cell type, in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
62 90	Prolymphocytic leukemia of T-cell lyne, in relapse  Lymphoid leukemia, unspecified not having achieved remission	Verified as valid and accurate for 2020.
191	Lymphoid leukemia, unspecified in remission	Verified as valid and accurate for 2020.
92 A0	Lymphoid leukemia, unspecified in relapse  Mature B-cell leukemia Burkitt-type not achieve remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
A1	Mature B-cell leukemia Burkitt-type, in remission	Verified as valid and accurate for 2020.
A2 Z0	Mature B-cell leukemia Burkitt-type in relapse Other Lymphoid leukemia not having achieved remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
Z1	Other lymphoid leukemia, in remission	Verified as valid and accurate for 2020.
Z2	Other lymphoid leukemia in relapse	Verified as valid and accurate for 2020.
00	Acute myeloblastic leukemia, not having achieved remission  Acute myeloblastic leukemia, in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
02	Acute m eloblastic leukemia, in relarse.	Verified as valid and accurate for 2020.
10 11	Chronic myeloid leuk, BCR/ABL positive not achieve remis Chronic myeloid leukemia, BCR/ABL positive in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
12	Chronic my loid leukemia, BCR/ABL positive in relaise	Verified as valid and accurate for 2020.
20	Atypic chronic myeloid leuk BCR/ABL-neg not achieve remis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
221	Atypical chronic myeloid leukemia, BCR/ABL-neg, in remission Atypical chronic myeloid leukemia, BCR/ABL-neg, in relapse	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
:30	Myeloid sarcoma, not having achieved remission	Verified as valid and accurate for 2020.
31	Myeloid sarcoma, in remission  Myeloid sarcoma in relapse	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
240	Acute promyelocytic leukemia, not having achieved remission	Verified as valid and accurate for 2020.
41	Acute promielocinic leukemia in remission  Acute promielocinic leukemia, in relapse	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
50	Acute myelomonocytic leukemia, in real se	Verified as valid and accurate for 2020.
51	Acute myelomono y ic leukemia, in remission	Verified as valid and accurate for 2020.
52 60	Acute myelomono y ic leukemia in rela se  Acute myeloid leukemia w 11 23-abnormality not achieve remis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
31	Acute m eloid leukemia with 11 23-abnormality in remission	Verified as valid and accurate for 2020.
90	Acute myeloid leukemia with 11 n23-abnormality in relapse Myeloid leukemia unspecified, not having achieved remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
291	Myeloid leukemia unspecified in remission	Verified as valid and accurate for 2020.
292	Acute musteld tout w muttiin durelasia, not achieve remis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020
2A0 2A1	Acute myeloid teuk w multilin dysplasia not achieve remis  Acute myeloid leukemia w multilin dysplasia in remission	Verified as valid and accurate for 2020 Verified as valid and accurate for 2020
2A2	Acute myeloid leukemie w multilinea e dyuptasia in relapse	Verified as valid and accurate for 20.20.
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	Commonwealth and CHIP	The second secon
Codes	Description	Milliman Comments
	Malignant neo lasm of upper third of esophagus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
0	Other myeloid leukemia not having achieved remission  Other myeloid leukemia, in remission	Verified as valid and accurate for 2020.
<u>"</u>	Other myeloid leukemia, in relaisse	Verified as valid and accurate for 2020.
00	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.
102	Acute monoblastic/monocytic leukemia, in relapse	Verified as valid and accurate for 2020.
310	Chronic myelomonocy ic leukemia not achieve remission	Verified as valid and accurate for 2020.
111	Chronic m elomonoc, ic leukemia, in remission	Verified as valid and accurate for 2020.
12	Chronic myelomono y c leukemia in rela se	Verified as valid and accurate for 2020.
30	Juvenile myelomonocy ic leukemia, not achieve remission	Verified as valid and accurate for 2020.
331	Juvenile myelomonocytic leukemia in remission	Verified as valid and accurate for 2020.
332	Juvenile myelomonocy ic teukemia in relayse	Verified as valid and accurate for 2020.
90	Monocytic leukemia, unsp. not having achieved remission	Verified as valid and accurate for 2020.
391	Monocytic leukemia unspecified in remission	Verified as valid and accurate for 2020.
392	Monocytic leukemia, unspecified in relanse	Verified as valid and accurate for 2020.
BZQ	Other monoc, ic leukemia, not havin, achieved remission	Verified as valid and accurate for 2020.
Z1	Other monocytic leukemia, in remission	Verified as valid and accurate for 2020.
Z2	Other monocytic leukemia, in relapse	Verified as valid and accurate for 2020.
00	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 megakaryoblastic leukemia not achieve remission	Verified as valid and accurate for 2020.
121	Acute menaka voblastic leukemia in remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
122	Acute megakar voblastic leukemia, in relapse	
130	Mast cell leukemia not having achieved remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
131	Mast cell leukemia, in remission  Mast cell leukemia, in relanse	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
132		Ventred as valid and accurate for 2020.  Verified as valid and accurate for 2020.
180 181	Other specified leukemias not having achieved remission  Other specified leukemias, in remission	Verified as valid and accurate for 2020.
82	Other's ecified leukemias, in relause	Verified as valid and accurate for 2020.
500	Acute leukemia of unspicell the not achieve remission	Verified as valid and accurate for 2020.
601	Acute leukemia of unspecified cell type in remission	Verified as valid and accurate for 2020.
502	Acute leukemia of unspecified cell type in relapse	Verified as valid and accurate for 2020.
10	Chronic leukemia of unsa cell type not achieve remission	Verified as valid and accurate for 2020.
511	Chronic leukemia of unsuecified cell type, in remission	Verified as valid and accurate for 2020.
512	Chronic leukemia of unspecified cell type in relapse	Verified as valid and accurate for 2020.
90	Leukemia unspecified not having achieved remission	Verified as valid and accurate for 2020.
91	Leukemia, unspecified in remission	
		Verified as valid and accurate for 2020.
92	Leukemia unspecified in relapse	Verified as valid and accurate for 2020.
592		
92	Leukemia unspecified in relapse	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
592 5	Leukemia unspecified in relapse Polycythemia vera	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication.
92 Z1	Leukemia unspecified in relapse Polycythemia vera  Post-transplant lymphoproliferative disorder (PTLD)	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary).
21 0	Leukemia unspecified in relapse Polycythemia vera  Post-transplant I imphoproliferative disorder (PTLD) Unspecified complication of bone marrow transplant	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary).  Verified as valid and accurate for 2020.
21 10 01	Leukemia unspecified in relapse Polycythemia vera  Post-transplant lympho-roliferative 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.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary).  Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
92 Z1 00 01	Leukemia unspecified in relapse Polycythemia vera  Post-trans, tant I, mpho roliferative disorder (PTLD) Unspecified complication of bone marrow trans, lant Bone marrow trans, lant rejection Bone marrow trans plant failure	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary).  Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
Z1 00 01 02 03	Leukemia unspecified in relapse Polycythemia vera  Post-transplant lymphoproliferative disorder (PTLD) Unspecified complication of bone marrow transplant lejection Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant infection	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary).  Verified as valid and accurate for 2020.
Z1 00 01 02 03	Leukemia unspecified in relapse Polycythemia vera  Post-transptant lymphoproliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant feilure Bone marrow transplant infection Other complications of bone marrow transplant	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary).  Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
21 00 01 02 03 09	Leukemia unspecified in relapse Polycythemia vera  Post-transplant in rupho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant rejection Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary.  Verified as valid and accurate for 2020.
21 00 01 122 03 09 0	Leukemia unspecified in relapse Polycythemia vera  Post-transptant lymphoproliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant feilure Bone marrow transplant infection Other complications of bone marrow transplant	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.
21 10 10 10 12 22 33 19 10 11	Leukemia unspecified in relapse Polycythemia vera  Post-trans, tant I, mpho roliferative disorder (PTLD) Unspecified complication of bone marrow trans, lant telection Bone marrow trans, lant relection Bone marrow trans, lant failure Bone marrow trans, lant infection Other complications of bone marrow trans, lant Encounter for antineo lastic radiation therapy Encounter for antineo lastic chemotherapy	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only (not allowed as primary).  Verified as valid and accurate for 2020.
21 200 31 32 33 39 0 11	Polycythemia vera  Post-transplant lympho-proliferative disorder (PTLD) Unspecified complication of bone marrow transplant leaction Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic chemotherapy Encounter for antineo lastic immunotherapy	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary).  Verified as valid and accurate for 2020.
21 00 01 02 33 09 01 11 12 81	Leukemia unspecified in relapse Polycythemia vera  Post-transplant   mphoproliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant relection Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic chemotherapy Bone marrow transplant status	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.
21 100 101 102 23 33 399 0 11 112 31 0	Leukemia unspecified in relapse Polycythemia vera  Post-transplant i, mpho-roliferative disorder (PTLD) Unspecified complication of bone marrow transplant rejection Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic chemotherapy Bone marrow transplant status Malignant neoplassm of external upper lip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.
21 100 111 122 133 139 0 11 1 2 131 0 151	Leukemia unspecified in relapse Polycythemia vera  Post-transplant I ympho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant rejection Bone marrow transplant feiture Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic chemotherapy Encounter for antineo lastic immunotherapy Bone marrow transplant status Mali mant neo plasm of external upper lip Mali mant neo plasm of external lower lip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only (not allowed as primary).  Verified as valid and accurate for 2020.
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592 5 5 7 7 7 1 600 600 601 601 602 603 600 600 600 600 600 600 600 600 600	Leukemia unspecified in relapse Polycythemia vera  Post-transplant ly mpho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic immunotherapy Bone marrow transplant status Mali mant neoplasm of external lower lip Mali mant neoplasm of external upper lip Mali mant neoplasm of external lip, unspecified Mali mant neoplasm of lower lip, inner aspect Mali mant neoplasm of lower lip, inner aspect Mali mant neoplasm of lower lip, inner aspect Mali mant neoplasm of overlapin, sites of lip unspecified Mali mant neoplasm of overlapin sites of lip Mali mant neoplasm of overlapin sites of lip Mali mant neoplasm of base of ton ue Mali mant neoplasm of border of ton ue Mali mant neoplasm of border of ton ue Mali mant neoplasm of verlapin sites of ton ue part unspecified Mali mant neoplasm of verlapin sites of ton ue part unspecified Mali mant neoplasm of verlapin sites of ton ue Mali mant neoplasm of verlapin sites of ton ue Mali mant neoplasm of lower um Mali ma	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
592 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Leukemia unspecified in relapse Polycythemia vera  Post-transplant I, mpho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation theraly Encounter for antineo lastic immunotheraly Bone marrow transplant status Malignant neoplasm of external lower lip Malignant neoplasm of external lower lip Malignant neoplasm of external lower lip Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of overlaping sites of lip Malignant neoplasm of overlaping sites of lip Malignant neoplasm of overlaping sites of lip Malignant neoplasm of base of tongue Malignant neoplasm of border of tongue Malignant neoplasm of vertiral surface of tongue Malignant neoplasm of vertiral surface of tongue Malignant neoplasm of vertiral surface of tongue Malignant neoplasm of overlaping sites of tongue part unsp Malignant neoplasm of overlaping sites of tongue 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 overlaping sites of floor of mouth	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
592 55 500 501 502 503 509 10 1111 1112 481 00 01 02 03 04 05 06 08 09 1 20 21 22 23 24 28 29 30 31 39 40 41 44 48 49 50 50 50 50 50 50 50 50 50 50	Leukemia unspecified in relapse Polycythemia vera  Post-trans, tant I) my hor roliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant relection Bone marrow transplant feilure Bone marrow transplant feilure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation theraly Encounter for antineo lastic radiation theraly Encounter for antineo lastic chemotherapy Bone marrow transplant status Mali mant neo lasm of external upper lip Mali mant neo lasm of external lower lip Mali mant neo lasm of external lower lip Mali mant neo lasm of external lower lip Mali mant neo lasm of lower lip, inner as ect Malignant neo lasm of lower lip, inner as ect Malignant neo lasm of lower lip, inner as ect Malignant neo lasm of lower lip, inner as ect Malignant neo lasm of lower lip, inner as ect Malignant neo lasm of lower lip, inner as ect Malignant neo lasm of lower lip, inner as ect Malignant neo lasm of overlapping sites of lip Malignant neo lasm of overlapping sites of lip Malignant neo lasm of overlapping sites of lip Malignant neo lasm of overlapping sites of longue Malignant neo lasm of overlapping sites of tongue Malignant neo lasm of overlapping sites of floog of mouth Malignant neo lasm of lower floog of mouth Malignant neo lasm of lower floog of mouth Malignant neo lasm of floog of mouth, unspecified Malignant neo lasm of lower lip Malignant neo lasm of	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
592 55 5721 5600 501 502 503 509 10 1111 1112 481 00 00 01 00 01 02 03 04 00 05 06 08 09 1 20 22 23 24 28 29 30 30 31 33 94 40 41 48 49 50 50 51	Leukemia unspecified in relapse Polycythemia vera  Post-transplant lympho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic immunotherapy Bone marrow transplant status Malignant neoplasm of external upper lip Malignant neoplasm of external lower lip Malignant neoplasm of external lip unspecified Malignant neoplasm of ouver lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of overlapping sites of lip Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of overlapping sites of lip Malignant neoplasm of overlapping sites of lip Malignant neoplasm of bose of fongue Malignant neoplasm of border of tongue Malignant neoplasm of border of tongue Malignant neoplasm of sorder of tongue Malignant neoplasm of inner all tonsil Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of lower gum Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of lower gum Malignant neoplasm of soft palate Malignant neoplasm of soft palate Malignant neoplasm of overlapping sites of floor of mouth Malignant neoplas	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
592 55 5721 600 600 600 600 600 600 600 600 600 60	Leukemia unspecified in relapse Polycythemia vera  Post-transplant I) rupho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant tejection Bone marrow transplant rejection Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic immunotherapy Encounter for antineo lastic immunotherapy Bone marrow transplant status Mali pnant neo lasm of external luper lip Mali pnant neo lasm of external luper lip Mali pnant neo lasm of external luper lip Mali pnant neo lasm of luper lip, inner aspect Mali pnant neo lasm of lower lip, inner aspect Mali pnant neo lasm of lower lip, inner aspect Mali pnant neo lasm of lower lip, inner aspect Mali pnant neo lasm of overlaping sites of lip unspecified Mali pnant neo lasm of overlaping sites of lip Mali pnant neo lasm of lower lip inner aspect Mali pnant neo lasm of lower lip inner aspect Mali pnant neo lasm of lower lip inner aspect Mali pnant neo lasm of lower lip inner aspect Mali pnant neo lasm of lower lip inner aspect Mali pnant neo lasm of lower lip inner aspect Mali pnant neo lasm of lower lip inner aspect Mali pnant neo lasm of lower lip inner aspect Mali pnant neo lasm of overlap ing sites of ton pue Mali pnant neo lasm of vorlap ing sites of ton pue Mali pnant neo lasm of lower lum Mali pnant neo lasm o	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
592 55 500 501 502 503 509 10 1111 1112 481 00 01 02 03 04 05 06 08 09 1 20 21 22 23 24 28 29 30 31 39 40 41 44 48 49 50 50 50 50 50 50 50 50 50 50	Leukemia unspecified in relapse Polycythemia vera  Post-transplant lympho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic immunotherapy Bone marrow transplant status Malignant neoplasm of external upper lip Malignant neoplasm of external lower lip Malignant neoplasm of external lip unspecified Malignant neoplasm of ouver lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of overlapping sites of lip Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of overlapping sites of lip Malignant neoplasm of overlapping sites of lip Malignant neoplasm of bose of fongue Malignant neoplasm of border of tongue Malignant neoplasm of border of tongue Malignant neoplasm of sorder of tongue Malignant neoplasm of inner all tonsil Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of lower gum Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of overlapping sites of tongue Malignant neoplasm of lower gum Malignant neoplasm of soft palate Malignant neoplasm of soft palate Malignant neoplasm of overlapping sites of floor of mouth Malignant neoplas	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
592 5 5 721 600 600 600 601 602 600 600 600 600 600 600 600 600 600	Leukemia unspecified in relapse Polycythemia vera  Post-transplant I) mpho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant rejection Bone marrow transplant failure Encounter for antineo lastic radiation thera y Encounter for antineo lastic immunotherapy Bone marrow transplant status Malignant neoplasm of external upper lip Malignant neoplasm of external lower lip Malignant neoplasm of external lower lip Malignant neoplasm of uper lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of overlaping sites of lip Malignant neoplasm of overlaping sites of lip Malignant neoplasm of overlaping sites of lip Malignant neoplasm of base of tongue 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	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
592 5 5 7 7 7 1 6 6 0 6 0 6 0 1 1 1 1 1 1 1 1 1 1 1 1	Leukemia unspecified, in relapse Polycythemia vera  Post-trans, tant I, m, ho, roliferative disorder (PTLD) Unspecified complication of bone marrow trans, lant Bone marrow trans, lant relection Bone marrow trans, lant infection Other complications of bone marrow trans, lant Encounter for antineo lastic radiation theraly Encounter for antineo lastic chemotheraly Encounter for antineo lastic immunotheraly Bone marrow trans, lant status Mali gnant neoplasm of external upper lip Mali gnant neoplasm of external lower lip Mali gnant neoplasm of external lower lip Mali gnant neoplasm of external lip, unspecified Mali gnant neoplasm of lower lip, inner aspect Malignant neoplasm of overlapping sites of lip Malignant neoplasm of overlapping sites of lip Malignant neoplasm of bose of fongue Malignant neoplasm of bose of fongue Malignant neoplasm of border of tongue Malignant neoplasm of sorder of tongue Malignant neoplasm of vertral surface of tongue Malignant neoplasm of vertral surface of tongue Malignant neoplasm of vertral surface of tongue Malignant neoplasm of overlapping sites of longue Malignant neoplasm of lower gum Malignant neoplasm of overlapping sites of floor of mouth Malignant neoplasm of overlapping sites of floor of mouth Malignant neoplasm of overlapping sites of floor of mouth Malignant neoplasm of overlapping sites of palate Malignant neoplasm of overlapping sites of palate Malignant neoplasm of overlappin	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
592 55 57 77 21 600 600 601 601 602 603 600 601 601 602 603 603 603 604 605 606 606 606 606	Leukemia unspecified in relapse Polycythemia vera  Post-transplant lympho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic immunotherapy Bone marrow transplant status Malignant neoplasm of external lower lip Malignant neoplasm of external lower lip Malignant neoplasm of external lower lip Malignant neoplasm of lower lip, inner aspect Malignant neoplasm of overlappin, sites of lip unspecified Malignant neoplasm of overlappin, sites of lip Malignant neoplasm of overlappin sites of lip Malignant neoplasm of base of tongue Malignant neoplasm of border of tongue Malignant neoplasm of overlappin sites of tongue Malignant neoplasm of verlappin sites of tongue Malignant neoplasm of verlappin sites of tongue Malignant neoplasm of verlappin sites of tongue Malignant neoplasm of lover gum Malig	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
192   193   194   195	Leukemia unspecified, in relapse Polycythemia vera  Post-trans, tant I), my hor roliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic immunotherapy Bone marrow transplant status Mali grant neor lasm of external upper lip Mali grant neor lasm of external lower lip Mali grant neor lasm of external lower lip Mali grant neor lasm of upper lip, inner aspect Mali grant neor lasm of lower lip, inner aspect Mali grant neor lasm of lower lip, inner aspect Mali grant neor lasm of lower lip, inner aspect Mali grant neor lasm of overlaping sites of lip Mali grant neor lasm of overlaping sites of lip Mali grant neor lasm of lower lip, inner aspect Mali grant neor lasm of overlaping sites of lip Mali grant neor lasm of overlaping sites of lip Mali grant neor lasm of base of tongue Mali grant neor lasm of border of tongue Mali grant neor lasm of verlaping sites of tongue Mali grant neor lasm of verlaping sites of tongue Mali grant neor lasm of verlaping sites of tongue Mali grant neor lasm of overlaping sites of tongue Mali grant neor lasm of lower grum Mali grant neor	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary)  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
21 200 211 22 23 33 39 30 11 12 21 31 4 5 6 6 8 8 9 9 1 1 2 2 3 4 4 6 6 8 8 9 9 1 1 2 2 3 4 4 6 6 8 8 9 9 9 1 1 1 1 2 2 3 4 4 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9	Post-transplant I) rupho roliferative disorder (PTLD) Unspecified complication of bone marrow transplant tejection Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation theraly Encounter for antineo lastic cimmunotheraly Encounter for antineo lastic immunotheraly Bone marrow transplant status Mali pnant neo lasm of external lower lip Mali pnant neo lasm of external lower lip Mali pnant neo lasm of external lip, unspecified Mali pnant neo lasm of uper lip, inner aspect Mali pnant neo lasm of lower lip, inner aspect Mali pnant neo lasm of lower lip, inner aspect Mali pnant neo lasm of lower lip, inner aspect Mali pnant neo lasm of lower lip, inner aspect Mali pnant neo lasm of overlaping sites of lip unspecified Mali pnant neo lasm of overlaping sites of lip unspecified Mali pnant neo lasm of lower lip unspecified Mali pnant neo lasm of lover of ton use Mali pnant neo lasm of lover lower lo	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary.  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202
92  Z1  00  01  02  03  09  0  11  12  81  0  11  12  33  44  55  66  88  99  60  61  61  62  63  64  68  69  60  61  61  63  63  64  65  66  66  66  66  66  66  66  66	Leukemia unspecified, in relapse Polycythemia vera  Post-trans, tant I), my hor roliferative disorder (PTLD) Unspecified complication of bone marrow transplant Bone marrow transplant rejection Bone marrow transplant failure Bone marrow transplant failure Bone marrow transplant infection Other complications of bone marrow transplant Encounter for antineo lastic radiation therapy Encounter for antineo lastic immunotherapy Bone marrow transplant status Mali grant neor lasm of external upper lip Mali grant neor lasm of external lower lip Mali grant neor lasm of external lower lip Mali grant neor lasm of upper lip, inner aspect Mali grant neor lasm of lower lip, inner aspect Mali grant neor lasm of lower lip, inner aspect Mali grant neor lasm of lower lip, inner aspect Mali grant neor lasm of overlaping sites of lip Mali grant neor lasm of overlaping sites of lip Mali grant neor lasm of lower lip, inner aspect Mali grant neor lasm of overlaping sites of lip Mali grant neor lasm of overlaping sites of lip Mali grant neor lasm of base of tongue Mali grant neor lasm of border of tongue Mali grant neor lasm of verlaping sites of tongue Mali grant neor lasm of verlaping sites of tongue Mali grant neor lasm of verlaping sites of tongue Mali grant neor lasm of overlaping sites of tongue Mali grant neor lasm of lower grum Mali grant neor	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.  Requires a code for the specific organ transplant complication this is a secondary code only not allowed as primary.  Verified as valid and accurate for 2020.  Verified as valid and accurate for 202

