

# 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

# HEALTH CARE IMPROVEMENT PROGRAM



ATTACHMENT 19 – HEALTH CARE IMPROVEMENT PROGRAM MANUAL  
GOVERNMENT HEALTH PLAN PROGRAM  
**FOURTH YEAR**  
OCTOBER 1, 2021 – SEPTEMBER 30, 2022

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## I. INTRODUCTION

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:

1. High Cost Conditions Initiative
2. Chronic Conditions Initiative
3. Healthy People Initiative
4. 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.

## 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
<b>Year 1</b>			
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
<b>Year 2</b>			
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
<b>Year 3</b>			
Q1	1/1/2020	12/31/2020	6/07/2021
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
<b>Year 4</b>			
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
<b>Year 1</b>	<b>*Puerto Rico GHP Benchmark — ASES will establish the Puerto Rico GHP benchmark for the metrics included in this manual using the period from January 1, 2017 through December 31, 2017.</b>	
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
<b>Year 2</b>	<b>Contractor GHP Benchmark Data Analysis — From January 1, 2018 to December 31, 2018: To be provided by ASES.</b>	
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
<b>Year 3</b>	<b>Contractor GHP Benchmark Data Analysis — From January 1, 2019 to December 31, 2019: To be provided by ASES.</b>	
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	10/1/2020--9/30/2021	Any improvement over GHP benchmark <sup>1</sup>
<b>Year 4</b>	<b>Contractor GHP Benchmark Data Analysis — From January 1, 2020 to December 31, 2020: To be provided by ASES.</b>	
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.
- 0 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.



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#### 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%
<b>HCIP INITIATIVE</b>	
High Cost Conditions Initiative	
Chronic Conditions Initiative	
Healthy People Initiative	
Emergency Room High Utilizers 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.
4. **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.



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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).



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## 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
<b>Medicaid/Federal and State High Cost Conditions</b>	
Cancer	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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>
<b>CHIP High Cost Conditions</b>	
Cancer	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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>



\* Other specific measures 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
<b>Medicaid/Federal, State, and CHIP Chronic Conditions</b>	
Diabetes	<ul style="list-style-type: none"> <li>• Comprehensive Diabetes Care:                             <ul style="list-style-type: none"> <li>○ HbA1c</li> <li>○ Eye exam</li> <li>○ Nephropathy screen</li> </ul> </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> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul> 
Asthma	<ul style="list-style-type: none"> <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
<b>Medicaid/Federal and State Chronic Conditions</b>	
Diabetes	<ul style="list-style-type: none"> <li>• Statin Use</li> </ul>
Severe Heart Failure	<ul style="list-style-type: none"> <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>
Hypertension	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <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> 
<b>CHIP Chronic Conditions</b>	
Diabetes	<ul style="list-style-type: none"> <li>• Comprehensive Diabetes Care: <ul style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <li>• Follow up care for children with prescribed ADHD medication</li> <li>• Adherence to Formulary Drugs</li> <li>• Generic Dispensing Rate</li> </ul>

\* Other specific measures 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
<b>Healthy People Initiative</b>	
ABA	<ul style="list-style-type: none"> <li>• Adult BMI Assessment</li> </ul>
WCC	<ul style="list-style-type: none"> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</li> <li>• BMI Percentile</li> <li>• Counseling for Nutrition</li> <li>• Counseling for Physical Activity</li> </ul>
CIS	<ul style="list-style-type: none"> <li>• Childhood Immunization Status</li> </ul>
BCS	<ul style="list-style-type: none"> <li>• Breast Cancer Screening</li> </ul>
CCS	<ul style="list-style-type: none"> <li>• Cervical Cancer Screening</li> </ul>
CHL	<ul style="list-style-type: none"> <li>• Chlamydia Screening in Women</li> </ul>
COL	<ul style="list-style-type: none"> <li>• Colorectal Cancer Screening</li> </ul>
AMM	<ul style="list-style-type: none"> <li>• Antidepressant Medication Management</li> </ul>
SSD	<ul style="list-style-type: none"> <li>• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.</li> </ul>
FUH	<ul style="list-style-type: none"> <li>• Follow-Up After Hospitalization for Mental Illness: 30 days</li> </ul>
URI	<ul style="list-style-type: none"> <li>• Appropriate Treatment for Children With Upper Respiratory Infection</li> </ul>
<b>Access/Availability of Care</b>	
AAP	<ul style="list-style-type: none"> <li>• Adults' Access to Preventive/Ambulatory Health Services</li> </ul>
CAP	<ul style="list-style-type: none"> <li>• Children and Adolescents' Access to Primary Care Practitioners</li> </ul>
ADV	<ul style="list-style-type: none"> <li>• Annual Dental Visit</li> </ul>



EFFECTIVENESS OF CARE	QUALITY MEASURES
PPC	<ul style="list-style-type: none"> <li>• Prenatal and Postpartum Care</li> <li>• Timeliness of Prenatal Care</li> <li>• Postpartum Care</li> </ul>
<b>Other Utilization</b>	
FPC	<ul style="list-style-type: none"> <li>• Frequency of Ongoing Prenatal Care</li> </ul>
W15	<ul style="list-style-type: none"> <li>• Well-Child Visits in the First 15 Months of Life</li> </ul>
AWC	<ul style="list-style-type: none"> <li>• Adolescent Well-Care Visits</li> </ul>
FSP	<ul style="list-style-type: none"> <li>• Frequency of Selected Procedures</li> </ul>
AMB	<ul style="list-style-type: none"> <li>• Ambulatory Care</li> </ul>
IAD	<ul style="list-style-type: none"> <li>• Identification of Alcohol and Other Drug Services</li> </ul>
MPT	<ul style="list-style-type: none"> <li>• Overall Mental Health Utilization Readmission Rate</li> <li>• Mental Health Use of Opioids at High Dosage</li> <li>• Mental Health Use of Opioids from Multiple Providers</li> <li>• Overall Mental Health admission per thousand</li> </ul>

\* Other specific measures could be added. See X.2 Scored Measures for 2021-2022



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**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
<b>Total Possible Points</b>	<b>34</b>

**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%

**X.2 Scored Measures for 2021-2022****X.2.1 High Cost Conditions Initiative**

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



HIGH COST CONDITIONS	SCORED MEASURES	POINTS
Children and Youth with Special Healthcare Needs (CYSHCN)	• Child and Adolescent Well-Care Visits	1
	• Annual Dental Visits	1
Autism	• Child and Adolescent Well-Care Visits	1
<b>Total Points for the High Costs Conditions Initiative for Fiscal Year 2021-2022</b>		<b>9</b>

## X.2.2 Chronic Conditions Initiative

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



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Chronic Depression	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 7 days</li> </ul>	1
	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 30 days</li> </ul>	1
	<ul style="list-style-type: none"> <li>Inpatient Admission/1000</li> </ul>	1
<b>Total Points for the Chronic Conditions Initiative for Fiscal Year 2021-2022</b>		<b>14</b>

## X.2.3 Healthy People Initiative



EFFECTIVENESS OF CARE	SCORED MEASURES	POINTS
<b>Healthy People Initiative</b>		
BCS	<ul style="list-style-type: none"> <li>Breast Cancer Screening</li> </ul>	1
CCS	<ul style="list-style-type: none"> <li>Cervical Cancer Screening</li> </ul>	1
CBP	<ul style="list-style-type: none"> <li>Controlling High Blood Pressure</li> </ul>	1
SSD	<ul style="list-style-type: none"> <li>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.</li> </ul>	1
FUH	<ul style="list-style-type: none"> <li>Follow-Up After Hospitalization for Mental Illness: 30 days</li> </ul>	1
<b>Access/Availability of Care</b>		
AAP	<ul style="list-style-type: none"> <li>Adults' Access to Preventive/Ambulatory Health Services</li> </ul>	1
ADV	<ul style="list-style-type: none"> <li>Annual Dental Visit</li> </ul>	1
PPC	<ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> </ul>	1
	<ul style="list-style-type: none"> <li>Postpartum Care</li> </ul>	1
<b>Other Utilization</b>		
WCV	<ul style="list-style-type: none"> <li>Child and Adolescent Well-Care Visits</li> </ul>	1
<b>Total Points for the Health People Initiative for Fiscal Year 2021-2022</b>		<b>10</b>

## X.2.4 Emergency Room High Utilizers Initiative

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
<b>Total Points for the Emergency Room High Utilizer Initiative for Fiscal Year 2021-2022</b>		<b>1</b>

## X.2.5 Definition of Improvement

HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
<b>Medicaid/Federal and State High Cost Conditions</b>		
Cancer	<ul style="list-style-type: none"> <li>Readmissions rate</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>PHQ-9</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
End-Stage Renal Disease (ESRD)	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>PHQ-9</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Multiple Sclerosis	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
<b>CHIP High Cost Conditions</b>		



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HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Cancer	<ul style="list-style-type: none"> <li>Readmissions rate</li> </ul>	Q1: Report submission Q2: Report submission Q3: Report submission Q4: Report submission
Children and Youth with Special Healthcare Needs (CYSHCN)	<ul style="list-style-type: none"> <li>Child and Adolescent WellCare Visits</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> <li>Annual Dental Visits</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Autism	<ul style="list-style-type: none"> <li>Child and Adolescent WellCare Visits</li> </ul>	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
<b>Medicaid/Federal, State, and CHIP Chronic Conditions</b>		
Diabetes	<ul style="list-style-type: none"> <li>Comprehensive Diabetes Care:                             <ul style="list-style-type: none"> <li>HbA1c</li> <li>Eye exam</li> <li>Kidney Health Evaluation for Patients With Diabetes</li> </ul> </li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
		Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
		Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
		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
	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
Asthma	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>ED Use/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>PHQ-9</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
<b>Medicaid/Federal and State Chronic Conditions</b>		
Severe Heart Failure	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>PHQ-9</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Hypertension	<ul style="list-style-type: none"> <li>ED Use/1000</li> </ul>	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)	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2



CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Chronic Depression	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 7 days</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 30 days</li> </ul>	Q1: Report submission. Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> <li>Inpatient Admission/1000</li> </ul>	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	<ul style="list-style-type: none"> <li>Breast Cancer Screening</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
CCS	<ul style="list-style-type: none"> <li>Cervical Cancer Screening</li> </ul>	
CBP	<ul style="list-style-type: none"> <li>Controlling High Blood Pressure</li> </ul>	
SSD	<ul style="list-style-type: none"> <li>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.</li> </ul>	
FUH	<ul style="list-style-type: none"> <li>Follow-Up After Hospitalization for Mental Illness: 30 days</li> </ul>	
AAP	<ul style="list-style-type: none"> <li>Adults' Access to Preventive/Ambulatory Health Services</li> </ul>	
ADV	<ul style="list-style-type: none"> <li>Annual Dental Visit</li> </ul>	
PPC	<ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> <li>Postpartum Care</li> </ul>	
WCV	<ul style="list-style-type: none"> <li>Child and Adolescent Well-Care Visits</li> </ul>	



ER HU INITIATIVE	SCORED MEASURES	DEFINITION OF IMPROVEMENT
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ER	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
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ATTACHMENT 19

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

Amendment O (2021-2022)

Plan Vital



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

# HEALTH CARE IMPROVEMENT PROGRAM



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)
<b>Medicaid/Federal and State High Cost Conditions</b>		
Cancer	• Readmissions rate	12.28
	• PHQ-9	17.79
End-Stage Renal Disease (ESRD)	• Admissions/1000	49.80
	• PHQ-9	16.58
Multiple Sclerosis	• Admissions/1000	31.70
<b>CHIP High Cost Conditions</b>		
Cancer	• Readmissions rate	N/A
Children and Youth with Special Healthcare Needs (CYSHCN)	• Child and Adolescent Well-Care Visits	47.12
	• Annual Dental Visits	44.61
Autism	• Child and Adolescent Well-Care Visits	41.21

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

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CHRONIC CONDITIONS	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
Hypertension	<ul style="list-style-type: none"> <li>ED Use/1000</li> </ul>	51.03
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	69.74
Chronic Depression	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 7 days</li> </ul>	45.65
	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 30 days</li> </ul>	73.26
	<ul style="list-style-type: none"> <li>Inpatient Admission/1000</li> </ul>	52.13

EFFECTIVENESS OF CARE	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
BCS	<ul style="list-style-type: none"> <li>Breast Cancer Screening</li> </ul>	57.90
CCS	<ul style="list-style-type: none"> <li>Cervical Cancer Screening</li> </ul>	43.43
COL	<ul style="list-style-type: none"> <li>Controlling High Blood Pressure</li> </ul>	41.60
SSD	<ul style="list-style-type: none"> <li>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.</li> </ul>	49.74
FUH	<ul style="list-style-type: none"> <li>Follow-Up After Hospitalization for Mental Illness: 30 days</li> </ul>	71.51
ÁAP	<ul style="list-style-type: none"> <li>Adults' Access to Preventive/Ambulatory Health Services</li> </ul>	69.15
ADV	<ul style="list-style-type: none"> <li>Annual Dental Visit</li> </ul>	36.85
PPC	<ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> </ul>	66.15
	<ul style="list-style-type: none"> <li>Postpartum Care</li> </ul>	33.91
AWC	<ul style="list-style-type: none"> <li>Child and Adolescent Well-Care-Visits</li> </ul>	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



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ATTACHMENT 19  
**CODE BOOK FOR THE FOURTH (4<sup>TH</sup>) YEAR**  
Amendment O (2021-2022)  
Plan Vital

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

**I.1.1 High Cost Conditions Initiative**

<b>Readmissions rate</b>	
Technical specifications	Plan all cause (PCR) metric: HEDIS MY 2020 & MY 2021, Volume 2 technical specifications .
<b>PHQ-9</b>	
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.
Denominator	All eligible population with the condition during the measurement year or period.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Codes
	<p>CPT: 96127 Brief emotional/behav assmt</p> <p>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</p> <p>G8510: Screening for depression is documented as negative, a follow-up plan is not required; Short description: Scr dep neg, no plan reqd</p> <p>Other: Supplementary Data (test performed by case managers among others)</p>
Exclusions	N/A
<b>Admissions/1000</b>	
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

Denominator	All eligible population with the condition during the measurement year or period.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Codes
	Revenue codes: See Appendix A
Exclusions	<p>Exclude cases: With admission source for transferred from a different hospital or other health care facility UB04 Admission source - 2, 3)</p> <p>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) (UB04 Point of Origin - 4,5,6) - With missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing)</p>
<b>ED (Emergency room) Use/1000</b>	
Definition	<p>For members 18 years of age and older, the number of observed emergency department (ED) visits during the measurement year.</p> <p>*ED visits for a principal diagnosis of selected conditions (see HCIP Manual).</p>
Numerator	<p>The number of all ED visits during the measurement year.</p> <p>Count each visit to an ED once, regardless of the intensity or duration of the visit.</p> <p>*ED visits for a principal diagnosis of selected conditions (see HCIP Manual).</p>
Denominator	All eligible population with the condition during the measurement year or period.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Codes



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	<p>CPT: 99281-99285, 99288</p> <p>Place of service code: 23</p> <p>Use the following reference:</p> <ul style="list-style-type: none"> <li>- ED Visits from HEDIS Ambulatory Care (HEDIS MY 2020 &amp; MY 2021, Volume 2 technical specifications ).</li> <li>- ED Use ICD10 codes tab from the Code Book II Health Care Improvement Program</li> </ul>
Exclusions	<p>HEDIS MY 2020 &amp; MY 2021, Volume 2 technical specifications:</p> <p>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:</p> <ul style="list-style-type: none"> <li>• A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set).</li> <li>• Psychiatry (Psychiatry Value Set).</li> <li>• Electroconvulsive therapy (Electroconvulsive Therapy Value Set).</li> </ul>
<b>Emergency Room High Utilizers Initiative</b>	
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	Total members with 7 or more ER Visits
Continuous enrollment	N/A
Allowable gap	N/A
Description	<p>CPT: 99281-99285, 99288</p> <p>Place of service code: 23</p>



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 style="list-style-type: none"> <li>• A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set).</li> <li>• Psychiatry (Psychiatry Value Set).</li> <li>• Electroconvulsive therapy (Electroconvulsive Therapy Value Set).</li> </ul>
<b>(ADV) Annual Dental Visit</b>	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
<b>(AAP) Adults' Access to Preventive/Ambulatory Health Services</b>	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
<b>(WCV) Child and Adolescent Well-Care Visits</b>	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
<b>(BCS) Breast Cancer Screening</b>	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
<b>(CCS) Cervical Cancer Screening</b>	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
<b>(CDC) Comprehensive Diabetes Care</b>	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
<b>Kidney Health Evaluation for Patients With Diabetes</b>	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
<b>(CBP) Controlling High Blood Pressure</b>	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications



<b>(FUH) Follow up after Hospitalization for Mental Illness (7 and 30 days)</b>	
<b>Technical specifications</b>	<b>HEDIS MY 2020 &amp; MY 2021, Volume 2 technical specifications</b>
<b>(PPC) Prenatal And Postpartum Care</b>	
	<b>HEDIS MY 2020 &amp; MY 2021, Volume 2 technical specifications</b>
<b>(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications</b>	
<b>Technical specifications</b>	<b>HEDIS MY 2020 &amp; MY 2021, Volume 2 technical specifications</b>

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ATTACHMENT 19  
YEAR 4<sup>TH</sup>-HCIP ASES DIAGNOSIS CODES  
Amendment O (2021-2022)  
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ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C154	Malignant neoplasm of middle third of esophagus	Verified as valid and accurate for 2020.
C155	Malignant neoplasm of lower third of esophagus	Verified as valid and accurate for 2020.
C158	Malignant neoplasm of overlapping sites of esophagus	Verified as valid and accurate for 2020.
C159	Malignant neoplasm of esophagus unspecified	Verified as valid and accurate for 2020.
C160	Malignant neoplasm of cardia	Verified as valid and accurate for 2020.
C161	Malignant neoplasm of fundus of stomach	Verified as valid and accurate for 2020.
C162	Malignant neoplasm of body of stomach	Verified as valid and accurate for 2020.
C163	Malignant neoplasm of pyloric antrum	Verified as valid and accurate for 2020.
C164	Malignant neoplasm of pylorus	Verified as valid and accurate for 2020.
C165	Malignant neoplasm of lesser curvature of stomach, unsp	Verified as valid and accurate for 2020.
C166	Malignant neoplasm of greater curvature of stomach, unsp	Verified as valid and accurate for 2020.
C168	Malignant neoplasm of overlapping sites of stomach	Verified as valid and accurate for 2020.
C169	Malignant neoplasm of stomach, unspecified	Verified as valid and accurate for 2020.
C220	Liver cell carcinoma	Verified as valid and accurate for 2020.
C221	Intrahepatic bile duct carcinoma	Verified as valid and accurate for 2020.
C222	Hepatoblastoma	Verified as valid and accurate for 2020.
C223	Angiosarcoma of liver	Verified as valid and accurate for 2020.
C224	Other sarcomas of liver	Verified as valid and accurate for 2020.
C227	Other specified carcinomas of liver	Verified as valid and accurate for 2020.
C228	Malignant neoplasm of liver, primary, unspecified as to type	Verified as valid and accurate for 2020.
C229	Malignant neoplasm of liver, not specified as primary or sec	Verified as valid and accurate for 2020.
C23	Malignant neoplasm of gallbladder	Verified as valid and accurate for 2020.
C240	Malignant neoplasm of extrahepatic bile duct	Verified as valid and accurate for 2020.
C241	Malignant neoplasm of ampulla of Vater	Verified as valid and accurate for 2020.
C248	Malignant neoplasm of overlapping sites of biliary tract	Verified as valid and accurate for 2020.
C249	Malignant neoplasm of biliary tract, unspecified	Verified as valid and accurate for 2020.
C33	Malignant neoplasm of trachea	Verified as valid and accurate for 2020.
C3400	Malignant neoplasm of unspecified main bronchus	Verified as valid and accurate for 2020.
C3401	Malignant neoplasm of right main bronchus	Verified as valid and accurate for 2020.
C3402	Malignant neoplasm of left main bronchus	Verified as valid and accurate for 2020.
C3410	Malignant neoplasm of upper lobe, unsp bronchus or lung	Verified as valid and accurate for 2020.
C3411	Malignant neoplasm of upper lobe, right bronchus or lung	Verified as valid and accurate for 2020.
C3412	Malignant neoplasm of upper lobe, left bronchus or lung	Verified as valid and accurate for 2020.
C342	Malignant neoplasm of middle lobe, bronchus or lung	Verified as valid and accurate for 2020.
C3430	Malignant neoplasm of lower lobe, unsp bronchus or lung	Verified as valid and accurate for 2020.
C3431	Malignant neoplasm of lower lobe, right bronchus or lung	Verified as valid and accurate for 2020.
C3432	Malignant neoplasm of lower lobe, left bronchus or lung	Verified as valid and accurate for 2020.
C3480	Malignant neoplasm of overl sites of unsp bronchus and lung	Verified as valid and accurate for 2020.
C3481	Malignant neoplasm of overl sites of right bronchus and lung	Verified as valid and accurate for 2020.
C3482	Malignant neoplasm of overl sites of left bronchus and lung	Verified as valid and accurate for 2020.
C3490	Malignant neoplasm of unsp part of unsp bronchus or lung	Verified as valid and accurate for 2020.
C3491	Malignant neoplasm of unsp part of right bronchus or lung	Verified as valid and accurate for 2020.
C3492	Malignant neoplasm of unsp part of left bronchus or lung	Verified as valid and accurate for 2020.
C384	Malignant neoplasm of pleura	Verified as valid and accurate for 2020.
C450	Mesothelioma of pleura	Verified as valid and accurate for 2020.
C451	Mesothelioma of peritoneum	Verified as valid and accurate for 2020.
C480	Malignant neoplasm of retroperitoneum	Verified as valid and accurate for 2020.
C481	Malignant neoplasm of specified parts of peritoneum	Verified as valid and accurate for 2020.
C482	Malignant neoplasm of peritoneum, unspecified	Verified as valid and accurate for 2020.
C488	Malignant neoplasm of overl sites of retroperiton and peritoneum	Verified as valid and accurate for 2020.
C4A0	Merkel cell carcinoma of lip	Verified as valid and accurate for 2020.
C4A10	Merkel cell carcinoma of unsp eyelid, including canthus	Verified as valid and accurate for 2020.
C4A11	Merkel cell carcinoma of right eyelid, including canthus	C4A111 for right upper eyelid & C4A112 for right lower eyelid
C4A12	Merkel cell carcinoma of left eyelid, including canthus	C4A121 for left upper eyelid & C4A122 for left lower eyelid
C4A20	Merkel cell carcinoma of unsp ear and external auric canal	Verified as valid and accurate for 2020.
C4A21	Merkel cell carcinoma of right ear and external auric canal	Verified as valid and accurate for 2020.
C4A22	Merkel cell carcinoma of left ear and external auric canal	Verified as valid and accurate for 2020.
C4A30	Merkel cell carcinoma of unspecified part of face	Verified as valid and accurate for 2020.
C4A31	Merkel cell carcinoma of nose	Verified as valid and accurate for 2020.
C4A39	Merkel cell carcinoma of other parts of face	Verified as valid and accurate for 2020.
C4A4	Merkel cell carcinoma of scalp and neck	Verified as valid and accurate for 2020.
C4A51	Merkel cell carcinoma of anal skin	Verified as valid and accurate for 2020.
C4A52	Merkel cell carcinoma of skin of breast	Verified as valid and accurate for 2020.
C4A59	Merkel cell carcinoma of other part of trunk	Verified as valid and accurate for 2020.
C4A60	Merkel cell carcinoma of unsp upper limb, including shoulder	Verified as valid and accurate for 2020.
C4A61	Merkel cell carcinoma of right upper limb, inc shoulder	Verified as valid and accurate for 2020.
C4A62	Merkel cell carcinoma of left upper limb, including shoulder	Verified as valid and accurate for 2020.
C4A70	Merkel cell carcinoma of unsp lower limb, including hip	Verified as valid and accurate for 2020.
C4A71	Merkel cell carcinoma of right lower limb, including hip	Verified as valid and accurate for 2020.
C4A72	Merkel cell carcinoma of left lower limb, including hip	Verified as valid and accurate for 2020.
C4A8	Merkel cell carcinoma of overlapping sites	Verified as valid and accurate for 2020.
C4A9	Merkel cell carcinoma, unspecified	Verified as valid and accurate for 2020.
C561	Malignant neoplasm of right ovary	Verified as valid and accurate for 2020.
C562	Malignant neoplasm of left ovary	Verified as valid and accurate for 2020.
C569	Malignant neoplasm of unspecified ovary	Verified as valid and accurate for 2020.
C5700	Malignant neoplasm of unspecified fallopian tube	Verified as valid and accurate for 2020.
C5701	Malignant neoplasm of right fallopian tube	Verified as valid and accurate for 2020.
C5702	Malignant neoplasm of left fallopian tube	Verified as valid and accurate for 2020.
C5710	Malignant neoplasm of unspecified broad ligament	Verified as valid and accurate for 2020.
C5711	Malignant neoplasm of right broad ligament	Verified as valid and accurate for 2020.
C5712	Malignant neoplasm of left broad ligament	Verified as valid and accurate for 2020.
C5720	Malignant neoplasm of unspecified round ligament	Verified as valid and accurate for 2020.
C5721	Malignant neoplasm of right round ligament	Verified as valid and accurate for 2020.
C5722	Malignant neoplasm of left round ligament	Verified as valid and accurate for 2020.
C573	Malignant neoplasm of parametrium	Verified as valid and accurate for 2020.
C574	Malignant neoplasm of uterine adnexa, unspecified	Verified as valid and accurate for 2020.
C700	Malignant neoplasm of cerebral meninges	Verified as valid and accurate for 2020.
C701	Malignant neoplasm of spinal meninges	Verified as valid and accurate for 2020.