Número - 0 5 3

D10 Codes 53	Description  Malignant neoplasm of upper third of esophagus	Weified as valid and accurate for 2020.
	Mali mant neoplasm of sublingual pland	Verified as valid and accurate for 2020.
	Mali mant neoplasm of major salivary gland, unspecified Mali mant neoplasm of tonsillar fossa	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali neo lasm of tonsillar cillar (anterior) (posterior	Verified as valid and accurate for 2020.
	Mali nant neo lasm of overlaging sites of tonsil Mali nant neo lasm of tonsil unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
)	Mali mant neo lasm of valtecula	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
2	Mali nant neo lasm of anterior surface of epiglottis Mali nant neo lasm of lateral wall of oro harmx	Verified as valid and accurate for 2020.
3 4	Mali mant neo plasm of posterior wall of oro pharynx Mali mant neo plasm of branchial cleft	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
3	Mali mant neoplasm of overlapping sites of oropharynx	Verified as valid and accurate for 2020.
0	Mali mant neo lasm of oropharynx uns ecified Mali mant neo lasm of superior wall of nasopharynx	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mationant neo lasm of costerior wall of naso ha x	Verified as valid and accurate for 2020.
2	Malignant neoglasm of lateral wall of nasogha y x Malignant neoglasm of anterior wall of nasogha y x	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
3	Mali mant neo dasm of overlagging sites of naso hary x	Verified as valid and accurate for 2020.
,	Malignant neoglasm of payoform sinus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant neo lasm of lostcricoid relion	Verified as valid and accurate for 2020.
	Maligneoplasm of an epiplottic fold, hypophary geal as ect Malignant neoplasm of posterior wall of hypopharms	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Malignant neoplasm of overlapping sites of hypopharynx	Verified as valid and accurate for 2020.
	Mali nant neoplasm of hypopharynx, unspecified  Mali nant neoplasm of pharynx, unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Malignant neoplasm of Walde er's ring	Verified as valid and accurate for 2020.
	Maligneoulm of ovrig sites of liggoral cavity and pharms  Malignant neoplasm of nasat cavity	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant neoplasm of middle ear	Verified as valid and accurate for 2020.
	Maii nant neo lasm of maxillary sinus  Maii nant neo lasm of ethmoidal sinus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant neoplasm of frontal sinus	Verified as valid and accurate for 2020.
	Malignant neoplasm of sphenoid sinus  Malignant neoplasm of overlapping sites of accessory sinuses	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant neo lasm of accessory sinus uns ecified	Verified as valid and accurate for 2020.
	Mali nant neo lasm of plottis  Mali nant neo lasm of supra lottis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant neo lasm of sub lottis	Verified as valid and accurate for 2020.
	Malignant neoglasm of language cartilage Malignant neoglasm of overlapping sites of language	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant neo lasm of landx unst edified	Verified as valid and accurate for 2020.
	Mali mant melanoma of lin  Mali mant melanoma of unspecified eyelid including canthus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1	Malignant melanoma of right eyend, including carefus	C43111 for right upper evelid & C43112 for right lower evelid C43121 for left upper evelid & C43122 for left lower evelid
2 0	Malignant melanoma of unsplear and external auricular canal	Verified as valid and accurate for 2020.
1 2	Malignant melanoma of right ear and external auricular canal Malignant melanoma of left ear and external auricular canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
3	Mali nant melanoma of unspecified part of face	Verified as valid and accurate for 2020.
)	Mali_nant melanoma of nose Mali_nant melanoma of other parts of face	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Malignant metanoma of scalp and neck	Verified as valid and accurate for 2020.
	Mali nant melanoma of anal skin Mali nant melanoma of skin of breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant melanoma of other part of trunk	Verified as valid and accurate for 2020.
	Mali nant melanoma of unso upper limb, including shoulder Mali nant melanoma of right upper limb, including shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
2	Mali mant melanoma of left upper limb, including shoulder	Verified as valid and accurate for 2020.
0 1	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.  Verified as valid and accurate for 2020.
2	Mali mant melanoma of left lower limb, including his	Verified as valid and accurate for 2020.
	Mali nant melanoma of overlapping sites of skin  Mali nant melanoma of skin unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
)	Uns ecified mali nant neo lasm of skin of li	Verified as valid and accurate for 2020.
2	Basal cett carcinoma of skin of lip S uamous celt carcinoma of skin of tip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Other specified malignant neoplasm of skin of lip	Verified as valid and accurate for 2020.
01 02	Unsu mali unant neo plasm skin/ unsu eyelid including canthus Unsu mali unant neo plasm skin/ right eyelid, inc canthus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
19	Uns mali nant neo lasm skin/ left e elid includin canthus	Verified as valid and accurate for 2020.
11 12	Basal cell carcinoma skin/ unspeyelid, including canthus Basal cell carcinoma skin/ right eyelid, including canthus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
9	Basal cell carcinoma skin/ left e elid, including canthus	Verified as valid and accurate for 2020.
2 <b>1</b> 22	S uamous cell carcinoma skin/ unsperella including canthus S uamous cell carcinoma skin/ right eyelid, inc canthus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
29 91	S juamous cell carcinoma skin/ left evelid, including canthus	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
92	Oth mali_nant neo lasm skin/ uns_ eyelid, including canthus Oth mali_nant neo lasm skin/ right eyelid, including canthus	Verified as valid and accurate for 2020.
99 01	Oth matignant neoplasm skin/ left eyelid, including canthus Unsp matig neoplasm skin/ unsp ear and external auric canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
2	Uns mali neo lasm skin/ ri ht ear and external auric canal	Verified as valid and accurate for 2020.
09	Uns mali neo lasm skin/ left ear and external auric canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
11 12	Basal cell carcinoma skin/ unsp ear and external auric canal Basal cell carcinoma skin/ r ear and external auric canal	Verified as valid and accurate for 2020.
19	Basal cell carcinoma skin/ left ear and external auric canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
21	S uamous cell carcinoma skin/ uns ear and extrn auric canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
221 222	Squamous cell carcinoma skin/ r ear and external auric canal	VESTILED BY VAIID BITG GOOGLEGE FOR EULO.

Medicaid/Federal an	Cancer d Commonwealth and CHIP	
CD10 Codes	Description	Milliman Comments
153	Mali mant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
244291	Oth malin neo lasm skin/ unsilear and external auric canal	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
244292 244299	Oth malin neo lasm skin/ right ear and external auric canal Oth malin neo lasm skin/ left ear and external auric canal	Verified as valid and accurate for 2020.
44300	Uns mali nant neo lasm of skin of uns edified part of face	Verified as valid and accurate for 2020.
44301	Uns edified mali mant neoplasm of skin of nose	Verified as valid and accurate for 2020.
44309	Unstream unant neoplasm of skin of other parts of face	Verified as valid and accurate for 2020.
44310	Basal cell carcinoma of skin of unspecified parts of face	Verified as valid and accurate for 2020.
244311	Basal cell carcinoma of skin of nose	Verified as valid and accurate for 2020.
244319	Basal cell carcinoma of skin of other parts of face	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44320 C44321	Squamous cell carcinoma of skin of unspecified parts of face Squamous cell carcinoma of skin of nose	Verified as valid and accurate for 2020.
244329	Squamous cell carcinoma of skin of other parts of face	Verified as valid and accurate for 2020.
244390	Oth mali ment necessar of skin of unspecified parts of face	Verified as valid and accurate for 2020.
244391	Other specified malipant neoplasm of skin of nose	Verified as valid and accurate for 2020.
244399	Oth malignant neoplasm of skin of other parts of face	Verified as valid and accurate for 2020.
:4440	Uns ecified mali mant neo lasm of skin of scalu and neck	Verified as valid and accurate for 2020.
24441	Basal cell carcinoma of skin of scalp and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
24442 24449	Squamous cell carcinoma of skin of scalp and neck  Other specified mali mant neoplasm of skin of scalp and neck	Verified as valid and accurate for 2020.
244500	Uns ecified mali nant neo lasm of anal skin	Verified as valid and accurate for 2020.
244501	Unspecified mali mant neoplasm of skin of breast	Verified as valid and accurate for 2020.
244509	Unsp malignant neoplasm of skin of other part of trunk	Verified as valid and accurate for 2020.
C44510	Basal cell carcinoma of anal skin	Verified as valid and accurate for 2020.
C44511	Basal cell carcinoma of skin of breast	Verified as valid and accurate for 2020.
244519	Basal cell carcinoma of skin of other part of trunk	Verified as valid and accurate for 2020.
C44520	Souamous cell carcinoma of anal skin	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44521 C44529	S uamous cell carcinoma of skin of breast  S uamous 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 si ecified mali mant neo lasm of anal skin	Verified as valid and accurate for 2020.
C44591	Other specified mali mant neo lasm of skin of breast	Verified as valid and accurate for 2020.
C44599	Oth mali mant neo lasm of skin of other part of trunk	Verified as valid and accurate for 2020.
C44601	Unsa mationant neoclasm skin/ unsa upper limb inc shoulder	Verified as valid and accurate for 2020.
C44602	Unse matignant neoplasm skin/ right upper limb, inc shoulder	Verified as valid and accurate for 2020.
C44609	Unsu malionant neoplasm skin/ left upper limb, inc shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44611	Basal cell carcinoma skin/ uns. upper limb, inc shoulder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44612 C44619	Basal cell carcinoma skin/ right upper limb, inc shoulder Basal cell carcinoma skin/ left upper 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	S-uamous cell carcinoma skin/ right upper limb, inc shoulder	Verified as valid and accurate for 2020.
C44629	Squamous cell carcinoma skin/ left upper limb inc shoulder	Verified as valid and accurate for 2020.
C44691	Oth mali mant neo lasmiskin/ unsp upper limb, inc shoulder	Verified as valid and accurate for 2020.
C44692	Oth mali ment neo lasm skin/ right upper limb, inc shoulder	Verified as valid and accurate for 2020.
C44699	Oth mali mant neoplasm skin/ left upper limb, inc shoulder	Verified as valid and accurate for 2020.
C44701 C44702	Unspirant neoplasm skin/ unspilower limb, including hip Unspirant neoplasm skin/ right lower limb, inc hip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44709	Unsp malignant neo lasm skin/ left lower limb, including hip	Verified as valid and accurate for 2020.
C44711	Basal cell carcinoma skin/ unso lower limb, including hip	Verified as valid and accurate for 2020.
C44712	Basal cell carcinoma skin/ right lower limb, including hig	Verified as valid and accurate for 2020.
C44719	Basal cell carcinoma skin/ left lower limb, including his	Verified as valid and accurate for 2020.
C44721	Squamous cell carcinoma skin/ unsa lower limb_including his	Verified as valid and accurate for 2020.
C44722	S uamous cell carcinoma skin/ ri_ht lower limb_inc hi	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C44729 C44791	S uamous cell carcinoma skin/ left lower limb, including his  Oth mali mant neoplasm skin/ unsp lower limb, including his	Verified as valid and accurate for 2020.
C44791 C44792	Oth mali mant neoglasm skin/ right lower limb including his	Verified as valid and accurate for 2020.
C44799	Oth mali mant neo lasm skin/ left lower limb, including his	Verified as valid and accurate for 2020.
C4480	Unspecified mationant neoplasm of overlapping sites of skin	Verified as valid and accurate for 2020.
C4481	Basal cell carcinoma of overlagging 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	Oth malignant neoplasm of overlapping sites of skin	Verified as valid and accurate for 2020.
C4490	Unspecified malignant neoplasm of skin, unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C4491 C4492	Basat cell carcinoma of skin_unspecified Squamous cell carcinoma of skin_unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C4499	Other specified mali mant neo lasm of skin, unspecified	Verified as valid and accurate for 2020.
C457	Mesothelioma of other sites	also C459 (Mesothelioma unsuecified - if applicable
C50011	Mali maint neo plasm of nipple and areola, right female breast	Verified as valid and accurate for 2020.
C50012	Mali nant neo lasm of nipple and areola left female breast	Verified as valid and accurate for 2020.
C50019	Mali mant neoplasm of nipple and areola unso female breast	Verified as valid and accurate for 2020.
C50021	Mali mant neo tasm of nipple and areota in ht male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50022 C50029	Mali mant neoplasm of nipple and areola, left male breast  Mali mant neoplasm of nipple and areola unso male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50029	Mali nant neo lasm of central portion of right female breast	Verified as valid and accurate for 2020.
C50112	Mali nant neo lasm of central portion of left female breast	Verified as valid and accurate for 2020.
C50119	Malionant neoplasm of central portion of unsp female breast	Verified as valid and accurate for 2020.
C50121	Malignant neoplasm of central portion of right male breast	Verified as valid and accurate for 2020.
C50122	Malignant neoplasm of central portion of left male breast	Verified as valid and accurate for 2020.
C50129	Mali mant neoplasm of central portion of unsumale breast	Verified as valid and accurate for 2020.
C50211	Malignee last of upper inner quadrant of right female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50212 C50219	Malig neoplasm of upper-inner quadrant of left female breast  Malig neoplasm of upper-inner quadrant of unsp female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C50219 C50221	Maligneo lasm of upper-inner quadrant of tight male breast	Verified as valid and accurate for 2020.
C50222	Malin neo lasm of under-inner quadrant of left male breast	Verified as valid and accurate for 2020.
C50229	Mali   neoclasm of upper-inner quadrant of unst male breast	Verified as valid and accurate for 2020.
C50311	Mali neo Im of lower-inner quadrant of right female breast	Verified as valid and accurate for 2020.
C50312	Malig neoplasm of lower-inner quadrant of left female breast	Verified as valid and accurate for 2020.
C50319	Mali neo lasm of lower-inner quadrant of unsp female breast	Verified as valid actorate for 2020.
C50321	Malig neoplasm 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 unsu male breast	Verified as valid and accurate for 2020.
COUCED	Mali nee Im of up er-outer quadrant of right female breast	Verified as valid and accurate for 2020.

	Cancer Commonwealth and CHIP	
0 Codes	Description	Millman Comments
2	Malignant neoplasm of upper third of escuhagus  Maligneoplasm of upper-outer quadrant of left female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
19	Mali neoplasm of upper-outer quadrant of unsp female breast	Verified as valid and accurate for 2020.
21	Mali neoclasm of upper-outer quadrant of right male breast	Verified as valid and accurate for 2020.
22	Mali: neo-lasm of upper-outer quadrant of left male breast  Mali: neo-lasm of upper-outer quadrant of unsp male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
29	Mali: neodiasin of upper-outer quadrant of this male breast	Verified as valid and accurate for 2020.
512	Malin neoplasm of lower-outer quadrant of left female breast	Verified as valid and accurate for 2020.
19	Mali nep lasm of lower-outer under of unsufernate breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
521 522	Mali neoplasm of lower-outer quadrant of right male breast  Mali neoplasm of lower-outer quadrant of left male breast	Verified as valid and accurate for 2020.
529	Mali neo clasm of lower-outer quadrant of unso male breast	Verified as valid and accurate for 2020.
611	Malignant neoglasm of axillary tail of right female breast	Verified as valid and accurate for 2020.
612 619	Mali mant neoplasm of axilla a tail of left female breast  Mali mant neoplasm of axilla a tail of unsp female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
621	Mali nant neo lasm of axilla tail of right male breast	Verified as valid and accurate for 2020.
622	Mali nant neo lasm of axillary tail of left male breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
629 811	Malignant neoplasm of axillary tail of unspirmale breast  Malignant neoplasm of overplastes of right female breast	Verified as valid and accurate for 2020.
812	Mali mant neoplasm of ovrip sites of left female breast	Verified as valid and accurate for 2020.
319	Matignant neoplasm of ovrig sites of unsu female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
821 822	Malignant neoplasm of overlapping sites of right male breast  Malignant neoplasm of overlapping sites of left male breast	Verified as valid and accurate for 2020.
329	Malignant neoplasm of overlapping sites of unspirmate breast	Verified as valid and accurate for 2020.
11	Mali nant neo lasm of uns, site of right female breast	Verified as valid and accurate for 2020.
)12 )19	Mali mant neo lasm of unspecified site of left female breast  Mali mant neo lasm of unspecified female breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
921	Mali mant neo lasm of unspecified site of right male breast	Verified as valid and accurate for 2020.
922	Mali nant neo lasm of uns ecified site of left male breast	Verified as valid and accurate for 2020.
929 0	Mali mant neoplasm of unspisite of unspecified male breast  Mali mant neoplasm of labium majus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1	Mali nant neo lasm of labium minus	Verified as valid and accurate for 2020.
2	Mali nant neo lasm of citoris	Verified as valid and accurate for 2020.
3	Mail nant neo lasm of overlapping sites of vulva  Mail nant neo lasm of vulva unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant neo lasm of varina	Verified as valid and accurate for 2020.
	Mali nant neo lasm of endocervix	Verified as valid and accurate for 2020.
3	Mali nant neoplasm of exocervix  Mali nant neoplasm of overlapping sites of cervix uteri	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
9	Mali_nant neoplasm of cervix uteri, unspecified	Verified as valid and accurate for 2020.
	Malignant neoplasm of Isthmus uteri	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant neo lasm of endometrium  Mali nant neo lasm of myometrium	Verified as valid and accurate for 2020.
3	Malinnant neoplasm of fundus uteri	Verified as valid and accurate for 2020.
3	Mali nant neoplasm of overlapping sites of corpus uteri	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
9	Mali_nant neoplasm of co_us uteri_uns_ecified  Mali_nant neoplasm of uterus_part unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali mant neoplasm of other specified female penital organs	Verified as valid and accurate for 2020.
3	Malignant neo lasm of ovrig sites of female genital organs	Verified as valid and accurate for 2020.
9	Malignant neo lasm of female genital organ, unspecified  Malignant neo lasm of placenta	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
0	Mali nant neo lasm of pre-uce	Verified as valid and accurate for 2020.
1	Mali mant neo lasm of plans penis	Verified as valid and accurate for 2020.
3	Mali mant neoplasm of body of penis  Mali mant neoplasm of overlapping sites of penis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
9	Mali nant neoclasm of cenis, unspecified	Verified as valid and accurate for 2020.
	Mali mant neoclasm of crostate	Verified as valid and accurate for 2020.
00 01	Mail nant neo lasm of unspecified undescended testis  Mail nant neo lasm of undescended right testis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
202	Malignant neoplasm of undescended left testis	Verified as valid and accurate for 2020.
210	Malinnant neonlasm of unspecified descended testis	Verified as valid and accurate for 2020.
11 12	Malignant neoplasm of descended right testis  Malignant neoplasm of descended left testis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
90	Mali neo lasm of unspitestis unspidescended or undescended	Verified as valid and accurate for 2020.
91	Malig neoplim of right testis, unso descended or undescended	Verified as valid and accurate for 2020.
92 00	Maliu neoplasm of left testis unspidescended or undescended Maliunant neoplasm of unspecified epididymis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
Q1	Mail nant neo lasm of right epididy his	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
02	Mali mant neonlasm of left enididymis	Verified as valid and accurate for 2020.
10 11	Mali nant neo tasm of unspecified spermatic cord  Mali nant neoplasm of right spermatic cord	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
11 12	Mali nant neo lasm of nent silematic cord  Mali nant neo lasm of left silematic cord	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
2	Mali nant neo lasm of scrotum	Verified as valid and accurate for 2020.
7 8	Malignant neoglasm of other specified male genital organs  Malignant neoglasm of ovrig sites of male genital organs	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
8 9	Mali nant neo lasm of ovin sites of male penital or ans Mali nant neo lasm of male penital or an uns ecified	Verified as valid and accurate for 2020.
1	Mali mant neoclasm of right kidney, except renal pelvis	Verified as valid and accurate for 2020.
2	Mali nent neo lasm of left kidney, excert renal pelvis  Mali nent neo lasm of unsukidney, excert renal pelvis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
9	Mali nant neo fasm of right renal pelvis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
2	Malignant neoplasm of left renal pelvis	Verified as valid and accurate for 2020.
9	Mali nant neoplasm of unspecified renal petvis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
51 52	Malignant necelasm of right ureter  Malignant necelasm of left ureter	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
9	Mali nant neoplasm of unspecified ureter	Verified as valid and accurate for 2020.
	Mail nant neo lasm of trione of bladder	Verified as valid and accurate for 2020.
70	Mali nant neo lasm of dome of bladder  Mali nant neo lasm of lateral wall of bladder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
70 71		
70 71 72 73	Malignant neoplasm of anterior wall of bladder	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.

153 675 676 677 678	I Commonwealth and CHIP  Description Malignant neoplasm of upper third of esopharus Malignant neoplasm of bladder neck	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
675 676 677 678	Mali nant neo-lasm of bladder neck	
676 677 678		Verified as valid and accurate for 2020.
677 678		
678	Malignant neoplasm of ureteric orifice  Malignant neoplasm of urachus	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Mali nant neoplasm of overlapping sites of bladder	Verified as valid and accurate for 2020.
679	Mali mant neoplasm of bladder unspecified	Verified as valid and accurate for 2020.
680	Mali mant neoplasm of urethra	Verified as valid and accurate for 2020.
681	Malignant neoplasm of paraurethral plands	Verified as valid and accurate for 2020.
688 689	Mali nant neo lasm of overlapping sites of uring or ans Mali nant neo lasm of uring or an unspecified	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
6900	Mali mant neo lasm of uns ecified con unctiva	Verified as valid and accurate for 2020.
6901	Malignant neoglasm.of right conjunctiva	Verified as valid and accurate for 2020.
6902	Mali nant neo lasm of left conjunctiva	Verified as valid and accurate for 2020.
6910	Malignant neoplasm of unspecified comea	Verified as valid and accurate for 2020.
6911 6912	Mali nant neo lasm of right comea  Mali nant neo lasm of left comea	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
6920	Malignant neo lasm of unspecified retina	Verified as valid and accurate for 2020.
3921	Mali nant neo lasm of right retina	Verified as valid and accurate for 2020.
3922	Malignant neoplasm of left retina	Verified as valid and accurate for 2020.
6930	Mali mant neo lasm of unst ecified choroid	Verified as valid and accurate for 2020.
5931 5932	Mali nant neo lasm of right choroid  Mali nant neo lasm of left choroid	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
5940	Mali mant neo lasm of unspecified ciliary body	Verified as valid and accurate for 2020.
3941	Mali mant neonlasm of right ciliary body	Verified as valid and accurate for 2020.
3942	Malignant neoplasm of left ciliary body	Verified as valid and accurate for 2020.
950	Mali nant neoplasm of unspecified lacrimal gland and duct	Verified as valid and accurate for 2020.
8951	Mali nant neo lasm of right lacrimal pland and duct	Verified as valid and accurate for 2020.
952 960	Mali nant neo lasm of left lacrimal gland and duct Mali nant neo lasm of uns lecified orbit	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
961	Malignant neoplasm of right orbit	Verified as valid and accurate for 2020.
962	Mali mant neo lasm of left orbit	Verified as valid and accurate for 2020.
980	Mali mant neoplasm of ovrig sites of unspleye and adnexa	Verified as valid and accurate for 2020.
981	Mali mant neo lasm of ovril sites of right eye and adnexa	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
5982 5990	Mali nant neo lasm of ovrip sites of left eye and adnexa  Mali nant neo lasm of unsyecified site of unspecified eye	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
5991	Matinant neo tasm of unspecified site of right eye	Verified as valid and accurate for 2020.
992	Mali_nant necolasm of unspecified site of left eve	Verified as valid and accurate for 2020.
73	Mali nant neoplasm of the bid gland	Verified as valid and accurate for 2020.
760	Malignant neo-tasm of head, face and neck	Verified as valid and accurate for 2020.
761 762	Malignant neoplasm of thorax Malignant neoplasm of abdomen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
763	Mali nant neo lesm of pelvis	Verified as valid and accurate for 2020.
7640	Malignant neoglasm of unspecified upper timb	Verified as valid and accurate for 2020.
7641	Malignant neoplasm of right upper limb	Verified as valid and accurate for 2020.
7642	Mali nant neo lasm of left up er limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7650 7651	Mali nant neo lasm of uns, ecified lower limb  Mali nant neo lasm of right lower limb	Verified as valid and accurate for 2020.
7652	Mali nant neo lasm of left lower limb	Verified as valid and accurate for 2020.
768	Malignant neoplasm of other specified ill-defined sites	Verified as valid and accurate for 2020.
030	Melanoma in situ of lip	Verified as valid and accurate for 2020.
0310	Melanoma in situ of uns recified evelid, includin reanthus	Verified as valid and accurate for 2020.  D03111 for right upper eyelid & D03112 for right lower eyelid.
9311 9312	Melanoma in situ of right syelid, including carefus Melanoma in situ of left evelld, including carefus	D03111 for hight upper evelid & D03112 for light lower evelid
0320	Melanoma in situ of unsu ear and external auricular canal	Verified as valid and accurate for 2020.
0321	Melanoma in situ of right ear and external auricular canal	Verified as valid and accurate for 2020.
0322	Melanoma in situ of left ear and external auricular canal	Verified as valid and accurate for 2020.
0330	Melanoma in situ of unspecified part of face	Verified as valid and accurate for 2020.
)339 )34	Melanoma in situ of other parts of face  Melanoma in situ of scalp and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
351	Melanoma in situ of anal skin	Verified as valid and accurate for 2020.
0352	Melanoma in situ of breast (skin) (soft tissue)	Verified as valid and accurate for 2020.
0359	Melanoma in situ of other part of trunk	Verified as valid and accurate for 2020.
0360	Melanoma in situ of unspurper limb, including shoulder Melanoma in situ of right upper limb, including shoulder	Verified as valid and accurate for 2020.
0361 0362	Melanoma in situ of nent 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.
0370	Melanoma in situ of unspecified lower limb including hip	Verified as valid and accurate for 2020.
0371	Melanoma in situ of right lower limb, including hip	Verified as valid and accurate for 2020.
0372	Melanoma in situ of left lower limb including hip	Verified as valid and accurate for 2020.
38	Melanoma in situ of other sites	Verified as valid and accurate for 2020.
039 4430	Melanoma in situ, unspecified  Encotr for fit/adist of external breast prosth, unsp breast	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
4430 4431	Encounter for fit/adist of external fright breast prosthesis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1432	Encounter for fit/adist of external left breast prosthesis	Verified as valid and accurate for 2020.
15811	Encounter for adjustment or removal of right breast implant	Verified as valid and accurate for 2020.
15812	Encounter for adjustment or removal of left breast implant	Verified as valid and accurate for 2020.
45819 170	Encounter for adjustment or removal of unsubreast implant	Verified as valid and accurate for 2020.
170 171	Malignant neo lasm of duodenum  Malignant neo lasm of jejunum	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
172	Mali nant neo lasm of ileum	Verified as valid and accurate for 2020.
173	Meckel's diverticulum, mali mant	Verified as valid and accurate for 2020.
178	Mali mant necelasm of overlapping sites of small intestine	Verified as valid and accurate for 2020.
179	Malignant neoplasm of small intestine, unsuecified	Verified as valid and accurate for 2020.
180	Mali mant neo lasm of cecum	Verified as valid and accurate for 2020.
181	Mali nant neoplasm of appendix	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
IDE	Mali mant neoclasm of ascending colon  Mali mant neoclasm of hepatic flexure	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Incompany recorded of the other nexure	
183	Mali mant neo tasm of transverse colon	Verified as valid and accurate for 2020.
183 184 185	Mali mant neo lasm of transverse colon Mali mant neo lasm of silenic flexure	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.