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Condition:	Cancer	
Medicaid/Federal and Commonwealth and CHIP		
ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C709	Malignant neoplasm of meninges, unspecified	Verified as valid and accurate for 2020.
C710	Malignant neoplasm of cerebrum, except lobes and ventricles	Verified as valid and accurate for 2020.
C711	Malignant neoplasm of frontal lobe	Verified as valid and accurate for 2020.
C712	Malignant neoplasm of temporal lobe	Verified as valid and accurate for 2020.
C713	Malignant neoplasm of parietal lobe	Verified as valid and accurate for 2020.
C714	Malignant neoplasm of occipital lobe	Verified as valid and accurate for 2020.
C715	Malignant neoplasm of cerebral ventricle	Verified as valid and accurate for 2020.
C716	Malignant neoplasm of cerebellum	Verified as valid and accurate for 2020.
C717	Malignant neoplasm of brain stem	Verified as valid and accurate for 2020.
C718	Malignant neoplasm of overlapping sites of brain	Verified as valid and accurate for 2020.
C719	Malignant neoplasm of brain, unspecified	Verified as valid and accurate for 2020.
C720	Malignant neoplasm of spinal cord	Verified as valid and accurate for 2020.
C721	Malignant neoplasm of cauda equina	Verified as valid and accurate for 2020.
C7220	Malignant neoplasm of unspecified olfactory nerve	Verified as valid and accurate for 2020.
C7221	Malignant neoplasm of right olfactory nerve	Verified as valid and accurate for 2020.
C7222	Malignant neoplasm of left olfactory nerve	Verified as valid and accurate for 2020.
C7230	Malignant neoplasm of unspecified optic nerve	Verified as valid and accurate for 2020.
C7231	Malignant neoplasm of right optic nerve	Verified as valid and accurate for 2020.
C7232	Malignant neoplasm of left optic nerve	Verified as valid and accurate for 2020.
C7240	Malignant neoplasm of unspecified acoustic nerve	Verified as valid and accurate for 2020.
C7241	Malignant neoplasm of right acoustic nerve	Verified as valid and accurate for 2020.
C7242	Malignant neoplasm of left acoustic nerve	Verified as valid and accurate for 2020.
C7250	Malignant neoplasm of unspecified cranial nerve	Verified as valid and accurate for 2020.
C7259	Malignant neoplasm of other cranial nerves	Verified as valid and accurate for 2020.
C729	Malignant neoplasm of central nervous system, unspecified	Verified as valid and accurate for 2020.
C7A00	Malignant carcinoid tumor of unspecified site	Verified as valid and accurate for 2020.
C7A010	Malignant carcinoid tumor of the duodenum	Verified as valid and accurate for 2020.
C7A011	Malignant carcinoid tumor of the jejunum	Verified as valid and accurate for 2020.
C7A012	Malignant carcinoid tumor of the ileum	Verified as valid and accurate for 2020.
C7A019	Malignant carcinoid tumor of the sm int, unsp portion	Verified as valid and accurate for 2020.
C7A020	Malignant carcinoid tumor of the appendix	Verified as valid and accurate for 2020.
C7A021	Malignant carcinoid tumor of the cecum	Verified as valid and accurate for 2020.
C7A022	Malignant carcinoid tumor of the ascending colon	Verified as valid and accurate for 2020.
C7A023	Malignant carcinoid tumor of the transverse colon	Verified as valid and accurate for 2020.
C7A024	Malignant carcinoid tumor of the descending colon	Verified as valid and accurate for 2020.
C7A025	Malignant carcinoid tumor of the sigmoid colon	Verified as valid and accurate for 2020.
C7A026	Malignant carcinoid tumor of the rectum	Verified as valid and accurate for 2020.
C7A029	Malignant carcinoid tumor of the lg int, unsp portion	Verified as valid and accurate for 2020.
C7A090	Malignant carcinoid tumor of the bronchus and lung	Verified as valid and accurate for 2020.
C7A091	Malignant carcinoid tumor of the thymus	Verified as valid and accurate for 2020.
C7A092	Malignant carcinoid tumor of the stomach	Verified as valid and accurate for 2020.
C7A093	Malignant carcinoid tumor of the kidney	Verified as valid and accurate for 2020.
C7A094	Malignant carcinoid tumor of the foregut, unspecified	Verified as valid and accurate for 2020.
C7A095	Malignant carcinoid tumor of the midgut, unspecified	Verified as valid and accurate for 2020.
C7A096	Malignant carcinoid tumor of the hindgut, unspecified	Verified as valid and accurate for 2020.
C7A098	Malignant carcinoid tumors of other sites	Verified as valid and accurate for 2020.
C7A1	Malignant poorly differentiated neuroendocrine tumors	Verified as valid and accurate for 2020.
C7A8	Other malignant neuroendocrine tumors	Verified as valid and accurate for 2020.
C7B00	Secondary carcinoid tumors, unspecified site	Verified as valid and accurate for 2020.
C7B01	Secondary carcinoid tumors of distant lymph nodes	Verified as valid and accurate for 2020.
C7B02	Secondary carcinoid tumors of liver	Verified as valid and accurate for 2020.
C7B03	Secondary carcinoid tumors of bone	Verified as valid and accurate for 2020.
C7B04	Secondary carcinoid tumors of peritoneum	Verified as valid and accurate for 2020.
C7B09	Secondary carcinoid tumors of other sites	Verified as valid and accurate for 2020.
C7B1	Secondary Merkel cell carcinoma	Verified as valid and accurate for 2020.
C7B8	Other secondary neuroendocrine tumors	Verified as valid and accurate for 2020.
C8200	Follicular lymphoma grade I, unspecified site	Verified as valid and accurate for 2020.
C8201	Follicular lymphoma grade I, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8202	Follicular lymphoma grade I, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8203	Follicular lymphoma grade I, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8204	Follicular lymphoma grade I, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8205	Follicular lymph grade I, nodes of ing region and lower limb	Verified as valid and accurate for 2020.
C8206	Follicular lymphoma grade I, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8207	Follicular lymphoma grade I, spleen	Verified as valid and accurate for 2020.
C8208	Follicular lymphoma grade I, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8209	Follicular lymphoma grade I, extmod and solid organ sites	Verified as valid and accurate for 2020.
C8210	Follicular lymphoma grade II, unspecified site	Verified as valid and accurate for 2020.
C8211	Follicular lymphoma grade II, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8212	Follicular lymphoma grade II, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8213	Follicular lymphoma grade II, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8214	Follicular lymphoma grade II, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8215	Follicular lymph grade II, nodes of ing region and lower limb	Verified as valid and accurate for 2020.
C8216	Follicular lymphoma grade II, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8217	Follicular lymphoma grade II, spleen	Verified as valid and accurate for 2020.
C8218	Follicular lymphoma grade II, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8219	Follicular lymphoma grade II, extmod and solid organ sites	Verified as valid and accurate for 2020.
C8220	Follicular lymphoma grade III, unspecified, unspecified site	Verified as valid and accurate for 2020.
C8221	Follicular lymph grade III, unsp, nodes of head, face, and nk	Verified as valid and accurate for 2020.
C8222	Follicular lymphoma grade III, unsp, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8223	Follicular lymphoma grade III, unsp, intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8224	Follicular lymph grade III, unsp, nodes of axia and upper limb	Verified as valid and accurate for 2020.
C8225	Follicular lymph grade III, unsp, nodes of ing rgn and low limb	Verified as valid and accurate for 2020.
C8226	Follicular lymphoma grade III, unsp, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8227	Follicular lymphoma grade III, unspecified, spleen	Verified as valid and accurate for 2020.
C8228	Follicular lymphoma grade III, unsp, lymph nodes mult site	Verified as valid and accurate for 2020.
C8229	Follicular lymph grade III, unsp, extmod and solid org sites	Verified as valid and accurate for 2020.
C8230	Follicular lymphoma grade IIIa, unspecified site	Verified as valid and accurate for 2020.
C8231	Follicular lymphoma grade IIIa, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8232	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Verified as valid and accurate for 2020.



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Condition:	Cancer	
ICD10 Cod	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C8233	Follicular lymphoma grade IIIa intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8234	Follicular lymphoma grade IIIa nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8235	Follicular lymphoma grade IIIa nodes of ing rgn and lower limb	Verified as valid and accurate for 2020.
C8236	Follicular lymphoma grade IIIa intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8237	Follicular lymphoma grade IIIa spleen	Verified as valid and accurate for 2020.
C8238	Follicular lymphoma grade IIIa lymph nodes mult site	Verified as valid and accurate for 2020.
C8239	Follicular lymphoma grade IIIa extmod 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	Follicular lymphoma grade IIIb 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	Follicular lymphoma grade IIIb nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8245	Follicular lymphoma grade IIIb nodes of ing rgn and lower limb	Verified as valid and accurate for 2020.
C8246	Follicular lymphoma grade IIIb intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8247	Follicular lymphoma grade IIIb 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	Follicular lymphoma grade IIIb extmod and solid organ sites	Verified as valid and accurate for 2020.
C8260	Cutaneous follicle center lymphoma unspecified site	Verified as valid and accurate for 2020.
C8261	Cutan follic center lymphoma nodes of head face and neck	Verified as valid and accurate for 2020.
C8262	Cutaneous follicle center lymphoma intrathoracic 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 follic center lymphoma nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8265	Cutan follic ctr lymph nodes of ing region and lower limb	Verified as valid and accurate for 2020.
C8266	Cutaneous follicle center lymphoma intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8267	Cutaneous follicle center lymphoma spleen	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 follic center lymphoma extmod and solid organ sites	Verified as valid and accurate for 2020.
C8280	Other types of follicular lymphoma unspecified site	Verified as valid and accurate for 2020.
C8281	Oth types of follicular 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 types of follicular lymphoma intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8284	Oth types of follicular lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8285	Oth types of follicular lymph nodes of ing rgn and lower limb	Verified as valid and accurate for 2020.
C8286	Other types of follicular lymphoma intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8287	Other types of follicular lymphoma spleen	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 follicular 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 lymphoma unspecified intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8293	Follicular lymphoma unsp intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8294	Follicular lymphoma unsp nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8295	Follicular lymphoma unsp nodes of ing region and lower limb	Verified as valid and accurate for 2020.
C8296	Follicular lymphoma unspecified intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8297	Follicular lymphoma unspecified spleen	Verified as valid and accurate for 2020.
C8298	Follicular lymphoma unsp lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8299	Follicular lymphoma 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	Mantle cell lymphoma lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8315	Mantle cell lymphoma nodes of ing region and lower limb	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 lymph 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-cell 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	Diffuse large B-cell lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8335	Diffuse large B-cell lymph nodes of ing rgn and lower limb	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 lymphoma extmod and solid organ 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	Other non-follicular lymphoma intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8384	Oth non-follic lymphoma nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8385	Oth non-follic lymphoma nodes of ing region 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 lymph 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 fungoides unspecified site	Verified as valid and accurate for 2020.
C8401	Mycosis fungoides lymph nodes of head face and neck	Verified as valid and accurate for 2020.
C8402	Mycosis fungoides intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8403	Mycosis fungoides intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8404	Mycosis fungoides lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8405	Mycosis fungoides nodes of ing rgn and lower limb	Verified as valid and accurate for 2020.
C8406	Mycosis fungoides intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8407	Mycosis fungoides spleen	Verified as valid and accurate for 2020.
C8408	Mycosis fungoides lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8409	Mycosis fungoides extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8440	Peripheral T-cell lymphoma not classified unspecified site	Verified as valid and accurate for 2020.
C8441	Periph T-cell lymph not class nodes of head face and neck	Verified as valid and accurate for 2020.
C8442	Peripheral T-cell lymphoma not class intrathoracic nodes	Verified as valid and accurate for 2020.



Condition: Cancer		
Medicaid/Federal and Commonwealth and CHIP		
ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C8443	Peripheral T-cell lymphoma, not classified, intra-abd nodes	Verified as valid and accurate for 2020.
C8444	Prph T-cell lymph, not class, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8445	Prph T-cell lymph, not class, nodes of ing rjn and low limb	Verified as valid and accurate for 2020.
C8446	Peripheral T-cell lymphoma, not classified, intrapelv nodes	Verified as valid and accurate for 2020.
C8447	Peripheral T-cell lymphoma, not classified, spleen	Verified as valid and accurate for 2020.
C8448	Peripheral T-cell lymphoma, not classified, nodes mult site	Verified as valid and accurate for 2020.
C8449	Prph T-cell lymph, not class, extmod and solid organ sites	Verified as valid and accurate for 2020.
C8460	Anaplastic large cell lymphoma, ALK-positive, unsp site	Verified as valid and accurate for 2020.
C8461	Anaplastic lg cell lymph, ALK-pos, nodes of head face and nk	Verified as valid and accurate for 2020.
C8462	Anaplastic large cell lymphoma, ALK-pos, intrathorac nodes	Verified as valid and accurate for 2020.
C8463	Anaplastic large cell lymphoma, ALK-pos, intra-abd nodes	Verified as valid and accurate for 2020.
C8464	Anaplastic lg cell lymph, ALK-pos, nodes of axia and upr limb	Verified as valid and accurate for 2020.
C8465	Anaplastic lg cell lymph, ALK-pos, nodes of ing rjn & low limb	Verified as valid and accurate for 2020.
C8466	Anaplastic large cell lymphoma, ALK-pos, intrapelv nodes	Verified as valid and accurate for 2020.
C8467	Anaplastic large cell lymphoma, ALK-positive, spleen	Verified as valid and accurate for 2020.
C8468	Anaplastic large cell lymphoma, ALK-pos, nodes mult site	Verified as valid and accurate for 2020.
C8469	Anaplastic lg cell lymph, ALK-pos, extmod and solid org sites	Verified as valid and accurate for 2020.
C8470	Anaplastic large cell lymphoma, ALK-negative, unsp site	Verified as valid and accurate for 2020.
C8471	Anaplastic lg cell lymph, ALK-neg, nodes of head face, and nk	Verified as valid and accurate for 2020.
C8472	Anaplastic large cell lymphoma, ALK-neg, intrathorac nodes	Verified as valid and accurate for 2020.
C8473	Anaplastic large cell lymphoma, ALK-neg, intra-abd nodes	Verified as valid and accurate for 2020.
C8474	Anaplastic lg cell lymph, ALK-neg, nodes of axia and upr limb	Verified as valid and accurate for 2020.
C8475	Anaplastic lg cell lymph, ALK-neg, nodes of ing rjn & low limb	Verified as valid and accurate for 2020.
C8476	Anaplastic large cell lymphoma, ALK-neg, intrapelv nodes	Verified as valid and accurate for 2020.
C8477	Anaplastic large cell lymphoma, ALK-negative, spleen	Verified as valid and accurate for 2020.
C8478	Anaplastic large cell lymphoma, ALK-neg, nodes mult site	Verified as valid and accurate for 2020.
C8479	Anaplastic lg cell lymph, ALK-neg, extmod and solid org sites	Verified as valid and accurate for 2020.
C8520	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8521	Mediastnl large B-cell lymph, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8522	Mediastnl (thymic) large B-cell lymphoma, intrathorac nodes	Verified as valid and accurate for 2020.
C8523	Mediastinal (thymic) large B-cell lymphoma, intra-abd nodes	Verified as valid and accurate for 2020.
C8524	Mediastnl large B-cell lymph, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8525	Mediastnl lg B-cell lymph, nodes of ing rjn and lower limb	Verified as valid and accurate for 2020.
C8526	Mediastinal (thymic) large B-cell lymphoma, intrapelv nodes	Verified as valid and accurate for 2020.
C8527	Mediastinal (thymic) large B-cell lymphoma, spleen	Verified as valid and accurate for 2020.
C8528	Mediastinal (thymic) large B-cell lymphoma, nodes mult site	Verified as valid and accurate for 2020.
C8529	Mediastnl large B-cell lymph, extmod and solid organ sites	Verified as valid and accurate for 2020.
C884	Extmod mgnl zn B-cell lymph of mucosa-assoc lymphoid tiss	Verified as valid and accurate for 2020.
C9100	Acute lymphoblastic leukemia, not having achieved remission	Verified as valid and accurate for 2020.
C9101	Acute lymphoblastic leukemia, in remission	Verified as valid and accurate for 2020.
C9102	Acute lymphoblastic leukemia, in relapse	Verified as valid and accurate for 2020.
C9110	Chronic lymphocytic leuk of B-cell type, not achieve remis	Verified as valid and accurate for 2020.
C9111	Chronic lymphocytic leukemia of B-cell type, in remission	Verified as valid and accurate for 2020.
C9112	Chronic lymphocytic leukemia of B-cell type, in relapse	Verified as valid and accurate for 2020.
C9130	Prolymphocytic leukemia of B-cell type, not achieve remission	Verified as valid and accurate for 2020.
C9131	Prolymphocytic leukemia of B-cell type, in remission	Verified as valid and accurate for 2020.
C9132	Prolymphocytic leukemia of B-cell type, in relapse	Verified as valid and accurate for 2020.
C9150	Adult T-cell lymph/leuk (HTLV-1-assoc) not achieve remission	Verified as valid and accurate for 2020.
C9151	Adult T-cell lymphoma/leukemia (HTLV-1-assoc), in remission	Verified as valid and accurate for 2020.
C9152	Adult T-cell lymphoma/leukemia (HTLV-1-assoc), in relapse	Verified as valid and accurate for 2020.
C9160	Prolymphocytic leukemia of T-cell type, not achieve remission	Verified as valid and accurate for 2020.
C9161	Prolymphocytic leukemia of T-cell type, in remission	Verified as valid and accurate for 2020.
C9162	Prolymphocytic leukemia of T-cell type, in relapse	Verified as valid and accurate for 2020.
C9190	Lymphoid leukemia, unspecified, not having achieved remission	Verified as valid and accurate for 2020.
C9191	Lymphoid leukemia, unspecified, in remission	Verified as valid and accurate for 2020.
C9192	Lymphoid leukemia, unspecified, in relapse	Verified as valid and accurate for 2020.
C91A0	Mature B-cell leukemia Burkitt-type, not achieve remission	Verified as valid and accurate for 2020.
C91A1	Mature B-cell leukemia Burkitt-type, in remission	Verified as valid and accurate for 2020.
C91A2	Mature B-cell leukemia Burkitt-type, in relapse	Verified as valid and accurate for 2020.
C91Z0	Other lymphoid leukemia, not having achieved remission	Verified as valid and accurate for 2020.
C91Z1	Other lymphoid leukemia, in remission	Verified as valid and accurate for 2020.
C91Z2	Other lymphoid leukemia, in relapse	Verified as valid and accurate for 2020.
C9200	Acute myeloblastic leukemia, not having achieved remission	Verified as valid and accurate for 2020.
C9201	Acute myeloblastic leukemia, in remission	Verified as valid and accurate for 2020.
C9202	Acute myeloblastic leukemia, in relapse	Verified as valid and accurate for 2020.
C9210	Chronic myeloid leuk, BCR/ABL-positive, not achieve remis	Verified as valid and accurate for 2020.
C9211	Chronic myeloid leukemia, BCR/ABL-positive, in remission	Verified as valid and accurate for 2020.
C9212	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Verified as valid and accurate for 2020.
C9220	Atyp chronic myeloid leuk, BCR/ABL-neg, not achieve remis	Verified as valid and accurate for 2020.
C9221	Atypical chronic myeloid leukemia, BCR/ABL-neg, in remission	Verified as valid and accurate for 2020.
C9222	Atypical chronic myeloid leukemia, BCR/ABL-neg, in relapse	Verified as valid and accurate for 2020.
C9230	Myeloid sarcoma, not having achieved remission	Verified as valid and accurate for 2020.
C9231	Myeloid sarcoma, in remission	Verified as valid and accurate for 2020.
C9232	Myeloid sarcoma, in relapse	Verified as valid and accurate for 2020.
C9240	Acute promyelocytic leukemia, not having achieved remission	Verified as valid and accurate for 2020.
C9241	Acute promyelocytic leukemia, in remission	Verified as valid and accurate for 2020.
C9242	Acute promyelocytic leukemia, in relapse	Verified as valid and accurate for 2020.
C9250	Acute myelomonocytic leukemia, not having achieved remission	Verified as valid and accurate for 2020.
C9251	Acute myelomonocytic leukemia, in remission	Verified as valid and accurate for 2020.
C9252	Acute myelomonocytic leukemia, in relapse	Verified as valid and accurate for 2020.
C9260	Acute myeloid leukemia with 11q23-abnormality, not achieve remis	Verified as valid and accurate for 2020.
C9261	Acute myeloid leukemia with 11q23-abnormality, in remission	Verified as valid and accurate for 2020.
C9262	Acute myeloid leukemia with 11q23-abnormality, in relapse	Verified as valid and accurate for 2020.
C9290	Myeloid leukemia, unspecified, not having achieved remission	Verified as valid and accurate for 2020.
C9291	Myeloid leukemia, unspecified, in remission	Verified as valid and accurate for 2020.
C9292	Myeloid leukemia, unspecified, in relapse	Verified as valid and accurate for 2020.
C92A0	Acute myeloid leuk w multilineal dysplasia, not achieve remis	Verified as valid and accurate for 2020.
C92A1	Acute myeloid leukemia w multilineal dysplasia, in remission	Verified as valid and accurate for 2020.
C92A2	Acute myeloid leukemia w multilineal dysplasia, in relapse	Verified as valid and accurate for 2020.



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Condition:	Cancer	
Medical/Federal and Commonwealth and CHIP		
ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C9220	Other myeloid leukemia not having achieved remission	Verified as valid and accurate for 2020.
C9221	Other myeloid leukemia, in remission	Verified as valid and accurate for 2020.
C9222	Other myeloid leukemia, in relapse	Verified as valid and accurate for 2020.
C9300	Acute monoclastic/monocytic leukemia, not achieve remission	Verified as valid and accurate for 2020.
C9301	Acute monoclastic/monocytic leukemia, in remission	Verified as valid and accurate for 2020.
C9302	Acute monoclastic/monocytic leukemia, in relapse	Verified as valid and accurate for 2020.
C9310	Chronic myelomonocytic leukemia not achieve remission	Verified as valid and accurate for 2020.
C9311	Chronic myelomonocytic leukemia, in remission	Verified as valid and accurate for 2020.
C9312	Chronic myelomonocytic leukemia, in relapse	Verified as valid and accurate for 2020.
C9330	Juvenile myelomonocytic leukemia, not achieve remission	Verified as valid and accurate for 2020.
C9331	Juvenile myelomonocytic leukemia, in remission	Verified as valid and accurate for 2020.
C9332	Juvenile myelomonocytic leukemia, in relapse	Verified as valid and accurate for 2020.
C9390	Monocytic leukemia, unsp, not having achieved remission	Verified as valid and accurate for 2020.
C9391	Monocytic leukemia, unspecified in remission	Verified as valid and accurate for 2020.
C9392	Monocytic leukemia, unspecified in relapse	Verified as valid and accurate for 2020.
C9320	Other monocytic leukemia, not having achieved remission	Verified as valid and accurate for 2020.
C9321	Other monocytic leukemia, in remission	Verified as valid and accurate for 2020.
C9322	Other monocytic leukemia, in relapse	Verified as valid and accurate for 2020.
C9400	Acute erythroid leukemia, not having achieved remission	Verified as valid and accurate for 2020.
C9401	Acute erythroid leukemia, in remission	Verified as valid and accurate for 2020.
C9402	Acute erythroid leukemia, in relapse	Verified as valid and accurate for 2020.
C9420	Acute megakaryoblastic leukemia not achieve remission	Verified as valid and accurate for 2020.
C9421	Acute megakaryoblastic leukemia, in remission	Verified as valid and accurate for 2020.
C9422	Acute megakaryoblastic leukemia, in relapse	Verified as valid and accurate for 2020.
C9430	Mast cell leukemia not having achieved remission	Verified as valid and accurate for 2020.
C9431	Mast cell leukemia, in remission	Verified as valid and accurate for 2020.
C9432	Mast cell leukemia, in relapse	Verified as valid and accurate for 2020.
C9480	Other specified leukemias not having achieved remission	Verified as valid and accurate for 2020.
C9481	Other specified leukemias, in remission	Verified as valid and accurate for 2020.
C9482	Other specified leukemias, in relapse	Verified as valid and accurate for 2020.
C9500	Acute leukemia of unsp cell type not achieve remission	Verified as valid and accurate for 2020.
C9501	Acute leukemia of unspecified cell type, in remission	Verified as valid and accurate for 2020.
C9502	Acute leukemia of unspecified cell type, in relapse	Verified as valid and accurate for 2020.
C9510	Chronic leukemia of unsp cell type not achieve remission	Verified as valid and accurate for 2020.
C9511	Chronic leukemia of unspecified cell type, in remission	Verified as valid and accurate for 2020.
C9512	Chronic leukemia of unspecified cell type, in relapse	Verified as valid and accurate for 2020.
C9590	Leukemia, unspecified not having achieved remission	Verified as valid and accurate for 2020.
C9591	Leukemia, unspecified, in remission	Verified as valid and accurate for 2020.
C9592	Leukemia, unspecified, in relapse	Verified as valid and accurate for 2020.
D45	Polycythemia vera	Verified as valid and accurate for 2020.
D47Z1	Post-transplant lymphoproliferative disorder (PTLD)	Requires a code for the specific organ transplant complication - this is a secondary code only (not allowed as primary)
T8600	Unspecified complication of bone marrow transplant	Verified as valid and accurate for 2020.
T8601	Bone marrow transplant rejection	Verified as valid and accurate for 2020.
T8602	Bone marrow transplant failure	Verified as valid and accurate for 2020.
T8603	Bone marrow transplant infection	Verified as valid and accurate for 2020.
T8609	Other complications of bone marrow transplant	Verified as valid and accurate for 2020.
Z510	Encounter for antineoplastic radiation therapy	Verified as valid and accurate for 2020.
Z5111	Encounter for antineoplastic chemotherapy	Verified as valid and accurate for 2020.
Z5112	Encounter for antineoplastic immunotherapy	Verified as valid and accurate for 2020.
Z9481	Bone marrow transplant status	Verified as valid and accurate for 2020.
C000	Malignant neoplasm of external upper lip	Verified as valid and accurate for 2020.
C001	Malignant neoplasm of external lower lip	Verified as valid and accurate for 2020.
C002	Malignant neoplasm of external lip, unspecified	Verified as valid and accurate for 2020.
C003	Malignant neoplasm of upper lip, inner aspect	Verified as valid and accurate for 2020.
C004	Malignant neoplasm of lower lip, inner aspect	Verified as valid and accurate for 2020.
C005	Malignant neoplasm of lip, unspecified inner aspect	Verified as valid and accurate for 2020.
C006	Malignant neoplasm of commissure of lip, unspecified	Verified as valid and accurate for 2020.
C008	Malignant neoplasm of overlapping sites of lip	Verified as valid and accurate for 2020.
C009	Malignant neoplasm of lip, unspecified	Verified as valid and accurate for 2020.
C01	Malignant neoplasm of base of tongue	Verified as valid and accurate for 2020.
C020	Malignant neoplasm of dorsal surface of tongue	Verified as valid and accurate for 2020.
C021	Malignant neoplasm of border of tongue	Verified as valid and accurate for 2020.
C022	Malignant neoplasm of ventral surface of tongue	Verified as valid and accurate for 2020.
C023	Malignant neoplasm of anterior two-thirds of tongue, part unsp	Verified as valid and accurate for 2020.
C024	Malignant neoplasm of lingual tonsil	Verified as valid and accurate for 2020.
C028	Malignant neoplasm of overlapping sites of tongue	Verified as valid and accurate for 2020.
C029	Malignant neoplasm of tongue, unspecified	Verified as valid and accurate for 2020.
C030	Malignant neoplasm of upper gum	Verified as valid and accurate for 2020.
C031	Malignant neoplasm of lower gum	Verified as valid and accurate for 2020.
C039	Malignant neoplasm of gum, unspecified	Verified as valid and accurate for 2020.
C040	Malignant neoplasm of anterior floor of mouth	Verified as valid and accurate for 2020.
C041	Malignant neoplasm of lateral floor of mouth	Verified as valid and accurate for 2020.
C048	Malignant neoplasm of overlapping sites of floor of mouth	Verified as valid and accurate for 2020.
C049	Malignant neoplasm of floor of mouth, unspecified	Verified as valid and accurate for 2020.
C050	Malignant neoplasm of hard palate	Verified as valid and accurate for 2020.
C051	Malignant neoplasm of soft palate	Verified as valid and accurate for 2020.
C052	Malignant neoplasm of uvula	Verified as valid and accurate for 2020.
C058	Malignant neoplasm of overlapping sites of palate	Verified as valid and accurate for 2020.
C059	Malignant neoplasm of palate, unspecified	Verified as valid and accurate for 2020.
C060	Malignant neoplasm of cheek mucosa	Verified as valid and accurate for 2020.
C061	Malignant neoplasm of vestibule of mouth	Verified as valid and accurate for 2020.
C062	Malignant neoplasm of retromolar area	Verified as valid and accurate for 2020.
C0680	Malignant neoplasm of overl sites of unsp parts of mouth	Verified as valid and accurate for 2020.
C0689	Malignant neoplasm of overlapping sites of other part mouth	Verified as valid and accurate for 2020.
C069	Malignant neoplasm of mouth, unspecified	Verified as valid and accurate for 2020.
C07	Malignant neoplasm of parotid gland	Verified as valid and accurate for 2020.
C080	Malignant neoplasm of submandibular gland	Verified as valid and accurate for 2020.



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Condition:	Cancer	
ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C081	Malignant neoplasm of sublingual gland	Verified as valid and accurate for 2020.
C089	Malignant neoplasm of major salivary gland, unspecified	Verified as valid and accurate for 2020.
C090	Malignant neoplasm of tonsillar fossa	Verified as valid and accurate for 2020.
C091	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Verified as valid and accurate for 2020.
C098	Malignant neoplasm of overlapping sites of tonsil	Verified as valid and accurate for 2020.
C099	Malignant neoplasm of tonsil, unspecified	Verified as valid and accurate for 2020.
C100	Malignant neoplasm of vallecula	Verified as valid and accurate for 2020.
C101	Malignant neoplasm of anterior surface of epiglottis	Verified as valid and accurate for 2020.
C102	Malignant neoplasm of lateral wall of oropharynx	Verified as valid and accurate for 2020.
C103	Malignant neoplasm of posterior wall of oropharynx	Verified as valid and accurate for 2020.
C104	Malignant neoplasm of branchial cleft	Verified as valid and accurate for 2020.
C108	Malignant neoplasm of overlapping sites of oropharynx	Verified as valid and accurate for 2020.
C109	Malignant neoplasm of oropharynx, unspecified	Verified as valid and accurate for 2020.
C110	Malignant neoplasm of superior wall of nasopharynx	Verified as valid and accurate for 2020.
C111	Malignant neoplasm of posterior wall of nasopharynx	Verified as valid and accurate for 2020.
C112	Malignant neoplasm of lateral wall of nasopharynx	Verified as valid and accurate for 2020.
C113	Malignant neoplasm of anterior wall of nasopharynx	Verified as valid and accurate for 2020.
C118	Malignant neoplasm of overlapping sites of nasopharynx	Verified as valid and accurate for 2020.
C119	Malignant neoplasm of nasopharynx, unspecified	Verified as valid and accurate for 2020.
C12	Malignant neoplasm of pyriform sinus	Verified as valid and accurate for 2020.
C130	Malignant neoplasm of postcricoid region	Verified as valid and accurate for 2020.
C131	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Verified as valid and accurate for 2020.
C132	Malignant neoplasm of posterior wall of hypopharynx	Verified as valid and accurate for 2020.
C138	Malignant neoplasm of overlapping sites of hypopharynx	Verified as valid and accurate for 2020.
C139	Malignant neoplasm of hypopharynx, unspecified	Verified as valid and accurate for 2020.
C140	Malignant neoplasm of pharynx, unspecified	Verified as valid and accurate for 2020.
C142	Malignant neoplasm of Waldeyer's ring	Verified as valid and accurate for 2020.
C148	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Verified as valid and accurate for 2020.
C300	Malignant neoplasm of nasal cavity	Verified as valid and accurate for 2020.
C301	Malignant neoplasm of middle ear	Verified as valid and accurate for 2020.
C310	Malignant neoplasm of maxillary sinus	Verified as valid and accurate for 2020.
C311	Malignant neoplasm of ethmoidal sinus	Verified as valid and accurate for 2020.
C312	Malignant neoplasm of frontal sinus	Verified as valid and accurate for 2020.
C313	Malignant neoplasm of sphenoid sinus	Verified as valid and accurate for 2020.
C318	Malignant neoplasm of overlapping sites of accessory sinuses	Verified as valid and accurate for 2020.
C319	Malignant neoplasm of accessory sinus, unspecified	Verified as valid and accurate for 2020.
C320	Malignant neoplasm of glottis	Verified as valid and accurate for 2020.
C321	Malignant neoplasm of supraglottis	Verified as valid and accurate for 2020.
C322	Malignant neoplasm of subglottis	Verified as valid and accurate for 2020.
C323	Malignant neoplasm of laryngeal cartilage	Verified as valid and accurate for 2020.
C328	Malignant neoplasm of overlapping sites of larynx	Verified as valid and accurate for 2020.
C329	Malignant neoplasm of larynx, unspecified	Verified as valid and accurate for 2020.
C430	Malignant melanoma of lip	Verified as valid and accurate for 2020.
C4310	Malignant melanoma of unspecified eyelid, including canthus	Verified as valid and accurate for 2020.
C4314	Malignant melanoma of right eyelid, including canthus	C43111 for right upper eyelid & C43112 for right lower eyelid
C4312	Malignant melanoma of left eyelid, including canthus	C43121 for left upper eyelid & C43122 for left lower eyelid
C4320	Malignant melanoma of unsp ear and external auricular canal	Verified as valid and accurate for 2020.
C4321	Malignant melanoma of right ear and external auricular canal	Verified as valid and accurate for 2020.
C4322	Malignant melanoma of left ear and external auricular canal	Verified as valid and accurate for 2020.
C4330	Malignant melanoma of unspecified part of face	Verified as valid and accurate for 2020.
C4331	Malignant melanoma of nose	Verified as valid and accurate for 2020.
C4339	Malignant melanoma of other parts of face	Verified as valid and accurate for 2020.
C434	Malignant melanoma of scalp and neck	Verified as valid and accurate for 2020.
C4351	Malignant melanoma of anal skin	Verified as valid and accurate for 2020.
C4352	Malignant melanoma of skin of breast	Verified as valid and accurate for 2020.
C4359	Malignant melanoma of other part of trunk	Verified as valid and accurate for 2020.
C4360	Malignant melanoma of unsp upper limb, including shoulder	Verified as valid and accurate for 2020.
C4361	Malignant melanoma of right upper limb, including shoulder	Verified as valid and accurate for 2020.
C4362	Malignant melanoma of left upper limb, including shoulder	Verified as valid and accurate for 2020.
C4370	Malignant melanoma of unspecified lower limb, including hip	Verified as valid and accurate for 2020.
C4371	Malignant melanoma of right lower limb, including hip	Verified as valid and accurate for 2020.
C4372	Malignant melanoma of left lower limb, including hip	Verified as valid and accurate for 2020.
C438	Malignant melanoma of overlapping sites of skin	Verified as valid and accurate for 2020.
C439	Malignant melanoma of skin, unspecified	Verified as valid and accurate for 2020.
C4400	Unspecified malignant neoplasm of skin of lip	Verified as valid and accurate for 2020.
C4401	Basal cell carcinoma of skin of lip	Verified as valid and accurate for 2020.
C4402	Squamous cell carcinoma of skin of lip	Verified as valid and accurate for 2020.
C4409	Other specified malignant neoplasm of skin of lip	Verified as valid and accurate for 2020.
C44101	Unsp malignant neoplasm skin/ unsp eyelid, including canthus	Verified as valid and accurate for 2020.
C44102	Unsp malignant neoplasm skin/ right eyelid, inc canthus	Verified as valid and accurate for 2020.
C44109	Unsp malignant neoplasm skin/ left eyelid, including canthus	Verified as valid and accurate for 2020.
C44111	Basal cell carcinoma skin/ unsp eyelid, including canthus	Verified as valid and accurate for 2020.
C44112	Basal cell carcinoma skin/ right eyelid, including canthus	Verified as valid and accurate for 2020.
C44119	Basal cell carcinoma skin/ left eyelid, including canthus	Verified as valid and accurate for 2020.
C44121	Squamous cell carcinoma skin/ unsp eyelid, including canthus	Verified as valid and accurate for 2020.
C44122	Squamous cell carcinoma skin/ right eyelid, inc canthus	Verified as valid and accurate for 2020.
C44129	Squamous cell carcinoma skin/ left eyelid, including canthus	Verified as valid and accurate for 2020.
C44191	Oth malignant neoplasm skin/ unsp eyelid, including canthus	Verified as valid and accurate for 2020.
C44192	Oth malignant neoplasm skin/ right eyelid, including canthus	Verified as valid and accurate for 2020.
C44199	Oth malignant neoplasm skin/ left eyelid, including canthus	Verified as valid and accurate for 2020.
C44201	Unsp malignant neoplasm skin/ unsp ear and external auric canal	Verified as valid and accurate for 2020.
C44202	Unsp malignant neoplasm skin/ right ear and external auric canal	Verified as valid and accurate for 2020.
C44209	Unsp malignant neoplasm skin/ left ear and external auric canal	Verified as valid and accurate for 2020.
C44211	Basal cell carcinoma skin/ unsp ear and external auric canal	Verified as valid and accurate for 2020.
C44212	Basal cell carcinoma skin/ r ear and external auric canal	Verified as valid and accurate for 2020.
C44219	Basal cell carcinoma skin/ left ear and external auric canal	Verified as valid and accurate for 2020.
C44221	Squamous cell carcinoma skin/ unsp ear and extrn auric canal	Verified as valid and accurate for 2020.
C44222	Squamous cell carcinoma skin/ r ear and external auric canal	Verified as valid and accurate for 2020.
C44229	Squamous cell carcinoma skin/ left ear and extrn auric canal	Verified as valid and accurate for 2020.



Condition:	Cancer	
Medical/Federal and Commonwealth and CHIP		
KD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C44291	Oth malign neoplasm skin/ unsp ear and external auric canal	Verified as valid and accurate for 2020.
C44292	Oth malign neoplasm skin/ right ear and external auric canal	Verified as valid and accurate for 2020.
C44299	Oth malign neoplasm skin/ left ear and external auric canal	Verified as valid and accurate for 2020.
C44300	Unsp malignant neoplasm of skin of unspecified part of face	Verified as valid and accurate for 2020.
C44301	Unspecified malignant neoplasm of skin of nose	Verified as valid and accurate for 2020.
C44309	Unsp malignant neoplasm of skin of other parts of face	Verified as valid and accurate for 2020.
C44310	Basal cell carcinoma of skin of unspecified parts of face	Verified as valid and accurate for 2020.
C44311	Basal cell carcinoma of skin of nose	Verified as valid and accurate for 2020.
C44319	Basal cell carcinoma of skin of other parts of face	Verified as valid and accurate for 2020.
C44320	Squamous cell carcinoma of skin of unspecified parts of face	Verified as valid and accurate for 2020.
C44321	Squamous cell carcinoma of skin of nose	Verified as valid and accurate for 2020.
C44329	Squamous cell carcinoma of skin of other parts of face	Verified as valid and accurate for 2020.
C44390	Oth malignant neoplasm of skin of unspecified parts of face	Verified as valid and accurate for 2020.
C44391	Other specified malignant neoplasm of skin of nose	Verified as valid and accurate for 2020.
C44399	Oth malignant neoplasm of skin of other parts of face	Verified as valid and accurate for 2020.
C4440	Unspecified malignant neoplasm of skin of scalp and neck	Verified as valid and accurate for 2020.
C4441	Basal cell carcinoma of skin of scalp and neck	Verified as valid and accurate for 2020.
C4442	Squamous cell carcinoma of skin of scalp and neck	Verified as valid and accurate for 2020.
C4449	Other specified malignant neoplasm of skin of scalp and neck	Verified as valid and accurate for 2020.
C44500	Unspecified malignant neoplasm of anal skin	Verified as valid and accurate for 2020.
C44501	Unspecified malignant neoplasm of skin of breast	Verified as valid and accurate for 2020.
C44509	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.
C44519	Basal cell carcinoma of skin of other part of trunk	Verified as valid and accurate for 2020.
C44520	Squamous cell carcinoma of anal skin	Verified as valid and accurate for 2020.
C44521	Squamous cell carcinoma of skin of breast	Verified as valid and accurate for 2020.
C44529	Squamous cell carcinoma of skin of other part of trunk	Verified as valid and accurate for 2020.
C44590	Other specified malignant neoplasm of anal skin	Verified as valid and accurate for 2020.
C44591	Other specified malignant neoplasm of skin of breast	Verified as valid and accurate for 2020.
C44599	Oth malignant neoplasm of skin of other part of trunk	Verified as valid and accurate for 2020.
C44601	Unsp malignant neoplasm skin/ unsp upper limb inc shoulder	Verified as valid and accurate for 2020.
C44602	Unsp malignant neoplasm skin/ right upper limb inc shoulder	Verified as valid and accurate for 2020.
C44609	Unsp malignant neoplasm skin/ left upper limb inc shoulder	Verified as valid and accurate for 2020.
C44611	Basal cell carcinoma skin/ unsp upper limb inc shoulder	Verified as valid and accurate for 2020.
C44612	Basal cell carcinoma skin/ right upper limb inc shoulder	Verified as valid and accurate for 2020.
C44619	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	Squamous 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 malignant neoplasm skin/ unsp upper limb inc shoulder	Verified as valid and accurate for 2020.
C44692	Oth malignant neoplasm skin/ right upper limb inc shoulder	Verified as valid and accurate for 2020.
C44699	Oth malignant neoplasm skin/ left upper limb inc shoulder	Verified as valid and accurate for 2020.
C44701	Unsp malignant neoplasm skin/ unsp lower limb including hip	Verified as valid and accurate for 2020.
C44702	Unsp malignant neoplasm skin/ right lower limb inc hip	Verified as valid and accurate for 2020.
C44709	Unsp malignant neoplasm skin/ left lower limb including hip	Verified as valid and accurate for 2020.
C44711	Basal cell carcinoma skin/ unsp lower limb including hip	Verified as valid and accurate for 2020.
C44712	Basal cell carcinoma skin/ right lower limb including hip	Verified as valid and accurate for 2020.
C44719	Basal cell carcinoma skin/ left lower limb including hip	Verified as valid and accurate for 2020.
C44721	Squamous cell carcinoma skin/ unsp lower limb including hip	Verified as valid and accurate for 2020.
C44722	Squamous cell carcinoma skin/ right lower limb inc hip	Verified as valid and accurate for 2020.
C44729	Squamous cell carcinoma skin/ left lower limb including hip	Verified as valid and accurate for 2020.
C44791	Oth malignant neoplasm skin/ unsp lower limb including hip	Verified as valid and accurate for 2020.
C44792	Oth malignant neoplasm skin/ right lower limb including hip	Verified as valid and accurate for 2020.
C44799	Oth malignant neoplasm skin/ left lower limb including hip	Verified as valid and accurate for 2020.
C4480	Unspecified malignant neoplasm of overlapping sites of skin	Verified as valid and accurate for 2020.
C4481	Basal cell carcinoma of overlapping sites of skin	Verified as valid and accurate for 2020.
C4482	Squamous cell carcinoma of overlapping sites of skin	Verified as valid and accurate for 2020.
C4489	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.
C4491	Basal cell carcinoma of skin, unspecified	Verified as valid and accurate for 2020.
C4492	Squamous cell carcinoma of skin, unspecified	Verified as valid and accurate for 2020.
C4499	Other specified malignant neoplasm of skin, unspecified	Verified as valid and accurate for 2020.
C457	Mesothelioma of other sites	also C459 (Mesothelioma unspecified - if applicable)
C50011	Malignant neoplasm of nipple and areola right female breast	Verified as valid and accurate for 2020.
C50012	Malignant neoplasm of nipple and areola, left female breast	Verified as valid and accurate for 2020.
C50019	Malignant neoplasm of nipple and areola unsp female breast	Verified as valid and accurate for 2020.
C50021	Malignant neoplasm of nipple and areola right male breast	Verified as valid and accurate for 2020.
C50022	Malignant neoplasm of nipple and areola, left male breast	Verified as valid and accurate for 2020.
C50029	Malignant neoplasm of nipple and areola unsp male breast	Verified as valid and accurate for 2020.
C50111	Malignant neoplasm of central portion of right female breast	Verified as valid and accurate for 2020.
C50112	Malignant neoplasm of central portion of left female breast	Verified as valid and accurate for 2020.
C50119	Malignant 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	Malignant neoplasm of central portion of unsp male breast	Verified as valid and accurate for 2020.
C50211	Malign neoplasm of upper-inner quadrant of right female breast	Verified as valid and accurate for 2020.
C50212	Malign neoplasm of upper-inner quadrant of left female breast	Verified as valid and accurate for 2020.
C50219	Malign neoplasm of upper-inner quadrant of unsp female breast	Verified as valid and accurate for 2020.
C50221	Malign neoplasm of upper-inner quadrant of right male breast	Verified as valid and accurate for 2020.
C50222	Malign neoplasm of upper-inner quadrant of left male breast	Verified as valid and accurate for 2020.
C50229	Malign neoplasm of upper-inner quadrant of unsp male breast	Verified as valid and accurate for 2020.
C50311	Malign neoplasm of lower-inner quadrant of right female breast	Verified as valid and accurate for 2020.
C50312	Malign neoplasm of lower-inner quadrant of left female breast	Verified as valid and accurate for 2020.
C50319	Malign neoplasm of lower-inner quadrant of unsp female breast	Verified as valid and accurate for 2020.
C50321	Malign neoplasm of lower-inner quadrant of right male breast	Verified as valid and accurate for 2020.
C50322	Malign neoplasm of lower-inner quadrant of left male breast	Verified as valid and accurate for 2020.
C50329	Malign neoplasm of lower-inner quadrant of unsp male breast	Verified as valid and accurate for 2020.
C50411	Malign neoplasm of upper-outer quadrant of right female breast	Verified as valid and accurate for 2020.