OR

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D10 Codes	Description	Millimun Comments
53	Malignant neoglasm of upper third of esophagus	Verified as valid and accurate for 2020.
88	Mali mant neoplasm of overlapping sites of colon	Verified as valid and accurate for 2020.
89	Mali nant neoplasm of colon, unspecified	Verified as valid and accurate for 2020.
9	Malignant neoglasm of rectosigmoid junction  Malignant neoglasm of rectum	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
10	Mali mant neo lasm of anus, uns ecified	Verified as valid and accurate for 2020.
11	Malignant neoplasm of anal canal	Verified as valid and accurate for 2020.
12	Malignant neoplasm of cloacogenic zone	Verified as valid and accurate for 2020.
18	Malig neoptasm of ovrlo sites of rectum, and and anal canal	Verified as valid and accurate for 2020.
7	Malignant neoplasm of thirmus	Verified as valid and accurate for 2020.
80	Malignant neoplasm of heart	Verified as valid and accurate for 2020.
381	Malignant neoglasm of anterior mediastinum	Verified as valid and accurate for 2020.
382 383	Malignant neoplasm of gosterior mediastinum	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
188	Malignant neoplasm of mediastinum, part unspecified  Maligneoplm of ovrip sites of heart, mediastinum and pleura	Verified as valid and accurate for 2020.
390	Mali mant neo dasm of upper respiratory tract part uns	Verified as valid and accurate for 2020.
199	Mali mant neo lasm of lower respiratory tract part unsp	Verified as valid and accurate for 2020.
1000	Malig neoplasm of scapula and long bones of unspurper limb	Verified as valid and accurate for 2020.
1001	Malig neoplasm of scapula and long bones of right upper limb	Verified as valid and accurate for 2020.
1002	Malig neoclasm of scapula and long bones of left upper limb	Verified as valid and accurate for 2020.
1010	Mali nant neo lasm of short bones of unspecified upper limb	Verified as valid and accurate for 2020.
1011	Mali nant neo lasm of short bones of right upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1012 1020	Matignant neoplasm of short bones of left upper limb  Matignant neoplasm of long bones of unspecified lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1021	Malignant neoglasm of tong bones of right lower limb	Verified as valid and accurate for 2020.
1022	Mali nant neo lasm of lon, bones of left lower limb	Verified as valid and accurate for 2020.
1030	Malignant neoglasm of short bones of unspecified lower limb	Verified as valid and accurate for 2020.
1031	Malignant neoplasm of short bones of right lower limb	Verified as valid and accurate for 2020.
1032	Malignant neoplasm of short bones of left lower limb	Verified as valid and accurate for 2020.
1080	Malig neoplin of ovrip sites of bone/artic cartl of unsp limb	Verified as valid and accurate for 2020.
1081	Malig need m of overly sites of bone/artic cartl of r limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1082 1090	Mali neonlm of ovrip sites of bone/artic cartl of left limb  Mali neonlasm of unstributes and artic cartly of unstributes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1091	Mali neo lasm of unsp bones and artic cartin of right limb	Verified as valid and accurate for 2020.
4092	Malig neo lasm of unsu bones and artic certla of left limb	Verified as valid and accurate for 2020.
410	Mali nant neo lasm of bones of skull and face	Verified as valid and accurate for 2020.
411	Mali nant neo lasm of mandible	Verified as valid and accurate for 2020.
412	Mali nant neo lasm of vertebral column	Verified as valid and accurate for 2020.
413	Mali nant neo lasm of ribs sternum and clavicle	Verified as valid and accurate for 2020.
414	Malignant neoplasm of pelvic bones, sacrum and coccys	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
419 452	Matignant neoplasm of bone and articular cartilage unsp  Mesothelioma of pericardium	Verified as valid and accurate for 2020.
459	Mesothelioma, unspecified	Verified as valid and accurate for 2020.
470	Malignant neoplasm of proh nerves of head, face and neck	Verified as valid and accurate for 2020.
4710	Matin neoplim of grain nerves of unsu upper limb, inc shoulder	Verified as valid and accurate for 2020.
4711	Malia neoplim of such nerves of right upper limb, inc shidr	Verified as valid and accurate for 2020.
1712	Malig neoplm of prohinerves of left upper limb inc shoulder	Verified as valid and accurate for 2020.
4720	Malig neoplasm of prph nerves of unsp lower limb inc hip	Verified as valid and accurate for 2020.
4721	Malia neoplasm of prph nerves of right lower limb, inc his	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1722 173	Malin neoplasm of prohinerves of left lower limb, inc hip Malin nant neoplasm of pericheral nerves of thorax	Verified as valid and accurate for 2020.
474	Mali mant neoplasm of peri heral nerves of abdomen	Verified as valid and accurate for 2020.
175	Malignant neoplasm of peripheral nerves of pelvis	Verified as valid and accurate for 2020.
176	Malignant neoplasm of peripheral nerves of trunk unsp	Verified as valid and accurate for 2020.
478	Malig neoplin of ovrlp sites of prph nrv and autonin nrv sys	Verified as valid and accurate for 2020.
179	Malig neoplasm of prohinerves and autonm nervous sys unsp	Verified as valid and accurate for 2020.
190	Malig neoolm of conn and soft tissue of head, face and neck	Verified as valid and accurate for 2020.
910	Malig neonim of conn & soft tiss of unspurp limb, inc shidr	Verified as valid and accurate for 2020.
1911 1912	Malig neoplm of conn and soft tiss of runr limb, inc shidr Malig neoplm of conn and soft tiss of lunr limb, inc shidr	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1920	Malig neopin of conn and soft tiss of ups low limb, inc hip	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
1921	Malin neonlm of conn and soft tiss of r low limb, inc hip	Verified as valid and accurate for 2020.
1922	Malig neoplin of conn and soft tiss of left low limb inc his	Verified as valid and accurate for 2020.
193	Mali nant neo lasm of connective and soft tissue of thorax	Verified as valid and accurate for 2020.
194	Mali nant neo lasm of connective and soft tissue of abdomen	Verified as valid and accurate for 2020.
195	Malignant neoplasm of connective and soft tissue of pelvis	Verified as valid and accurate for 2020.
196	Mali nant neoplasm of conn and soft tissue of trunk unsp	Verified as valid and accurate for 2020.
198	Mali nant neo lasm of ovri sites of conn and soft tissue	Verified as valid and accurate for 2020.
199 19A0	Mali_nant neo_tasm of connective and soft tissue, uns Gastrointestinal stromal tumor_uns_ecified site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
49A1	Gastrointestinal stromal tumor of eso ha us	Verified as valid and accurate for 2020.
49A2	Gastrointestinal stromal tumor of stomach	Verified as valid and accurate for 2020.
49A3	Gastrointestinal stromal tumor of small intestine	Verified as valid and accurate for 2020.
49A4	Gastrointestinal stromal tumor of large intestine	Verified as valid and accurate for 2020.
49A5	Gastrointestinal stromal tumor of rectum	Verified as valid and accurate for 2020.
49A9	Gastrointestinal stromal tumor of other sites	Verified as valid and accurate for 2020.
7400	Mali nant neoplasm of cortex of unspecified adrenal pland	Verified as valid and accurate for 2020.
7401 7402	Mali nant neoplasm of cortex of right adrenal gland  Mali nant neoplasm of cortex of left adrenal gland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
7410	Mali mant neoplasm of cortex of left surenar dand  Mali mant neoplasm of medulla of unsuecified adrenal gland	Verified as valid and accurate for 2020.
7411	Mali mant neoplasm of medulla of right adrenal gland	Verified as valid and accurate for 2020.
7412	Malignant neoplasm of medulla of left adrenal gland	Verified as valid and accurate for 2020.
7490	Mali nant neo lasm of unsupart of unsuecified adrenal uland	Verified as valid and accurate for 2020.
7491	Mali mant neo lasm of unsulart of right adrenal gland	Verified as valid and accurate for 2020.
7492	Malignant neoplasm of unspecified part of left adrenal gland	Verified as valid and accurate for 2020.
750	Mali mant neoplasm of parathyroid pland	Verified as valid and accurate for 2020.
751	Mali nant neo lasm of cituita y land	Verified as valid and accurate for 2020.
752 753	Mali nant neo lasm of cranio har meal duct  Mali nant neo lasm of cineal pland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
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indition: adicaid/Federal an	Cancer ad Commonwealth and CHIP	
D10 Codes	Description	Millimen Comments
53	Mali mant neo lasm of upper third of eso, hagus	verified as valid and accurate for 2020.
55	Mali mant neo tasm of aortic body and other para an ilia	Verified as valid and accurate for 2020.
58	Mali mant neoplasm with pluriplandular involvement, unsp	Verified as valid and accurate for 2020.
59	Mali nant neo lasm of endocrine land uns ecified	Verified as valid and accurate for 2020.
70	Sec and unso malin neoplasm of nodes of head, face and neck	Verified as valid and accurate for 2020.
71	Secondary and unsu malignant neoplasm of intrathorac nodes	Verified as valid and accurate for 2020.
72	Secondary and unspirmali mant neo leasm of intra-abd nodes	Verified as valid and accurate for 2020.
73	Sec and unso malig neoplasm of axilla and upper limb nodes	Verified as valid and accurate for 2020.
74	Sec and uns mali neo lasm of in ulnal and lower limb nodes	Verified as valid and accurate for 2020.
75	Secondary and unspimalionant neoplasm of intrapely nodes	Verified as valid and accurate for 2020.
78	Sec and unsu mali inequiasm of nodes of multiple regions	Verified as valid and accurate for 2020.
79	Secondary and unsp malipnant neoplasm of lymph node, unsp	Verified as valid and accurate for 2020.
00	Disseminated mali mant neoplasm, unspecified	Verified as valid and accurate for 2020.
01	Malignant (primary) neoglasm unspecified	Verified as valid and accurate for 2020.
02	Mali nant neo lasm associated with transplanted or an	Verified as valid and accurate for 2020.
100	Nodular lym, house predominant Hod kin I muhoma unsu site	Verified as valid and accurate for 2020.
101	Nodir lymphocy predom Hdgkn lymph, nodes of head, face, & nk	Verified as valid and accurate for 2020.
102	Nodular lymphocy predom Hodykin lymphoma, intrathorac nodes	Verified as valid and accurate for 2020.
103	Nodular lymphocyte predom Hodykin lymphoma, intra-abd nodes	Verified as valid and accurate for 2020.
104	Nodir lymphocy predom Hdykn lymph, nodes of axia and upr Imb	Verified as valid and accurate for 2020.
105	Nodfr lymphouy predom Hdgkn lymph nodes of ing rgn & low Imb	Verified as valid and accurate for 2020.
106	Nodular lymphocyte predom Hodokin lymphoma, intrapely nodes	Verified as valid and accurate for 2020.
107	Nodular lymphocyle predominant Hodykin lymphoma, spleen	Verified as valid and accurate for 2020.
108	Nodular lym, how e gredom Hodikin lym, homa, nodes mult site	Verified as valid and accurate for 2020.
109	Nodir lymphocy predom Hdgkn lymph, extrnod & solid org site	Verified as valid and accurate for 2020.
110	Nodular sclerosis Hod kin I mahoma uns ecified site	Verified as valid and accurate for 2020.
111	Nodular scier Hod kin I much nodes of head face, and neck	Verified as valid and accurate for 2020.
112	Nodular sclerosis Hod kin lymphoma intrathorac lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
113	Nodular scienced kin lymphoma intra-abd lymph nodes	Venified as valid and accurate for 2020.  Venified as valid and accurate for 2020.
114 115	Nodular scien Hodekin I, much nodes of axilla and upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
116	Nodir scier Hd, kn lymph, nodes of ingregion and lower limb Nodular scierosis Hod, kin lymphoma, intra jelvic lymph nodes	Verified as valid and accurate for 2020.
117		Verified as valid and accurate for 2020.
118	Nodular sclerosis Hodykin lymphoma, syleen Nodular sclerosis Hodykin lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.
119	Nodular sciences Hod kin i mah extraod and solid or an sites	Verified as valid and accurate for 2020.
120	Mixed cellularity Hod kin lymphoma, unspecified site	Verified as valid and accurate for 2020.
121	Mixed cellular Hod kin I with nodes of head, face, and neck	Verified as valid and accurate for 2020.
122	Mixed cellularity Hodekin lymphoma intrathorac lymph nodes	Verified as valid and accurate for 2020.
123	Mixed cellularity Hodykin lymphoma, intra-abd lymph nodes	Verified as valid and accurate for 2020.
124	Mixed cellular Hodgkin Lymph, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
125	Mixed cellular Hdukn lymah, nodes of ing ran and lower limb	Verified as valid and accurate for 2020.
126	Mixed cellularity Hod kin lymphoma, intra elvic lymph nodes	Verified as valid and accurate for 2020.
127	Mixed cellulari y Hodokin lymphoma spleen	Verified as valid and accurate for 2020.
128	Mixed celfularity Hodokin lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.
129	Mixed cellular Hodukin lymph, extrnod and solid organ sites	Verified as valid and accurate for 2020.
130	Lymphocyle depleted Hod kin lymphoma, unspecified site	Verified as valid and accurate for 2020.
131	Lymphocy deplet Hodgkin lymph, nodes of head, face, and neck	Verified as valid and accurate for 2020.
132	Lymphocy e depleted Hodokin tymphoma, intrathorac nodes	Verified as valid and accurate for 2020.
133	Lymphocy e depleted Hodgkin lymphoma, intra-abd lymph nodes	Verified as valid and accurate for 2020.
134	Lymphocy deplet Hd kn lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
135	Lymphocy deplet Hdgkn lymph, nodes of ing rgn and lower limb	Verified as valid and accurate for 2020.
136	Lymphocyle depleted Hodgkin lymphoma, intrapely lymph nodes	Verified as valid and accurate for 2020.
137	Lymphocyle depleted Hodykin lymphoma, spleen	Verified as valid and accurate for 2020.
138	Lymphocyte depleted Hodokin lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.
139	Lymphocy deplet Hodiskin lymph, extmod and solid organ sites	Verified as valid and accurate for 2020.
140	Lymphocyte-rich Hodgkin fymphoma, unspecified site	Verified as valid and accurate for 2020.
141	Lymp-rich Hod ikin lymphoma nodes of head, face, and neck	Verified as valid and accurate for 2020.
142	Lymphocyte-rich Hoddkin lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
143	Lymphocyte-rich Hodgkin lymphome intra-abd lymph nodes	Verified as valid and accurate for 2020.
144	Lymp-rich Hodykin lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
145	Lymprich Hod kin lymph nodes of ingregion and lower limb	Verified as valid and accurate for 2020.
146	Lymphocyte-rich Hodykin lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
147 148	Lymphocyte-rich Hodgkin lymphoma, spleen Lymphocyte-rich Hodgkin lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.
149	Lymp-rich Hodukin lymphoma extranodal and solid organ sites	Verified as valid and accurate for 2020.
170	Other Hod kin I homa uns ecified site	Verified as valid and accurate for 2020.
171	Other Hod kin I m. homa I mish nodes of head, face, and neck	Verified as valid and accurate for 2020.
172	Other Hod kin I m home intrathoracic I m h nodes	Verified as valid and accurate for 2020.
173	Other Hod kin lym home, intra-abdominal lym h nodes	Verified as valid and accurate for 2020.
174	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
175	Other Hodgkin lymphoma, nodes of ing region and lower limb	Verified as valid and accurate for 2020.
176	Other Hod kin lymphoma, intra elvic lymph nodes	Verified as valid and accurate for 2020.
177	Other Hod kin lymphoma, saleen	Verified as valid and accurate for 2020.
178	Other Hod kin lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
179	Other Hodukin lymphoma, extranodal and solid or an sites	Verified as valid and accurate for 2020.
190	Hod kin lymphoma, unspecified, unspecified site	Verified as valid and accurate for 2020.
191	Hod kin lymphoma, unsp. lymph nodes of head, face, and neck	Verified as valid and accurate for 2020.
192	Hod kin lymphoma, unspecified, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
193	Hod kin lymphoma unspecified, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
194	Hodokin lymphoma, unsp. lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
195	Hodukin lymphoma, unsp, nodes of ing region and lower timb	Verified as valid and accurate for 2020.
196	Hodiskin 1 ymphoma, unspecified, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
197	Hodukin lymphoma, unspecified, spleen	Verified as valid and accurate for 2020.
198	Hodekin lymphoma, unspecified, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
199	Hodgkin lymphoma unsp. extranodal and solid organ sites	Verified as valid and accurate for 2020.
250	Diffuse follicle center lymphoma, unspecified site	Verified as valid and accurate for 2020.
251	Diffuse folicl center I h, nodes of head, face, and neck	Verified as valid and accurate for 2020.
252	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
253	Diffuse follicle center tymphoma, intra-abd lymph nodes	Verified as valid and accurate for 2020.

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Condition: Medicald/Federal an	Cancer d Commonwealth and CHIP	
CD10 Codes	Description	Millman Comments
2153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
08255 08256	Diffus folicle center lymph, nodes of ing region and lower limb  Diffuse follicle center lymphoma intrapelvic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
08257	Diffuse follicle center lymphoma spleen	Verified as valid and accurate for 2020.
C8258	Diffuse follicle center lymphoma. lymph nodes mult site	Verified as valid and accurate for 2020.
C8259	Diffuse folicl center lymph, extraod and solid organ sites	Verified as valid and accurate for 2020.
08300	Small cell B-cell I home unspecified site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
08301 08302	Small cell B-cell lymphoma nodes of head face and neck Small cell B-cell lymphoma intrathoracic lymph nodes	Verified as valid and accurate for 2020.
28303	Small cell B-cell I me homa intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8304	Small cell B-cell lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8305	Small cell B-cell lymph, nodes of ing region and lower timb	Verified as valid and accurate for 2020.
C8306 C8307	Small cell B-cell lymphoma intrapelvic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8308	Small cell B-cell lymphoma spleen Small cell B-cell lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8309	Small cell B-cell I, homa extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8330	Diffuse large B-cell I my homa, unspecified site	Verified as valid and accurate for 2020.
C8350	L m hobiastic diffuse I m homa uns ecified site	Verified as valid and accurate for 2020.
C8351 C8352	Lymphoblastic lymphoma, nodes of head face, and neck Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8353	L m hoblastic diffuse I m homa, intra-abd I muh nodes	Verified as valid and accurate for 2020.
C8354	Lymphoblastic lymphoma nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8355	Lymphoblastic lymphoma nodes of ingregion and lower limb	Verified as valid and accurate for 2020.
C8356	Lymphoblastic (diffuse) lymphoma_intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8357 C8358	Lymphoblastic (diffuse) lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8358 C8359	Lymhoblastic lymhoma extrnod and solid organ sites	Verified as valid and accurate for 2020.
C8370	Burkitt I michoma unspecified site	Verified as valid and accurate for 2020.
C8371	Burkitt I mehoma, I meh nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8372	Burkitt I winhoma intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C#373 C#374	Burkitt I mphoma, intra-abdominal I mph nodes  Burkitt I mphoma, I mph nodes of axilla and upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8375	Burkitt I mahoma nodes of inquinal region and lower limb	Verified as valid and accurate for 2020.
C8376	Burkitt lymphoma intra elvic lymph nodes	Verified as valid and accurate for 2020.
C8377	Burkitt lymphoma, spleen	Verified as valid and accurate for 2020.
C8378	Burkitt I mphoma 1 mph nodes of multiple sites	Verified as valid and accurate for 2020.
C8379 C8390	Burkitt I mehoma extranodal and solid or an sites  Non-follicular (diffuse) I mehoma unsp, unspecified site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8391	Non-follic lymphoma unso nodes of head face and neck	Verified as valid and accurate for 2020.
C8392	Non-follic diffuse lymphoma unsp intrathorac lymph nodes	Verified as valid and accurate for 2020.
C8393	Non-follic (diffuse) lymphoma, unsp, intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8394 C8395	Non-follic lymphoma, unsp. nodes of axilla and upper limb  Non-follic lymph, unsp. nodes of ing region and lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8396	Non-follic (diffuse 1) mp homa, unsp, intrapelvic I mph nodes	Verified as valid and accurate for 2020.
C8397	Non-follicular (diffuse) I mphoma unspecified, sileen	Verified as valid and accurate for 2020.
C8398	Non-follic diffuse I mohoma unso, I moh nodes mult site	Verified as valid and accurate for 2020.
C8399	Non-follic lymphoma, unsp., extmod and solid or an sites	Verified as valid and accurate for 2020.
C8410 C8411	Sezary disease unstrecified site Sezary disease I much nodes of head, face and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8412	Sezary disease, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8413	Sezary disease, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8414	Sezary disease, lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8415	Sezary disease, nodes of injurinal region and lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8416 C8417	Sezary disease, intrapelvic lymph nodes Sezary disease, spleen	Verified as valid and accurate for 2020.
C8418	Sezary disease, tymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8419	Sezary disease, extranodal and solid or an sites	Verified as valid and accurate for 2020.
C8490	Mature T/NK-cell lymphomas unspecified unspecified site	Verified as valid and accurate for 2020.
C8491 C8492	Mature T/NK-cell lymph, unsp. nodes of head, face, and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8493	Mature T/NK-cell lymphomas, unsp, intrathoracic lymph nodes  Mature T/NK-cell lymphomas, unsp, intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8494	Mature T/NK-cell I m. h. uns nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8495	Mature T/NK-cell lymph, unso, nodes of ing rgn and low limb	Verified as valid and accurate for 2020.
C8496	Mature T/NK-cell lymphomas unsp intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8497 C8498	Mature T/NK-cell lymphomas, unspecified, spleen Mature T/NK-cell lymphomas, unsp, lymph nodes mult site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8499	Mature T/NK-cell I mph unso extraod and solid or an sites	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C84A0	Cutaneous T-cell tymphoma unspecified unspecified site	Verified as valid and accurate for 2020.
C84A1	Cutan T-ceti I mehoma, unspinodes of head, face, and neck	Verified as valid and accurate for 2020.
C84A2	Cutaneous T-cell I mphoma unsp, intrathoracic I mph nodes	Verified as valid and accurate for 2020.
C84A3 C84A4	Cutaneous T-cell I mphoma_unsp_intra-abdominal I mph nodes Cutan T-cell I mphoma_unsp_nodes of axilla and upper limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C84A5	Cutan T-cell I with unsp. nodes of in the ion and lower limb	Verified as valid and accurate for 2020.
C84A6	Cutaneous T-cell lymphoma unso, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C84A7	Cutaneous T-cell lymphoma unspecified spleen	Verified as valid and accurate for 2020.
C84A8	Cutaneous T-cell Ivrmphorna, unsp. Ivrmph nodes mult site	Verified as valid and accurate for 2020.
C84A9 C84Z0	Cutan T-cell lymphoma, unsp. extrnod and solid or an sites Other mature T/NK-cell lymphomas, unspecified site	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C84Z1	Oth mature T/NK-cell lymph nodes of head face and neck	Verified as valid and accurate for 2020.
C84Z2	Other mature T/NK-cell I homas intrathoracic I hop nodes	Verified as valid and accurate for 2020.
C84Z3	Oth mature T/NK-cell lymphomas intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C84Z4	Oth mature T/NK-cell I mph, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C84Z5	Oth mature T/NK-cell lymph, nodes of in, ran and lower limb	Verified as valid and accurate for 2020.
C84Z6 C84Z7	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes Other mature T/NK-cell lymphomas spleen	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C84Z8	Oth mature T/NK-cell lymphomas lymph nodes mult site	Verified as valid and accurate for 2020.
C84Z9	Oth mature T/NK-cell I much extrnod and solid or an sites	Verified as valid and accurate for 2020.
C8510	Uns ecified B-cell I, mohoma, unspecified site	Verified as valid and accurate for 2020.
C8511	Uns B-cell lymphoma, lymph nodes of head, face, and neck	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8512	Unspecified B-cell lymphoma, intrathoracic lymph nodes	

Condition: Medicald/Federal at	Cancer Id Commonwealth and CHIP	
Medicald/Federal at	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	verified as valid and accurate for 2020.
C8513	Unspecified B-cell I michoma, intra-abdominal I mich nodes	Verified as valid and accurate for 2020.
C8514	Unsp B-cell lymphoma, lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8515	Unso B-cell lymphoma, nodes of ing region and lower timb	Verified as valid and accurate for 2020.
C8516	Unspecified B-cell I mohoma intrapelvic I moh nodes	Verified as valid and accurate for 2020.
C8517	Unspecified B-cell lymphoma spleen	Verified as valid and accurate for 2020.
C8518	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8519	Unsu B-cell lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8580	Oth types of non-Hod kin fyrmhoma, unspecified site	Verified as valid and accurate for 2020.
C8581	Oth types of non-hod tymph, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8582	Oth types of non-Hod kin tymphoma, intrathoracic tymph nodes	Verified as valid and accurate for 2020.
C8583	Oth types of non-Hod kin lymphoma intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8584	Oth types of non-hodg lymph, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8585	Oth types of non-hode lymph, nodes of ing run and lower limb	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C8586 C8587	Oth types of non-Hodukin lymphoma intra elvic lymph nodes Other specified types of non-Hodukin lymphoma is leen	Verified as valid and accurate for 2020.
C8588	Oth types of non-Hod kin lymphoma. I/mph nodes mult site	Verified as valid and accurate for 2020.
C8589	Oth types of non-hod I much extrnod and solid organ sites	Verified as valid and accurate for 2020.
C8590	Non-Hod kin lymphoma, unspecified, unspecified site	Verified as valid and accurate for 2020.
C8591	Non-Hod kin lymphoma, unsu nodes of head face and neck	Verified as valid and accurate for 2020.
C8592	Non-Hod kin I mahoma uns ecified, intrathoracic I mah nodes	Verified as valid and accurate for 2020.
C8593	Non-Hodekin lymphoma, unsp, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8594	Non-Hod kin lymphoma unsp nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8595	Non-hodg lymphoma, unsp. nodes of ing region and lower limb	Verified as valid and accurate for 2020.
C8596	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8597	Non-Hodykin lymphoma, unspecified, spleen	Verified as valid and accurate for 2020.
C8598	Non-Hod kin Ivm homa, uns., Ivm h nodes of multiple sites	Verified as valid and accurate for 2020.
C8599 ·	Non-Hodokin lymphoma, unsp., extranodal and solid organ sites	Verified as valid and accurate for 2020.
C860	Extranodal NK/T-cell lymphoma nasal type	Verified as valid and accurate for 2020.
C861	He patospienic T-cell lymphoma	Verified as valid and accurate for 2020.
C862	Entero athy-type intestinal T-cell lymphoma	Verified as valid and accurate for 2020.
C863	Subcutaneous panniculitis-like T-cell symphoma	Verified as valid and accurate for 2020.
C864	Blastic NK-cell I phoma	Verified as valid and accurate for 2020.
C865	An ioimmunoblastic T-cell lymphoma	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C866 C9140	Prima cutaneous CD30-nositive T-cell proliferations Hairy cell leukemia not having achieved remission	Verified as valid and accurate for 2020.
C9141	Hairy cell leukemia in remission	Verified as valid and accurate for 2020.
C9142	Hairy cell leukemia, in relai se	Verified as valid and accurate for 2020.
C960	Multifocal and multisy temic Lan erhans-cell histiocy osis	Verified as valid and accurate for 2020.
C962	Mali nant mast cell tumor	Verified as valid and accurate for 2020.
C964	Sarcoma of dendritic cells   accessory cells	Verified as valid and accurate for 2020.
C969	Malig neodlm of lymphoid, hemalpoetc and rel tissue, unsig	Verified as valid and accurate for 2020.
C96A	Histiocytic sarcoma	Verified as valid and accurate for 2020.
C96Z	Oth malig neorth of lymphoid, hematpoetc and related tissue	Verified as valid and accurate for 2020.
C250	Mali unant neo clasm of head of pancreas	Verified as valid and accurate for 2020.
C251	Mali mant neo lasm of body of pancreas	Verified as valid and accurate for 2020.
C252	Mali mant neo lasm of tail of nancreas	Verified as valid and accurate for 2020.
C253	Mali mant neoclasm of cancreatic 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	Matignant neoplasm of overlapping sites of pancreas	Verified as valid and accurate for 2020.  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.
C7801	Secondary main nant neo lasm of dispectified fun	Verified as valid and accurate for 2020.
C7802	Secondary main nant neoplasm of left lun	Verified as valid and accurate for 2020.
C781	Seconda mali nant neo lasm of mediastinum	Verified as valid and accurate for 2020.
C782	Seconda mali_nant neo lasm of cleura	Verified as valid and accurate for 2020.
C7830	Secondary malignant neo lasm of unspires lirato y organ	Verified as valid and accurate for 2020.
C7839	Secondary mali mant neo lasm of other resultratory or lans	Verified as valid and accurate for 2020.
C784	Secondary mali mant neonlism of small intestine	Verified as valid and accurate for 2020.
C785	Secondary malinnant neonlasm of lame intestine and rectum	Verified as valid and accurate for 2020.
C786	Secondary malignant neoplasm of retroperiton and peritoneum	Verified as valid and accurate for 2020.
C787	Secondary malig neoplasm of liver and intrahepatic bile duct	Verified as valid and accurate for 2020.
C7880	Secondary mali mant neo lasm of unspecified directive or an	Verified as valid and accurate for 2020.
C7889	Secondary mali mant neo clasm of other directive or cans	Verified as valid and accurate for 2020.
C7900	Secondary matignant neo tasm of unspikidney and renal pelvis	Verified as valid and accurate for 2020.
C7901	Secondary matignant neoplasm of rikidney and renal pelvis Secondary malignant neoplasm of left kidney and renal pelvis	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7902 C7910	Secondary mail mant neo lasm of left klone, and renas reivis  Secondary mali mant neo lasm of uns, ecified urinary or laris	Verified as valid and accurate for 2020.
C7910 C7911	Secondary mail mant neo lasm of unstrectiled unitary or lans Secondary mali mant neo lasm of bladder	Verified as valid and accurate for 2020.
C7919	Secondary mail mant neo lasm of other urinary organs	Verified as valid and accurate for 2020.
C7919	Secondary mail mant neo lasm of skin	Verified as valid and accurate for 2020.
C7931	Secondary mail mant neoplasm of brain	Verified as valid and accurate for 2020.
C7932	Secondary malignant neoplasm of cerebral meninges	Verified as valid and accurate for 2020.
C7940	Secondary mali mant neo lasm of unsulpart of nervous system	Verified as valid and accurate for 2020.
C7949	Secondary mali mant neoclasm of oth parts of nervous system	Verified as valid and accurate for 2020.
C7951	Secondary mali mant neo lasm of bone	Verified as valid and accurate for 2020.
C7952	Secondary mali mant neoplasm of bone marrow	Verified as valid and accurate for 2020.
C7960	Secondary malignant neoglasm of unspecified ovary	Verified as valid and accurate for 2020.
C7961	Secondary mali nant neo lasm of right ovary	Verified as valid and accurate for 2020.
C7962	Secondary malignant neoglasm of left ovary	Verified as valid and accurate for 2020.
C7970	Seconda mali nant neo lasm of uns ecified adrenal land	Verified as valid and accurate for 2020.
C7971	Secondary mail: nant neo lasm of right adrenat land	Verified as valid and accurate for 2020.
C7972	Secondary mail: nant neo lasm of left adrenal pland	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7981 C7982	Secondary mail mant neoplasm of breast Secondary mail mant neoplasm of penital organs	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
C7989	Secondar mail nant neo tasm of other specified sites	Verified as valid and accurate for 2020.
	Secondary malignant neoplasm of unspecified site	Verified as valid and accurate for 2020.
C/99		
C799 C882	Heavy chain disease	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.

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Condition:	Cancer	
Medicaid/Federal a	nd Commonwealth and CHIP	WHAT AVE
ICD10 Codes	Description	Milliman Comments
C153	Maliphant recolasm of upper third of escohagus	Verified as valid and accurate for 2020.
C888	Other malignant immuno roliferative diseases	Verified as valid and accurate for 2020.
C889	Mali mant 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	Multi, le myeloma in remission	Verified as valid and accurate for 2020.
C9002	Multiple myeloma 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	Píasma cell leukemia in remission	Verified as valid and accurate for 2020.
C9012	Plasma cell leukemia in relatise	Verified as valid and accurate for 2020.
C9020	Extramedullary plasmanyloma not having achieved remission	Verified as valid and accurate for 2020.
C9021	Extramedullary plasmacytoma in remission	Verified as valid and accurate for 2020.
C9022	Extramedullary plasmanyloma in relapse	Verified as valid and accurate for 2020.
C9030	Solitary plasmacyoma not having achieved remission	Verified as valid and accurate for 2020.
C9031	Solitary plasma yoma in remission	Verified as valid and accurate for 2020.
C9032	Solitary plasmatinoma in relative	Verified as valid and accurate for 2020.





**End Stage Renal Disease** 

Medicaid/Federal an	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 Scierosis** 

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





Autism

Population	CHIP	T-7
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.
-848	Other pervasive developmental disorders	Verified as valid and accurate for 2020.
F849	Pervasive developmental disorder unspecified	Verified as valid and accurate for 2020.





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Contrato Número



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	Солиненть
E220	Acromogaly and oldantism	NNE	Metabólico	,		Cublerto Total	Toda epsilon	Verified as valid and accurate for 2020.
E230	Pituitary dwarflam	NNE	Metabólico	>		Oublerto Total	Todo	Verified as valid and accurate for 2020.
\$23	Actrenocental disordere	W.	Netabolio oli oli oli oli oli oli oli oli oli	>		Cublerto Total	, C	This code now has a 4th digit. E250 - Congenital advancemental discrete associated with enzyme deficiency. E259 - Other advancemental discretes. E259 - Advancemental discretes.
E343	Dwarfsm NEC	NNE	Metabólico	•		Cubierto Total		Vertiled as valid and accurate for 2020.
Other Mantanda and Swingers, Disorders					1			
L	Phenylketonuria - PKU	NNE	Metabólico			Cublerto Total	Todo	Verified as valid and accurate for 2020,
02023	Arom amír-acid metab NEC	NNE	Metabólico	*		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7210	Sulph amino-acid met dis	NNE	Metabólico	*		Cublerto Total	Todo	Verified as valid and accurate for 2020.
F7041	Dis histidine metabolism	NNE	Metabólico	*		Cubierto Total	Todo	with a valid and accurate for 2020.
E7220	Dis urea cycle metabol	NNE	Metabólico	>		Cubierto Total	Todo	V= r= as valid and accurate for 2020.
671120	Straig amin-acid met NEC	NNE	Metabólico	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.
6728	Ok amiroatid metab NEC	N.N.	Metabólico	7*		Cuberto Total	Todo	This code now has a 8th digit: E7281 - Disorders of genera aminobulyris acid metabolium E7289 - Otim specified disorders of amino-acid metabolism
6779	Dis amino-ocid metab NOS	NNE	Metabólico		À	Cubierto Total	todo	Verified as valid and accurate for 2020.
E7420	Galactosernie	NNE	Metabólico	>		Cubierto Total		Verfilled as valid and accurate for 2020,
E730	Disaccharidase defimatab	NN	Metabólico	7		Cubierto Total		Verified as valid and acourate for 2020.
748	Renal glycosuria	NNE	Metabólico	>		Cubiento Total		Verified as valid and accurate for 2020.
E.49	Dis carbohydr metab NOS	NNE	Metabólico		>	Cubiento Total		Verified as valid and accurate for 2020.
	Lipoprotein deficiencies	U.N.	Metabólico	*		Cubiento Total	Todo	Verified as valid and accurate for 2020.
<b>0883</b>	Disorders of Plasma Protein Melabofism	N.N.	Metabólico	,		Cublerto Total	Todo	This ocde now has a Stri dight: EBB17 - Networksproach deficiency BBB12 - Plearwagen deficiency EBB00 - Other discorders of plasma-protein metabolism, not eleverhere classified
E8300	Dis capper metabolism	MNE	Metabólico	,		Cuthiento Total	Todo	Verified as valid and accurate for 2020,
E8340	Dia magnesium metabolism	NNE	Metabólico	A		Cubierto Total	Todo .	Verified as velid and accurate for 2020.
E8330	Dis phosphorus metabol	NNE	Metabólico	>		Cubierto Total	Todo	Virtual as valid and accurate for 2020,
E8350	Dis calcium metablem NOS	NNE	Metabólico		Þ	Cubierto Total	Todo	werten as valid and accurate for 2020,
E8359	Dis calcium metablism NEC	NNE	Metabólico	,		Cubierto Total	Todo	where as valid and accurate for 2020.
EB381	Hungi bone suntime	NNE	Metabólico	>		ubjerta total		** ** ** ** ** ** ** ** ** ** ** ** **
E8389	Oth mineral metabol	NNE	Metabólico	>		subjerts total		Verified as valid and accurate for 2020,
E839	Dis mineral motabol NOS	NNE	Metabólico		>	Cublerto Total		Verified as valid and accurate for 2020.
E872	Acidoeis láctica	NNE	Metabólico	>		Cubierto Total		Verified as valid and accurate for 2020.
E948	Cystic fibros w/o lleus	Fibrosis Cistica	Metabólico	*		Cubierto Total		Verified as valid and accurate for 2020.
E8411	Cystic fibrosis w leus	Fibrosis Cistica	Melabolico	*		Cublerto Total	Dog L	Verified as valid and exclusion for 20,00.  Verified as valid and exclusion for 20,00.
Ottor	Cycle alterior or partition	Thronia Cianca	Medicalica			Cubledo Total	I	Variable on talk and area mate for 2000
COATA	Cycle decels VIII	Pionogra Cistora	Memberico			Cublerto Total	Ī	Vortical as valid and accounts for 2020.
E7801	Mucocolysaccharidosis	NNE	Metabólico			Cublerto Total		Vertiled as vaild and accurate for 2020.
D81810	Other deficiencies circulating enzymes	N.	Metabólico	>		Cubierto Total		Verified as valid and accurate for 2020.
E7141	Primary camitine defincy	NNE	Metabólico	,		Cubierto Total	Todo	Vertibed as valid and accurate for 2020.
E7142	Critine def dit rib met	NNE	Metabólico			Cubierto Total	Todo	Verified as valid and accurate for 2020,
E7143	latrogento camitine def	NNE	Metabólico	>		Cublerto Total	Todo	Verified as valid and accurate for 2020,
E7140	Sec camiline defncy NEC	NNE	Metabolico	,		Cublerto Total	Todo	Verified as valid and accurate for 2020.



Metabolism disorder NCS		Kegister		21 day)	pertiod)		entity contracted by the PSG		
	NOS	NNE	Metabólico		>	Cubierto Total	Todo	Verified as valid and accurate for 2020.	
Hypogemmagobolan Selective ga Immun Selective ig delic Nimu Selective ig delic Nim Cong hypogemmag Immunodelic w Ymw		Live	Manakellan			Cubledto Total	Todo	Verified as valid and accurate for 2020.	
Selective by Minner Selective by defic NE Corg hypogenime Immunodedic w has	an NOS	EWN.	Metabólico	0		Cubierto Totai	Todo	Verified as vaild and accurate for 2020.	
Selective g defic NE Corg hypogammagh Immunodefic w hwa	100	NNE	Metabólico	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
Cong hypogammag/	v	NNE	Metabólico	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Immunodefic w trust	dulinem	NNE	Metabólico	>		Cublento Total	Todo	Verified as valid and accurate for 2020.	
	-Agm-	NNE	Metabólico	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Humoral immunity def NEC	¶ NEC	NNE	Metabólico	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
Immunder (-ceil der NOS	NOS	NNE	Metabólico		>	Cubierto Fotal	Todo	Verified as valid and accurate for 20,20,	
Digeorge's syndrome		NNC	Metabolico	> '>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
Nexed syndrone	TOTA	S SN	Metabólco	, ,		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
Defa cell immunity NOS	SOI	NNE	Metabólico		,	Cublerto Total	Todo	Verified as valid and accurate for 2020,	
	of aynd	NNE	Metabólico	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
	NEC	NNE	Metabólico			Cublerto Total	Todo	Verified as valid and accurate for 2020.	
ses of the Blood and Blood The Thelesconia uncreatified	Hibard	U.N.	Hemstológico			Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Sickle cell disease NOS	300	NNE	Hernatológico	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Acquired hemolytic enemia NOS	memia NOS	NNE	Hemetológico			Cubierto Total	Todo	Verified as valid and accurate for 2020.	
	B(\$8)	Anemia Aplástica	Anemia Aplástica	74		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
De109 Const aplaste enemia NEC	a NEC	Anemia Apiástica	Anemia Apiástica	5- 7		Cubierto Total	Todo	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.	
	encyr	EN K	Hematológico	> >		Cubiesto Total	Todo	Vertiled as valid and accurate for 2020.	
De1819 Other pancytoperia		NNE	Hematológico	^		Cubierto Total	Todo	were as valid and securate for 2020.	
		NNE	Hematológlop	>		Cubierto Total	Todo	Werner as valid and accurate for 2020.	
/ D611 /D612 /D813	9	Anemia Aplástica	Anemia Aplastica	>		Cublento Total	Todo	Verified as valid and accurate for 2020.	
DB19 Aplastic anamia NDS		Anemia Aplástica	Anemia Aplástica	7		Cublerto Total	Todo	Vertibed as valid and accurate for 2020.	
Cong factor vili dord		Hemofilla	Hemofila	÷ :		Cubierto Total	Todo	Vertilled as valid and accurate for 2020.	
Congression to disorder	E &	Hemoffla	Hemofika	. >		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Cong def clot factor NEC	NEC	Hemofilla	Натоява	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Von willebrand's disk	95.0	Hemofilia	Hemofika	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
		Herrofila	Hemofilia	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
D88312 Antiphospholipid w hemon	етог	Hemofilia	Hemofilla	3		Cublerto Total	Todo	Vermed as valid and accurate for 2020.	
Othern differentions	Jeo :	Hemofilia	Hemofile	> >		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Aca concur factor de	2	Hemofilla	Hemofilia	. >		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Coegulat defect NEC/NOS	Nos	Hernofille	Hemofila			Cubierto Total	Todo	Verified as valid and accurate for 2020.	
Beliefund and Nautobershammer Desirates									
Catatonia associates	Catatonia associated with another mental disorder	Mental	Mental		MEFI	Cubierto Totali	Todo	Verified as valid and accurate for 2020.	
Schizophrenia		Mental	Mental	>	1990	Cubierto Total	Todo	Verified as callel and accurate for 2020.	
Major depressive disorder, Recurre Major depressive disorder, severe	Major depressive disorder, Recurrent, Moderate Major depressive disorder, severe	Mental	Mental		#REF	Cubierto Total	Todo	Verified as valid and accurate for 2020.	
Major decressive dis	Malor decreasive disorder. Recurrent w Pavott	Mental	Mentas		#REF!	Cubierto Total	Todo	verte as valid and accurate for 2020.	
F3113 Blim I manc-sev w/o psy	1050	Mental	Mentel	>		Cubierte Total	Todo	Verified as valid and accurate for 2020.	
	, se	Mental	Mentai	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
F3132 Bipd I cur depress-mod	pou	Mental	Mental	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Bipal I curr dep w/o psy	pey	Mental	Mental	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
	pay	Mental	Mental	A		Cublerto Total	Toda	Verified as valid and accurate for 2020.	
F318† Bipoler disorder il		Mental	Mental	A		Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Autism Spectrum Disorde	. [	Menta	Аибято	2		Cublerto Local	Todo	Vermed as valid and accurate for 2020.	A STRACT
ary and Daymer willer Disease	re of the series Metabolism and Other Three		1000			Ouklasto Total	Toda (	Marfled as wild and accurate for 9000	10/
	\$ <u>\$</u>	NNE	8	3-		COURSE TOWN	1000	Control of the state of the sta	
	Corb dog child in oth dis	NNE	CNS	> :		Cublerto Total	Todo	Vertiled as valid and accurate for 2020.	
F842 /G3181 /G3182 Cereb degen in child	I NEC (Exercise) 3 tipo Hatris Syndroma, Albers and L.	NNE	SNS	> 2		Cubierto Total	Todo	Verified as valid and accurate for 2020.	Contract
	SALICO STATES	NNE	S S	. >		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
		NN	CNS	٨		Cubierto Total	Todo	Vertified as valid and accurate for 2020.	0.0 - 61
Chorse NEC		NNE	CNS	٨		Cubierto Total	Todo	Verified as valid and accurate for 2020.	A month
Spinocerebeller disa	959	NNE	CNS	7		Cublerto Total	Fodo	Verified as valid and accurate for 2020.	100



DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	(for a specified period)	Comments	RISKMinimum Services to be covered risk of the entity contracted by the PSG	Comments	
	Neuromyelitis optica	NNE	CNS	2		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
	Schilder's disease	NNE	CNS	>		Cublerto-Total	Toda	Verified as vaild and accurate for 2020.	
	Flood hmipige unspf side	NNE	CNS	>		Cubierto Total	Todo	Verified as valid and socialistic for 2020.	
	Spart nampaga unapri side	NNE	CAS OF	- 7		Cubierto Total		Verified as valid and accurate for 2020.	
	Concentra dicteda	NNE	SNS	7		Cublerto Total		veres as vaid and accurate for 2020.	
	Congenital hemiplegia	UN Z	CNS	>		Cubierto Total		Verified as valid and accurate for 2020.	
	Congenital quadriplegia	NNE	CNS	۸.		Oublento Total	Todo	Verified as valid and accurate for 2020.	
	Infentile hemiplegia	NNE	CNS	>		Cubierto Total	Todo	Verffled as valid and accurate for 2020.	
	Cerebrai palay NOS	NNE	CNS	>		Cubierto Total	Todo	were as vaid and accurate tof 2020.	
	Quadriplegia, unspecifid	NNE	CNS			Cubiento Total	1000	Verned as varied and accurate for 2020. Varification until and constructs for 2020.	
	Quadrylig c1-c4, complete	NNE	2 8	, ,		Cublerto Total		Verified as valid and eccurate for 2020.	
	Quide c5c7, complete	SNN	CNS	,		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
	Quadrac e5-c7, incompt.	NNE	CNS	,		Cubierto Total	Todo	Verified as valid and accurate for 2020,	
	Other quadriplegia	NNE	CNS	>		Cubierto Total		Verffed as valid and accurate for 2020.	
	Cauda equina syndrome	NNE	CNS	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
	Cerebral cyats	NNE	CNS			Cubierto Total	Todo	Verified as valid and accurate for 2020.	
	Encephalopathy NOS	NNE	CNS	>		Cubierto Total	Todo	vertee as valid and accurate for 2020.	
	Refeum's disease	NNE	CNS	>		Cubierto Total		were as velid and accurate for 2020,	
	Idio prog polyneuropethy	NNE	CNS	,		Cublerto Total		Vertiled as valid and accurate for 2020.	
	Idio periph neurpthy NEC	HZZ.	CNS	>		Cubjerto Total	Todo	and the se valid and accurate for 2020.	
	idio periph neurothy NOS	EN.	CNS	>		Cuberto Total	1000	Vermitted as valid and excurate for 2020.	
	Ac intect polynomias (statements)	NNE	SNS SNS	,		Curberto Total	Todo	Verified as valid and accurate for 2020.	
	Congression misso destrober	II II II	SNS			Cubierto Total		Verified as valid and accurate for 2020.	
	Medanic muscit destrains	NNE	CNS			Cublerto Total	Todo	Verified as valid and accurate for 2020.	
Disurbers of Eye and Admiss							The second second		
	Brak, south a blind and or deal	u Z	Canners	۲-		Cublento parcial	Visitas a Oftalmõlogo y servicios refacionados al problema visual	Verified as valid and accurate for 2020.	
	COOL OF SER SERVICE SERVICE						Visitas a Oftalmólogo y servicios		
	Moderate/severe Imparement both syss	NNE	Ceguera	2		COORTED PRECISE	Visitas a Oftalmölogo v servicios	Verified as varid and accurate to 2020.	
	Lagat blinchnes-uss def	NNE	Ceguera	7		Cublerto parcial	relacionados al problema visual	Verified as vaild and accurate for 2020.	
		1					Procedimiento quinúrgico y servicios	AAAA - F - T - T - T - T - T - T - T - T - T	
	Esotropia NUS	NNE	Cramosogica		>	oment or become	distilling good resecutions	CONTROL OF VIEW WAS GOVERNING TO COUNTY	
	Bootooka NOS	N N	Offatmológico		7	Cublerto parcial	Procedimiento quintrgico y servicios oftalmológicos relacionados	Verified as valid and accurate for 2020.	
							Procedimiento quirúngico y servicios		
	Mechanical strabism NOS	NNE	Опантоюрю		7	Cublerto parolal	oftalmológicos relacionados	Verified as valid and accurate for 2020.	
1070001	Other specified strablem (Duane's) ( Aplicar solo el código de tado del	i e	8		-	C. Martin promisal	Procedimiento quintingico y servictos	Varified on voiled and constraints for 2000	
Discussion of the Ethersdooksholded	(go)	NNE	Onemboogco			and or particular	CONSIDERATION CONTRACTOR		
ш -	and connected matter						Procedimiento quinúrgico y servicios		
	Equinus deformity of foot, acquired	NNE	MSK		7	Cubierta Parcial	relacionados Procedimiento mitrineiro y condeiro	Vertiled as vaild and accurate for 2020.	
	Adoles postural kyphosts	NNE	MSK		7	Cubierta Parclai		Verified as valid and accurate for 2020.	
	life-wilds confission accordances	u v	NSH		7	Cubierta Parcial	Procedimiento quirúrgico y servicios relationados	Vertiled as valid and accurate for 2020.	
Medio	nachanic scooss, programme	JAN.	NO.						
	Interior that	NNE	CNS	7		Cubierta Total	Todo	Verified as valid and accurate for 2020.	
	Spin bif w hydroceph NOS	NNE	CNS	7		Cubierta Total	Todo	Verified as valid and accurate for 2020.	
	Spin bif w hydrosph-cerv	NNE	CNS	7		Cubierta Total	Todo	Vertified as valid and accurate for 2020.	DAG
	Spin bif w hydroeph-dors	NNE	CNS	->		Cublerta Total	Todo	Verified as valid and accurate for 2020.	200
	Spin bif w hydresph-lumb	NNE	CNS	7		Cubierta Total	Todo	Verified as valid and accurate for 2020.	1
	Spina bifida	NNE	CNS	4		Cubierta Total	Todo	Verified as valid and accurate for 2020.	13.
	Spina bifida-cerv	NNE	CNS	7		Cublerta Total	Todo	were as valid and accurate for 2020.	100
	Spina bifida-dorsal	NNE	CNS	74		Cublerta Total	Todo	Verter as valid and accurate for 2020.	to Nomen
	Spina bilida-tumbar	NNE	CNS	7		Cublerta Total	Todo	with as velid and accurate for 2020.	T
	Microcephalus	NNE	CNS	7		Cublerta Total	Todo	warmed as valid and accurate for 2020.	9
	Diastematomyella	NNE	SNS	7		Cublerta Total	Todo	warrant as valid and securate for 2020.	- 1
			2010	7		Cubierta Total	Todo	Verified as vaild and accurate for 2020.	



(ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	(for a specified period)	Comments	to be covered risk of the endty contracted by the PSG	Comments	ents
0111	Clinic anophthalmos NOS	NV.	Offisimológico	7		Cubierta Parcial	_	Verified as valid and accurate for 2020.	
0110	Congen cystic system!	NNE	Oftalmológico	٥		Cublerta Parolal	Procedimientos quirúngoos y visitas al oftalmólogo	Verified as valid and accurate for 2020,	
0112	Cryptophtalmos.	NNE	Oftalmológico		7	Cublerts Parcial		Verified as valid and accurate for 2020.	
0112	Merophthalmos NOS	NNE	Oftaimológico	7		Cubleria Parolal		Verified as valid and accurate for 2020.	
Q112	Microphthalmos w other anomalies of eye/subreca	NNE	Oftalmológico		7	Cublerta Parcial	_	Verified as valld and accurate for 2020.	
0150	Buphthalmos NOS	NNE	Offaimológico		7	Cubierta Parcial	= -	Verified as valid and accurate for 2020.	
2150	Buphthatmos w other anornalies	NNE	Oftalmológico		7	Cubierta Parcial	_	Verified as valid and accurate for 2020.	
0130	Concertial calaract NOS	NNE	Oftalmológico		7	Cubierta Percial	_	Verified as valid and accurate for 2020,	
0123	Concerlial sobakia	NNE ·	Oftalmológico		*>	Cubierta Parcial	s y visitas al	Verified as valid and accurate for 2020.	
9121	Compential ectopic iens	NNE	Oftalmológico		*>	Cublerta Percial		Verified as valid and accurate for 2020,	
0129	Cong catarilens anom NEC	NNE	Oftalmológico			Cublerta Percial	-	Verified as valid and accurate for 2020.	
0134	Anon comeal size/shape	NNE	Oftalmológico		7	Cublerts Parcial	_	Verified as valid and accurate for 2020.	
0133	Cong comes open aff vis	NNE	Offulmológica		÷	Cublerta Parcial		Verified as valid and accurate for 2020.	
0133	Cong compail opacit NEC	NNE	Offalmológico		7	Cublerta Parcial		Verified as valid and accurate for 2020,	
200	Anitidia	N N	Offaimológico		7	Oublerta Parcíal	_	Verified as valid and accurate for 2020.	
0132	Arrem ris & oil body NEO	NN EN	Oftalmológico		7	Cublerta Parcial	_	Verified as valid and accurate for 2020.	
0135	Anomalies of sciena	NNE	Oftwirmológico		7	Cublerta Percial		Verified as valid and accurate for 2020.	
01389	Byte-ces retire move (In/A)	NNE	Oftelmológico		7	Oublerte Parcial		Verified as valid and accurate for 2020.	
74351+A238:A247	Vitrous snomsles	EN N	Offalmológico		7	Cubierta Parcial	_	Verified as valid and accurate for 2020.	
0140	Cong chorionelinal degen	NNE	Oftalmológico		7	Cubierta Percial		Verified as valid and accurate for 2020,	
0141	Congretinal changes NEC	NNE	Oftalmológico		7	Cubierta Parcial		Verfiled as valid and accurate for 2020,	
0142	Optic disc anomalies	NNE	Oftalmológico		7	Cubierta Parcial	Procedimientos quiningicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
0100	Congenital	NNE	Offermológica		*	Cublerta Parciel	-	Verified as valid and accurate for 2020.	
Q103	Spec anom of ayelid NEC	NN	Offalmológico		7	Cubierta Parcial	Procedinientos quiningicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.	
0108	Spec (acrimal gland anom	NNE	Offermológico		7	Cublerta Parcial		Verified as valid and accurate for 2020.	
2107	Spec anomaly of orbit	NNE	Ofteimológico		77	Cubierta Parcial		Verified as valid and accurate for 2020,	
0113	Eve anomalies NEC	NNE	Offalmológico		7	Cubiarta Parcial		Verified as valid and accurate for 2020.	
0,150	Eye anomasy NOS	NNE	Oftahmológico		7	Cubierta Percial		Verified as valid and accurate for 2020.	
Q168	Ear errorn NOS/Impair hear	NN	ENT		7	Cublerte Parolal		Verified as valid and accurate for 2020.	
0,180	Cong absence ext ear	NNE	ENT		7	Cublerte Parcial	Procedimlentos quintingloss y visitas al ENT	Verified as valid and accurate for 2020.	
Q161	Ex ear ann NEC-Impr hear	NNE	ENT		7	Cublerte Percial		Verified as valid and accurate for 2020.	
0164	Middle eer enomaly NEC	NNE	ENT		7	Cublerta Parcial		Verified as valid and accurate for 2020.	
Q183	Anomakes ear ossicles	NNE	ENT		7	Cublerte Parctal	Procedimientos quírúrgicos y visitas al ENT	Verified as velid and accurate for 2020.	STRAN
Q165	Anomales of Inner ear	NNE	ENT		4	Cubierta Percial	_	Verlied as valid and accurate for 2020,	1
Q169	Ear enom NEG/Impair heer	NNE	ENT		7	Cublerta Parotal		Verified as valid and accurate for 2020,	0
0170	Accessory auricle	NNE	ENT		72	Cubierta Parciel		Verified as valid and accurate for 2020.	Contrato Nem
Q178	Cong absence of ear (obe	NNE	ENT .		7	Cubierta Parcial	quírùrgicos y visitas al ENT	Verified as valid and accurate for 2020.	1.0
0171	Macrotia	NNE	ENT		7	Cublerta Parcial		Verified as valid and accurate for 2020,	- 11
0172	Milesen in the second of the s	11 22 2	E d		7	Cutherta Partial	Procedimientos quirúngicos y visitas al FNT	OCCUPANT AND ADDRESS OF THE PROPERTY OF THE PR	E S





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to be covered risk of the entity contracted by the PSG	Procedimientos quintingtos y visitas al ENT	Procedimientos quíntingicos y visitas al ENT	Procedimientos quirúrgicos y visitas al ENT	Procedimlentos quíntigicos y visitas al ENT	Procedimientos quinirgicos y visitas a especialistas (Ora//Max)	Procedimientos quiningicos y visitas a especialistas (Oral/Max)	Procedimientos quirúngicos y visitas a especialistas (Oral/Max)	Procedimientos quintrgicos y visitas a especialistas (Oral/Max)	Procedimlentos quintrgicos y visitas a especialistas (Oral/Max)	Procedimientos quinúrgicos y visitas a especialistas (Oral/Max)		Procedimientos quirúrgicos y vísitas a especialistas (Cardio)	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Procedimientos quinúngicos y visitas a especialistas (Cardio)	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Procedimientos quintragicos y visitas a especialistas (Cardio)	Procedimientos quirungicos y visitas a especialistas (Cardio)	Procedimientos quirurgicos y visitais a especialistas (Cardio)	Procedimientos quinzigicos y visitas a especialistas (Cardio)	Procedimientos quirúrgitos y visitas a especialistas (Cardio)	Procedimientos quirúrgicos y visitas a especialistes (Cardio)	Procedimientos quiningicos y visitas a especialistas (Cardio)	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Procedimientos quirtirgicos y visitas a especialistas (Cardio)	Procedimientos quintrgicos y visitas a especialistas (Cardio)	Procedimentos quirurgicos y visitas a especialistas (Cardio)	Procedimientos quírúngicos y visitas a especialistas (Cardio)	Procedimientos quírtigioss y visitas a especialistas (Cardio)	Procedinientos quintingicos y visitas a especialistas (Cardio)	Procedimientos quirúngicos y visitas a especialistas (Cardio)	Procedimientos quintingicos y visitas a especialistas (Cardio)	Procedimientos quíringicos y visitas a especialistas (Cardio)	Procedimientos quirdigicos y visitas a especialistas (Cardio)	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Procedimientos quinúrgicos y visitas a
Comments	Cublerts Percial	Cubierta Parcial	Cubierta Parolal	Cublerte Parcial	Cublerta Parcial	Cubierta Parofal	Cubierta Parolal	Cubierta Parcial	Cubierta Parolal	Cublerts Parolal	Cubierta Parolal	Cubierta Parcial	Oubjerts Parcial	Cubierta Parolal	Cublerte Parolal	Cublerta Parcial	Cubjerta Parcial	Cublerta Parcial	Cublerta Percisi	Cublerta Parcial	Cubierta Parotal	Cublerte Pareial	Cublerte Parcial	Cublerta Parotal	Cubierta Parcial	Cublerta Parotal	Cubierta Parolal	Cubierta Parcial	Cublerta Parcial	Cublerta Parcial	Cubierta Parciai	Cublerta Pareial	Cubierta Parclai	Cublerta Parcial	Cublerta Parcial	
(for a specified pariod)	7	7	7	7	7		4.	خ	ځز	ځ	7	2	7	7	7	7	7	7	7	7	7	>	٨	7	7	7	77	7	7	7	7-	7	7	7	7	
Up to 20 years (until before age 21 day)						7																														
Type	ENT	ENT	ENT	FNE	SURG	SURG	SURG	SURG	suRG	SURG	SURG	Congénito	Congénito	Congénito	Congénito	Congénito	Congénito	Congérito	Congénito	Congénito	Congenito	Congénito	Congénito	Congánito	Congénito	Congénito	Congénito	Congénito	Congénito	Congénito	Congénito	Congénito	Congénito	Congénito	Cangénita	
Type of Register	NNE	NNE	N.N.	NNE	N.	III N	N M	N.	NNE	NNE	NN.	NN E	NNE	NNE	NNE	NNE	NNE	NNE	NNE	NNE	NNE	NNE	NNE	NN E	NNE	NNE	NNE	NNE	NNE	NNE	NNE	N.	NNE	NNE	NNE	
DESCRIPTION-LETTER DS_2008	Eustachlan tube anon NEC	Ear anomaly NOS	Cervical auricie	Presuricular cyst	Branchial cleft anom NEC	Webbing of neck	Macrochella	Microchella	Mecrostomia	Microstomia	Ong jaceheck arom NGS	Compi transpoe gnest ves	Double outlet it ventric	Correct transpos grt ves	Tetralogy of fallot	Common ventricle	Ventricular sept defect	Securdum etrial sept def	Endocard cushion def NOS	Ostum primum defect	Endocard cushion def NEC	Cor biloculare	Septal closure anom NEC	Septial closure anom NOS	Pulmonary valve anom NOS	Cong pulmon velv etneste	Cong pulman valve stenos	Pulmonary valve anom NEC	Ebstein's aromaly	Cong sorta valv stanosis	Cong sorts valv insuffic	Corroen mittal stemosis	Cong mitral insufficienc	Hypopias left heart synd	Cang subsarite stenesis	
DIAGNOSTIC CODES (ICD-10 CM_2015)	0/62										189			0205		0204		9211	0212	0212	0212				0223	0220	0221		0225							



(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	
0243	Infundib pulmon stenoels	NNE	Congénito		7	Cubierta Percial		Verified as valid and accurate for 2020.	
Q248	Obstruct heart anom NEC	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020,	
Q245	Coronary artery anomaly	NNE	Congénito		7	Cubierta Percial		Verified as valid and accurate for 2020.	
G248	Congenital heart block	NNE	Congénito		7	Oublerta Percial		were as valid and accurate for 2020.	
	Malpoeliton of heart	NN m	Congénito		7	Cubierte Parolal	Procedimientos quiningicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0250	Patent ductus arteriosus	NNE	Congénito		7	Cubierta Parolei		Verified as valid and accurate for 2020.	
Q251	Coenclation of eorta	N.N.	Congénito		7	Cubierta Parolai	Procedimientos quintirgéos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
2520	In of aortio arch	NNE	Congénito		7	Cubierta Parcial	Procedimientos quirúrgicos y vialtes a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0254	Cong arrom of aorta NOS	NNE	Congénito		7	Cubierta Parolai	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2029.	
0254	Anomalies of sortic arch	NNE	Congénito		-7-	Cublerta Parolal		Verified as valid and accurate for 2020.	
02572	Pulmonary AV matternath	NNE	Congénito		7	Cublerta Parolai		Verified as valid and accurate for 2020.	
	SCIN aforement along the control of	lu Z	Constalls		7	Cubierte Parciei	Altes a	Verified as valid and accurate for 2020.	
AOZIO	Green von Bronzay n.c.o		a line			Cublerte Berries	iskas a	Vertical on unity and accumulate for 2020	
2920	Lot anom pulm ven connec	NA.	amagnas				Procedimientos quíningicos y visitas a		
0220	Umblical artery absence	NNE	Congenito		7	Cubierta Parcial	y visitas a	Verified as valid and accurate for 2020.	
0279	Unsp prohed vesc enomal	NNE	Congénito		7	Cubiarta Paroial		Verified as valid and accurate for 2020.	
9271	Renal vessel anomaly	NNE	Congénito		7	Cublerta Parcial		Verified as valid and accurate for 2020,	
0,731	Upper limb vessel arromaty	NNE	Congénito		**	Cublerta Parcial	Procedimientos quiningicos y visitas a especialistas	we fee as valid and accurate for 2020.	
Q2732	Lowe limb vessel enomally	NNE	Congénito		7	Cublerta Parcial		as valid and ancurate for 2020.	
0279	Spirist vesses enotinally	CARDIO	Congénito		7	Cublerta Parcial	Procedimientos quíntigicos y visitas a especialistas	Vin Vin as valid and accurate for 2020.	
P203	Persistent fetal circ	CARDIO	Congénilo		7	Cublerta Percial		were as valid and accurate for 2020.	
0300	Choenal stresis	NNE	Congeinto		7	Oubjerts Parcial		Verified as valid and accurate for 2020.	
92	down bannary I	u Z	Conoénilo		7	Cubierta Parcial	_	Varified as valid and accurate for 2020.	
	Connected scretch turns	l li	Conodollo		. 7	Cublerta Partial		Verified as valid and accurate for 2020.	
	Areanesis of tree	J 12 22 2	Considerite	7		Cubierta Parolas	s y visites a	Verified as valid and accurate for 2020.	
	fun is essentive		The state of		,	Cutherta Parcial		Vertified as valid; and accurrate for 2020	
Assa	CON ABROHAM NO.	U I						Colf. will see a second beautiful on the Colf.	
4334	Congert bronchledusis	J. N.	guaduos			100	y visitas a		
0359	Unitet cleft palatte-comp	NN.	Congénito		7	Cubierta Parcial	Procedimientos quirárgicos y visitas a	Verified as valid and accurate for 2020.	
0369	Cleft lip NOS	NNE	Congénito		7	Cubierta Parcial	Broadminger authorized to the bear	as valid and accurate for 2020.	
6960	United cloft lip-imcompi	NNE	Congénito		7	Cublerta Percial	Procedimientos quirurgicos y visinas a especialistas	ver eas valid and accurate for 2020.	
9379	Cleft paiate & lip NOS	NNE	Congénito		7	Cubierta Parcial	Procedimientos quirtirgicos y visitas a especialistas	as veild and accurate for 2020.	
Q381	Tongue tie	NNE	Congenito		7	Oubjerta Parolal		Vertified as valid and accurate for 2020.	(
0383	Tongue anomaly NOS	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.	8
Q382	Cong macroplossia	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.	1
0386	Mouth anomaly World	W.V.	Congénito		7>	Cubierta Parolai		Vertified as valid and accurate for 2020.	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
2850	Disortentian of phanes	HZ.	Consenito		7	Cubierta Parcial		Verified as valid and accurate for 2020.	Contrato Némero
and	ON PROPERTY OF THE PROPERTY OF	L Z	Consento		7	Cubierts Parclei	-	Verified as valid and accurate for 2020,	0
1000	Conservitat histus hernia	ENZ.	Congénito		7	Cubierta Parolai		Vertised as valid and accurate for 2020.	100
0408	Upper Gl anomaly NEC	NNE	Congénito		7	Cubierta Parcial	Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	E
		L	o de la companya de l		7	Cublerts Percial	Procedimientos quiningicos y visitas a especialistas	se valid end accurate for 2020.	