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ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C50412	Malignant neoplasm of upper-outer quadrant of left female breast	Verified as valid and accurate for 2020.
C50419	Malignant neoplasm of upper-outer quadrant of unsp female breast	Verified as valid and accurate for 2020.
C50421	Malignant neoplasm of upper-outer quadrant of right male breast	Verified as valid and accurate for 2020.
C50422	Malignant neoplasm of upper-outer quadrant of left male breast	Verified as valid and accurate for 2020.
C50429	Malignant neoplasm of upper-outer quadrant of unsp male breast	Verified as valid and accurate for 2020.
C50511	Malignant neoplasm of lower-outer quadrant of right female breast	Verified as valid and accurate for 2020.
C50512	Malignant neoplasm of lower-outer quadrant of left female breast	Verified as valid and accurate for 2020.
C50519	Malignant neoplasm of lower-outer quadrant of unsp female breast	Verified as valid and accurate for 2020.
C50521	Malignant neoplasm of lower-outer quadrant of right male breast	Verified as valid and accurate for 2020.
C50522	Malignant neoplasm of lower-outer quadrant of left male breast	Verified as valid and accurate for 2020.
C50529	Malignant neoplasm of lower-outer quadrant of unsp male breast	Verified as valid and accurate for 2020.
C50611	Malignant neoplasm of axillary tail of right female breast	Verified as valid and accurate for 2020.
C50612	Malignant neoplasm of axillary tail of left female breast	Verified as valid and accurate for 2020.
C50619	Malignant neoplasm of axillary tail of unsp female breast	Verified as valid and accurate for 2020.
C50621	Malignant neoplasm of axillary tail of right male breast	Verified as valid and accurate for 2020.
C50622	Malignant neoplasm of axillary tail of left male breast	Verified as valid and accurate for 2020.
C50629	Malignant neoplasm of axillary tail of unsp male breast	Verified as valid and accurate for 2020.
C50811	Malignant neoplasm of overl sites of right female breast	Verified as valid and accurate for 2020.
C50812	Malignant neoplasm of overl sites of left female breast	Verified as valid and accurate for 2020.
C50819	Malignant neoplasm of overl sites of unsp female breast	Verified as valid and accurate for 2020.
C50821	Malignant neoplasm of overlapping sites of right male breast	Verified as valid and accurate for 2020.
C50822	Malignant neoplasm of overlapping sites of left male breast	Verified as valid and accurate for 2020.
C50829	Malignant neoplasm of overlapping sites of unsp male breast	Verified as valid and accurate for 2020.
C50911	Malignant neoplasm of unsp site of right female breast	Verified as valid and accurate for 2020.
C50912	Malignant neoplasm of unsp site of left female breast	Verified as valid and accurate for 2020.
C50919	Malignant neoplasm of unsp site of unspecified female breast	Verified as valid and accurate for 2020.
C50921	Malignant neoplasm of unspecified site of right male breast	Verified as valid and accurate for 2020.
C50922	Malignant neoplasm of unspecified site of left male breast	Verified as valid and accurate for 2020.
C50929	Malignant neoplasm of unsp site of unspecified male breast	Verified as valid and accurate for 2020.
C510	Malignant neoplasm of labium majus	Verified as valid and accurate for 2020.
C511	Malignant neoplasm of labium minus	Verified as valid and accurate for 2020.
C512	Malignant neoplasm of clitoris	Verified as valid and accurate for 2020.
C518	Malignant neoplasm of overlapping sites of vulva	Verified as valid and accurate for 2020.
C519	Malignant neoplasm of vulva, unspecified	Verified as valid and accurate for 2020.
C52	Malignant neoplasm of vagina	Verified as valid and accurate for 2020.
C530	Malignant neoplasm of endocervix	Verified as valid and accurate for 2020.
C531	Malignant neoplasm of exocervix	Verified as valid and accurate for 2020.
C538	Malignant neoplasm of overlapping sites of cervix uteri	Verified as valid and accurate for 2020.
C539	Malignant neoplasm of cervix uteri, unspecified	Verified as valid and accurate for 2020.
C540	Malignant neoplasm of isthmus uteri	Verified as valid and accurate for 2020.
C541	Malignant neoplasm of endometrium	Verified as valid and accurate for 2020.
C542	Malignant neoplasm of myometrium	Verified as valid and accurate for 2020.
C543	Malignant neoplasm of fundus uteri	Verified as valid and accurate for 2020.
C548	Malignant neoplasm of overlapping sites of corpus uteri	Verified as valid and accurate for 2020.
C549	Malignant neoplasm of corpus uteri, unspecified	Verified as valid and accurate for 2020.
C55	Malignant neoplasm of uterus, part unspecified	Verified as valid and accurate for 2020.
C577	Malignant neoplasm of other specified female genital organs	Verified as valid and accurate for 2020.
C578	Malignant neoplasm of overl sites of female genital organs	Verified as valid and accurate for 2020.
C579	Malignant neoplasm of female genital organ, unspecified	Verified as valid and accurate for 2020.
C58	Malignant neoplasm of placenta	Verified as valid and accurate for 2020.
C600	Malignant neoplasm of prepuce	Verified as valid and accurate for 2020.
C601	Malignant neoplasm of glans penis	Verified as valid and accurate for 2020.
C602	Malignant neoplasm of body of penis	Verified as valid and accurate for 2020.
C608	Malignant neoplasm of overlapping sites of penis	Verified as valid and accurate for 2020.
C609	Malignant neoplasm of penis, unspecified	Verified as valid and accurate for 2020.
C61	Malignant neoplasm of prostate	Verified as valid and accurate for 2020.
C6200	Malignant neoplasm of unspecified undescended testis	Verified as valid and accurate for 2020.
C6201	Malignant neoplasm of undescended right testis	Verified as valid and accurate for 2020.
C6202	Malignant neoplasm of undescended left testis	Verified as valid and accurate for 2020.
C6210	Malignant neoplasm of unspecified descended testis	Verified as valid and accurate for 2020.
C6211	Malignant neoplasm of descended right testis	Verified as valid and accurate for 2020.
C6212	Malignant neoplasm of descended left testis	Verified as valid and accurate for 2020.
C6290	Malignant neoplasm of unsp testis, unsp descended or undescended	Verified as valid and accurate for 2020.
C6291	Malignant neoplasm of right testis, unsp descended or undescended	Verified as valid and accurate for 2020.
C6292	Malignant neoplasm of left testis, unsp descended or undescended	Verified as valid and accurate for 2020.
C6300	Malignant neoplasm of unspecified epididymis	Verified as valid and accurate for 2020.
C6301	Malignant neoplasm of right epididymis	Verified as valid and accurate for 2020.
C6302	Malignant neoplasm of left epididymis	Verified as valid and accurate for 2020.
C6310	Malignant neoplasm of unspecified spermatic cord	Verified as valid and accurate for 2020.
C6311	Malignant neoplasm of right spermatic cord	Verified as valid and accurate for 2020.
C6312	Malignant neoplasm of left spermatic cord	Verified as valid and accurate for 2020.
C632	Malignant neoplasm of scrotum	Verified as valid and accurate for 2020.
C637	Malignant neoplasm of other specified male genital organs	Verified as valid and accurate for 2020.
C638	Malignant neoplasm of overl sites of male genital organs	Verified as valid and accurate for 2020.
C639	Malignant neoplasm of male genital organ, unspecified	Verified as valid and accurate for 2020.
C641	Malignant neoplasm of right kidney, except renal pelvis	Verified as valid and accurate for 2020.
C642	Malignant neoplasm of left kidney, except renal pelvis	Verified as valid and accurate for 2020.
C649	Malignant neoplasm of unsp kidney, except renal pelvis	Verified as valid and accurate for 2020.
C651	Malignant neoplasm of right renal pelvis	Verified as valid and accurate for 2020.
C652	Malignant neoplasm of left renal pelvis	Verified as valid and accurate for 2020.
C659	Malignant neoplasm of unspecified renal pelvis	Verified as valid and accurate for 2020.
C661	Malignant neoplasm of right ureter	Verified as valid and accurate for 2020.
C662	Malignant neoplasm of left ureter	Verified as valid and accurate for 2020.
C669	Malignant neoplasm of unspecified ureter	Verified as valid and accurate for 2020.
C670	Malignant neoplasm of trigone of bladder	Verified as valid and accurate for 2020.
C671	Malignant neoplasm of dome of bladder	Verified as valid and accurate for 2020.
C672	Malignant neoplasm of lateral wall of bladder	Verified as valid and accurate for 2020.
C673	Malignant neoplasm of anterior wall of bladder	Verified as valid and accurate for 2020.
C674	Malignant neoplasm of posterior wall of bladder	Verified as valid and accurate for 2020.





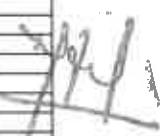
Condition: Cancer		
Medicaid/Federal and Commonwealth and CHIP		
ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C675	Malignant neoplasm of bladder neck	Verified as valid and accurate for 2020.
C676	Malignant neoplasm of ureteric orifice	Verified as valid and accurate for 2020.
C677	Malignant neoplasm of urachus	Verified as valid and accurate for 2020.
C678	Malignant neoplasm of overlapping sites of bladder	Verified as valid and accurate for 2020.
C679	Malignant neoplasm of bladder, unspecified	Verified as valid and accurate for 2020.
C680	Malignant neoplasm of urethra	Verified as valid and accurate for 2020.
C681	Malignant neoplasm of paraurethral glands	Verified as valid and accurate for 2020.
C688	Malignant neoplasm of overlapping sites of urinary organs	Verified as valid and accurate for 2020.
C689	Malignant neoplasm of urinary organ, unspecified	Verified as valid and accurate for 2020.
C6900	Malignant neoplasm of unspecified conjunctiva	Verified as valid and accurate for 2020.
C6901	Malignant neoplasm of right conjunctiva	Verified as valid and accurate for 2020.
C6902	Malignant neoplasm of left conjunctiva	Verified as valid and accurate for 2020.
C6910	Malignant neoplasm of unspecified cornea	Verified as valid and accurate for 2020.
C6911	Malignant neoplasm of right cornea	Verified as valid and accurate for 2020.
C6912	Malignant neoplasm of left cornea	Verified as valid and accurate for 2020.
C6920	Malignant neoplasm of unspecified retina	Verified as valid and accurate for 2020.
C6921	Malignant neoplasm of right retina	Verified as valid and accurate for 2020.
C6922	Malignant neoplasm of left retina	Verified as valid and accurate for 2020.
C6930	Malignant neoplasm of unspecified choroid	Verified as valid and accurate for 2020.
C6931	Malignant neoplasm of right choroid	Verified as valid and accurate for 2020.
C6932	Malignant neoplasm of left choroid	Verified as valid and accurate for 2020.
C6940	Malignant neoplasm of unspecified ciliary body	Verified as valid and accurate for 2020.
C6941	Malignant neoplasm of right ciliary body	Verified as valid and accurate for 2020.
C6942	Malignant neoplasm of left ciliary body	Verified as valid and accurate for 2020.
C6950	Malignant neoplasm of unspecified lacrimal gland and duct	Verified as valid and accurate for 2020.
C6951	Malignant neoplasm of right lacrimal gland and duct	Verified as valid and accurate for 2020.
C6952	Malignant neoplasm of left lacrimal gland and duct	Verified as valid and accurate for 2020.
C6960	Malignant neoplasm of unspecified orbit	Verified as valid and accurate for 2020.
C6961	Malignant neoplasm of right orbit	Verified as valid and accurate for 2020.
C6962	Malignant neoplasm of left orbit	Verified as valid and accurate for 2020.
C6980	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	Verified as valid and accurate for 2020.
C6981	Malignant neoplasm of overlapping sites of right eye and adnexa	Verified as valid and accurate for 2020.
C6982	Malignant neoplasm of overlapping sites of left eye and adnexa	Verified as valid and accurate for 2020.
C6990	Malignant neoplasm of unspecified site of unspecified eye	Verified as valid and accurate for 2020.
C6991	Malignant neoplasm of unspecified site of right eye	Verified as valid and accurate for 2020.
C6992	Malignant neoplasm of unspecified site of left eye	Verified as valid and accurate for 2020.
C73	Malignant neoplasm of thyroid gland	Verified as valid and accurate for 2020.
C760	Malignant neoplasm of head, face and neck	Verified as valid and accurate for 2020.
C761	Malignant neoplasm of thorax	Verified as valid and accurate for 2020.
C762	Malignant neoplasm of abdomen	Verified as valid and accurate for 2020.
C763	Malignant neoplasm of pelvis	Verified as valid and accurate for 2020.
C7640	Malignant neoplasm of unspecified upper limb	Verified as valid and accurate for 2020.
C7641	Malignant neoplasm of right upper limb	Verified as valid and accurate for 2020.
C7642	Malignant neoplasm of left upper limb	Verified as valid and accurate for 2020.
C7650	Malignant neoplasm of unspecified lower limb	Verified as valid and accurate for 2020.
C7651	Malignant neoplasm of right lower limb	Verified as valid and accurate for 2020.
C7652	Malignant neoplasm of left lower limb	Verified as valid and accurate for 2020.
C768	Malignant neoplasm of other specified ill-defined sites	Verified as valid and accurate for 2020.
D030	Melanoma in situ of lip	Verified as valid and accurate for 2020.
D0310	Melanoma in situ of unspecified eyelid including canthus	Verified as valid and accurate for 2020.
D0311	Melanoma in situ of right eyelid, including canthus	D03111 for right upper eyelid & D03112 for right lower eyelid
D0312	Melanoma in situ of left eyelid, including canthus	D03121 for left upper eyelid & D03122 for left lower eyelid
D0320	Melanoma in situ of unspecified ear and external auricular canal	Verified as valid and accurate for 2020.
D0321	Melanoma in situ of right ear and external auricular canal	Verified as valid and accurate for 2020.
D0322	Melanoma in situ of left ear and external auricular canal	Verified as valid and accurate for 2020.
D0330	Melanoma in situ of unspecified part of face	Verified as valid and accurate for 2020.
D0339	Melanoma in situ of other parts of face	Verified as valid and accurate for 2020.
D034	Melanoma in situ of scalp and neck	Verified as valid and accurate for 2020.
D0351	Melanoma in situ of anal skin	Verified as valid and accurate for 2020.
D0352	Melanoma in situ of breast (skin) (soft tissue)	Verified as valid and accurate for 2020.
D0359	Melanoma in situ of other part of trunk	Verified as valid and accurate for 2020.
D0360	Melanoma in situ of unspecified upper limb, including shoulder	Verified as valid and accurate for 2020.
D0361	Melanoma in situ of right upper limb, including shoulder	Verified as valid and accurate for 2020.
D0362	Melanoma in situ of left upper limb, including shoulder	Verified as valid and accurate for 2020.
D0370	Melanoma in situ of unspecified lower limb, including hip	Verified as valid and accurate for 2020.
D0371	Melanoma in situ of right lower limb, including hip	Verified as valid and accurate for 2020.
D0372	Melanoma in situ of left lower limb, including hip	Verified as valid and accurate for 2020.
D038	Melanoma in situ of other sites	Verified as valid and accurate for 2020.
D039	Melanoma in situ, unspecified	Verified as valid and accurate for 2020.
Z4430	Encntr for fit/adjust of external breast prosth, unsp breast	Verified as valid and accurate for 2020.
Z4431	Encounter for fit/adjust of external right breast prosthesis	Verified as valid and accurate for 2020.
Z4432	Encounter for fit/adjust of external left breast prosthesis	Verified as valid and accurate for 2020.
Z45811	Encounter for adjustment or removal of right breast implant	Verified as valid and accurate for 2020.
Z45812	Encounter for adjustment or removal of left breast implant	Verified as valid and accurate for 2020.
Z45819	Encounter for adjustment or removal of unspecified breast implant	Verified as valid and accurate for 2020.
C170	Malignant neoplasm of duodenum	Verified as valid and accurate for 2020.
C171	Malignant neoplasm of jejunum	Verified as valid and accurate for 2020.
C172	Malignant neoplasm of ileum	Verified as valid and accurate for 2020.
C173	Meckel's diverticulum, malignant	Verified as valid and accurate for 2020.
C178	Malignant neoplasm of overlapping sites of small intestine	Verified as valid and accurate for 2020.
C179	Malignant neoplasm of small intestine, unspecified	Verified as valid and accurate for 2020.
C180	Malignant neoplasm of cecum	Verified as valid and accurate for 2020.
C181	Malignant neoplasm of appendix	Verified as valid and accurate for 2020.
C182	Malignant neoplasm of ascending colon	Verified as valid and accurate for 2020.
C183	Malignant neoplasm of hepatic flexure	Verified as valid and accurate for 2020.
C184	Malignant neoplasm of transverse colon	Verified as valid and accurate for 2020.
C185	Malignant neoplasm of splenic flexure	Verified as valid and accurate for 2020.
C186	Malignant neoplasm of descending colon	Verified as valid and accurate for 2020.
C187	Malignant neoplasm of sigmoid colon	Verified as valid and accurate for 2020.



Condition: Cancer  
 Medicaid/Federal and Commonwealth and CHIP

ICD 10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C188	Malignant neoplasm of overlapping sites of colon	Verified as valid and accurate for 2020.
C189	Malignant neoplasm of colon, unspecified	Verified as valid and accurate for 2020.
C19	Malignant neoplasm of rectosigmoid junction	Verified as valid and accurate for 2020.
C20	Malignant neoplasm of rectum	Verified as valid and accurate for 2020.
C210	Malignant neoplasm of anus, unspecified	Verified as valid and accurate for 2020.
C211	Malignant neoplasm of anal canal	Verified as valid and accurate for 2020.
C212	Malignant neoplasm of cloacogenic zone	Verified as valid and accurate for 2020.
C218	Malignant neoplasm of ovrlp sites of rectum, anus and anal canal	Verified as valid and accurate for 2020.
C37	Malignant neoplasm of thymus	Verified as valid and accurate for 2020.
C380	Malignant neoplasm of heart	Verified as valid and accurate for 2020.
C381	Malignant neoplasm of anterior mediastinum	Verified as valid and accurate for 2020.
C382	Malignant neoplasm of posterior mediastinum	Verified as valid and accurate for 2020.
C383	Malignant neoplasm of mediastinum, part unspecified	Verified as valid and accurate for 2020.
C388	Malignant neoplasm of ovrlp sites of heart, mediastinum and pleura	Verified as valid and accurate for 2020.
C390	Malignant neoplasm of upper respiratory tract, part unsp	Verified as valid and accurate for 2020.
C399	Malignant neoplasm of lower respiratory tract, part unsp	Verified as valid and accurate for 2020.
C4000	Malignant neoplasm of scapula and long bones of unsp upper limb	Verified as valid and accurate for 2020.
C4001	Malignant neoplasm of scapula and long bones of right upper limb	Verified as valid and accurate for 2020.
C4002	Malignant neoplasm of scapula and long bones of left upper limb	Verified as valid and accurate for 2020.
C4010	Malignant neoplasm of short bones of unspecified upper limb	Verified as valid and accurate for 2020.
C4011	Malignant neoplasm of short bones of right upper limb	Verified as valid and accurate for 2020.
C4012	Malignant neoplasm of short bones of left upper limb	Verified as valid and accurate for 2020.
C4020	Malignant neoplasm of long bones of unspecified lower limb	Verified as valid and accurate for 2020.
C4021	Malignant neoplasm of long bones of right lower limb	Verified as valid and accurate for 2020.
C4022	Malignant neoplasm of long bones of left lower limb	Verified as valid and accurate for 2020.
C4030	Malignant neoplasm of short bones of unspecified lower limb	Verified as valid and accurate for 2020.
C4031	Malignant neoplasm of short bones of right lower limb	Verified as valid and accurate for 2020.
C4032	Malignant neoplasm of short bones of left lower limb	Verified as valid and accurate for 2020.
C4080	Malignant neoplasm of ovrlp sites of bone/artic cartil of unsp limb	Verified as valid and accurate for 2020.
C4081	Malignant neoplasm of ovrlp sites of bone/artic cartil of r limb	Verified as valid and accurate for 2020.
C4082	Malignant neoplasm of ovrlp sites of bone/artic cartil of left limb	Verified as valid and accurate for 2020.
C4090	Malignant neoplasm of unsp bones and artic cartil of unsp limb	Verified as valid and accurate for 2020.
C4091	Malignant neoplasm of unsp bones and artic cartil of right limb	Verified as valid and accurate for 2020.
C4092	Malignant neoplasm of unsp bones and artic cartil of left limb	Verified as valid and accurate for 2020.
C410	Malignant neoplasm of bones of skull and face	Verified as valid and accurate for 2020.
C411	Malignant neoplasm of mandible	Verified as valid and accurate for 2020.
C412	Malignant neoplasm of vertebral column	Verified as valid and accurate for 2020.
C413	Malignant neoplasm of ribs, sternum and clavicle	Verified as valid and accurate for 2020.
C414	Malignant neoplasm of pelvic bones, sacrum and coccyx	Verified as valid and accurate for 2020.
C419	Malignant neoplasm of bone and articular cartilage, unsp	Verified as valid and accurate for 2020.
C452	Mesothelioma of pericardium	Verified as valid and accurate for 2020.
C459	Mesothelioma, unspecified	Verified as valid and accurate for 2020.
C470	Malignant neoplasm of prph nerves of head, face and neck	Verified as valid and accurate for 2020.
C4710	Malignant neoplasm of prph nerves of unsp upper limb, inc shoulder	Verified as valid and accurate for 2020.
C4711	Malignant neoplasm of prph nerves of right upper limb, inc shldr	Verified as valid and accurate for 2020.
C4712	Malignant neoplasm of prph nerves of left upper limb, inc shoulder	Verified as valid and accurate for 2020.
C4720	Malignant neoplasm of prph nerves of unsp lower limb, inc hip	Verified as valid and accurate for 2020.
C4721	Malignant neoplasm of prph nerves of right lower limb, inc hip	Verified as valid and accurate for 2020.
C4722	Malignant neoplasm of prph nerves of left lower limb, inc hip	Verified as valid and accurate for 2020.
C473	Malignant neoplasm of peripheral nerves of thorax	Verified as valid and accurate for 2020.
C474	Malignant neoplasm of peripheral nerves of abdomen	Verified as valid and accurate for 2020.
C475	Malignant neoplasm of peripheral nerves of pelvis	Verified as valid and accurate for 2020.
C476	Malignant neoplasm of peripheral nerves of trunk, unsp	Verified as valid and accurate for 2020.
C478	Malignant neoplasm of ovrlp sites of prph nrv and autonm nrv sys	Verified as valid and accurate for 2020.
C479	Malignant neoplasm of prph nerves and autonm nervous sys, unsp	Verified as valid and accurate for 2020.
C490	Malignant neoplasm of conn and soft tissue of head, face and neck	Verified as valid and accurate for 2020.
C4910	Malignant neoplasm of conn & soft tiss of unsp upr limb, inc shldr	Verified as valid and accurate for 2020.
C4911	Malignant neoplasm of conn and soft tiss of r upr limb, inc shldr	Verified as valid and accurate for 2020.
C4912	Malignant neoplasm of conn and soft tiss of l upr limb, inc shldr	Verified as valid and accurate for 2020.
C4920	Malignant neoplasm of conn and soft tiss of unsp low limb, inc hip	Verified as valid and accurate for 2020.
C4921	Malignant neoplasm of conn and soft tiss of r low limb, inc hip	Verified as valid and accurate for 2020.
C4922	Malignant neoplasm of conn and soft tiss of left low limb, inc hip	Verified as valid and accurate for 2020.
C493	Malignant neoplasm of connective and soft tissue of thorax	Verified as valid and accurate for 2020.
C494	Malignant neoplasm of connective and soft tissue of abdomen	Verified as valid and accurate for 2020.
C495	Malignant neoplasm of connective and soft tissue of pelvis	Verified as valid and accurate for 2020.
C496	Malignant neoplasm of conn and soft tissue of trunk, unsp	Verified as valid and accurate for 2020.
C498	Malignant neoplasm of ovrlp sites of conn and soft tissue	Verified as valid and accurate for 2020.
C499	Malignant neoplasm of connective and soft tissue, unsp	Verified as valid and accurate for 2020.
C49A0	Gastrointestinal stromal tumor, unspecified site	Verified as valid and accurate for 2020.
C49A1	Gastrointestinal stromal tumor of esophagus	Verified as valid and accurate for 2020.
C49A2	Gastrointestinal stromal tumor of stomach	Verified as valid and accurate for 2020.
C49A3	Gastrointestinal stromal tumor of small intestine	Verified as valid and accurate for 2020.
C49A4	Gastrointestinal stromal tumor of large intestine	Verified as valid and accurate for 2020.
C49A5	Gastrointestinal stromal tumor of rectum	Verified as valid and accurate for 2020.
C49A9	Gastrointestinal stromal tumor of other sites	Verified as valid and accurate for 2020.
C7400	Malignant neoplasm of cortex of unspecified adrenal gland	Verified as valid and accurate for 2020.
C7401	Malignant neoplasm of cortex of right adrenal gland	Verified as valid and accurate for 2020.
C7402	Malignant neoplasm of cortex of left adrenal gland	Verified as valid and accurate for 2020.
C7410	Malignant neoplasm of medulla of unspecified adrenal gland	Verified as valid and accurate for 2020.
C7411	Malignant neoplasm of medulla of right adrenal gland	Verified as valid and accurate for 2020.
C7412	Malignant neoplasm of medulla of left adrenal gland	Verified as valid and accurate for 2020.
C7490	Malignant neoplasm of unsp part of unspecified adrenal gland	Verified as valid and accurate for 2020.
C7491	Malignant neoplasm of unsp part of right adrenal gland	Verified as valid and accurate for 2020.
C7492	Malignant neoplasm of unsp part of left adrenal gland	Verified as valid and accurate for 2020.
C750	Malignant neoplasm of parathyroid gland	Verified as valid and accurate for 2020.
C751	Malignant neoplasm of pituitary gland	Verified as valid and accurate for 2020.
C752	Malignant neoplasm of craniopharyngeal duct	Verified as valid and accurate for 2020.
C753	Malignant neoplasm of pineal gland	Verified as valid and accurate for 2020.
C754	Malignant neoplasm of carotid body	Verified as valid and accurate for 2020.