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		
D483	Arromales if internat floatio	NNE	Congérito		7	Cubierta Parotal	_	Verified as valid and accurate for 2020.		
Q446	Cong cysilo liver dis	NNE	Congérito	٦		Cubierta Parcial		Verified as valid and accurate for 2020.		
0459	Anom digestive ayet NOS	NNE	Congénito		7	Cublerta Parcial		Verified as valid and accurate for 2020.		
9050	Tubel/broad lig anom NOS	NNE	Congénito		7	Cubierta Parcial		Vertised as valid and accurate for 2020.		
9050	Tubelfbroad 8g anom NEC	NNE	Congentto		7	Cublerta Parcial		Verified as valid and accurate for 2020,		
0510	Agenesis of uterus	NNE	Cangénita		خ	Cublerta Parcial	Procedimientos quintrgicos y visitas a especialistas	Verified as valid and accurate for 2020.		
Q51811	Hypoplasia of utlerus	NNE	Congenito		7	Oublerta Parcial		Verified as valid and accurate for 2020.		
0514	Unicomuste uterus	NE	Congenito		7	Cublerta Parcial	_	Verified as valid and accurate for 2020.		
0513	Biocrituate uterus	NNE	Congénito		~	Cublerta Parcial	_	Verified as valid and accurate for 2020,		
9512	Septiate uterus	NNE	Congénito		7	Cublerta Parcial	Procedimientos quírungidos y visitas a especialistas	Verified as valid and accurate for 2020,		
Q51810	Arcustie utenus	NNE	Congénito		7	Cubierte Percial		Verified as valid and accurate for 2020.		
0428	Anom centic, vagina, ext genilialia	NNE	SURG		7	Cublerts Perolal		Verified as valid and accurate for 2020.		
Q544	Congenital chordee	NNE	Congánito		7	Cublerta Percial	entos quinúrgicos y visitas a especialistas	Verified as valid and accurate for 2020,		
Q4562	Micropanis	NNE	Congánito		7	Cublerte Parcial		Verified as valid and accurate for 2020.		
0.5523	Serotal transposition	NNE	Congénito		Ą	Cubierta Parcial		Vertiled as valid and accurate for 2020.		
Q813	Polycyalic kidney NOS	NNE	Congénito		7	Cubierta Percial		Verified as valid and accurate for 2020.		
0612	Polyayst kid-autosom dom	NNE	Congénito		77	Cubierte Parcial	Procedimientos quinúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.		
0614	Renal dysplasis	NNE	Congérito		À	Cubierta Parcial		Verified as valid and accurate for 2020.		
0815	Meduliary cystic kidney	NNE	Congenito		7	Cublerte Percial		Verified as valid and accurate for 2020.		
0.015	Medullary sponge kidney	NNE	Congénto		ح	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.		
C6102	Cystic kidney diseas NEC	NNE	Congénito		خ	Cubierta Parcial	_	Verified as valid and accurate for 2020.		
0618	Obst Defects ranal pelvis, ureter	NNE	SURG		'n	Cublerta Parcial	_	Verified as valid and accurate for 2020.		
0,6239	Obs diet ren plv&urt NOS	NNE	Congénito		7	Cublerta Parcial	-	Verified as valid and accurate for 2020.		
0,6239	Congen obsturtopty inc	NNE	Congénito		~	Cublerte Perchal		Verified as valid and accurate for 2020.		
C644	Anomalies of unachus	NNE	Congénito		ž	Cubierta Pancial		Verified as valid and accurate for 2029.		
0880	Congenital torticolitis	NNE	Congentio		7	Cublerta Parcial		Verified as valid and accurate for 2020.		
0881	Congen hip distoc, blut,	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.		
79824	Cong hip subtur, bilat	NNE ·	Congenito		7	Cubierta Perdal		Verified as valid and accurate for 2020.		
Q682	Cong knee distocation	NNE	Congérito		7	Cubierte Parcial		Verified as valid and accurate for 2020.		
0,683	Congan bowing of femur	NNE	Congenito		4	Cubierta Parcial	Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	The same of the sa	
Q684	Cong bowing tibia/fibuta	NNE	Congánito		7	Cubierta Parolal	$\overline{}$	Verified as valid and accurate for 2020.	W.STR	FAC.
CRRS	Cong bowing leg NOS	NNE	Cangérillo		J.	Cubierta Parolai	Procedimientos quirórgicos y visitas a especialistas	Verified as valid and accurate for 2020.		0
C680	Metatersus primus varus	NNE	Congénito		7	Cublerta Parolai		Verified as valid and accurate for 2020.	12/	D
0990	Metarsus varus	NNE	Congénito		7	Cubierta Parotal	Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	Contrato	Wantero
5664	Talpes valgus	NNE	Congérito		7	Cublerta Percial		Verified as valid and accurate for 2020,	1 19 0	9 1
G884	Tallpes calcansovalgus	NNE	Congénito		7	Cubierta Parotel	Procedimientos quirárgicos y visitas a especialistas	Verified as valid and accurate for 2020.	0	2
2668	Cong velgus foot definEC	NNE	Congáníto		7	Cubierta Parcial	Procedimientos guirángicos y visitas a especialistas	Verified as valid and accurate for 2020.	EC	70
7687	Talpes carus	NNE	Congénito		7	Cubierta Parciai	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.	3	1
		L	Connénito		7	Cublerte Parcial	Procedimientos quínitgicos y visitas a especialistas	Verified as valid and accurate for 2020.	00/	2



DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	femporary (for a specified period)	Comments	RISK-Minimum Services to be covered risk of the entity contracted by the PSG	Comments	
Q677	Pectus carinatum	NNE	Congénito		7	Cublerta Pandai		Verified as valid and accurate for 2020.	
0704	Polydaetyly NOS	NNE	Congénito		7	Cublerta Parcisi		Verified as vaild and accurate for 2020.	
0682	Polydactyly, toes	NNE	Congénito		7	Cublerta Parolai		Varified as valid and accurate for 2020.	
a,c	Syndactyl fing-no fusion	NNE	Congánito		7	Cubierta Parcial		Verified as valid and accurate for 2020.	
0800	Acrocachalos virdactiviv	NNE	Congénito		7	Cubierta Parcial	_	Verified as valid and accurate for 2020.	
0748	Accessory certail bones	NNE	Congánito		7	Cubierta Parolal		Verified as valid and accurate for 2020.	
0740	Macrodact/Ne (fingers.	NNE	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.	
06581	Consental cosa valore	NN EN	Congénito		7	Cubierta Parcial		Verified as valid and accurate for 2020.	
0,682	Cong knee deformity	NN	Congénito		7	Cubierta Paroini		Verified as valid and accurate for 2020,	
07849	Anomaly of cohe NOS	NeuroSx	No especifico		7	Cublerts Parcist		Verified as valid and acourate for 2020.	
0762	Lumbosacr spondylalyals	NeuroSx	SURG		7	Cubierta Parcial	_	Verified as valid and accurate for 2020,	
Q762	Spondyfolithesia	NeuroSx	surc		7	Cubierta Parcial		Verified as vaild and accurate for 2020.	
07849	Congen fusion of spine	NeuroSx	SURG		7	Cubierta Parolei	Procedimientos quírúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0761	Küppel-fell syndrome	NeuroSx	Congénito	7		Cublerta Parcial		Verified as valid and accurate for 2020.	
Q785	Cervical rib	MNE	Congénito		79	Cubierta Parcial		Verified as valid and accurate for 2020.	
0780	Osteogramesis imperfecia	NNE	Congénito	7		Cubierta Parcial	Procedimientos quírúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.	
2820	Osternostrasie	E N	Concento	7		Cublerta Percial		Verified as valid and socurate for 2020.	
8820	Osteonotkijnsk	W Z	Correditio	7		Cublerta Parcial	Procedimientos quininglos y visitas a especialistas	Verified as valid and accurate for 2020.	
2820	Delucatric flora demi	LL Z	Consento	7		Cubierta Percial		Verified as valid and accurate for 2029.	
2226	Chrystraetralem dysolas	W Z	Consento	7		Cublerta Parcial	s y visitas e	Verified as valid and accurate for 2020.	STRAC
0283	Multi animprocesal chreniae	EN N	Consento	¥		Oublerta Parcial		Verified as valid and securate for 2020.	0/2
07854	Prinse belly sundrome	N. N.	Congenito	7		Cubierta Percial	s y visitas a	ORK IT	0
0742	Ombiatocale	N N	Congenito		7	Cublerta Parcial		Verified as valid and accurate for 2020.	Coatrat Némero
ome o	Construction and NEC	1 <u>1</u> 2	Conceptible		7	Cublerta Percial	s y visitas a	Verified as valid and accurate for 2020.	1 - 0 E 9 A
22.00 20.00	Elveraciante sundrome	N. I	Congenito	7		Cubierta Percial		Verified as valid and accurate for 2020.	
0820	Hore-Glury echerin of logs	NNE	Congérito		7	Cubierta Parcial	Procedimientos quíningicos y visitas a especialistas	were as walld and accurate for 2020.	20
0.028	Dermutoglyphic arxomales	NNE	Congénito		7	Cublerta Parcial		Verified as valid and accurate for 2020.	\   
Q824	Cong ectodermal dyspless	NNE	Congénito		7	Cublerta Parcial		Verified as valid and accurate for 2020.	TOS DES!
Q825	Vescular hamartomas	NNE	Congénito		7	Cubierta Parcial	Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	
7576	Cong breast anomaly NEC	NNE	Congenito		7	Cirbierta Parciai	Procedimientos quinúrgicos y visitas a especialistas	This code is a holdover from ICD-8	
Chromosome anomalies				T.V.					9
C934	Cri-du-chat syndrome	N.	Genético			Cublerta Total	Todo	Vertilled as valid and accurate for 2020. Vertilled as valid and accurate for 2000.	T
C9388	Other microdeledons	NNE NNE	Genélico	. ~		Cublerta Total		Verified as valid and accurate for 2020.	
3000	Conditions due in observemente amontale NOS	N. N.	Genético	7		Cublerts Parolal	Procedimientos quinúrgicos y visites a especialistas	weet as valid and accurate for 2020.	
Q8901	Anomaijes of spleen	NNE	Genético	7		Cublerta Parolal	Procedimientos quirángicos y visitas a especialistas		
Q891	Adrenal gland anomaly	NNE	Genético	7		Cublerta Parcial	Procedimientos quinúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.	
Other aim are Thed	ши						Proceedimientos muícicos y okties a		
60880	Anomalies of spieen	NNE	Genético	٠,٦		Cublerta Parcial	Proceedings of the control of the co	Verified as valid and accurate for 2020.	
0892	Endocrine anomaly NEC	E S	Genético	7		Cubierta Parcial	riccommission quintification y voltan a	Verified as valid and accurate for 2020.	
C883	Situs inversus	NNE	Genético	7		Cubierta Parcial	Procedimientos quaturgatos y vientes e especialistas	as valid and accurate for 2020.	





1	An information         NNE         Convision         √         Cubate a Pacified         Procedimients outs/infortary vibities a vibilities outs/infortary vibities a particles.         NNE         Convision         √         Cubate a Pacified         Procedimients outs/infortary vibities a vibilities outs/infortary vibilities outs/infortary vibities a capacificities outs/infortary vibities a capacifici	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
Multi-corporal sectorials   Multi-corporal sectorial sectorials   Multi-corporal sectorial sectorial sectorial sectorial sectorial sectorial	The continue of the continue	2684	Conformed twins	N. N.	Genético	-7		Cublerta Parcial	Procedimientos quintigloss y visitas a especialistas	Verified as valid and accurate for 2020.
Mult Grogen wormal NEC   NNE   Goodfee   4   Cuberta Percial Septembra   NNE   Goodfee   4   Cuberta Percial Septembra   Cuberta Total   Tot	Music Congenius Microsoft         NNE         Genetico         4         Cuberta Pareial         Procedius or procediu	2851	Tuberous scienceis	NNE	Genético	7		Cubierta Parcial	Procedimientos quintrgicos y visitas a especialistas	Verified as valid and eccurate for 2020.
Production   Periodic   Period	Production   Pro	0807	Mult consen promai NEC	ENZ ENZ	Genético	7		Cublerta Parcial	Procedimientos quírúrgicos y visitas a especialistas	V** ed as valid and excurate for 2020.
Transfer of the conditions   Transfer of th	Finglib x syndrone   Finglib	1288	Prader-will syndrome	NNE	Genético	7		Cublerta Total	Todo	Verified as valid and accurate for 2020,
Special County   Spec	Special Control No.	1892	Fragle x syndrome	N.E.	Genético	7		Cublerta Total	Todo	Verified as valid and eccurate for 2020.
In the Packwall Parkod   In conditions a packwall Parkod   In conditions	No.   Petrology	78	Specified on anomal NEC	NNE	Gernélico	7		Cublerto por excepción	Codigo no registra, solo por excepción	E78 is the 3-cigit code family for disorder of lipo-protein metabolism
Found stocked guestions   Found stocked a guestion   Found stocked from the condition	Fount strong to the strong t	18	Perimeal Period							
NNE   Definition of protection   Definition   Definition   Definition of protection   Definition   D	O POT/001         Endman Fundation will VISE         Permission         V         Cuberties Todas         Todo           9 modification will visible and byth and byth and properties of the properties of th	043	Fetal alcohol systems	NNE	Perinetal	7		Cublerta Total	Todo	Incornect - Fatal alcohol syndrome is Q880
Periodic P	Performation of Performation	0700 (PO7001	Extreme immetur with OS	NN	Perinatal	7		Cublerta Total	Todo	vertified as valid and accurate for 2020.
Sinta suphydae NOS   NNE   Perindia   4   Cuberte Toda   Todo	State   Stat	70	Brach plexus in tolth	NNE	Perinstal		7	Cubierta Percial	Procedimientos quintirgicos y visitas a especialistas	Incorrect - P04 is the 3-digit code family for Newborn affected by noxious substances transmitted via placenta or breast milk
Perfect the Control to the Control	Performation   Performation   Performation   Performation   NNE   Performation   Vertical Performation   NNE   Performation   Vertical Performation   NNE   Performation   Vertical Percent   Vertical Pe	84	Birth esphyde NOS	NNE	Perinalai	7		Cublertia Total	Todo	Verified as valid and accurate for 2020,
Perfect text text text text text text text t	NNE         CNS         V         Cuberia Total         Todo           NNE         Deserration         V         Cuberia Percial         Veites a especialistas           NNE         Deserration         V         Cuberia Percial         Veites a especialistas           NNE         Deserration         V         Cuberia Percial         Veites a especialistas           NNE         Deserration-lidatas         V         Cuberia Percial         Veites a especialistas	=	Intravent hemorrhage (Grade HV)	NA.	Perinatal	خ		Cubierta Total	Todo	Incorrect - P14 is the 3-digit code family for Birth kylury to peripheral nervous syst
Failure to thirthe-child NNE Deserrotio 4 Cubierta Parcial Visitas a especialistas NNE Deserrotio-lisata NNE Deserrotio-lisata NNE Deserrotio-lisata Appenda	NNE Deserradio Victora Parcial Victora a especialistas NNE Deserradio Victora Parcial Victora a especialistas NNE Deserradio Victora Parcial Victora a especialistas NNE Deserradio-Victora Victora Parcial Victora a especialistas	912	Perivent leukomalada	NNE	CNS	٨		Cublerta Total	Todo	year as valid and accurate for 2020.
Failure to thirthe-child NNE Deserrotio 4 Cuberta Parcial Visitas a especialistas Appenia Appenia NNE Deserrotio-lacia NNE Deserrotio-lacia 4 Cuberta Parcial Vietna a especialistas	NNE Desarrolo de Cubierte Parcial Vistas a especialistas non Cubierte Parcial Vistas non Cubierte	5 and th-Defined Co	anditions							
Deservoir minestones   NNE   Deservoir   Value a scriberibilities   Cubierta Parcial   Value a scriberibilities   Value a scriberibilities   Value a sepecialistic   Value a	NNE Deserroto v Cuboris Parcial Victira a especialista.  NNE Deserroto-ficiale v Cuboris Parcial Victira a especialistra.  NNE Deserroto-ficiale v Cuboris Parcial Victira a especialistra.	9251	Falure to thrive-child	NNE	Desarrollo		7	Cubierta Parcial	Visitas a especialistas	Verified as valid and accurate for 2020.
Short stature NNE Deservoio 4 Cubierto Parcial Visitors a sopeciabilities Aphonia NNE Deservoid-biodia 4 Cubierto Parcial Visitors a sepeciabilities	NNE Desarrolo-idole 4 Cubierte Parcial Vieles a especialiste.	820	Delayed milestones	NNE	Desarrollo		7	Cubierta Percial	Visitas a especialistas	Verified as valid and securate for 2020.
Aphona d Cuberna Parola Vieles a especialista.	NNE Desarrolo-Habb Vieltas a especialista	6252	Short stature	NNE	Desamolo	7		Cubierta Parotal	Visitas a especialistas	Verified as valid and accurate for 2020.
	and affects of leferate Poleorietge, Totals Effects and Other Externet Causes	1491	Aphonia	NNE	Desarrolo-Hable		7	Cublerta Parcial	Visitas a especialistas	Verified as vaild and accurate for 2020.

Moia: Se utilizaron los códigos padre en las condiciones que necesitan de las especificidades de la condición por ejemplo, leg and righ, Uper right, congenital, other specified, unspecified (a codificación en ICD10CM no aumenta el número de enfermedades, determina la especificidad misma de la enfermedad





Measurement perio			1
Population ICD 10 CODES	Medicald/Federal, Commonwealth and CHIP Population	Milliman Comments	1
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	
9483	Pancreas transplant status	Verified as valid and accurate	
1010	Type 1 diabetes mellitus with ketoacidosis without coma	Verified as valid and accurate	
10311	Type 1 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate	
10319	Type 1 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate	
103211	Type 1 diab with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate	
103212	Type 1 diab with mild nonp rtnop with macular edema, I eye	Verified as valid and accurate	
103213 103219	Type 1 diabetes with mild none rtnop with macular edema, bi	Verified as valid and accurate  Verified as valid and accurate	
103219	Type 1 diab with mild nonp rtnop with macular edema, unsp Type 1 diab with mild nonp rtnop without mclr edema, r eye	Verified as valid and accurate	
103292	Type 1 diab with mild nonp rinop without moir edema, I eye	Verified as valid and accurate	
103293	Type 1 diab with mild nonp rtnop without macular edema, bi	Verified as valid and accurate	
103299	Type 1 diab with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate	
103311	Type 1 diab with mod none thop with macular edema, r eye	Verified as valid and accurate	
103312	Type 1 diab with mod none thop with macular edema, I eye	Verified as valid and accurate	
103313	Type 1 diab with moderate nonp rtnop with macular edema bi	Verified as valid and accurate	
103319	Type 1 diab with mod nonp rtnop with macular edema, unsp	Verified as valid and accurate	
103391	Type 1 diab with mod nonp rinop without macular edema, r eye	Verified as valid and accurate	
103392	Type 1 diab with mod none rinop without macular edema, I eye	Verified as valid and accurate	
103393	Type 1 diab with mod nonp rtnop without macular edema, bi	Verified as valid and accurate	
103399	Type 1 diab with mod nonp rtnop without macular edema, unsp	Verified as valid and accurate	
103411	Type 1 diab with severe nonp rtnop with macular edema, r eye	Verified as valid and accurate	
103412	Type 1 diab with severe nonp rtnop with macular edema. I eve	Verified as valid and accurate	
103413	Type 1 diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate	
103419 103491	Type 1 diab with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate  Verified as valid and accurate	
103491	Type 1 diab with severe none rtnop without moir edema, r eye	Verified as valid and accurate	
103493	Type 1 diab with severe nonp rtnop without moir edema, I eye Type 1 diab with severe nonp rtnop without macular edema, bi	Verified as valid and accurate	
103499	Type 1 diab with severe nonp rtnop without mich edema, unsp	Verified as valid and accurate	
103511	Type 1 diab with prolif diab rtnop with macular edema, rieye	Verified as valid and accurate	
103512	Type 1 diab with prolif diab rtnop with macular edema, I eye	Verified as valid and accurate	
103513	Type 1 diab with prolif diab rtnop with magular edema, bi	Verified as valid and accurate	
103519	Type 1 diab with prolif diab rtnop with macular edema, unsp	Verified as valid and accurate	
103521	Type 1 diab w prolif diab rtnop w treth dich masula, r eye	Verified as valid and accurate	
103522	Type 1 diab w prolif diab rtnop w trctn dich macula, I eye	Verified as valid and accurate	
103523	Type 1 diab w prolif diab rtnop with treth dich macula, bi	Verified as valid and accurate	
103529	Type 1 diab w prolif diab rtnop with treth dich macula, unsp	Verified as valid and accurate	
103531	Type 1 diab w prolif diab rtnop w tretn dtch n-mela, r eye	Verified as valid and accurate	
103532	Type 1 diab w prolif diab rtnop w trctn dtch π-mcla, I eye	Verified as valid and accurate	
103533	Type 1 diab w prolif diab rtnop with trctn dich n-mcla, bi	Verified as valid and accurate	
103539	Type 1 diab w prolif diab rtnop with treth dish n-mela, unsp	Verified as valid and accurate	
103541	Type 1 diab with prolif diab rtnop with comb detach, reve	Verified as valid and accurate	
103542	Type 1 diab with prolif diab rtnop with comb detach, I eye	Verified as valid and accurate	
103543 103549	Type 1 diab with prolif diabetic rtnop with comb detach, bi Type 1 diab with prolif diab rtnop with comb detach, unsp	Verified as valid and accurate  Verified as valid and accurate	
103549	Type 1 diabetes with stable prolif diabetic rtnop, right even	Verified as valid and accurate	
103552	Type 1 diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate	
103553	Type 1 diabetes with stable prolif diabetic rtnop bilateral	Verified as valid and accurate	
103559	Type 1 diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate	
103591	Type 1 diab with prolif diab rtnop without mclr edema, r eye	Verified as valid and accurate	
103592	Type 1 diab with prolif diab rtnop without mclr edema, I eve	Verified as valid and accurate	
103593	Type 1 diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate	
103599	Type 1 diab with prolif diab rtnop without mclr edema, unsp	Verified as valid and accurate	
1036	Type 1 diabetes mellitus with diabetic cataract	Verified as valid and accurate	
1037X1	Type 1 diab with diab mclr edema, resolved fol trtmt, r eye	Verified as valid and accurate	
1037X2	Type 1 diab with diab mclr edema_resolved fol trtmt, I eye	Verified as valid and accurate	
1037X3	Type 1 diab with diab macular edema, resolved fol trimt, bi	Verified as valid and accurate	
1037X9	Type 1 diab with diab mcIr edema resolved fol trimt, unso	Verified as valid and accurate	
1039 1040	Type 1 diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate	
1040	Type 1 diabetes mellitus with diabetic neuropathy, unsp Type 1 diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate  Verified as valid and accurate	
1042	Type 1 diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate	
1043	Type 1 diabetes with diabetic polyneuro athy	Verified as valid and accurate	
1044	Type 1 diabetes wellitus with diabetic amyotrophy	Verified as valid and accurate	
1049	Type 1 diabetes with diabetic neurological complication	Verified as valid and accurate	
1051	Type 1 diabetes w diabetic peripheral angiopath w/o gangrene	Verified as valid and accurate	
1052	Type 1 diabetes w diabetic peripheral angiopathy w gangrene	Verified as valid and accurate	
1059	Type 1 diabetes mellitus with oth circulatory complications	Verified as valid and accurate	
10610	Type 1 diabetes mellitus w diabetic neuro pathic 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	



Condition:		
Measurement period		
Population	Medicald/Federal, Commonwealth and CHIP Population	, o
ICD 10 CODES E10621	Type 1 diabetes mellitus with foot ulcer	Verified as valid and accurate
E10622	Type 1 diabetes mellitus with root dicer	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  Verified as valid and accurate
E108 E109	Type 1 diabetes melitius with unspecified complications Type 1 diabetes melitius without complications	Verified as valid and accurate  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 E088	Diabetes due to underlying condition w oth complication	Verified as valid and accurate  Verified as valid and accurate
E089	Diabetes due to underlying condition w unsp complications Diabetes due to underlying condition w/o complications	Verified as valid and accurate
E09618	Drui/chem diabetes mellius w oth diabetic arthro athy	Verified as valid and accurate
E09620	Dru /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	Drug/chem 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 E0969	Drug or chemical induced diabetes mellitus w hyperglycemia  Drug chem diabetes mellitus w oth complication	Verified as valid and accurate  Verified as valid and accurate
E098	Drugichem diabetes mellitus w oth 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 dermatitis	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  Verified as valid and accurate
E11628 E11630	Type 2 diabetes mellitus with other skin complications  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 hyperglycomia	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 E13622	Other specified diabetes mellitus with foot ulcer Other specified diabetes mellitus with other skin ulcer	Verified as valid and accurate  Verified as valid and accurate
E13628	Other shedhed diabetes mellitus with other skin dicer 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 nonket hyproly-hypros coma	Verified as valid and accurate
E0801	Diabetes due to underlying condition w hyprosm w coma	Verified as valid and accurate
E0810 E0811	Diabetes due to underlying condition w ketoacidosis w/o coma  Diabetes due to underlying condition w ketoacidosis w coma	Verified as valid and accurate  Verified as valid and accurate
E0821	Diabetes due to underlying condition w diabetic nephropathy	Verified as valid and accurate
E0822	Diabetes due to underlying condition a 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 nonp rtnop with macular edema, right eye	Verified as valid and accurate
E083212	Diabetes with mild none rtnop with macular edema, left eve	Verified as valid and accurate
E083213	Diabetes with mild nonp rtnop with macular edema, bilateral	Verified as valid and accurate
E083219	Diabetes with mild none rinop with macular ederna, unsp	Verified as valid and accurate
E083291	Diabetes with mild none rtnop without macular edema, r eye	Verified as valid and accurate