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Condition:	Cancer	
Medicaid/Federal and Commonwealth and CHIP		
ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C755	Malignant neoplasm of aortic body and other paraganglia	Verified as valid and accurate for 2020.
C758	Malignant neoplasm with pluriglandular involvement, unsp	Verified as valid and accurate for 2020.
C759	Malignant neoplasm of endocrine gland, unspecified	Verified as valid and accurate for 2020.
C770	Sec and unsp malign neoplasm of nodes of head, face and neck	Verified as valid and accurate for 2020.
C771	Secondary and unsp malignant neoplasm of intrathorac nodes	Verified as valid and accurate for 2020.
C772	Secondary and unsp malignant neoplasm of intra-abd nodes	Verified as valid and accurate for 2020.
C773	Sec and unsp malign neoplasm of axilla and upper limb nodes	Verified as valid and accurate for 2020.
C774	Sec and unsp malign neoplasm of inguinal and lower limb nodes	Verified as valid and accurate for 2020.
C775	Secondary and unsp malignant neoplasm of intrapelv nodes	Verified as valid and accurate for 2020.
C778	Sec and unsp malign neoplasm of nodes of multiple regions	Verified as valid and accurate for 2020.
C779	Secondary and unsp malignant neoplasm of lymph node, unsp	Verified as valid and accurate for 2020.
C800	Disseminated malignant neoplasm, unspecified	Verified as valid and accurate for 2020.
C801	Malignant (primary) neoplasm, unspecified	Verified as valid and accurate for 2020.
C802	Malignant neoplasm associated with transplanted organ	Verified as valid and accurate for 2020.
C8100	Nodular lymphocyte predominant Hodgkin lymphoma, unsp site	Verified as valid and accurate for 2020.
C8101	Nodular lymphocyte predominant Hodgkin lymphoma, nodes of head, face, & nk	Verified as valid and accurate for 2020.
C8102	Nodular lymphocyte predominant Hodgkin lymphoma, intrathorac nodes	Verified as valid and accurate for 2020.
C8103	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abd nodes	Verified as valid and accurate for 2020.
C8104	Nodular lymphocyte predominant Hodgkin lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8105	Nodular lymphocyte predominant Hodgkin lymphoma, nodes of inguinal & lower limb	Verified as valid and accurate for 2020.
C8106	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic nodes	Verified as valid and accurate for 2020.
C8107	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Verified as valid and accurate for 2020.
C8108	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes multiple sites	Verified as valid and accurate for 2020.
C8109	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal & solid organ sites	Verified as valid and accurate for 2020.
C8110	Nodular sclerosing Hodgkin lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8111	Nodular sclerosing Hodgkin lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8112	Nodular sclerosing Hodgkin lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8113	Nodular sclerosing Hodgkin lymphoma, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8114	Nodular sclerosing Hodgkin lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8115	Nodular sclerosing Hodgkin lymphoma, nodes of inguinal region and lower limb	Verified as valid and accurate for 2020.
C8116	Nodular sclerosing Hodgkin lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8117	Nodular sclerosing Hodgkin lymphoma, spleen	Verified as valid and accurate for 2020.
C8118	Nodular sclerosing Hodgkin lymphoma, lymph nodes multiple sites	Verified as valid and accurate for 2020.
C8119	Nodular sclerosing Hodgkin lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8120	Mixed cellular Hodgkin lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8121	Mixed cellular Hodgkin lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8122	Mixed cellular Hodgkin lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8123	Mixed cellular Hodgkin lymphoma, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8124	Mixed cellular Hodgkin lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8125	Mixed cellular Hodgkin lymphoma, nodes of inguinal region and lower limb	Verified as valid and accurate for 2020.
C8126	Mixed cellular Hodgkin lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8127	Mixed cellular Hodgkin lymphoma, spleen	Verified as valid and accurate for 2020.
C8128	Mixed cellular Hodgkin lymphoma, lymph nodes multiple sites	Verified as valid and accurate for 2020.
C8129	Mixed cellular Hodgkin lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8130	Lymphocyte depleted Hodgkin lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8131	Lymphocyte depleted Hodgkin lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8132	Lymphocyte depleted Hodgkin lymphoma, intrathoracic nodes	Verified as valid and accurate for 2020.
C8133	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8134	Lymphocyte depleted Hodgkin lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8135	Lymphocyte depleted Hodgkin lymphoma, nodes of inguinal region and lower limb	Verified as valid and accurate for 2020.
C8136	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8137	Lymphocyte depleted Hodgkin lymphoma, spleen	Verified as valid and accurate for 2020.
C8138	Lymphocyte depleted Hodgkin lymphoma, lymph nodes multiple sites	Verified as valid and accurate for 2020.
C8139	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8140	Lymphocyte-rich Hodgkin lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8141	Lymphocyte-rich Hodgkin lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8142	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8143	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8144	Lymphocyte-rich Hodgkin lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8145	Lymphocyte-rich Hodgkin lymphoma, nodes of inguinal region and lower limb	Verified as valid and accurate for 2020.
C8146	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8147	Lymphocyte-rich Hodgkin lymphoma, spleen	Verified as valid and accurate for 2020.
C8148	Lymphocyte-rich Hodgkin lymphoma, lymph nodes multiple sites	Verified as valid and accurate for 2020.
C8149	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8170	Other Hodgkin lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8171	Other Hodgkin lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8172	Other Hodgkin lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8173	Other Hodgkin lymphoma, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8174	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8175	Other Hodgkin lymphoma, nodes of inguinal region and lower limb	Verified as valid and accurate for 2020.
C8176	Other Hodgkin lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8177	Other Hodgkin lymphoma, spleen	Verified as valid and accurate for 2020.
C8178	Other Hodgkin lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8179	Other Hodgkin lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8190	Hodgkin lymphoma, unspecified, unspecified site	Verified as valid and accurate for 2020.
C8191	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8192	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8193	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8194	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8195	Hodgkin lymphoma, unspecified, nodes of inguinal region and lower limb	Verified as valid and accurate for 2020.
C8196	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8197	Hodgkin lymphoma, unspecified, spleen	Verified as valid and accurate for 2020.
C8198	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8199	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8250	Diffuse follicle center lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8251	Diffuse follicle center lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8252	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8253	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8254	Diffuse follicle center lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.

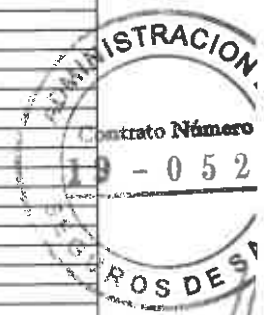


Condition:	Cancer	
Medicaid/Federal and Commonwealth and CHIP		
ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C8255	Diffuse follic center lymph. nodes of ing region and lower limb	Verified as valid and accurate for 2020.
C8256	Diffuse follicle center lymphoma. intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8257	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 follic center lymph. extrnod and solid organ sites	Verified as valid and accurate for 2020.
C8300	Small cell B-cell lymphoma. unspecified site	Verified as valid and accurate for 2020.
C8301	Small cell B-cell lymphoma. nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8302	Small cell B-cell lymphoma. intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8303	Small cell B-cell lymphoma. 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 limb	Verified as valid and accurate for 2020.
C8306	Small cell B-cell lymphoma. intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8307	Small cell B-cell lymphoma. spleen	Verified as valid and accurate for 2020.
C8308	Small cell B-cell lymphoma. lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8309	Small cell B-cell lymphoma. extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8330	Diffuse large B-cell lymphoma. unspecified site	Verified as valid and accurate for 2020.
C8350	Lymphoblastic (diffuse) lymphoma. unspecified site	Verified as valid and accurate for 2020.
C8351	Lymphoblastic lymphoma. nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8352	Lymphoblastic (diffuse) lymphoma. intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8353	Lymphoblastic (diffuse) lymphoma. intra-abd lymph 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 ing region 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	Lymphoblastic (diffuse) lymphoma. spleen	Verified as valid and accurate for 2020.
C8358	Lymphoblastic (diffuse) lymphoma. lymph nodes mult site	Verified as valid and accurate for 2020.
C8359	Lymphoblastic lymphoma. extrnod and solid organ sites	Verified as valid and accurate for 2020.
C8370	Burkitt lymphoma. unspecified site	Verified as valid and accurate for 2020.
C8371	Burkitt lymphoma. lymph nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8372	Burkitt lymphoma. intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8373	Burkitt lymphoma. intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8374	Burkitt lymphoma. lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8375	Burkitt lymphoma. nodes of inguinal region and lower limb	Verified as valid and accurate for 2020.
C8376	Burkitt lymphoma. intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8377	Burkitt lymphoma. spleen	Verified as valid and accurate for 2020.
C8378	Burkitt lymphoma. lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8379	Burkitt lymphoma. extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8390	Non-follicular (diffuse) lymphoma. unsp. unspecified site	Verified as valid and accurate for 2020.
C8391	Non-follic lymphoma. unsp. 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	Non-follic lymphoma. unsp. nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8395	Non-follic lymph. unsp. nodes of ing region and lower limb	Verified as valid and accurate for 2020.
C8396	Non-follic (diffuse) lymphoma. unsp. intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8397	Non-follicular (diffuse) lymphoma. unspecified, spleen	Verified as valid and accurate for 2020.
C8398	Non-follic (diffuse) lymphoma. unsp. lymph nodes mult site	Verified as valid and accurate for 2020.
C8399	Non-follic lymphoma. unsp. extrnod and solid organ sites	Verified as valid and accurate for 2020.
C8410	Sezary disease. unspecified site	Verified as valid and accurate for 2020.
C8411	Sezary disease. lymph nodes of head, face, and neck	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 inguinal region and lower limb	Verified as valid and accurate for 2020.
C8416	Sezary disease. intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8417	Sezary disease. spleen	Verified as valid and accurate for 2020.
C8418	Sezary disease. lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8419	Sezary disease. extranodal and solid organ 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	Mature T/NK-cell lymph. unsp. nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8492	Mature T/NK-cell lymphomas. unsp. intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8493	Mature T/NK-cell lymphomas. unsp. intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8494	Mature T/NK-cell lymph. unsp. nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8495	Mature T/NK-cell lymph. unsp. 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	Mature T/NK-cell lymphomas. unspecified, spleen	Verified as valid and accurate for 2020.
C8498	Mature T/NK-cell lymphomas. unsp. lymph nodes mult site	Verified as valid and accurate for 2020.
C8499	Mature T/NK-cell lymph. unsp. extrnod and solid organ sites	Verified as valid and accurate for 2020.
C84A0	Cutaneous T-cell lymphoma. unspecified, unspecified site	Verified as valid and accurate for 2020.
C84A1	Cutan T-cell lymphoma. unsp. nodes of head, face, and neck	Verified as valid and accurate for 2020.
C84A2	Cutaneous T-cell lymphoma. unsp. intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C84A3	Cutaneous T-cell lymphoma. unsp. intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C84A4	Cutan T-cell lymphoma. unsp. nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C84A5	Cutan T-cell lymph. unsp. nodes of ing region and lower limb	Verified as valid and accurate for 2020.
C84A6	Cutaneous T-cell lymphoma. unsp. 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 lymphoma. unsp. lymph nodes mult site	Verified as valid and accurate for 2020.
C84A9	Cutan T-cell lymphoma. unsp. extrnod and solid organ sites	Verified as valid and accurate for 2020.
C84Z0	Other mature T/NK-cell lymphomas. unspecified site	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 lymphomas. intrathoracic lymph 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 lymph. nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C84Z5	Oth mature T/NK-cell lymph. nodes of ing rgn and lower limb	Verified as valid and accurate for 2020.
C84Z6	Other mature T/NK-cell lymphomas. intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C84Z7	Other mature T/NK-cell lymphomas. spleen	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 lymph. extrnod and solid organ sites	Verified as valid and accurate for 2020.
C8510	Unspecified B-cell lymphoma. unspecified site	Verified as valid and accurate for 2020.
C8511	Unsp. B-cell lymphoma. lymph nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8512	Unspecified B-cell lymphoma. intrathoracic lymph nodes	Verified as valid and accurate for 2020.



Condition: Cancer  
 Medicaid/Federal and Commonwealth and CHIP

ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C8513	Unsp. B-cell lymphoma, intra-abdominal lymph 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	Unsp. B-cell lymphoma, nodes of inguinal region and lower limb	Verified as valid and accurate for 2020.
C8516	Unsp. B-cell lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8517	Unsp. B-cell lymphoma, spleen	Verified as valid and accurate for 2020.
C8518	Unsp. B-cell lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8519	Unsp. B-cell lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8580	Oth types of non-Hodgkin lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8581	Oth types of non-Hodgkin lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8582	Oth types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8583	Oth types of non-Hodgkin lymphoma, intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8584	Oth types of non-Hodgkin lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8585	Oth types of non-Hodgkin lymphoma, nodes of inguinal and lower limb	Verified as valid and accurate for 2020.
C8586	Oth types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8587	Other specified types of non-Hodgkin lymphoma, spleen	Verified as valid and accurate for 2020.
C8588	Oth types of non-Hodgkin lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020.
C8589	Oth types of non-Hodgkin lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020.
C8590	Non-Hodgkin lymphoma, unspecified, unspecified site	Verified as valid and accurate for 2020.
C8591	Non-Hodgkin lymphoma, unsp. nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8592	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8593	Non-Hodgkin lymphoma, unsp. intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8594	Non-Hodgkin lymphoma, unsp. nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8595	Non-Hodgkin lymphoma, unsp. nodes of inguinal 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-Hodgkin lymphoma, unspecified, spleen	Verified as valid and accurate for 2020.
C8598	Non-Hodgkin lymphoma, unsp. lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8599	Non-Hodgkin 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	Hepatosplenic T-cell lymphoma	Verified as valid and accurate for 2020.
C862	Enteropathy-type (intestinal) T-cell lymphoma	Verified as valid and accurate for 2020.
C863	Subcutaneous panniculitis-like T-cell lymphoma	Verified as valid and accurate for 2020.
C864	Blastic NK-cell lymphoma	Verified as valid and accurate for 2020.
C865	Angioimmunoblastic T-cell lymphoma	Verified as valid and accurate for 2020.
C866	Primary cutaneous CD30-positive T-cell proliferations	Verified as valid and accurate for 2020.
C9140	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 relapse	Verified as valid and accurate for 2020.
C960	Multifocal and multisystemic Langerhans-cell histiocytosis	Verified as valid and accurate for 2020.
C962	Malignant 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	Malignant neoplasm of lymphoid, hematopoietic and rel tissue, unsp.	Verified as valid and accurate for 2020.
C96A	Histiocytic sarcoma	Verified as valid and accurate for 2020.
C96Z	Oth malignant neoplasm of lymphoid, hematopoietic and related tissue	Verified as valid and accurate for 2020.
C250	Malignant neoplasm of head of pancreas	Verified as valid and accurate for 2020.
C251	Malignant neoplasm of body of pancreas	Verified as valid and accurate for 2020.
C252	Malignant neoplasm of tail of pancreas	Verified as valid and accurate for 2020.
C253	Malignant neoplasm of pancreatic duct	Verified as valid and accurate for 2020.
C254	Malignant neoplasm of endocrine pancreas	Verified as valid and accurate for 2020.
C257	Malignant neoplasm of other parts of pancreas	Verified as valid and accurate for 2020.
C258	Malignant neoplasm of overlapping sites of pancreas	Verified as valid and accurate for 2020.
C259	Malignant neoplasm of pancreas, unspecified	Verified as valid and accurate for 2020.
C7800	Secondary malignant neoplasm of unspecified lung	Verified as valid and accurate for 2020.
C7801	Secondary malignant neoplasm of right lung	Verified as valid and accurate for 2020.
C7802	Secondary malignant neoplasm of left lung	Verified as valid and accurate for 2020.
C781	Secondary malignant neoplasm of mediastinum	Verified as valid and accurate for 2020.
C782	Secondary malignant neoplasm of pleura	Verified as valid and accurate for 2020.
C7830	Secondary malignant neoplasm of unsp. respiratory organ	Verified as valid and accurate for 2020.
C7839	Secondary malignant neoplasm of other respiratory organs	Verified as valid and accurate for 2020.
C784	Secondary malignant neoplasm of small intestine	Verified as valid and accurate for 2020.
C785	Secondary malignant neoplasm of large intestine and rectum	Verified as valid and accurate for 2020.
C786	Secondary malignant neoplasm of retroperitoneum and peritoneum	Verified as valid and accurate for 2020.
C787	Secondary malignant neoplasm of liver and intrahepatic bile duct	Verified as valid and accurate for 2020.
C7880	Secondary malignant neoplasm of unspecified digestive organ	Verified as valid and accurate for 2020.
C7889	Secondary malignant neoplasm of other digestive organs	Verified as valid and accurate for 2020.
C7900	Secondary malignant neoplasm of unsp. kidney and renal pelvis	Verified as valid and accurate for 2020.
C7901	Secondary malignant neoplasm of right kidney and renal pelvis	Verified as valid and accurate for 2020.
C7902	Secondary malignant neoplasm of left kidney and renal pelvis	Verified as valid and accurate for 2020.
C7910	Secondary malignant neoplasm of unspecified urinary organs	Verified as valid and accurate for 2020.
C7911	Secondary malignant neoplasm of bladder	Verified as valid and accurate for 2020.
C7919	Secondary malignant neoplasm of other urinary organs	Verified as valid and accurate for 2020.
C792	Secondary malignant neoplasm of skin	Verified as valid and accurate for 2020.
C7931	Secondary malignant 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 malignant neoplasm of unsp. part of nervous system	Verified as valid and accurate for 2020.
C7949	Secondary malignant neoplasm of oth parts of nervous system	Verified as valid and accurate for 2020.
C7951	Secondary malignant neoplasm of bone	Verified as valid and accurate for 2020.
C7952	Secondary malignant neoplasm of bone marrow	Verified as valid and accurate for 2020.
C7960	Secondary malignant neoplasm of unspecified ovary	Verified as valid and accurate for 2020.
C7961	Secondary malignant neoplasm of right ovary	Verified as valid and accurate for 2020.
C7962	Secondary malignant neoplasm of left ovary	Verified as valid and accurate for 2020.
C7970	Secondary malignant neoplasm of unspecified adrenal gland	Verified as valid and accurate for 2020.
C7971	Secondary malignant neoplasm of right adrenal gland	Verified as valid and accurate for 2020.
C7972	Secondary malignant neoplasm of left adrenal gland	Verified as valid and accurate for 2020.
C7981	Secondary malignant neoplasm of breast	Verified as valid and accurate for 2020.
C7982	Secondary malignant neoplasm of genital organs	Verified as valid and accurate for 2020.
C7989	Secondary malignant neoplasm of other specified sites	Verified as valid and accurate for 2020.
C799	Secondary malignant neoplasm of unspecified site	Verified as valid and accurate for 2020.
C882	Heavy chain disease	Verified as valid and accurate for 2020.
C883	Immunoproliferative small intestinal disease	Verified as valid and accurate for 2020.



Condition:	Cancer	
Medicaid/Federal and Commonwealth and CHIP		
ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C888	Other malignant immunoproliferative diseases	Verified as valid and accurate for 2020.
C889	Malignant immunoproliferative disease, unspecified	Verified as valid and accurate for 2020.
C9000	Multiple myeloma not having achieved remission	Verified as valid and accurate for 2020.
C9001	Multiple myeloma in remission	Verified as valid and accurate for 2020.
C9002	Multiple 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	Plasma cell leukemia in remission	Verified as valid and accurate for 2020.
C9012	Plasma cell leukemia in relapse	Verified as valid and accurate for 2020.
C9020	Extramedullary plasmacytoma 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 plasmacytoma in relapse	Verified as valid and accurate for 2020.
C9030	Solitary plasmacytoma not having achieved remission	Verified as valid and accurate for 2020.
C9031	Solitary plasmacytoma in remission	Verified as valid and accurate for 2020.
C9032	Solitary plasmacytoma in relapse	Verified as valid and accurate for 2020.



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**Condition: End Stage Renal Disease**

Medical/Federal and 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.

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Condition: Multiple Sclerosis

Medicaid/Federal and Commonwealth

ICD10 Codes	Description	Millman Comments
G35	Multiple Sclerosis	Verified as valid and accurate for 2020.