STRACION OF

Measurement perio	od: Diabetes	
Population	Medicaid/Federal, Commonwealth and CHIP Population	
CD 10 CODES	Description	Milliman Comments
083292	Diab with mild none rtnoe without macular edema, left eye	Verified as valid and accurate
083293	Diabetes with mild none rtnop without macular edema, bi	Verified as valid and accurate
083299	Diabetes with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate
083311	Diabetes with moderate none rtnop with macular edema, r eye	Verified as valid and accurate
083312	Diab with moderate nonpirtnop with macular edema, left eve	Verified as valid and accurate
083313 083319	Diabetes with moderate none rtnoe with macular edema, bi  Diabetes with moderate none rtnoe with macular edema, unsp	Verified as valid and accurate  Verified as valid and accurate
083391	Diab with moderate none rtnop without macular edema in eve	Verified as valid and accurate
083392	Diab with moderate nonp rtnop without macular edema, I eye	Verified as valid and accurate
083393	Diabetes with moderate none rinop without macular edema, bi	Verified as valid and accurate
083399	Diab with moderate nonpirtnep without macular edema, unsp	Verified as valid and accurate
083411	Diabetes with severe nonpirtnop with macular edema, rieye	Verified as valid and accurate
083412	Diabetes with severe nonp rtnop with macular edema, left eye	Verified as valid and accurate
083413	Diabetes with severe nonp rtnop with macular edema, bi	Verified as valid and accurate
083419	Diabetes with severe nonp rtnop with macular edema unsp	Verified as valid and accurate
083491	Diabetes with severe none rtnop without macular edema, r eye	Verified as valid and accurate
083492	Diab with severe nonp rtnop without macular edema, left eve	Verified as valid and accurate
083493 083499	Diabetes with severe non rino without macular edema, bi	Verified as valid and accurate  Verified as valid and accurate
083511	Diabetes with severe nonp rtnop without macular edema, unsp Diab with prolif diabetic rtnop with macular edema, r eye	Verified as valid and accurate
083512	Diab with prolif diabetic rtnop with macular edema, if eye	Verified as valid and accurate
083513	Diabetes with prolif diabetic rtnop with macular edema, bi	Verified as valid and accurate
083519	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
0#3523	Diab with prolif diabetic rtnop with tretn dtch macula, bi	Verified as valid and accurate
083529	Diab with prolif diabetic rtnop with treth dtch macula, unsp	Verified as valid and accurate
043531	Diab with prolif diab rtnop with treth dtch n-mela, reve	Verified as valid and accurate
083532	Diab with prolif diab rtnop with treth dtch n-mela, left eye	Verified as valid and accurate
083533 083539	Diab with prolif diabetic rtnop with treth dtch n-mela, bi	Verified as valid and accurate
083541	Diab with prolif diabetic rtnop with troth dtch n-mcla unsp Diabetes with prolif diabetic rtnop with comb detach, r eye	Verified as valid and accurate  Verified as valid and accurate
083542	Diab with prolif diabetic rtnop with comb detach; reve	Verified as valid and accurate
083543	Diabetes with prolif diabetic rtnop with combined detach, bi	Verified as valid and accurate
083549	Diabetes with prolif diabetic rtnop with comb detach, unsp	Verified as valid and accurate
083551	Diabetes with stable prolif diabetic retinopathy, right eye	Verified as valid and accurate
083552	Diabetes with stable prolif diabetic retinopathy, left eye	Verified as valid and accurate
083553	Diabetes with stable prolif diabetic retinopathy, bilateral	Verified as valid and accurate
083559	Diabetes with stable prolif diabetic retinopathy, unsp	Verified as valid and accurate
083591	Diab with prolif diabetic rtnop without macular edema, r eve	Verified as valid and accurate
083592	Diab with prolif diab rtnop without macular edema left eye	Verified as valid and accurate
083593 083599	Diab with prolif diabetic rtnop without macular edema bi	Verified as valid and accurate
0836	Diab with prolif diabetic rtnop without macular edema, unsp.  Diabetes due to underlying condition w diabetic cataract	Verified as valid and accurate  Verified as valid and accurate
0837X1	Diab with diabetic macular edema, resolved fol trtmt, r eye	Verified as valid and accurate
0837X2	Diab with diab macular edema, resolved fol trtml, 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 undri condition w oth diabetic outh comp	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 path	Verified as valid and accurate
0842	Diabetes due to underlying condition w diabetic polyneurop	Verified as valid and accurate
0843	Diab due to undri cond w diabetic autonm (poly neuropathy	Verified as valid and accurate
0844	Diabetes due to underlying condition w diabetic amyotrophy	Verified as valid and accurate
0849 0851	Diabetes due to undrl condition w oth diabetic neuro comp  Diab due to undrl cond w diab proh angiopath w/o gangrene	Verified as valid and accurate  Verified as valid and accurate
0852	Diab due to undri cond w diabetic arch angiopath wo gangrene	Verified as valid and accurate
0859	Diabetes due to underlying condition w oth circulatory com-	Verified as valid and accurate
08610	Diabetes due to undri cond w diabetic neuropathic arthrop	Verified as valid and accurate
08641	Diabetes due to underlying condition w hypoglycemia w coma	Verified as valid and accurate
0900	Drug/chem diab w hyprosm w/o nonket hyproly-hypros coma	Verified as valid and accurate
0901	Drug/chem diabetes mellitus w hyperosmolarity w coma	Verified as valid and accurate
0910	Drug/chem diabetes mellitus w ketoacidosis w/o coma	Verified as valid and accurate
0911	Drug chem diabetes mellitus w ketoacidosis w coma	Verified as valid and accurate
0921	Drug-chem diabetes mellitus w diabetic neu hropathy	Verified as valid and accurate
0922	Drugichem diabetes w diabetic chronic kidney disease	Verified as valid and accurate
0929	Drug chem diabetes w oth diabetic kidney complication	Verified as valid and accurate
09311 09319	Drug chem diabetes with unser diabetic rtnop w macular edema	Verified as valid and accurate  Verified as valid and accurate
093211	Drug chem diabetes w unsp diabetic rtnop w/o macular edema Drug chem diab with mild nonp rtnop with mclr edema, r eye	Verified as valid and accurate  Verified as valid and accurate
093212	Drug/chem diab with mild nonp rtnop with moir edema 1 eye	Verified as valid and accurate
093213	Drug/chem diab with mild none rtnog with macular edema, bi	Verified as valid and accurate
093219	Dru /chem diab with mild nonp rtnop with macular edema unsp	Verified as valid and accurate
093291	Dru /chem diab with mild nonp rtnop w/o mclr edema, r e	Verified as valid and accurate
E093292	Drug/chem diab with mild nonp rtnop w/o mclr edema, I eye	Verified as valid and accurate

Contrato Número
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Measurement perio	od: Diabetes	
Population	Medicald/Federal, Commonwealth and CHIP Population	
ICD 10 CODES	Description	Milliman Comments
E093293	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 none rtnop with macular edema, r eye	Verified as valid and accurate
E093312	Drug/chem diab with mod nonp rtnop with macular edema, I eye	Verified as valid and accurate
E093313	Drug/chem diab with mod none rtnop with macular edema, bi	Verified as valid and accurate
E093319	Drug/chem diab with mod nonp rtnop with macular edema, unsp	Verified as valid and accurate
E093391	Drug/chem diab with mod nonp rtnop without mcfr edema, r eye	Verified as valid and accurate
E093392	Drug/chem diab with mod nonp rtnop without moir edema, I eye	Verified as valid and accurate
E093393	Drug/chem diab with mod nonp rtnop without macular edema, bi	Verified as valid and accurate
E093399	Drug/chem diab with mod nonp rtnop without moir 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
093412	Drug/chem diab with severe none rtnop with mclr edema, I eye	Verified as valid and accurate
093413	Drug/chem diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate
093419	Drug/chem diab with severe none rtnop with mclr edema, unsp	Verified as valid and accurate
093491	Drug/chem diab with severe nonp rtnop w/o mclr edema_r eye	Verified as valid and accurate
093492	Drug/chem diab with severe none rtnop w/o mclr edema, I eye	Verified as valid and accurate
093493	Drug/chem diab with severe nonp rtnop without mclr edema, bi	Verified as valid and accurate
093499	Drug/chem diab with severe nonp rtnop w/o mclr edema, unsp	Verified as valid and accurate
093511	Drug/chem diab with prolif diab rtnop with mclr edema, r eye	Verified as valid and accurate
093512	Drug/chem diab with prolif diab rtnop with mclr edema, I eye	Verified as valid and accurate
093513	Drug/chem disb with prolif diab rtnop with macular edema, bi	Verified as valid and accurate
093519	Drug/chem diab with prolif diab rtnop with moir edema, unsp	Verified as valid and accurate
093521	Drug/chem diab w prolif diab rtnop w trctn dtch macula,r eye	Verified as valid and accurate
093522	Drug/chem diab w prolif diab rtnop w trctn dtch macula,I eye	Verified as valid and accurate
093523	Drug/chem diab w prolif diab rtnop w tretn dtch macula, bi	Verified as valid and accurate
093529	Drug/chem diab w prolif diab rtnop w tretn dtch macula, unsp	Verified as valid and accurate
093531	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla,r eye	Verified as valid and accurate
093532	Drug/chem diab w prolif diab rtnop w troth dtch n-mcla. I eye	Verified as valid and accurate
093533	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, bi	Verified as valid and accurate
093539	Drug/chem diab w proif diab rtnop w trctn dtch n-mcla, unsp	Verified as valid and accurate
093541	Drug/chem diab w prolif diab rtnop with comb detach, r eye	Verified as valid and accurate
093542	Drug/chem diab w prolif diab rtnop with comb detach, I eye	Verified as valid and accurate
093543	Drug/chem diab with profit diab rthop with comb detach, the	Verified as valid and accurate
093549	Drug/chem diab with proint diab rthop with comb detach, unsp	Verified as valid and accurate
093551	The state of the s	Verified as valid and accurate
093552	Drug/chem diabetes with stable prolif diabetic rtnop, r eye	Verified as valid and accurate
	Drug/chem diab with stable prolif diabetic rtnop, left eye	Verified as valid and accurate
093553	Drug/chem diabetes with stable prolif diabetic rtnop, bi	
093559	Drug/chem diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate
093591	Drug/chem diab with proif diab rtnop w/o mclr edema, r eye	Verified as valid and accurate
093592	Drug/chem diab with prolif diab rtnop w/o mclr edema, I eye	Verified as valid and accurate
093593	Drug/chem diab with prolif diab rtriop without molir edema, bi	Verified as valid and accurate
093599	Drug/chem diab with prolif diab rtnop w/o mclr edema, unsp	Verified as valid and accurate
0936	Drug/chem diabetes mellitus w diabetic cataract	Verified as valid and accurate
0937X1	Drug/chem diab w diab mclr edma, resolved fol trimt, r eye	Verified as valid and accurate
0937X2	Drug/chem diab w diab mck edma, resolved fol trimt, I eye	Verified as valid and accurate
E0937X3	Drug/chem diab with diab mair edema, resolved fol trtmt, bi	Verified as valid and accurate
E0937X9	Drug/chem diab with diab mcir edma, resolved fol trtmt, unsp	Verified as valid and accurate
E0939	Drug/chem diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate
E0940	Drug/chem diabetes w neuro comp w diabetic neuropathy, unsp	Verified as valid and accurate
0941	Drug/chem diabetes w neuro comp w diabetic mononeuropathy	Verified as valid and accurate
0942	Drug/chem 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
10944	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 angiogath w/o gangrene	Verified as valid and accurate
0952	Drug/chem diabetes w diabetic prph angiopath w gangrene	Verified as valid and accurate
0959	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
09641	Drug/chem diabetes mellitus w hypoglycemia w coma	Verified as valid and accurate
1100	Type 2 diab w hyprosm w/o nonket hyprgry-hypros coma (NKHHC)	Verified as valid and accurate
1101	Type 2 diabetes mellitus with hyperosmocarity with coma	Verified as valid and accurate
1121	Type 2 diabetes mellitus with diabetic nephropathy	Verified as valid and accurate
1122	Type 2 diabetes mellitus w diabetic chronic kidney disease	Verified as valid and accurate
1129	Type 2 diabetes mellitus w oth diabetic kidney complication	Verified as valid and accurate
11311	Type 2 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate
11319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate
E113211	Type 2 diabetes with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate
E113212	Type 2 diab with mild nonp rinop with macular edema, I eye	Verified as valid and accurate
E113213	Type 2 diabetes with mild nonp mop with macular edema, bi	Verified as valid and accurate
E113219	Type 2 diab with mild nonp ringp with macular edema, unsp	Verified as valid and accurate
E113291	Type 2 diab with mild none thos without moir edema, r eye	Verified as valid and accurate
E113292	Type 2 diab with mild nonp rtnop without mcir edema, I eye	Verified as valid and accurate
E113293	Type 2 diab with mild nonp thop without macular edema, bi	Verified as valid and accurate
E113299	Type 2 diab with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate
E113311	Type 2 diab with mod nonp rtnop with macular edema, r eye	Verified as valid and accurate

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Measurement perio	d: Diabetes  Medicald/Federal, Commonwealth and CHIP Population		8
ICD 10 CODES	Description Description	Milliman Comments	
E113312	Type 2 diab with mod nonp rtnop with macular edema, I eye	Verified as valid and accurate	A : 10
E113313	Type 2 diab with moderate none rtnog with macular edema, bi	Verified as valid and accurate	
E113319	Type 2 diab with mod none rtnop with macular edema, unsp	Verified as valid and accurate	-
E113391	Type 2 diab with mod none rtnop without macular edema, r eye	Verified as valid and accurate	1
E113392	Type 2 diab with mod none rtnop without macular edema. I eye	Verified as valid and accurate	
E113393	Type 2 diab with mod nong rtnop without macular edema, bi	Verified as valid and accurate	
E113399	Type 2 diab with mod none rtnop without macular edema, unse	Verified as valid and accurate	
E113411	Type 2 diab with severe nonp rtnop with macular edema, r eye	Verified as valid and accurate	
E113412	Type 2 diab with severe none rtnop with macular edema. I eve	Verified as valid and accurate	
E113413	Type 2 diab with severe none rinop with macular edema, bi	Verified as valid and accurate	
E113419	Type 2 diab with severe none rtnop with macular edema, unsp	Verified as valid and accurate	
113491		Verified as valid and accurate	
113492	Type 2 diab with severe nonp rtnop without mclr edema_r eye	Verified as valid and accurate	_
	Type 2 diab with severe none rinop without mclr edema 1 eye		_
113493	Type 2 diab with severe none rtnop without macular edema, bi	Verified as valid and accurate	_
113499	Type 2 diab with severe none rtnop without mclr edema unsp	Verified as valid and accurate	_
113511	Type 2 diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate	_
113512	Type 2 diab with prolif diab rtnop with macular edema, I eye	Verified as valid and accurate	_
113513	Type 2 diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate	
113519	Type 2 diab with prolif diab rtnop with macular edema unsp	Verified as valid and accurate	
113521	Type 2 diab w prolif diab rtnop w trctn dtch macula, r eye	Verified as valid and accurate	
113522	Type 2 diab w prolif diab rtnop w trctn dtch macula, I eye	Verified as valid and accurate	
113523	Type 2 diab w prolif diab rtnop with treth dtch macula, bi	Verified as valid and accurate	
113529	Type 2 diab w prolif diab rtnop with treth dtch macula, unsp	Verified as valid and accurate	
113531	Type 2 diab w prolif diab rtnop w trctn dtch n-mcla, r eye	Verified as valid and accurate	
113532	Type 2 diab w prolif diab rtnop w treth dtch n-mela. I eye	Verified as valid and accurate	
113533	Type 2 diab w prolif diab rtnop with treth dtch n-mela, bi	Verified as valid and accurate	
113539	Type 2 diab w prolif diab rtnop with treth dtch n-mela, unsp	Verified as valid and accurate	
113541	Type 2 diab with prolif diab rtnop with comb detach, reve	Verified as valid and accurate	_
113542	Type 2 diab with prolif diab rtnop with comb detach, I eye	Verified as valid and accurate	_
113543	- Indiana de la companya della companya della companya de la companya de la companya della compa	Verified as valid and accurate	_
	Type 2 diab with prolif diabetic rtnop with comb detach, bi		_
113549	Type 2 diab with prolif diab rtnop with comb detach, unsp	Verified as valid and accurate	_
113551	Type 2 diabetes with stable prolif diabetic rtnop, right eye	Verified as valid and accurate	
113552	Type 2 diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate	
113553	Type 2 diabetes with stable prolif diabetic rtnop, bilateral	Verified as valid and accurate	
113559	Type 2 diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate	
113591	Type 2 diab with prolif diab rtnop without mclr edema, r eye	Verified as valid and accurate	
113592	Type 2 diab with prolif diab rtnop without mclr edema, I eye	Verified as valid and accurate	
113593	Type 2 diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate	
113599	Type 2 diab with prolif diab rtnop without mclr edema, unsp	Verified as valid and accurate	
1136	Type 2 diabetes mellitus with diabetic cataract	Verified as valid and accurate	
1137X1	Type 2 diab with diab molr edema, resolved fol trtmt, r eye	Verified as valid and accurate	
1137X2	Type 2 diab with diab mclr edema, resolved fol trtmt, I eye	Verified as valid and accurate	
1137X3	Type 2 diab with diab macular edema, resolved fol trimt, bi	Verified as valid and accurate	
1137X9	Type 2 diab with diab moir edema, resolved fol trimt, unsp	Verified as valid and accurate	
11/39	Type 2 diabetes w oth diabetic or hthalmic complication	Verified as valid and accurate	
1/40	Type 2 diabetes wellitus with diabetic neuropathy, unsp	Verified as valid and accurate	_
TIAI	Type 2 diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate	_
142		Verified as valid and accurate	_
	Type 2 diabetes mellitus with diabetic polyneuropathy		
143	Type 2 diabetes w diabetic autonomic (poly)neuropathy	Verified as valid and accurate	_
1144	Type 2 diabetes mellitus with diabetic amyotrophy	Verified as valid and accurate	_
1149	Type 2 diabetes w oth diabetic neurological complication	Verified as valid and accurate	_
11610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	Verified as valid and accurate	
11641	Type 2 diabetes mellitus with hypophycemia with coma	Verified as valid and accurate	
1300	Oth diab w hyprosm w/o nonket hyprgly-hypros coma (NKHHC)	Verified as valid and accurate	
1301	Oth diabetes mellitus with hyperosmolarity with coma	Verified as valid and accurate	
1310	Oth diabetes mellitus with ketoacidosis without coma	Verified as valid and accurate	
1311	Oth diabetes mellitus with ketoacidosis with coma	Verified as valid and accurate	
1321	Other specified diabetes mellitus with diabetic nephropathy	Verified as valid and accurate	
1322	Oth diabetes mellitus with diabetic chronic kidney disease	Verified as valid and accurate	
1329	Oth diabetes mellitus with oth diabetic kidney complication	Verified as valid and accurate	
13311	Oth diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate	
13319	Oth diabetes w unsp diabetic retinopathy w/o macular edema	Verified as valid and accurate	_
133211	Oth diabetes with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate	
133212	Oth diab with mild none rtnop with macular edema, left eye	Verified as valid and accurate	
133213	Oth diabetes with mild none rtnop with macular edema, left eye	Verified as valid and accurate	
133219		Verified as valid and accurate	_
	Oth diabetes with mild none those with macular edema unsp		_
133291	Oth diab with mild none rtnop without macular edema, r eve	Verified as valid and accurate	
133292	Oth diab with mild none rtnop without macular edema, I eye	Verified as valid and accurate	_
133293	Oth diabetes with mild nonp rtnop without macular edema, bi	Verified as valid and accurate	_
133299	Oth diab with mild none rtnoe without macular edema, unse	Verified as valid and accurate	
133311	Oth diab with moderate nonp rtnop with macular edema, r eye	Verified as valid and accurate	
133312	Oth diab with moderate nonp rtnop with macular edema, I eve	Verified as valid and accurate	
133313	Oth diabetes with moderate nonpirtnop with macular edema, bi	Verified as valid and accurate	
133319	Oth diab with moderate nonp rtnop with macular edema, unsp	Verified as valid and accurate	
133391	Oth diab with mod none rinop without macular edema, r eve	Verified as valid and accurate	
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Measurement	period:	Diabetes

Measurement period:	Diabetes	
Population	Medicaid/Federal, Commonwealth and CHIP Population	
CD 10 CODES	Description	Millman Comments
E133392	Oth diab with mod none rtnop without macular edema, I eye	Verified as valid and accurate
E133393	Oth diab with moderate nonp rtnop without macular edema, bi	Verified as valid and accurate
E133399	Oth diab with mod none rtnop without macular edema, unse	Verified as valid and accurate
E133411	Oth diab with severe none rtnop with macular edema, r eye	Verified as valid and accurate
E133412	Oth diab with severe none rtnop with macular edema, left.eye	Verified as valid and accurate
E133413	Oth diabetes with severe none rtnop with macular edema, bi	Verified as valid and accurate
E133419	Oth diabetes with severe none rtnop with macular edema, unse	Verified as valid and accurate
E133491	Oth diab with severe none rtnop without macular edema, r eye	Verified as valid and accurate
E133492	Oth diab with severe none rtnop without macular edema, I eve	Verified as valid and accurate
E133493	Oth diab with severe none rtnop without macular edema, bi	Verified as valid and accurate
E133499	Oth diab with severe none rtnop without macular edema, unsp	Verified as valid and accurate
E133511	Oth diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate
E133512	Oth diab with prolif diab rtnop with macular edema, left eye	Verified as valid and accurate
E133513	Oth diab with prolif diabetic rtnon with macular edema, bi	Verified as valid and accurate
E133519	Oth diab with prolif diabetic rtnop with macular edema, unsp	Verified as valid and accurate
E133521	Oth diab w prolif diab rtnop with treth dtch macula, r eye	Verified as valid and accurate
E133522	Oth diab w prolif diab rtnop with treth dtch macula, I eye	Verified as valid and accurate
E133523	Oth diab with prolif diab rtnop with treth dtch macula, bi	Verified as valid and accurate
E133529	Oth diab with prolif diab rtnop with treth dtch macula, unsp	Verified as valid and accurate
E133531	Oth diab w prolif diab rtnop with trctn dtch n-mcla, r eye	Verified as valid and accurate
E133532	Oth diab w prolif diab rtnop with treth dtch n-mela, I eye	Verified as valid and accurate
E133533	Oth diab with prolif diab rtnop with treth dtch n-mela, bi	Verified as valid and accurate
E133539	Oth diab with prolif diab rtnop with treth dtch n-mela, unsp	Verified as valid and accurate
E133541	Oth diab with prolif diabetic rtnop with comb detach, r eye	Verified as valid and accurate
E133542	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
E133549	Oth diab with prolif diabetic rtnop with comb detach, unsp	Verified as valid and accurate
E133551	Oth diabetes with stable prolif diabetic rtnop, right eye	Verified as valid and accurate
E133552	Oth diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate
E133553	Oth diabetes with stable prolif diabetic rtnop, bilateral	Verified as valid and accurate
E133559	Oth diabetes with stable prolif diabetic retinopathy, unsp	Verified as valid and accurate
E133591	Oth diab with prolif diab rtnop without macular edema r eye	Verified as valid and accurate
E133592	Oth diab with prolif diab rtnop without macular edema, I eye	Verified as valid and accurate
E133593	Oth diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate
E133599	Oth diab with prolif diab rtnop without macular edema, unsp	Verified as valid and accurate
E1336	Other specified diabetes mellitus with diabetic cataract	Verified as valid and accurate
E1337X1	Oth diab with diab macular edema, resolved fol trtmt, r eve	Verified as valid and accurate
E1337X2	Oth diab with diab macular edema, resolved for truth, I eye	Verified as valid and accurate
E1337X3	Oth diab with diabetic macular edema, resolved fol trimt, bi	Verified as valid and accurate
E1337X9	Oth diab with diab macular edema, resolved fol trimt, unsp	Verified as valid and accurate
E1339	Oth diabetes mellitus w oth diabetic or hthalmic complication	Verified as valid and accurate
E1340	Oth diabetes mellitus with diabetic neuropathy, unspecified	Verified as valid and accurate
E1341	Oth diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate
E1342	Oth diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate
E1343	Oth diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate
E1344	Other specified diabetes mellitus with diabetic amyotrophy	Verified as valid and accurate
E1349	Oth diabetes w oth diabetic neurological complication	Verified as valid and accurate
E1351	Oth diabetes w diabetic peripheral anniopathy w/o gangrene	Verified as valid and accurate
E1352		Verified as valid and accurate
E1359	Oth diabetes w diabetic peripheral an iopathy w gangrene Oth diabetes mellitus with other circulatory complications	Verified as valid and accurate  Verified as valid and accurate
E13610	Oth diabetes mellitus with other circulatory complications  Oth diabetes mellitus with diabetic neuropathic arthropathy	Verified as valid and accurate
E13641	Oth diabetes mellitus with hypophycemia with coma	Verified as valid and accurate



Condition:	Asthma
COHUIUOH.	

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Population	Medicaid/Federal, Commonwealth	
CD 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	Medicald/Federal and Commonwealth	
CD 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.
5040	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.
5042	Chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2020.
5043	Acute on chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2020.
509	Heart failure, unspecified	Verified as valid and accurate for 2020.



Condition:	Hypertension	
Population	Medicald/Federal and Commonwealth	E FFO
ICD10 Codes	Description	Milliman Comments
110	Hypertension	Verified as valid and accurate for 2020.





Condition:

Chronic Obstructive Pulmonary Disease (COPD)

Medicaid/Federal an	d 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 Con	sidered Description	Milliman Comments
F33.0	Major depressive disorder, recurrent, mild	Verified as valid and accurate for 2020.
F33.1	Major depressive 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 de ressive disorder, recurrent, severe with psychotic symptoms	Verified as valid and accurate for 2020.
F33.40	Major de ressive disorder recurrent, in remission unspecified	Verified as valid and accurate for 2020.
F33.41	Major de ressive disorder recurrent, in partial remission	Verified as valid and accurate for 2020.
F33.42	Major de ressive 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 severe with psycholic symptoms  Manic episode in partial remission	Verified as valid and accurate for 2020.
304		
308	Manic episode in full remission	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
	Other manic episodes	
309	Manic episode unspecified	Verified as valid and accurate for 2020.
310	Bipolar disorder current episode hypomanic	Verified as valid and accurate for 2020.
3110	Bipolar disord crnt episode manic wo psych features unsp	Verified as valid and accurate for 2020.
3111	Bipolar disord crnt episode manic wo psych features mild	Verified as valid and accurate for 2020.
3112	Bipolar disord crnt episode manic wo psych features mod	Verified as valid and accurate for 2020.
3113	Bipolar disord crnt epsd manic wo psych features severe	Verified as valid and accurate for 2020.
312	Bipolar disord crnt episode manic severe w psych features	Verified as valid and accurate for 2020.
3130	Bipolar disord crnt epsd depress mild or mod severt unsp	Verified as valid and accurate for 2020.
3131	Bipolar disorder current episode depressed mild	Verified as valid and accurate for 2020.
3132	Bipolar disorder current episode depressed moderate	Verified as valid and accurate for 2020.
31A/	Bipolar disord crnt epsd depress sev wo psych features	Verified as valid and accurate for 2020.
315	Bipolar disord cmt 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 cmt 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.
3.177	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	Bi olar disorder unspecified	Verified as valid and accurate for 2020.
320	Major de ressive disorder single episode mild	Verified as valid and accurate for 2020.
321	Major de ressive 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 decressy 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 episodes	Verified as valid and accurate for 2020.
329	Major de ressive disorder single episode unspecified	Verified as valid and accurate for 2020.



	SNF claim paid under PPS In attent Rehabilitation Facility paid under PPS All inclusive rate-room and board plus ancillary All inclusive rate-room and board Private medical or peneral-peneral classification Private medical or peneral-medical/surpical/GYN Private medical or peneral-pediatric Private medical or peneral-pediatric	X X X	Verified as valid and accurate for 2020.
	All inclusive rate-room and board plus ancillary All inclusive rate-room and board Private medical or general-general classification Private medical or general-medical/surgical/GYN Private medical or general-OB Private medical or general-pediatric	x x x	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
	All inclusive rate-room and board Private medical or general-general classification Private medical or general-medical/surgical/GYN Private medical or general-OB Private medical or general-pediatric	x x x	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
	Private medical or general-general classification Private medical or general-medical/surgical/GYN Private medical or general-OB Private medical or general-pediatric	x x	Verified as valid and accurate for 2020.
	Private medical or general-medical/surgical/GYN Private medical or general-OB Private medical or general-pediatric	x	
	Private medical or general-OB Private medical or general-pediatric		TACHMEN OF AGUN SIELS HOLD AND ALL AND
	Private medical or peneral-pediatric		Verified as valid and accurate for 2020.
		X	
	Private medical or meneral-neuchiatric	x	Verified as valid and accurate for 2020.
		Х	Verified as valid and accurate for 2020.
	Private medical or general-hospice	X	Verified as valid and accurate for 2020.
	Private medical or general-detoxification	X	Verified as valid and accurate for 2020.
	Private medical or general-oncology	Х	Verified as valid and accurate for 2020.
	Private medical or peneral-rehabilitation	Х	Verified as valid and accurate for 2020.
	Private medical or peneral-other	X	Verified as valid and accurate for 2020.
	Semi-private 2 bed (medical or general) general classification	x	Verified as valid and accurate for 2020.
	Semi-private 2 bed (medical or general) medical/surgical/GYN	x	Verified as valid and accurate for 2020.
	Semi-private 2 bed (medical or general) OB	х	Verified as valid and accurate for 2020.
	Semi-private 2 bed (medical or general) pediatric	x	Verified as valid and accurate for 2020.
	Semi-private 2 bed (medical or general) psychiatric	x	Verified as valid and accurate for 2020.
	Semi-private 2 bed (medical or general) hospice	x	Verified as valid and accurate for 2020.
	Semi-private 2 bed (medical or general)-detoxification	x	Verified as valid and accurate for 2020.
	Semi-private 2 bed (medical or general) oncology	x	Verified as valid and accurate for 2020.
	Semi-private 2 bed (medical or general mhabilitation	x	Verified as valid and accurate for 2020.
	Semi-private 2 bed medical or general other		Verified as valid and accurate for 2020.
	Semi- rivate 3 and 4 bed - general classification	X	Verified as valid and accurate for 2020.  Verified as valid and accurate for 2020.
		X	
	Semi-private 3 and 4 beds-medical/surgical/GYN	X	Verified as valid and accurate for 2020.
	Semi-private 3 and 4 beds-OB	X	Verified as valid and accurate for 2020.
	Semi-private 3 and 4 beds-pediatric	X	Verified as valid and accurate for 2020.
	Semi-private 3 and 4 beds-psychiatric	х	Verified as valid and accurate for 2020.
	Semi-private 3 and 4 beds-hospice	x	Verified as valid and accurate for 2020.
	Semi-private 3 and 4 beds-detoxification	×	Verified as valid and accurate for 2020.
	Semi-private 3 and 4 beds-oncology	х	Verified as valid and accurate for 2020.
	Semi_private 3 and 4 beds-rehabilitation	x	Verified as valid and accurate for 2020.
	Semi-private 3 and 4 beds-other	×	Verified as valid and accurate for 2020.
	Private deluxe general classification	x	Verified as valid and accurate for 2020.
	Private (deluxe -medical/surrical/GYN	×	Verified as valid and accurate for 2020.
	Private deluxe OB	×	Verified as valid and accurate for 2020.
	Private (deluxe) – ediatric	x	Verified as valid and accurate for 2020.
	Private (deluxe) - s chiatric	X	Verified as valid and accurate for 2020.
	Private (deluxe)-hospice		Verified as valid and accurate for 2020.
		х	
1	Private (deluxe)-detoxification	х	Verified as valid and accurate for 2020.
	Private (deluxe -oncology	х	Verified as valid and accurate for 2020.
	Private (deluxe) rehabilitation	х	Verified as valid and accurate for 2020.
	Private (deluxe)-other	х	Verified as valid and accurate for 2020.
	Room&Board ward (medical or general general classification	х	Verified as valid and accurate for 2020.
	Room&Board ward (medical or general)-medical/surgical/GYN	х	Verified as valid and accurate for 2020.
	Room&Board ward (medical or general OB	х	Verified as valid and accurate for 2020.
	Room&Board ward medical or general pediatric	х	Verified as valid and accurate for 2020.
	Room&Board ward (medical or general) psychiatric	х	Verified as valid and accurate for 2020:
	Room&Board ward (medical or general -hospice	x	Verified as valid and accurate for 2020.
	Room&Board ward (medical or general)-detoxification	x	Verified as valid and accurate for 2020.
	Room&Board ward (medical or general) oncology	x	Verified as valid and accurate for 2020.
	Room&Board ward (medical or general -rehabilitation	x	Verified as valid and accurate for 2020.
	Room&Board ward (medical or general) other	X	Verified as valid and accurate for 2020.
	Other Room&Board-SNF (Medicaid)	X	Verified as valid and accurate for 2020.
		X	Verified as valid and accurate for 2020.
	Other Room&Board-ICF (Medicaid)	X	Verified as valid and accurate for 2020.
	Other Room&Board-sterile environment	X	Verified as valid and accurate for 2020.
	Other Room&Board-Admin Days	х	Verified as valid and accurate for 2020.
	Other Room&Board-self care	X	Verified as valid and accurate for 2020.
	Other Room&Board-Chem Using Preg Women	х	Verified as valid and accurate for 2020.
	Other Room&Board-other	х	Verified as valid and accurate for 2020.
	Nursery-general classification	х	Verified as valid and accurate for 2020.
	Nursenewborn-level   routine	х	Verified as valid and accurate for 2020.
	Nursery premature-newborn-level If (continuing care)	×	Verified as valid and accurate for 2020.
	Nurse y-newborn-level III (intermediate care) eff 10/96	×	Verified as valid and accurate for 2020.
	Nurse v-newborn-level IV (intensive care   eff 10/96)	x	Verified as valid and accurate for 2020.
	Nurse y-neonatal ICU (obsolete eff 10/96)	x	Verified as valid and accurate for 2020.
	Nursery-other	x	Verified as valid and accurate for 2020.
	Leave of absence-general classification		Verified as valid and accurate for 2020.
	Leave of absence patient convenience charges-billable		
			Verified as valid and accurate for 2020.
	Leave of absence-thera jeutic leave		Verified as valid and accurate for 2020.
	Leave of absence-ICF mentally retarded-any reason		Verified as valid and accurate for 2020.
	Leave of absence-nursing home (hospitalization)		Verified as valid and accurate for 2020.
	Leave of absence-other leave of absence		Verified as valid and accurate for 2020.
	Subacute care - general classification (eff. 10/97)		Verified as valid and accurate for 2020.
	Subacute care - level I (eff. 10/97)		Verified as valid and accurate for 2020.
	Subacute care - level II (eff. 10/97)		Verified as valid and accurate for 2020.
	Subacute care - level III (eff. 10/97)		Verified as valid and accurate for 2020.
	Subacute care - level IV (eff. 10/97)		Verified as valid and accurate for 2020.
	Subacute care - other (eff 10/97)		Verified as valid and accurate for 2020.
	Intensive care general classification	x	Verified as valid and accurate for 2020.
			Verified as valid and accurate for 2020.
		X	
	Intensive care-inedical	X	Verified as valid and accurate for 2020.
	Intensive care-rediatric	x	Verified as valid and accurate for 2020.
	9-053	1	
	(0)	1	
	m/ 5/		
	OUPOONE SAL		
	UP CONE SAY		

B

REVENUE CODE	REVENUE CODE DESCRIPTION	USE FOR IP	Milliman Comments
204	Intensive care-psychiatric	х	Verified as valid and accurate for 2020.
206	Intensive care-post ICU; redefined as-intermediate ICU (eff 10/96)	x	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	х	Verified as valid and accurate for 2020.
211	Coronary care-m ocardial 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 leff 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	х	Verified as valid and accurate for 2020.
1001	Behavioral Health Accomodations-residential-psychiatric	х	Verified as valid and accurate for 2020.
1002	Behavioral Health Accomodations-residential-chemical dependency		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 Accomodation group home		Verified as valid and accurate for 2020.





# ATTACHMENT 19 REPORT TEMPLATE HCIP PROGRAM MANUAL PLAN VITAL

FOURTH (4<sup>TH</sup>) YEAR OCTOBER 1, 2021 – SEPTEMBER 30, 2022

(AMENDMENTO)



# **Input Page**





# VITAL HEALTH PLAN

Report 22: Health Care Improvement Program

Contractor Name:	-
Period:	Quarterly
Period Start Date:	10/1/2020
Period End Date:	12/31/2020
Fiscal Year:	Oct. 2020 to Sept. 2021

# Prepared By:

Name:	
Title:	
Contact Phone:	
Contact Email:	
Date Prepared:	





### CONTENT



# HCIP Report

Tab Report Name		ne Submissio	
Input Page		111/00003000001	
Content	-		
Attestation	-	€	
HCC Initiative Medicaid Federal	HCC Initiative Medicaid Federal	Quarterly	
HCC Initiative CHIP	HCC Initiative CHIP	Quarterly	
CCI Medicad Federal	CCI Medicad Federal	Quarterly	
CCI CHIP	CCI CHIP	Quarterly	
Healthy People Initiative	Healthy People Initiative	Quarterly	
ER Initiative	ER Initiative	Quarterly	







22. HCIP

### QUARTERLY REPORTS CERTIFICATION STATEMENT OF

to

ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)

FOR THE PERIOD ENDING (mm/dd/year)

### 12/31/2020

0
Name Of Preparer

0
Title

1/0/1900
Phone Number

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under the applicable Puerto Rico laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a Contractor's agreement or contract with ASES. Failure to sign a Certification Statement will result in non acceptance of the attached reports.

date	
Date Signed	
Signature	

(g





	Health Care Im	provement Program	
High Cost Con	ditions Initiative	Medicaid/Federal and Commo	nwealth High Cost Condition
MCO	. 100000	Period Start Date	10/1/2020
Fiscal Year	Oct. 2020 to Sept. 2021	Period End Date	12/31/2020

**High Cost Conditions Report** 

The state of the s	_Canc	er   Scored measure: I	Readmissions rate	ASSESSMENT OF THE PARTY OF THE	
	Carre			02	0.8
Benchmark 2020	Numerator	Q1	Q2	Q3	Q4
12.28	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		Cancer   Scored mea	sure: PHQ-9		
Benchmark 2020		· Q1	Q2	Q3	Q4
Denominari 2020	Numerator				
17.19%	Denominator				
17.13/8	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
					471000
	End-Stage Renal	Disease (ESRD)   Score	ed measure: Admissions,	/1000	
Benchmark 2020		Q1	Q2.	Q3	Q4
	Numerator				
49.80	Denominator				
49,80	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		Dept. Selection	DESCRIPTION OF THE PERSON OF T		
HAVE THE RESERVE	End-Stage F	lenal Disease (ESRD)	Scored Measure: PHQ-9		
Benchmark 2020		Q1	Q2	Q3	Q4
Denominark 2020	Numerator				
16.58%	Denominator				
10.56%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	A TOTAL STATE OF THE SAME	The state of the s			The state of the s
With Street	Multiple S	clerosis   Scored Mea	sure: Admissions/1000	MI IE SHOE	
Ponchmark 2020		Q1	QZ.	Q3	Q4
Benchmark 2020	Numerator				
A)24.2	Denominator				
31.7	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/O
11/	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/





	Health Care Imp	rovement Program	
High Cost Con	ditions Initiative	CHIP High Cos	t Conditions
MCO		Period Start Date	10/1/2020
Fiscal Year	Oct. 2020 to Sept. 2021	Period End Date	12/31/2020

Hi	gh Co	st Con	dition	s Repo	rt
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		High Cost Condition	is report		
	Cane	er   Scored Measure: F	eadmissions rate		
Benchmark 2020		Q1	Q2	Q3	Q4
Benchmark 2020	Numerator				
N/A	Denominator				
IN/A	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Children	and Youth with Special He	althcare Needs   Score	d Measure: Child and Ac	iolescem WellCare Visin	
Benchmark 2020		Q1	QZ	Q3	Q4
benciinark 2020	Numerator		7,584	14.	
47.12%	Denominator				
47.12%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Children and Youth with Sp		Scored Measure, Alli	22200	
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator	01	Qž	Q3	Q4
Benchmark 2020 44.61%	Numerator Denominator Percent	#DIV/0!	#DIV/0!	Q3 #DIV/0!	#DIV/0!
	Denominator Percent	#DIV/0!		#DIV/01	
44.61%	Denominator Percent	#DIV/0!	#DIV/0!	#DIV/01	
	Denominator Percent	#DIV/0! ed Measure: Child and	#DIV/0! Adolescent WellCare Vi	#DIV/0!	#DIV/0!
44.61%	Denominator Percent  Autism   Score	#DIV/0! ed Measure: Child and	#DIV/0! Adolescent WellCare Vi	#DIV/0!	#DIV/0!





### **Health Care Improvement Program** Medicaid/Federal and Commonwealth High Cost Conditions **Chronic Conditions Initiative** 10/1/2020 M.CO **Period Start Date** 12/31/2020 Fiscal Year Oct. 2020 to Sept. 2021 **Period End Date**

Chronic	Conditions	Report
CHIOME	COHURCIS	MEDUIL

0)6	betes (Including CHIP pop		The state of the s		
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
70.37%	Denominator	"P" ( /o l	(ID II / / / / / /	UD0 //01	HD0//0
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
Diab	etes (Including CHIP popul	ation)   Scored measu	re: Comprehensive Diab	etes Care Eye Exam	VOS VIE
Benchmark 2020		Q1	Q2	Q3	Q4
Denomial & 2020	Numerator				
20.89%	Denominator				
20.0376	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
Diabetes (1	ncluding CHIP population)	Scored measure: Kid	nev Health Evaluation fo	or Patients With Diabete	ıs.
	niciaanig erin population,	Q1	Q2	Q3	Q4
Benchmark 2020	Numerator				
	Denominator				
9.33%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
	Diabetes (Including		ored measure: Admission		
Benchmark 2020		Q1	02	Q3	Q4:
	Numerator				
41.36	Denominator	0001101	"Du (lo)	IIDD I /OI	#50.4/0
	Rate	#DIV/0!	#DIV/Q!	#DIV/0!	#DIV/0
A 10 10 10 10 10 10 10 10 10 10 10 10 10	Asthma (Incl	uding CHIP)   Scored N	/leasure: Admission/100	0	
		Q1	Q2	Q3	Q4
Benchmark 2020	Numerator				
27.40	Denominator				
32.48	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
					-
	Asthma (In		Measure: ED Use/1000		
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
164.91	Denominator		141		
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
E0.55 1.0	Asthma	(Including CHIP)   Sco	red Measure: PHQ-9	AND THE REAL PROPERTY.	Designation of the last
Benchmark 2020	E	Q1	Q2	Q3	Q4
Dentimark 2020	Numerator				
13,18%	Denominator				
13.16/6	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
-	Course Use	ant Californal Consort Billion	acura, Admicsions (1000	-	and the last
	26A6LE HES		asure: Admissions/1000	Q3	Q4
Benchmark 2020	Numerator	01	UZ.	Ų	Q4
	Numerator Denominator				
80.13		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
	Rate	#DIV/0!	#517/01	#DIV/01	#017/0
THE REAL PROPERTY.	Sever	e Heart Failure   Score	ed Measure: PHQ-9		A CONTRACTOR
Benchmark 2020		Q1	Q2	Q3	Q4
Octioning in 2020	Numerator				
15.73%	Denominator				
13.7370	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
-	100		TD Use /scap	TRACE TO THE PROPERTY OF THE P	The state of the state of
	Нуре	rtension   Scored Mea	sure: ED USE/1000	101	Q4
Benchmark 2020		Q1			

51.03	Denominator				
51.05	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Chronic Obstructive Pul	monary Disease (COPD	)  Scored Measure: Adn	nissions/1000	
Benchmark 2020		Q1	Q2	Q3	Q4
Settermark 2020	Numerator				
69.74	Denominator				
03.74	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
-					
Chr	onic Depression   Scored	Measure: Follow up aft		ental Iliness: 7 days	
Benchmark 2020		Q1	Q2	Q3	Q4
Deneminary 2020	Numerator				
45.65%	Denominator				
43.0370	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
al .		e III			-
Lnro	onic Depression   Scored N				Q4
Benchmark 2020		Q1	Q2	Q3	Ų4
	Numerator				
73.26%	Denominator	us outst		vous los	#PD 1 (O)
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
ALL RESERVE	Chronic Depre	ssion   Scored Measure	: Inpatient Admission/1	1000	TO SEE
Bonohmark 2070		Q1	Q2	Q3	Q4
Benchmark 2020	Numerator				
52.13	Denominator				



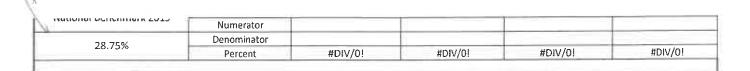


	Health Care Imp	rovement Program	
	Healthy Pe	eople Initiative	
MCO		Period Start Date	10/1/2020
Fiscal Year	Oct. 2020 to Sept. 2021	Period End Date	12/31/2020

		Breast Cancer Scree	ning (BCS)		THE RESERVE
lational Benchmark 2019		Q1	Q2	Q3	Q4
anonal pencintidik 2019	Numerator				
57.90%	Denominator				
37.30%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	10 TO	Cervical Cancer Scree	naing (CCS)		and the same
7		Q1	Q2	Q3	Q4
lational Benchmark 2019	Numerator	· · · · · · · · · · · · · · · · · · ·			
40.400/	Denominator				
43.43%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
and the second second		. 10 101 10	(opp)	-	-
The state of the state of		ontrolling High Blood P Q1	ressure (CBP) Q2	Q3	Q4
lational Benchmark 2019	Numerator	QI	Q2	- Q3	Q4
	Denominator				
41.60%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes Screen	ing for People with Schize			ipsychotic Medications (S	
National Benchmark 2019		0.1	Q2	Q3	Q4
	Numerator				
49.74%	Denominator	HDD / (2)	4D01/01	4D87/01	#08//01
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Follow-Up Afte	r Hospitalization for M	lental Illness (FUH) 30 da	ivs	1000
National Benchmark 2019	TO STATE OF THE ST	Q1	Q2	Q3	Q4
	Numerator				
71 510/	Denominator				
71.51%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		TO THE PARTY OF TH			_
	Adults Access	1	tory Health Services (AA		04
National Benchmark 2019	Niversuntan	Q1	Q2	Q3	Q4
	Numerator Denominator				
69.15%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	refeelit	#514/0:	#01070:	#DIV/O:	11010701
		Annual Dental Vis	it (ADV)		WINESE
National Benchmark 2019		Q1	Q2	Q3	Q4
Taconal Scholling (2020	Numerator				
36.85%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
DOMESTIC OF STREET	SECTION AND ADDRESS.	Timeliness of Prenata	1 Care (PPC)		-
		(1)	02	Q3	Q4
National Benchmark 2019	Numerator				
CC 450'	Denominator				
66.15%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
The Paris of the London		Postpartum Care		02	0.4
National Benchmark 2019	Nicon	Q1	Q2	Q3	Q4
	Numerator				
39.91%	Denominator Percent	#DIV/0!	#DIV/0!	#DW/0!	#DIV/0!
	reiteitt	#DIV/0:	#DIV/0:	STRAC	#DIV/U:
	Chile	and Adolescent Well-	Care Visits (WCV)	181	1 ( ) ( ) ( ) ( ) ( ) ( )
		01	and the same of th	Q3 \m	Q4

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	Health Care Imp	rovement Program	
- + V7	Emergency Room	High Utilizers Initiative	
MCO		Period Start Date	10/1/2020
Fiscal Year	Oct. 2020 to Sept. 2021	Period End Date	12/31/2020

**Emergency Room High Utilizers Report** 

National Benchmark 2019		Q1	02	Q3	Q4
	Numerator				
946.21	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