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Condition: Autism

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



LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NIÑOS CON NECESIDADES ESPECIALES  
DIAGNOSTIC CODES (ICD-10 CM, 2015)



Nota: 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 La codificación en ICD10CM no aumenta el número de enfermedades, determina la especificidad misma de la enfermedad

DIAGNOSTIC CODES (ICD-10 CM, 2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type Condition	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
E220	Acromegaly and gigantism	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E230	Pituitary dwarfism	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E25	Adrenogenital disorders	NNE	Metabólico	Y		Cubierto Total	Todo	This code now has a 4th digit: E250 - Congenital adrenogenital disorders associated with enzyme deficiency E258 - Other adrenogenital disorders E259 - Adrenogenital disorder, unspecified
E243	Diarrheal NEC	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
<i>Other Metabolic and Immunity Disorders</i>								
E700	Phenylketonuria - PKU	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E700	Arom amino acid metab NEC	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E710	Splh amino acid mg ds	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7041	Dis. histidina metabolism	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7210	Dis. urea cycle metabol	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E71120	Strag. amino acid met NEC	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E718	Dis. amino acid metab NEC	NNE	Metabólico	Y		Cubierto Total	Todo	This code now has a 5th digit: E7281 - Disorders of gamma aminobutyric acid metabolism E7289 - Other specified disorders of gamma aminobutyric acid metabolism
E729	Dis. amino acid metab NOS	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7420	Gaucheriaemia	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E750	Disaccharidasa def/metab	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E748	Reval. glicocuria	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E749	Dis. carbohidr. metab NOS	NNE	Metabólico	Y	Y	Cubierto Total	Todo	Verified as valid and accurate for 2020.
E786	Lipoprotein deficiencies	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E880	Disorders of Plasma Protein Metabolism	NNE	Metabólico	Y		Cubierto Total	Todo	This code now has a 5th digit: E8801 - Alpha-1 antitrypsin deficiency E8802 - Plasminogen deficiency E8809 - Other disorders of plasma-protein metabolism, not elsewhere classified
E9300	Dis. copper metabolism	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E9340	Dis. magnesium metabolism	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E9330	Dis. phosphorus metabol	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E9350	Dis. calcium metabolism NOS	NNE	Metabólico	Y	Y	Cubierto Total	Todo	Verified as valid and accurate for 2020.
E9359	Dis. calcium metabolism NEC	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E9381	Hungry bone syndrome	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E9389	Dis. mineral metabol	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E9399	Dis. mineral metabol NOS	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E972	Acidosis láctica	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E940	Cyclic fibrinolytic inf. ileus	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E9411	Cyclic fibrinolytic v. ileus	Fibrólisis Cística	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E940	Cyclic fibrin v. pul man	Fibrólisis Cística	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E9419	Cyclic fibrin v. GI man	Fibrólisis Cística	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E946	Cyclic fibrinolytic NEC	Fibrólisis Cística	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7601	Mucopolisaccharidosis	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
D81810	Other deficiencies circulating enzymes	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7141	Primary carnitine defect	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7142	Carnitine def. GI no met	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7143	Iatrogenic carnitine def	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7140	Sec. carnitine deficiency NEC	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E71910	Disorders acid oxidation	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.
E7139	Metabolism disorder NEC	NNE	Metabólico	Y		Cubierto Total	Todo	Verified as valid and accurate for 2020.

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DIAGNOSTIC CODES (ICD-10 CM, 2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type Condition	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
E689	Metabolism disorder NOS	NNE	Metabólico		✓	Cubierta Total	Verified as valid and accurate for 2020.	
D001	Disorder of the Immune Mechanism	NNE	Metabólico			Cubierta Total	Verified as valid and accurate for 2020.	
D002	Hypogammaglobulinemia NOS	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D004	Selective IgA immunodeficiency	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D003	Selective IgG deficiency	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D000	Common variable immunodeficiency	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D005	Immunodeficiency with respect to IgM	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D007	Humoral immunity defect NOS	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D011	Digeorge's syndrome	NNE	Metabólico	✓	✓	Cubierta Total	Verified as valid and accurate for 2020.	
D020	Wiskott-Aldrich syndrome	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D014	Nazar's syndrome	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D008	Defect cell immunity NOS	NNE	Metabólico	✓	✓	Cubierta Total	Verified as valid and accurate for 2020.	
D082	Autism spectrum disorder	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D080	Autism spectrum disorder	NNE	Metabólico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
<b>Diseases of the Blood and Blood Forming Organs</b>								
D589	Thalassemia, unspecified	NNE	Hematológico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D571	Sickle cell disease NOS	NNE	Hematológico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D589	Acquired hemolytic anemia NOS	NNE	Hematológico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D0101	Constitutional RBC aplasia	NNE	Anemia Aplásica	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D0100	Constitutional aplastic anemia NEC	NNE	Anemia Aplásica	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D01810	Autoimmune hemolytic anemia	NNE	Hematológico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D01811	Other drug induced pancytopenia	NNE	Hematológico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D01818	Other pancytopenia	NNE	Hematológico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D0182	Myelodysplasia	NNE	Hematológico	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D0189 / D011 / D012 / D013	Aplastic anemia NEC	NNE	Anemia Aplásica	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D019	Aplastic anemia NOS	NNE	Anemia Aplásica	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D08	Cong factor viii disorder	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D081	Cong factor ix disorder	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D082	Cong factor xi disorder	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D080	Cong def act factor NEC	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D08311	Willebrand's disease	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D08312	Acquired hemophilia	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D08318	Antiphospholipid w/ hemor	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D085	Defect of fibrinolytic activity	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D084	Acq coagul factor defic	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
D088	Coagulat defect NEC/NOS	Hemofilia	Hemofilia	✓		Cubierta Total	Verified as valid and accurate for 2020.	
<b>Disorders of the Nervous System</b>								
F001	Alzheimer disease associated with another mental disorder	Mental	Mental		RREFI	Cubierta Total	Verified as valid and accurate for 2020.	
F002	Schizophrenia	Mental	Mental	✓		Cubierta Total	Verified as valid and accurate for 2020.	
F301	Major depressive disorder, Recurrent, Moderate	Mental	Mental		RREFI	Cubierta Total	Verified as valid and accurate for 2020.	
F302	Major depressive disorder, severe	Mental	Mental		RREFI	Cubierta Total	Verified as valid and accurate for 2020.	
F310	Bipolar I disorder w/o psy	Mental	Mental	✓		Cubierta Total	Verified as valid and accurate for 2020.	
F312	Bipol I manic-sev w psy	Mental	Mental	✓		Cubierta Total	Verified as valid and accurate for 2020.	
F313	Bipol I currt dep w/o ps	Mental	Mental	✓		Cubierta Total	Verified as valid and accurate for 2020.	
F314	Bipol I currt dep w/o ps	Mental	Mental	✓		Cubierta Total	Verified as valid and accurate for 2020.	
F315	Bipol I currt dep w psy	Mental	Mental	✓		Cubierta Total	Verified as valid and accurate for 2020.	
F318	Bipolar disorder II	Mental	Mental	✓		Cubierta Total	Verified as valid and accurate for 2020.	
F300	Autism Spectrum Disorder	Mental	Autismo	✓		Cubierta Total	Verified as valid and accurate for 2020.	
<b>Mental and Behavioral Disorders of the Child and Adolescent</b>								
G000	Conduct disorder in childhood	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G001	Conduct disorder in adolescence	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G010	Oppositional defiant disorder	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G020	Enuresis	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G030	Encopresis	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G040	Specific phobia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G050	Specific phobia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G060	Specific phobia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G070	Specific phobia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G080	Specific phobia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	
G090	Specific phobia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	

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DIAGNOSTIC CODES (ICD-10 CM\_2015)



DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type Condition	Up to 20 years (until first age 21 day)	Temporary (for a specified period)	Comments	RISK -Minimum Services to be covered risk of the entity contracted by the PSG	Comments
G800	Nexomyelia optica	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G370	Schield's disease	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8100	Foot triphagia unipf side	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8110	Spate triphagia unipf side	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8190	Unsp triphagia unipf side	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G807	Congenital diplopia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G802	Congenital hemiplegia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G800	Congenital quadriplegia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8180	Infantile hemiplegia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G809	Conenra palsy NOS	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8250	Quadriplegia, unspecified	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8251	Quadrip p c1-c4, complete	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8252	Quadrip p c1-c4, incompt	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8253	Quadrip p c5-c7, complete	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8254	Quadrip p c5-c7, incompt	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8250	Other quadriplegia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G834	Cauda equina syndrome	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G800	Canthal cysts	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G8240	Encephalopathy NOS	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G801	Parkinson's disease	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G803	Idio prog polymyopathy	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G808	Idio patch neuropthy NEC	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G809	Idio patch neuropthy NOS	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G810	Acro infact polyneuritis (Guillien-Barro)	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G712	Cong herad muse dystrophy	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G710	Herad prog muse dystrophy	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
G7111	Myotonic muscle dystrophy	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
<b>Disorders of Eye and Alimza</b>								
H540	Both eyes blind-who def	NNE	Ceguera	✓		Cubierta parcial	Verific a Ofarmacos y servicios relacionados al problema visual	Verified as valid and accurate for 2020.
H542	Moderate/severe impairment both eyes	NNE	Ceguera	✓		Cubierta parcial	Verific a Ofarmacos y servicios relacionados al problema visual	Verified as valid and accurate for 2020.
H548	Legal blindness-us def	NNE	Ceguera	✓		Cubierta parcial	Verific a Ofarmacos y servicios relacionados al problema visual	Verified as valid and accurate for 2020.
H5900	Estrabia NOS	NNE	Oftalmológico		✓	Cubierta parcial	Procedimiento quirúrgico y servicios oftalmológicos relacionados	Verified as valid and accurate for 2020.
H5010	Estrabia NOS	NNE	Oftalmológico		✓	Cubierta parcial	Procedimiento quirúrgico y servicios oftalmológicos relacionados	Verified as valid and accurate for 2020.
H5980	Mechanical strabiam NOS	NNE	Oftalmológico		✓	Cubierta parcial	Procedimiento quirúrgico y servicios oftalmológicos relacionados	Verified as valid and accurate for 2020.
H5011	Right eye H5011.2 Left eye (d)	NNE	Oftalmológico		✓	Cubierta parcial	Procedimiento quirúrgico y servicios oftalmológicos relacionados	Verified as valid and accurate for 2020.
<b>Diseases of the Musculoskeletal System and Connective Tissue</b>								
M21830	Epinus deformity of foot, acquired	NNE	MSK		✓	Cubierta Parcial	Procedimiento quirúrgico y servicios relacionados	Verified as valid and accurate for 2020.
M4000	Adhes postural hypofolds	NNE	MSK		✓	Cubierta Parcial	Procedimiento quirúrgico y servicios relacionados	Verified as valid and accurate for 2020.
M965	Idiopathic scoliosis, progressive	NNE	MSK		✓	Cubierta Parcial	Procedimiento quirúrgico y servicios relacionados	Verified as valid and accurate for 2020.
<b>Connective Tissue</b>								
Q002	Iniencephaly	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q01	Spina bif w hydroceph NOS	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q050	Spina bif w hydroceph-cerv	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q051	Spina bif w hydroceph-dors	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q05	Spina bif w hydroceph-lumb	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q05	Spina bifida	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q055	Spina bifida-cerv	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q056	Spina bifida-dorsal	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q057	Spina bifida-lumbur	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q02	Microcephalitis	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q082	Distomatomyelia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.
Q084	Hydromyelia	NNE	CNS	✓		Cubierta Total	Verified as valid and accurate for 2020.	Verified as valid and accurate for 2020.

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Q111	Chilo enophthalmos NOS	NNE	Oftalmológico	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q110	Congenital cystic eyeball	NNE	Oftalmológico	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q112	Cryptophthalmos	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q112	Microphthalmos NOS	NNE	Oftalmológico	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q112	Microphthalmos in other anomalies of eye/ocular	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q150	Buphthalmos NOS	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q150	Buphthalmos in other anomalies	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q120	Congenital cataract NOS	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q123	Congenital aphakia	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q121	Congenital ectopic lens	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q128	Cong cataracts anom NEC	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q134	Anom corneal size/shape	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q133	Cong cornea opac aff vis	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q133	Cong corneal opac NEC	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q131	Anidalia	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q132	Anom iris & oil body NEC	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q135	Anomalies of sclera	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q1350	Multi anom anter seg-eye	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
74351+4238+4247	Vitreous anomalies	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q140	Cong choroidal degan	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q141	Cong retinal changes NEC	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q142	Optic disc anomalies	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q100	Congenital ptosis	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q103	Spec anom of eyelid NEC	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q108	Spec lacrimal gland anom	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q107	Spec anomaly of orbit	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q113	Eye anomalies NEC	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q158	Eye anomaly NOS	NNE	Oftalmológico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al oftalmólogo
Q169	Exr anom NOS/impair hear	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q160	Cong absence ext ear	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q161	Ex ear anom NEC/imp hear	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q164	Middle ear anomaly NEC	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q163	Anomalies ear ossicles	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q165	Anomalies of inner ear	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q168	Exr anom NEC/impair hear	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q170	Accessory auricle	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q178	Cong absence of ear lobe	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q171	Microtia	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT
Q172	Microtia	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT

LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NIÑOS CON NECESIDADES ESPECIALES  
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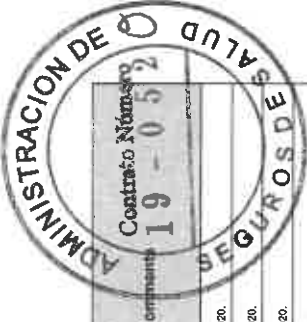
DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type Condition	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK -Minimum Services to be covered risk of the entity contracted by the PSG	Verified as valid and accurate for 2020.
Q182	Eustachian tube anom NEC	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a ENT	Verified as valid and accurate for 2020.
Q179	Ear anomaly NOS	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a ENT	Verified as valid and accurate for 2020.
Q182	Cervical vertebrae	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a ENT	Verified as valid and accurate for 2020.
Q181	Pneumothorax cyst	NNE	ENT		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a ENT	Verified as valid and accurate for 2020.
Q182	Branchial cleft anom NEC	NNE	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Ora)(Max)	Verified as valid and accurate for 2020.
Q183	Webbing of neck	NNE	SURG	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Ora)(Max)	Verified as valid and accurate for 2020.
Q186	Microstomia	NNE	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Ora)(Max)	Verified as valid and accurate for 2020.
Q187	Microstomia	NNE	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Ora)(Max)	Verified as valid and accurate for 2020.
Q184	Macrostomia	NNE	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Ora)(Max)	Verified as valid and accurate for 2020.
Q185	Microstomia	NNE	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Ora)(Max)	Verified as valid and accurate for 2020.
Q186	Cong. face/neck anom NOS	NNE	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Ora)(Max)	Verified as valid and accurate for 2020.
Q203	Comp transpos great ves	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q201	Double outlet rt ventric	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q205	Common transpos grt ves	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q213	Tetralogy of fallot	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q204	Common ventricle	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q210	Ventricular sept defect	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q211	Secundum atrial sept def	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q212	Endocard cushion def NOS	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q212	Ostium primum defect	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q212	Endocard cushion def NEC	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q208	Cor biciloculare	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q208	Septal closure anom NEC	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q219	Septal closure anom NOS	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q223	Pulmonary valve arven NOS	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q220	Cong pulmonic valv atresia	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q221	Cong pulmonic valv atresia	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q222	Pulmonary valve anom NEC	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q225	Ebstein's anomaly	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q230	Cong porta valv atresia	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q231	Cong porta valv atresia	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q232	Congen mitral stenosis	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q233	Cong mitral insufficience	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q234	Hypoplas left heart synd	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q244	Cong subotic stenosis	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.
Q242	Cor triatriatum	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.

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DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type Condition	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
Q243	Inflamed pulmon stenosis	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q246	Obstruct heart anom NEC	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q245	Coronary artery anomaly	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q248	Congenital heart block	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q24	Melposition of heart	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q250	Patent ductus arteriosus	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q251	Cocclusion of aorta	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q252	Interrupt of aortic arch	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q254	Cong anom of aorta NOS	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q254	Anomalias of aortic arch	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q2572	Pulmonary AV malformatin	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q269	Great vein anomaly NOS	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q262	Tot anom pulm ven connec	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q270	Unilateral artery abneces	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q279	Unsup pphert veas anom	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q271	Renal vessel anomaly	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q2731	Upper limb vessel anomaly	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q2732	Lower limb vessel anomaly	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q279	Spinal vessel anomaly	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
P293	Persistent fetal circ	CARDIO	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q300	Choanal atresia	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q310	Laryngeal web	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q330	Congenital cystic lung	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q33	Agenesis of lung	NNE	Completio	✓	✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q339	Lung anomaly NOS	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q334	Congen bronchiectasis	NNE	Completio	✓	✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q359	Unilat cleft palate-comp	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q369	Cleft lip NOS	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q369	Unilat cleft lip-incompl	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q379	Cleft palate & lip NOS	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q381	Tongue tie	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q383	Tongue anomaly NOS	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q382	Cong macroglossia	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q369	Mouth anomaly NEC	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q387	Diverticulum of pharynx	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q388	Pharyngeal anomaly/NEC	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q401	Congenital hiatus hernia	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q409	Upper GI anomaly/NEC	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)
Q450	Mackel's diverticulum	NNE	Completio		✓	Cubierta Parcial	Procedimientos quinlogicos y visitas a especialistas (Cardio)

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DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type Condition	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	Verified as valid and accurate for 2020.
Q433	Anomalies of internal foetal	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q440	Cong cystic liver dis	NNE	Completo	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q459	Abnorm digestive s/nr NOS	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q468	Tubalroad/lig abnorm NOS	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q468	Tubalroad/lig abnorm NEC	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q510	Ageneisis of uterus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q51811	Hypoplasia of uterus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q514	Uteromuscle uteris	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q513	Bicornuate uterus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q512	Septate uterus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q51810	Acuate uterus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q520	Abnorm cervix, vagina, ext genitalia	NNE	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q544	Congenital chordee	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q552	Micropenis	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q553	Scrotal transposition	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q613	Polycystic kidney/NOS	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q612	Polycystic kid-substom dom	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q614	Renal dysplasia	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q615	Medullary cystic kidney	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q615	Medullary sponge kidney	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q6102	Cystic kidney disease NEC	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q616	Obst Defects renal pelvis, ureter	NNE	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q6239	Obs effct ren pld/urt NOS	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q6239	Congenit obst uteroph/inc	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q644	Anomalies of ureachus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q680	Congenital bifidcolis	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q681	Congenit hip disloc, bilat	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q654	Cong hip sublux, bilat	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q682	Cong knee dislocation	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q683	Congenit bowing of femur	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q684	Cong bowing fibularia	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q685	Cong bowing leg NOS	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q690	Mediatareus primus verus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q690	Mediatareus verus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q684	Talipes valgus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q684	Talipes calcareocongia	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q688	Cong valgus foot def/NEC	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q687	Talipes cavus	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q676	Pectus excavatum	NNE	Completo		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.



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DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION LETTER DS_2008	Type of Register	Type Condition	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
Q877	Pectus carinatum	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q704	Psychiatry NOS	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q882	Psychiatry, toxic	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q70	Syndactyly/fing-toe fusion	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q870	Acrocephalopodactyly	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q748	Accessory carpal bones	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q740	Mesodactyly	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q881	Congenital coxa valgus	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q882	Coxa knee deformity	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q7440	Anomaly of spine NOS	NeuroSk	No específico		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q782	Lumbar scoliosis	NeuroSk	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q782	Spondylolisthesis	NeuroSk	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q7848	Congenital fusion of spine	NeuroSk	SURG		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q781	Klippel-Feil syndrome	NeuroSk	Congénito	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q785	Cervical rib	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q780	Dactylogenesis imperfecta	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q782	Osteopetrosis	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q788	Osteopetrosis	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q781	Polystylofibros / aplasia	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q778	Chondroectoderm dysplasia	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q783	Multiple epiphyseal dysplasia	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q7851	Prune belly syndrome	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q782	Omphalocele	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q783	Congenital abnormal abdominal wall NEC	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q788	Ehlers-danlos syndrome	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q820	Hereditary edema of legs	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q828	Dermatoglyphic anomalies	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q824	Congenital ectodermal dysplasia	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q825	Vascular hamartomas	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
1578	Congenital breast anomaly NEC	NNE	Congénito		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	This code is a holdover from ICD-9
Q834	Clit-chad syndrome	NNE	Genético	✓		Cubierta Total	Todo	Verified as valid and accurate for 2020.
Q8381	Yaku-choi-feldt synd	NNE	Genético	✓		Cubierta Total	Todo	Verified as valid and accurate for 2020.
Q8388	Other microdeletions	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q888	Conditions due to chromosome anomaly, NOS	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q8901	Anomalies of spleen	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q891	Adrenal gland anomaly	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q899	Anomalies of spleen	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q892	Endocrine anomaly NEC	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q893	Situs inversus	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.

LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NIÑOS CON NECESIDADES ESPECIALES  
DIAGNOSTIC CODES (ICD-10 CM\_2015)

DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type Condition	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
Q894	Conjoined twins	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	✓ Valid as valid and accurate for 2020.
Q891	Tuberous sclerosis	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	✓ Verified as valid and accurate for 2020.
Q897	Multi congenital anomaly	NNE	Genético	✓		Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	✓ Verified as valid and accurate for 2020.
Q871	Prader-willi syndrome	NNE	Genético	✓		Cubierta Total	Todo	✓ Verified as valid and accurate for 2020.
Q892	Fragile X syndrome	NNE	Genético	✓		Cubierta Total	Todo	✓ Verified as valid and accurate for 2020.
E78	Specified congenital anomaly	NNE	Genético	✓		Cubierta por excepción	Código no registra, solo por excepción	✓ E78 is the 3-digit code family for disorder of lipoprotein metabolism
<b>Genetic syndromes originating in the Perinatal Period</b>								
P043	Fetal alcohol syndrome	NNE	Perinatal	✓		Cubierta Total	Todo	✓ Incorrect - Fetal alcohol syndrome is Q860
P0700/P0701	Extreme immature weight	NNE	Perinatal	✓		Cubierta Total	Todo	✓ Verified as valid and accurate for 2020.
P04	Brach plexus injury	NNE	Perinatal		✓	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	✓ Incorrect - P04 is the 3-digit code family for Newborn affected by noxious substance transmitted via placenta or breast milk
P84	Birth asphyxia NOS	NNE	Perinatal	✓		Cubierta Total	Todo	✓ Verified as valid and accurate for 2020.
P14	Intraventricular hemorrhage (Grade I-IV)	NNE	Perinatal	✓		Cubierta Total	Todo	✓ Incorrect - P14 is the 3-digit code family for Birth injury to peripheral nervous system
P912	Perinatal leukomalacia	NNE	CNS	✓		Cubierta Total	Todo	✓ Verified as valid and accurate for 2020.
<b>Problems, Signs and Ill-Defined Conditions</b>								
R6251	Failure to thrive-child	NNE	Desarrollo		✓	Cubierta Parcial	Visitas a especialistas	✓ Verified as valid and accurate for 2020.
R620	Delayed milestones	NNE	Desarrollo		✓	Cubierta Parcial	Visitas a especialistas	✓ Verified as valid and accurate for 2020.
R6252	Short stature	NNE	Desarrollo		✓	Cubierta Parcial	Visitas a especialistas	✓ Verified as valid and accurate for 2020.
R691	Apraxia	NNE	Desarrollo-Tabla		✓	Cubierta Parcial	Visitas a especialistas	✓ Verified as valid and accurate for 2020.
<b>Late effects of Injuries, Poisonings, Toxics Effects and Other External Causes</b>								
<b>Head/Brain Injury</b>								

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



Condition:

Measurement period: Diabetes

Population	Medical/Federal, Commonwealth and CHIP Population	Milliman Comments
ICD 10 CODES	Description	
E1011	Type 1 diabetes mellitus with ketoacidosis with coma	Verified as valid and accurate
E1021	Type 1 diabetes mellitus with diabetic nephropathy	Verified as valid and accurate
E1022	Type 1 diabetes mellitus w diabetic chronic kidney disease	Verified as valid and accurate
E1029	Type 1 diabetes mellitus w oth diabetic kidney complication	Verified as valid and accurate
E10641	Type 1 diabetes mellitus with hypoglycemia with coma	Verified as valid and accurate
Z9483	Pancreas transplant status	Verified as valid and accurate
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	Verified as valid and accurate
E10311	Type 1 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate
E10319	Type 1 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate
E103211	Type 1 diab with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate
E103212	Type 1 diab with mild nonp rtnop with macular edema, l eye	Verified as valid and accurate
E103213	Type 1 diabetes with mild nonp rtnop with macular edema, bi	Verified as valid and accurate
E103219	Type 1 diab with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate
E103291	Type 1 diab with mild nonp rtnop without mclr edema, r eye	Verified as valid and accurate
E103292	Type 1 diab with mild nonp rtnop without mclr edema, l eye	Verified as valid and accurate
E103293	Type 1 diab with mild nonp rtnop without macular edema, bi	Verified as valid and accurate
E103299	Type 1 diab with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate
E103311	Type 1 diab with mod nonp rtnop with macular edema, r eye	Verified as valid and accurate
E103312	Type 1 diab with mod nonp rtnop with macular edema, l eye	Verified as valid and accurate
E103313	Type 1 diab with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate
E103319	Type 1 diab with mod nonp rtnop with macular edema, unsp	Verified as valid and accurate
E103391	Type 1 diab with mod nonp rtnop without macular edema, r eye	Verified as valid and accurate
E103392	Type 1 diab with mod nonp rtnop without macular edema, l eye	Verified as valid and accurate
E103393	Type 1 diab with mod nonp rtnop without macular edema, bi	Verified as valid and accurate
E103399	Type 1 diab with mod nonp rtnop without macular edema, unsp	Verified as valid and accurate
E103411	Type 1 diab with severe nonp rtnop with macular edema, r eye	Verified as valid and accurate
E103412	Type 1 diab with severe nonp rtnop with macular edema, l eye	Verified as valid and accurate
E103413	Type 1 diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate
E103419	Type 1 diab with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate
E103491	Type 1 diab with severe nonp rtnop without mclr edema, r eye	Verified as valid and accurate
E103492	Type 1 diab with severe nonp rtnop without mclr edema, l eye	Verified as valid and accurate
E103493	Type 1 diab with severe nonp rtnop without macular edema, bi	Verified as valid and accurate
E103499	Type 1 diab with severe nonp rtnop without mclr edema, unsp	Verified as valid and accurate
E103511	Type 1 diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate
E103512	Type 1 diab with prolif diab rtnop with macular edema, l eye	Verified as valid and accurate
E103513	Type 1 diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate
E103519	Type 1 diab with prolif diab rtnop with macular edema, unsp	Verified as valid and accurate
E103521	Type 1 diab w prolif diab rtnop w trctn dtch macula, r eye	Verified as valid and accurate
E103522	Type 1 diab w prolif diab rtnop w trctn dtch macula, l eye	Verified as valid and accurate
E103523	Type 1 diab w prolif diab rtnop with trctn dtch macula, bi	Verified as valid and accurate
E103529	Type 1 diab w prolif diab rtnop with trctn dtch macula, unsp	Verified as valid and accurate
E103531	Type 1 diab w prolif diab rtnop w trctn dtch n-mcla, r eye	Verified as valid and accurate
E103532	Type 1 diab w prolif diab rtnop w trctn dtch n-mcla, l eye	Verified as valid and accurate
E103533	Type 1 diab w prolif diab rtnop with trctn dtch n-mcla, bi	Verified as valid and accurate
E103539	Type 1 diab w prolif diab rtnop with trctn dtch n-mcla, unsp	Verified as valid and accurate
E103541	Type 1 diab with prolif diab rtnop with comb detach, r eye	Verified as valid and accurate
E103542	Type 1 diab with prolif diab rtnop with comb detach, l eye	Verified as valid and accurate
E103543	Type 1 diab with prolif diabetic rtnop with comb detach, bi	Verified as valid and accurate
E103549	Type 1 diab with prolif diab rtnop with comb detach, unsp	Verified as valid and accurate
E103551	Type 1 diabetes with stable prolif diabetic rtnop, right eye	Verified as valid and accurate
E103552	Type 1 diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate
E103553	Type 1 diabetes with stable prolif diabetic rtnop, bilateral	Verified as valid and accurate
E103559	Type 1 diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate
E103591	Type 1 diab with prolif diab rtnop without mclr edema, r eye	Verified as valid and accurate
E103592	Type 1 diab with prolif diab rtnop without mclr edema, l eye	Verified as valid and accurate
E103593	Type 1 diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate
E103599	Type 1 diab with prolif diab rtnop without mclr edema, unsp	Verified as valid and accurate
E1036	Type 1 diabetes mellitus with diabetic cataract	Verified as valid and accurate
E1037X1	Type 1 diab with diab mclr edema, resolved fol trtmt, r eye	Verified as valid and accurate
E1037X2	Type 1 diab with diab mclr edema, resolved fol trtmt, l eye	Verified as valid and accurate
E1037X3	Type 1 diab with diab macular edema, resolved fol trtmt, bi	Verified as valid and accurate
E1037X9	Type 1 diab with diab mclr edema, resolved fol trtmt, unsp	Verified as valid and accurate
E1039	Type 1 diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate
E1040	Type 1 diabetes mellitus with diabetic neuropathy, unsp	Verified as valid and accurate
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate
E1043	Type 1 diabetes w diabetic autonomic (poly)neuropathy	Verified as valid and accurate
E1044	Type 1 diabetes mellitus with diabetic amyotrophy	Verified as valid and accurate
E1049	Type 1 diabetes w oth diabetic neurological complication	Verified as valid and accurate
E1051	Type 1 diabetes w diabetic peripheral angiopath w/o gangrene	Verified as valid and accurate
E1052	Type 1 diabetes w diabetic peripheral angiopathy w gangrene	Verified as valid and accurate
E1059	Type 1 diabetes mellitus with oth circulatory complications	Verified as valid and accurate
E10610	Type 1 diabetes mellitus w diabetic neuropathic arthropathy	Verified as valid and accurate
E10618	Type 1 diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate
E10620	Type 1 diabetes mellitus with diabetic dermatitis	Verified as valid and accurate



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Condition:

Measurement period: Diabetes

Population	Medicaid/Federal, Commonwealth and CHIP Population	Milliman Comments
ICD 10 CODES	Description	
E10621	Type 1 diabetes mellitus with foot ulcer	Verified as valid and accurate
E10622	Type 1 diabetes mellitus with other skin ulcer	Verified as valid and accurate
E10628	Type 1 diabetes mellitus with other skin complications	Verified as valid and accurate
E10630	Type 1 diabetes mellitus with periodontal disease	Verified as valid and accurate
E10638	Type 1 diabetes mellitus with other oral complications	Verified as valid and accurate
E10649	Type 1 diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate
E1065	Type 1 diabetes mellitus with hyperglycemia	Verified as valid and accurate
E1069	Type 1 diabetes mellitus with other specified complication	Verified as valid and accurate
E108	Type 1 diabetes mellitus with unspecified complications	Verified as valid and accurate
E109	Type 1 diabetes mellitus without complications	Verified as valid and accurate
E08618	Diabetes due to underlying condition w oth diabetic arthrop	Verified as valid and accurate
E08620	Diabetes due to underlying condition w diabetic dermatitis	Verified as valid and accurate
E08621	Diabetes mellitus due to underlying condition w foot ulcer	Verified as valid and accurate
E08622	Diabetes due to underlying condition w oth skin ulcer	Verified as valid and accurate
E08628	Diabetes due to underlying condition w oth skin comp	Verified as valid and accurate
E08630	Diabetes due to underlying condition w periodontal disease	Verified as valid and accurate
E08638	Diabetes due to underlying condition w oth oral comp	Verified as valid and accurate
E08649	Diabetes due to underlying condition w hypoglycemia w/o coma	Verified as valid and accurate
E0865	Diabetes due to underlying condition w hyperglycemia	Verified as valid and accurate
E0869	Diabetes due to underlying condition w oth complication	Verified as valid and accurate
E088	Diabetes due to underlying condition w unsp complications	Verified as valid and accurate
E089	Diabetes due to underlying condition w/o complications	Verified as valid and accurate
E09618	Drug/chem diabetes mellitus w oth diabetic arthropathy	Verified as valid and accurate
E09620	Drug/chem diabetes mellitus w diabetic dermatitis	Verified as valid and accurate
E09621	Drug or chemical induced diabetes mellitus with foot ulcer	Verified as valid and accurate
E09622	Drug or chemical induced diabetes mellitus w oth skin ulcer	Verified as valid and accurate
E09628	Drug/chem diabetes mellitus w oth skin complications	Verified as valid and accurate
E09630	Drug/chem diabetes mellitus w periodontal disease	Verified as valid and accurate
E09638	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	Drug or chemical induced diabetes mellitus w hyperglycemia	Verified as valid and accurate
E0969	Drug/chem diabetes mellitus w oth complication	Verified as valid and accurate
E098	Drug/chem diabetes mellitus w unsp complications	Verified as valid and accurate
E099	Drug or chemical induced diabetes mellitus w/o complications	Verified as valid and accurate
E1151	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	Verified as valid and accurate
E1152	Type 2 diabetes w diabetic peripheral angiopathy w gangrene	Verified as valid and accurate
E1159	Type 2 diabetes mellitus with oth circulatory complications	Verified as valid and accurate
E11618	Type 2 diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate
E11620	Type 2 diabetes mellitus with diabetic 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
E11628	Type 2 diabetes mellitus with other skin complications	Verified as valid and accurate
E11630	Type 2 diabetes mellitus with periodontal disease	Verified as valid and accurate
E11638	Type 2 diabetes mellitus with other oral complications	Verified as valid and accurate
E11649	Type 2 diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate
E1165	Type 2 diabetes mellitus with hyperglycemia	Verified as valid and accurate
E1169	Type 2 diabetes mellitus with other specified complication	Verified as valid and accurate
E118	Type 2 diabetes mellitus with unspecified complications	Verified as valid and accurate
E119	Type 2 diabetes mellitus without complications	Verified as valid and accurate
E13618	Oth diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate
E13620	Other specified diabetes mellitus with diabetic dermatitis	Verified as valid and accurate
E13621	Other specified diabetes mellitus with foot ulcer	Verified as valid and accurate
E13622	Other specified diabetes mellitus with other skin ulcer	Verified as valid and accurate
E13628	Oth diabetes mellitus with other skin complications	Verified as valid and accurate
E13630	Other specified diabetes mellitus with periodontal disease	Verified as valid and accurate
E13638	Oth diabetes mellitus with other oral complications	Verified as valid and accurate
E13649	Oth diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate
E1365	Other specified diabetes mellitus with hyperglycemia	Verified as valid and accurate
E1369	Oth diabetes mellitus with other specified complication	Verified as valid and accurate
E138	Oth diabetes mellitus with unspecified complications	Verified as valid and accurate
E139	Other specified diabetes mellitus without complications	Verified as valid and accurate
E0800	Diab d/t undrl cond w hyposm w/o nonket hypergly-hypos coma	Verified as valid and accurate
E0801	Diabetes due to underlying condition w hyposm w coma	Verified as valid and accurate
E0810	Diabetes due to underlying condition w ketoacidosis w/o coma	Verified as valid and accurate
E0811	Diabetes due to underlying condition w ketoacidosis w coma	Verified as valid and accurate
E0821	Diabetes due to underlying condition w diabetic nephropathy	Verified as valid and accurate
E0822	Diabetes due to undrl cond w diabetic chronic kidney disease	Verified as valid and accurate
E0829	Diabetes due to undrl condition w oth diabetic kidney comp	Verified as valid and accurate
E08311	Diab due to undrl cond w unsp diabetic rthrop w macular edema	Verified as valid and accurate
E08319	Diab due to undrl cond w unsp diab rthrop w/o macular edema	Verified as valid and accurate
E083211	Diabetes with mild nonp rthrop with macular edema, right eye	Verified as valid and accurate
E083212	Diabetes with mild nonp rthrop with macular edema, left eye	Verified as valid and accurate
E083213	Diabetes with mild nonp rthrop with macular edema, bilateral	Verified as valid and accurate
E083219	Diabetes with mild nonp rthrop with macular edema, unsp	Verified as valid and accurate
E083291	Diabetes with mild nonp rthrop without macular edema, r eye	Verified as valid and accurate



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Condition:

Measurement period: Diabetes

Population	Medicaid/Federal, Commonwealth and CHIP Population	Millman Comments
ICD 10 CODES	Description	
E083292	Diab with mild nonp rtnop without macular edema, left eye	Verified as valid and accurate
E083293	Diabetes with mild nonp rtnop without macular edema, bi	Verified as valid and accurate
E083299	Diabetes with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate
E083311	Diabetes with moderate nonp rtnop with macular edema, r eye	Verified as valid and accurate
E083312	Diab with moderate nonp rtnop with macular edema, left eye	Verified as valid and accurate
E083313	Diabetes with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate
E083319	Diabetes with moderate nonp rtnop with macular edema, unsp	Verified as valid and accurate
E083391	Diab with moderate nonp rtnop without macular edema, r eye	Verified as valid and accurate
E083392	Diab with moderate nonp rtnop without macular edema, l eye	Verified as valid and accurate
E083393	Diabetes with moderate nonp rtnop without macular edema, bi	Verified as valid and accurate
E083399	Diab with moderate nonp rtnop without macular edema, unsp	Verified as valid and accurate
E083411	Diabetes with severe nonp rtnop with macular edema, r eye	Verified as valid and accurate
E083412	Diabetes with severe nonp rtnop with macular edema, left eye	Verified as valid and accurate
E083413	Diabetes with severe nonp rtnop with macular edema, bi	Verified as valid and accurate
E083419	Diabetes with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate
E083491	Diabetes with severe nonp rtnop without macular edema, r eye	Verified as valid and accurate
E083492	Diab with severe nonp rtnop without macular edema, left eye	Verified as valid and accurate
E083493	Diabetes with severe nonp rtnop without macular edema, bi	Verified as valid and accurate
E083499	Diabetes with severe nonp rtnop without macular edema, unsp	Verified as valid and accurate
E083511	Diab with prolif diabetic rtnop with macular edema, r eye	Verified as valid and accurate
E083512	Diab with prolif diabetic rtnop with macular edema, left eye	Verified as valid and accurate
E083513	Diabetes with prolif diabetic rtnop with macular edema, bi	Verified as valid and accurate
E083519	Diabetes with prolif diabetic rtnop with macular edema, unsp	Verified as valid and accurate
E083521	Diab with prolif diab rtnop with trctn dtch macula, r eye	Verified as valid and accurate
E083522	Diab with prolif diab rtnop with trctn dtch macula, left eye	Verified as valid and accurate
E083523	Diab with prolif diabetic rtnop with trctn dtch macula, bi	Verified as valid and accurate
E083529	Diab with prolif diabetic rtnop with trctn dtch macula, unsp	Verified as valid and accurate
E083531	Diab with prolif diab rtnop with trctn dtch n-mcla, r eye	Verified as valid and accurate
E083532	Diab with prolif diab rtnop with trctn dtch n-mcla, left eye	Verified as valid and accurate
E083533	Diab with prolif diabetic rtnop with trctn dtch n-mcla, bi	Verified as valid and accurate
E083539	Diab with prolif diabetic rtnop with trctn dtch n-mcla, unsp	Verified as valid and accurate
E083541	Diabetes with prolif diabetic rtnop with comb detach, r eye	Verified as valid and accurate
E083542	Diab with prolif diabetic rtnop with comb detach, left eye	Verified as valid and accurate
E083543	Diabetes with prolif diabetic rtnop with combined detach, bi	Verified as valid and accurate
E083549	Diabetes with prolif diabetic rtnop with comb detach, unsp	Verified as valid and accurate
E083551	Diabetes with stable prolif diabetic retinopathy, right eye	Verified as valid and accurate
E083552	Diabetes with stable prolif diabetic retinopathy, left eye	Verified as valid and accurate
E083553	Diabetes with stable prolif diabetic retinopathy, bilateral	Verified as valid and accurate
E083559	Diabetes with stable prolif diabetic retinopathy, unsp	Verified as valid and accurate
E083591	Diab with prolif diabetic rtnop without macular edema, r eye	Verified as valid and accurate
E083592	Diab with prolif diab rtnop without macular edema, left eye	Verified as valid and accurate
E083593	Diab with prolif diabetic rtnop without macular edema, bi	Verified as valid and accurate
E083599	Diab with prolif diabetic rtnop without macular edema, unsp	Verified as valid and accurate
E0836	Diabetes due to underlying condition w diabetic cataract	Verified as valid and accurate
E0837X1	Diab with diabetic macular edema, resolved fol trtmt, r eye	Verified as valid and accurate
E0837X2	Diab with diab macular edema, resolved fol trtmt, left eye	Verified as valid and accurate
E0837X3	Diabetes with diabetic macular edema, resolved fol trtmt, bi	Verified as valid and accurate
E0837X9	Diab with diabetic macular edema, resolved fol trtmt, unsp	Verified as valid and accurate
E0839	Diabetes due to undrl condition w oth diabetic opth comp	Verified as valid and accurate
E0840	Diabetes due to underlying condition w diabetic neurop, unsp	Verified as valid and accurate
E0841	Diabetes due to undrl condition w diabetic mononeuropathy	Verified as valid and accurate
E0842	Diabetes due to underlying condition w diabetic polyneurop	Verified as valid and accurate
E0843	Diab due to undrl cond w diabetic autonm (poly)neuropathy	Verified as valid and accurate
E0844	Diabetes due to underlying condition w diabetic amyotrophy	Verified as valid and accurate
E0849	Diabetes due to undrl condition w oth diabetic neuro comp	Verified as valid and accurate
E0851	Diab due to undrl cond w diab prph angiopath w/o gangrene	Verified as valid and accurate
E0852	Diab due to undrl cond w diabetic prph angiopath w gangrene	Verified as valid and accurate
E0859	Diabetes due to underlying condition w oth circulatory comp	Verified as valid and accurate
E08610	Diabetes due to undrl cond w diabetic neuropathic arthrop	Verified as valid and accurate
E08641	Diabetes due to underlying condition w hypoglycemia w coma	Verified as valid and accurate
E0900	Drug/chem diab w hyposm w/o nonket hypergly-hypros coma	Verified as valid and accurate
E0901	Drug/chem diabetes mellitus w hyperosmolarity w coma	Verified as valid and accurate
E0910	Drug/chem diabetes mellitus w ketoacidosis w/o coma	Verified as valid and accurate
E0911	Drug/chem diabetes mellitus w ketoacidosis w coma	Verified as valid and accurate
E0921	Drug/chem diabetes mellitus w diabetic nephropathy	Verified as valid and accurate
E0922	Drug/chem diabetes w diabetic chronic kidney disease	Verified as valid and accurate
E0929	Drug/chem diabetes w oth diabetic kidney complication	Verified as valid and accurate
E09311	Drug/chem diabetes w unsp diabetic rtnop w macular edema	Verified as valid and accurate
E09319	Drug/chem diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate
E093211	Drug/chem diab with mild nonp rtnop with mclr edema, r eye	Verified as valid and accurate
E093212	Drug/chem diab with mild nonp rtnop with mclr edema, l eye	Verified as valid and accurate
E093213	Drug/chem diab with mild nonp rtnop with macular edema, bi	Verified as valid and accurate
E093219	Drug/chem diab with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate
E093291	Drug/chem diab with mild nonp rtnop w/o mclr edema, r eye	Verified as valid and accurate
E093292	Drug/chem diab with mild nonp rtnop w/o mclr edema, l eye	Verified as valid and accurate



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Condition:

Measurement period: Diabetes

Population	Medicaid/Federal, Commonwealth and CHIP Population	
ICD 10 CODES	Description	Millman 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 nonp rtnop with macular edema, r eye	Verified as valid and accurate
E093312	Drug/chem diab with mod nonp rtnop with macular edema, l eye	Verified as valid and accurate
E093313	Drug/chem diab with mod nonp rtnop with macular edema, bi	Verified as valid and accurate
E093319	Drug/chem diab with mod nonp rtnop with macular edema unsp	Verified as valid and accurate
E093391	Drug/chem diab with mod nonp rtnop without mclr edema, r eye	Verified as valid and accurate
E093392	Drug/chem diab with mod nonp rtnop without mclr edema, l 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 mclr edema unsp	Verified as valid and accurate
E093411	Drug/chem diab with severe nonp rtnop with mclr edema, r eye	Verified as valid and accurate
E093412	Drug/chem diab with severe nonp rtnop with mclr edema, l eye	Verified as valid and accurate
E093413	Drug/chem diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate
E093419	Drug/chem diab with severe nonp rtnop with mclr edema, unsp	Verified as valid and accurate
E093491	Drug/chem diab with severe nonp rtnop w/o mclr edema, r eye	Verified as valid and accurate
E093492	Drug/chem diab with severe nonp rtnop w/o mclr edema, l eye	Verified as valid and accurate
E093493	Drug/chem diab with severe nonp rtnop without mclr edema, bi	Verified as valid and accurate
E093499	Drug/chem diab with severe nonp rtnop w/o mclr edema, unsp	Verified as valid and accurate
E093511	Drug/chem diab with prolif diab rtnop with mclr edema, r eye	Verified as valid and accurate
E093512	Drug/chem diab with prolif diab rtnop with mclr edema, l eye	Verified as valid and accurate
E093513	Drug/chem diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate
E093519	Drug/chem diab with prolif diab rtnop with mclr edema, unsp	Verified as valid and accurate
E093521	Drug/chem diab w prolif diab rtnop w trctn dtch macula, r eye	Verified as valid and accurate
E093522	Drug/chem diab w prolif diab rtnop w trctn dtch macula, l eye	Verified as valid and accurate
E093523	Drug/chem diab w prolif diab rtnop w trctn dtch macula, bi	Verified as valid and accurate
E093529	Drug/chem diab w prolif diab rtnop w trctn dtch macula, unsp	Verified as valid and accurate
E093531	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, r eye	Verified as valid and accurate
E093532	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, l eye	Verified as valid and accurate
E093533	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, bi	Verified as valid and accurate
E093539	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, unsp	Verified as valid and accurate
E093541	Drug/chem diab w prolif diab rtnop with comb detach, r eye	Verified as valid and accurate
E093542	Drug/chem diab w prolif diab rtnop with comb detach, l eye	Verified as valid and accurate
E093543	Drug/chem diab with prolif diab rtnop with comb detach, bi	Verified as valid and accurate
E093549	Drug/chem diab with prolif diab rtnop with comb detach, unsp	Verified as valid and accurate
E093551	Drug/chem diabetes with stable prolif diabetic rtnop, r eye	Verified as valid and accurate
E093552	Drug/chem diab with stable prolif diabetic rtnop, left eye	Verified as valid and accurate
E093553	Drug/chem diabetes with stable prolif diabetic rtnop, bi	Verified as valid and accurate
E093559	Drug/chem diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate
E093591	Drug/chem diab with prolif diab rtnop w/o mclr edema, r eye	Verified as valid and accurate
E093592	Drug/chem diab with prolif diab rtnop w/o mclr edema, l eye	Verified as valid and accurate
E093593	Drug/chem diab with prolif diab rtnop without mclr edema, bi	Verified as valid and accurate
E093599	Drug/chem diab with prolif diab rtnop w/o mclr edema unsp	Verified as valid and accurate
E0936	Drug/chem diabetes mellitus w diabetic cataract	Verified as valid and accurate
E0937X1	Drug/chem diab w diab mclr edma, resolved fol trtmt, r eye	Verified as valid and accurate
E0937X2	Drug/chem diab w diab mclr edma, resolved fol trtmt, l eye	Verified as valid and accurate
E0937X3	Drug/chem diab with diab mclr edema, resolved fol trtmt, bi	Verified as valid and accurate
E0937X9	Drug/chem diab with diab mclr 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
E0941	Drug/chem diabetes w neuro comp w diabetic mononeuropathy	Verified as valid and accurate
E0942	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
E0944	Drug/chem diabetes w neurological comp w diabetic amyotrophy	Verified as valid and accurate
E0949	Drug/chem diabetes w neuro comp w oth diabetic neuro comp	Verified as valid and accurate
E0951	Drug/chem diabetes w diabetic prph angiopath w/o gangrene	Verified as valid and accurate
E0952	Drug/chem diabetes w diabetic prph angiopath w gangrene	Verified as valid and accurate
E0959	Drug/chem diabetes mellitus w oth circulatory complications	Verified as valid and accurate
E09610	Drug/chem diabetes w diabetic neuropathic arthropathy	Verified as valid and accurate
E09641	Drug/chem diabetes mellitus w hypoglycemia w coma	Verified as valid and accurate
E1100	Type 2 diab w hyposm w/o nonket hypergly-hypos coma (NKHHC)	Verified as valid and accurate
E1101	Type 2 diabetes mellitus with hyperosmolality with coma	Verified as valid and accurate
E1121	Type 2 diabetes mellitus with diabetic nephropathy	Verified as valid and accurate
E1122	Type 2 diabetes mellitus w diabetic chronic kidney disease	Verified as valid and accurate
E1129	Type 2 diabetes mellitus w oth diabetic kidney complication	Verified as valid and accurate
E11311	Type 2 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate
E11319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate
E113211	Type 2 diab with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate
E113212	Type 2 diab with mild nonp rtnop with macular edema, l eye	Verified as valid and accurate
E113213	Type 2 diabetes with mild nonp rtnop with macular edema, bi	Verified as valid and accurate
E113219	Type 2 diab with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate
E113291	Type 2 diab with mild nonp rtnop without mclr edema, r eye	Verified as valid and accurate
E113292	Type 2 diab with mild nonp rtnop without mclr edema, l eye	Verified as valid and accurate
E113293	Type 2 diab with mild nonp rtnop 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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Condition:

Measurement period: Diabetes

Population	Medicaid/Federal, Commonwealth and CHIP Population	Millman Comments
ICD 10 CODES	Description	
E113312	Type 2 diab with mod nonp rtnop with macular edema, l eye	Verified as valid and accurate
E113313	Type 2 diab with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate
E113319	Type 2 diab with mod nonp rtnop with macular edema, unsp	Verified as valid and accurate
E113391	Type 2 diab with mod nonp rtnop without macular edema, r eye	Verified as valid and accurate
E113392	Type 2 diab with mod nonp rtnop without macular edema, l eye	Verified as valid and accurate
E113393	Type 2 diab with mod nonp rtnop without macular edema, bi	Verified as valid and accurate
E113399	Type 2 diab with mod nonp rtnop without macular edema, unsp	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 nonp rtnop with macular edema, l eye	Verified as valid and accurate
E113413	Type 2 diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate
E113419	Type 2 diab with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate
E113491	Type 2 diab with severe nonp rtnop without mclr edema, r eye	Verified as valid and accurate
E113492	Type 2 diab with severe nonp rtnop without mclr edema, l eye	Verified as valid and accurate
E113493	Type 2 diab with severe nonp rtnop without macular edema, bi	Verified as valid and accurate
E113499	Type 2 diab with severe nonp rtnop without mclr edema, unsp	Verified as valid and accurate
E113511	Type 2 diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate
E113512	Type 2 diab with prolif diab rtnop with macular edema, l eye	Verified as valid and accurate
E113513	Type 2 diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate
E113519	Type 2 diab with prolif diab rtnop with macular edema, unsp	Verified as valid and accurate
E113521	Type 2 diab w prolif diab rtnop w trctn dtch macula, r eye	Verified as valid and accurate
E113522	Type 2 diab w prolif diab rtnop w trctn dtch macula, l eye	Verified as valid and accurate
E113523	Type 2 diab w prolif diab rtnop with trctn dtch macula, bi	Verified as valid and accurate
E113529	Type 2 diab w prolif diab rtnop with trctn dtch macula, unsp	Verified as valid and accurate
E113531	Type 2 diab w prolif diab rtnop w trctn dtch n-mcla, r eye	Verified as valid and accurate
E113532	Type 2 diab w prolif diab rtnop w trctn dtch n-mcla, l eye	Verified as valid and accurate
E113533	Type 2 diab w prolif diab rtnop with trctn dtch n-mcla, bi	Verified as valid and accurate
E113539	Type 2 diab w prolif diab rtnop with trctn dtch n-mcla, unsp	Verified as valid and accurate
E113541	Type 2 diab with prolif diab rtnop with comb detach, r eye	Verified as valid and accurate
E113542	Type 2 diab with prolif diab rtnop with comb detach, l eye	Verified as valid and accurate
E113543	Type 2 diab with prolif diabetic rtnop with comb detach, bi	Verified as valid and accurate
E113549	Type 2 diab with prolif diab rtnop with comb detach, unsp	Verified as valid and accurate
E113551	Type 2 diabetes with stable prolif diabetic rtnop, right eye	Verified as valid and accurate
E113552	Type 2 diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate
E113553	Type 2 diabetes with stable prolif diabetic rtnop, bilateral	Verified as valid and accurate
E113559	Type 2 diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate
E113591	Type 2 diab with prolif diab rtnop without mclr edema, r eye	Verified as valid and accurate
E113592	Type 2 diab with prolif diab rtnop without mclr edema, l eye	Verified as valid and accurate
E113593	Type 2 diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate
E113599	Type 2 diab with prolif diab rtnop without mclr edema, unsp	Verified as valid and accurate
E1136	Type 2 diabetes mellitus with diabetic cataract	Verified as valid and accurate
E1137X1	Type 2 diab with diab mclr edema, resolved fol trtmt, r eye	Verified as valid and accurate
E1137X2	Type 2 diab with diab mclr edema, resolved fol trtmt, l eye	Verified as valid and accurate
E1137X3	Type 2 diab with diab macular edema, resolved fol trtmt, bi	Verified as valid and accurate
E1137X9	Type 2 diab with diab mclr edema, resolved fol trtmt, unsp	Verified as valid and accurate
E1139	Type 2 diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unsp	Verified as valid and accurate
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate
E1143	Type 2 diabetes w diabetic autonomic (poly)neuropathy	Verified as valid and accurate
E1144	Type 2 diabetes mellitus with diabetic amyotrophy	Verified as valid and accurate
E1149	Type 2 diabetes w oth diabetic neurological complication	Verified as valid and accurate
E11610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	Verified as valid and accurate
E11641	Type 2 diabetes mellitus with hypoglycemia with coma	Verified as valid and accurate
E1300	Oth diab w hyprosm w/o nonket hypergly-hypros coma (NKHHC)	Verified as valid and accurate
E1301	Oth diabetes mellitus with hyperosmolarity with coma	Verified as valid and accurate
E1310	Oth diabetes mellitus with ketoacidosis without coma	Verified as valid and accurate
E1311	Oth diabetes mellitus with ketoacidosis with coma	Verified as valid and accurate
E1321	Other specified diabetes mellitus with diabetic nephropathy	Verified as valid and accurate
E1322	Oth diabetes mellitus with diabetic chronic kidney disease	Verified as valid and accurate
E1329	Oth diabetes mellitus with oth diabetic kidney complication	Verified as valid and accurate
E13311	Oth diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate
E13319	Oth diabetes w unsp diabetic retinopathy w/o macular edema	Verified as valid and accurate
E133211	Oth diabetes with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate
E133212	Oth diab with mild nonp rtnop with macular edema, left eye	Verified as valid and accurate
E133213	Oth diabetes with mild nonp rtnop with macular edema, bi	Verified as valid and accurate
E133219	Oth diabetes with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate
E133291	Oth diab with mild nonp rtnop without macular edema, r eye	Verified as valid and accurate
E133292	Oth diab with mild nonp rtnop without macular edema, l eye	Verified as valid and accurate
E133293	Oth diabetes with mild nonp rtnop without macular edema, bi	Verified as valid and accurate
E133299	Oth diab with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate
E133311	Oth diab with moderate nonp rtnop with macular edema, r eye	Verified as valid and accurate
E133312	Oth diab with moderate nonp rtnop with macular edema, l eye	Verified as valid and accurate
E133313	Oth diabetes with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate
E133319	Oth diab with moderate nonp rtnop with macular edema, unsp	Verified as valid and accurate
E133391	Oth diab with mod nonp rtnop without macular edema, r eye	Verified as valid and accurate



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Condition:

Measurement period: Diabetes

Population ICD 10 CODES	Medicaid/Federal, Commonwealth and CHIP Population Description	Milliman Comments
E133392	Oth diab with mod nonp rtnop without macular edema, l 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 nonp rtnop without macular edema, unsp	Verified as valid and accurate
E133411	Oth diab with severe nonp rtnop with macular edema, r eye	Verified as valid and accurate
E133412	Oth diab with severe nonp rtnop with macular edema, left eye	Verified as valid and accurate
E133413	Oth diabetes with severe nonp rtnop with macular edema, bi	Verified as valid and accurate
E133419	Oth diabetes with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate
E133491	Oth diab with severe nonp rtnop without macular edema, r eye	Verified as valid and accurate
E133492	Oth diab with severe nonp rtnop without macular edema, l eye	Verified as valid and accurate
E133493	Oth diab with severe nonp rtnop without macular edema, bi	Verified as valid and accurate
E133499	Oth diab with severe nonp 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 rtnop 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 trctn dtch macula, r eye	Verified as valid and accurate
E133522	Oth diab w prolif diab rtnop with trctn dtch macula, l eye	Verified as valid and accurate
E133523	Oth diab with prolif diab rtnop with trctn dtch macula, bi	Verified as valid and accurate
E133529	Oth diab with prolif diab rtnop with trctn 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 trctn dtch n-mcla, l eye	Verified as valid and accurate
E133533	Oth diab with prolif diab rtnop with trctn dtch n-mcla, bi	Verified as valid and accurate
E133539	Oth diab with prolif diab rtnop with trctn dtch n-mcla, 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, l 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 eye	Verified as valid and accurate
E1337X2	Oth diab with diab macular edema, resolved fol trtmt, l eye	Verified as valid and accurate
E1337X3	Oth diab with diabetic macular edema, resolved fol trtmt, bi	Verified as valid and accurate
E1337X9	Oth diab with diab macular edema, resolved fol trtmt, unsp	Verified as valid and accurate
E1339	Oth diabetes mellitus w oth diabetic ophthalmic 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 w diabetic autonomic (poly)neuropathy	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 angiopathy w/o gangrene	Verified as valid and accurate
E1352	Oth diabetes w diabetic peripheral angiopathy w gangrene	Verified as valid and accurate
E1359	Oth diabetes mellitus with other circulatory complications	Verified as valid and accurate
E13610	Oth diabetes mellitus with diabetic neuropathic arthropathy	Verified as valid and accurate
E13641	Oth diabetes mellitus with hypoglycemia with coma	Verified as valid and accurate



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Condition: Asthma

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



Condition: Severe Heart Failure

Population	Medicaid/Federal and Commonwealth	
ICD 10 CODES	Description	Milliman Comments
I501	Left ventricular failure, unspecified	Verified as valid and accurate for 2020.
I5020	Unspecified systolic (congestive) heart failure	Verified as valid and accurate for 2020.
I5021	Acute systolic (congestive) heart failure	Verified as valid and accurate for 2020.
I5022	Chronic systolic (congestive) heart failure	Verified as valid and accurate for 2020.
I5023	Acute on chronic systolic (congestive) heart failure	Verified as valid and accurate for 2020.
I5030	Unspecified diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
I5031	Acute diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
I5032	Chronic diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
I5033	Acute on chronic diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
I5040	Unsp combined systolic and diastolic (congestive) hrt fail	Verified as valid and accurate for 2020.
I5041	Acute combined systolic and diastolic (congestive) hrt fail	Verified as valid and accurate for 2020.
I5042	Chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2020.
I5043	Acute on chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2020.
I509	Heart failure, unspecified	Verified as valid and accurate for 2020.

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Condition: Hypertension

Population	Medical/Federal and Commonwealth	
ICD10 Codes	Description	Millman Comments
I10	Hypertension	Verified as valid and accurate for 2020.

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Condition: Chronic Obstructive Pulmonary Disease (COPD)

Medicaid/Federal and Commonwealth		
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.
J432	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.

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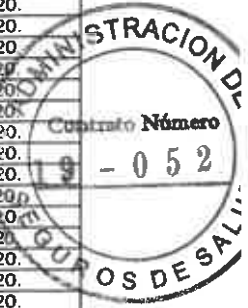
**Condition: Chronic Depression**

Population	Medicaid/Federal and Commonwealth	
ICD 10 Codes Considered	Description	Millman 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 depressive disorder, recurrent, severe with psychotic symptoms	Verified as valid and accurate for 2020.
F33.40	Major depressive disorder, recurrent, in remission unspecified	Verified as valid and accurate for 2020.
F33.41	Major depressive disorder, recurrent, in partial remission	Verified as valid and accurate for 2020.
F33.42	Major depressive disorder, recurrent, in full remission	Verified as valid and accurate for 2020.
F33.8	Other recurrent depressive disorders	Verified as valid and accurate for 2020.
F33.9	Major depressive disorder, recurrent, unspecified	Verified as valid and accurate for 2020.
F3010	Manic episode without psychotic symptoms unspecified	Verified as valid and accurate for 2020.
F3011	Manic episode without psychotic symptoms mild	Verified as valid and accurate for 2020.
F3012	Manic episode without psychotic symptoms moderate	Verified as valid and accurate for 2020.
F3013	Manic episode severe without psychotic symptoms	Verified as valid and accurate for 2020.
F302	Manic episode severe with psychotic symptoms	Verified as valid and accurate for 2020.
F303	Manic episode in partial remission	Verified as valid and accurate for 2020.
F304	Manic episode in full remission	Verified as valid and accurate for 2020.
F308	Other manic episodes	Verified as valid and accurate for 2020.
F309	Manic episode unspecified	Verified as valid and accurate for 2020.
F310	Bipolar disorder current episode hypomanic	Verified as valid and accurate for 2020.
F3110	Bipolar disord cmt episode manic wo psych features unsp	Verified as valid and accurate for 2020.
F3111	Bipolar disord cmt episode manic wo psych features mild	Verified as valid and accurate for 2020.
F3112	Bipolar disord cmt episode manic wo psych features mod	Verified as valid and accurate for 2020.
F3113	Bipolar disord cmt epsd manic wo psych features severe	Verified as valid and accurate for 2020.
F312	Bipolar disorder cmt episode manic severe w psych features	Verified as valid and accurate for 2020.
F3130	Bipolar disord cmt epsd depress mild or mod severt unsp	Verified as valid and accurate for 2020.
F3131	Bipolar disorder current episode depressed mild	Verified as valid and accurate for 2020.
F3132	Bipolar disorder current episode depressed moderate	Verified as valid and accurate for 2020.
F314	Bipolar disord cmt epsd depress sev wo psych features	Verified as valid and accurate for 2020.
F315	Bipolar disord cmt epsd depress severe w psych features	Verified as valid and accurate for 2020.
F3160	Bipolar disorder current episode mixed unspecified	Verified as valid and accurate for 2020.
F3161	Bipolar disorder current episode mixed mild	Verified as valid and accurate for 2020.
F3162	Bipolar disorder current episode mixed moderate	Verified as valid and accurate for 2020.
F3163	Bipolar disord cmt epsd mixed severe wo psych features	Verified as valid and accurate for 2020.
F3164	Bipolar disord cmt episode mixed severe w psych features	Verified as valid and accurate for 2020.
F3170	Bipolar disorder currently in remis most recent episode unsp	Verified as valid and accurate for 2020.
F3171	Bipolar disorder in partial remis most recent epsd hypomanic	Verified as valid and accurate for 2020.
F3172	Bipolar disorder in full remis most recent episode hypomanic	Verified as valid and accurate for 2020.
F3173	Bipolar disorder in partial remis most recent episode manic	Verified as valid and accurate for 2020.
F3174	Bipolar disorder in full remis most recent episode manic	Verified as valid and accurate for 2020.
F3175	Bipolar disorder in partial remis most recent epsd depress	Verified as valid and accurate for 2020.
F3176	Bipolar disorder in full remis most recent episode depress	Verified as valid and accurate for 2020.
F3177	Bipolar disorder in partial remis most recent episode mixed	Verified as valid and accurate for 2020.
F3178	Bipolar disorder in full remis most recent episode mixed	Verified as valid and accurate for 2020.
F3181	Bipolar II disorder	Verified as valid and accurate for 2020.
F3189	Other bipolar disorder	Verified as valid and accurate for 2020.
F319	Bipolar disorder unspecified	Verified as valid and accurate for 2020.
F320	Major depressive disorder single episode mild	Verified as valid and accurate for 2020.
F321	Major depressive disorder single episode moderate	Verified as valid and accurate for 2020.
F322	Major depressv disord single epsd sev wo psych features	Verified as valid and accurate for 2020.
F323	Major depressv disord single epsd severe w psych features	Verified as valid and accurate for 2020.
F324	Major depressv disorder single episode in partial remis	Verified as valid and accurate for 2020.
F325	Major depressive disorder single episode in full remission	Verified as valid and accurate for 2020.
F3281	Premenstrual dysphoric disorder	Verified as valid and accurate for 2020.
F3289	Other specified depressive episodes	Verified as valid and accurate for 2020.
F329	Major depressive disorder single episode unspecified	Verified as valid and accurate for 2020.



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



REVENUE CODE	REVENUE CODE DESCRIPTION	USE FOR IP	Milliman Comments
204	Intensive care-psychiatric	x	Verified as valid and accurate for 2020.
206	Intensive care-post ICU: redefined as-Intermediate ICU (eff 10/96)	x	Verified as valid and accurate for 2020.
207	Intensive care-burn care	x	Verified as valid and accurate for 2020.
208	Intensive care-trauma	x	Verified as valid and accurate for 2020.
209	Intensive care-other intensive care	x	Verified as valid and accurate for 2020.
210	Coronary care-general classification	x	Verified as valid and accurate for 2020.
211	Coronary care-myocardial infraction	x	Verified as valid and accurate for 2020.
212	Coronary care-pulmonary care	x	Verified as valid and accurate for 2020.
213	Coronary care-heart transplant	x	Verified as valid and accurate for 2020.
214	Coronary care-post CCU: redefined as-intermediate CCU (eff 10/96)	x	Verified as valid and accurate for 2020.
219	Coronary care-other coronary care	x	Verified as valid and accurate for 2020.
1000	Behavioral Health Accomodations-general classification	x	Verified as valid and accurate for 2020.
1001	Behavioral Health Accomodations-residential-psychiatric	x	Verified as valid and accurate for 2020.
1002	Behavioral Health Accomodations-residential-chemical 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 Accomodations-group home		Verified as valid and accurate for 2020.

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**ATTACHMENT 19**  
**REPORT TEMPLATE**  
**HCIP PROGRAM MANUAL**  
**PLAN VITAL**  
**FOURTH (4<sup>TH</sup>) YEAR**  
**OCTOBER 1, 2021 – SEPTEMBER 30, 2022**  
**(AMENDMENT O)**





**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**

Tab	Report Name	Submission Frequency
Input Page	-	-
Content	-	-
Attestation	-	-
HCC Initiative Medicaid Federal	HCC Initiative Medicaid Federal	Quarterly
HCC Initiative CHIP	HCC Initiative CHIP	Quarterly
CCI Medicaid Federal	CCI Medicaid Federal	Quarterly
CCI CHIP	CCI CHIP	Quarterly
Healthy People Initiative	Healthy People Initiative	Quarterly
ER Initiative	ER Initiative	Quarterly

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ATTESTATION



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



## Health Care Improvement Program

<b>High Cost Conditions Initiative</b>		<b>Medicaid/Federal and Commonwealth High Cost Conditions</b>	
MCO	-	Period Start Date	10/1/2020
Fiscal Year	Oct. 2020 to Sept. 2021	Period End Date	12/31/2020

### High Cost Conditions Report

Cancer   Scored measure: Readmissions rate					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
12.28	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Cancer   Scored measure: PHQ-9					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
17.19%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
End-Stage Renal Disease (ESRD)   Scored measure: Admissions/1000					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
49.80	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
End-Stage Renal Disease (ESRD)   Scored Measure: PHQ-9					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
16.58%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Multiple Sclerosis   Scored Measure: Admissions/1000					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
31.7	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



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## Health Care Improvement Program

High Cost Conditions Initiative		CHIP High Cost Conditions	
MCO	-	Period Start Date	10/1/2020
Fiscal Year	Oct. 2020 to Sept. 2021	Period End Date	12/31/2020

### High Cost Conditions Report

Cancer   Scored Measure: Readmissions rate					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
N/A	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Children and Youth with Special Healthcare Needs   Scored Measure: Child and Adolescent WellCare Visits					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
47.12%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Children and Youth with Special Healthcare Needs   Scored Measure: Annual Dental Visits					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
44.61%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Autism   Scored Measure: Child and Adolescent WellCare Visits					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
41.21%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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## Health Care Improvement Program

<b>Chronic Conditions Initiative</b>		<b>Medicaid/Federal and Commonwealth High Cost Conditions</b>	
<b>MCO</b>	-	<b>Period Start Date</b>	<b>10/1/2020</b>
<b>Fiscal Year</b>	<b>Oct. 2020 to Sept. 2021</b>	<b>Period End Date</b>	<b>12/31/2020</b>

### Chronic Conditions Report

Diabetes (Including CHIP population)   Scored measure: Comprehensive Diabetes Care HbA1c					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
70.37%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes (Including CHIP population)   Scored measure: Comprehensive Diabetes Care Eye Exam					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
20.89%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes (Including CHIP population)   Scored measure: Kidney Health Evaluation for Patients With Diabetes					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
9.33%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes (Including CHIP population)   Scored measure: Admissions/1000					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
41.36	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Asthma (Including CHIP)   Scored Measure: Admission/1000					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
32.48	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Asthma (Including CHIP)   Scored Measure: ED Use/1000					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
164.91	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Asthma (Including CHIP)   Scored Measure: PHQ-9					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
13.18%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Severe Heart Failure   Scored Measure: Admissions/1000					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
80.13	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Severe Heart Failure   Scored Measure: PHQ-9					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
15.73%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Hypertension   Scored Measure: ED Use/1000					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				



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51.03	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Chronic Obstructive Pulmonary Disease (COPD)   Scored Measure: Admissions/1000</b>					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
69.74	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Chronic Depression   Scored Measure: Follow up after Hospitalization for Mental Illness: 7 days</b>					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
45.65%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Chronic Depression   Scored Measure: Follow up after Hospitalization for Mental Illness: 30 days</b>					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
73.26%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Chronic Depression   Scored Measure: Inpatient Admission/1000</b>					
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
52.13	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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## Health Care Improvement Program

### Healthy People Initiative

MCO	-		Period Start Date	10/1/2020
Fiscal Year	Oct. 2020 to Sept. 2021		Period End Date	12/31/2020

### Healthy People Initiative Report

#### Breast Cancer Screening (BCS)

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
57.90%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

#### Cervical Cancer Screening (CCS)

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
43.43%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

#### Controlling High Blood Pressure (CBP)

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
41.60%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

#### Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
49.74%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

#### Follow-Up After Hospitalization for Mental Illness (FUH) 30 days

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
71.51%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

#### Adults Access to Preventive/Ambulatory Health Services (AAP)

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
69.15%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

#### Annual Dental Visit (ADV)

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
36.85%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

#### Timeliness of Prenatal Care (PPC)

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
66.15%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

#### Postpartum Care (PPC)

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
39.91%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

#### Child and Adolescent Well-Care Visits (V/C)

National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
	Denominator				
	Percent				



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28.75%	Numerator				
	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

*[Handwritten signature]*

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## Health Care Improvement Program

### 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

Overall emergency room utilization rate X 1000 on identified population with 7 or more visits to the Emergency Room

		Q1	Q2	Q3	Q4
National Benchmark 2019	Numerator				
946.21	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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