ATTACHMENT 19

HEALTH CARE
IMPROVEMENT
PROGRAM (HCIP)
MANUAL





ATTACHMENT 19

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

FOURTH (4TH) YEAR OCTOBER 1, 2021 – SEPTEMBER 30, 2022

(AMENDMENT O)



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



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

FOURTH YEAR

OCTOBER 1, 2021 - SEPTEMBER 30, 2022

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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
Year 1			
Q1	1/1/2018	12/31/2018	7/30/2019
Q2	4/1/2018	3/31/2019	7/30/2019
Q3	7/1/2018	6/30/2019	10/30/2019
Q4	10/1/2018	9/30/2019	1/30/2020
Year 2			
Q1	1/1/2019	12/31/2019	4/30/2020
Q2	4/1/2019	3/31/2020	7/30/2020
Q3	7/1/2019	6/30/2020	10/30/2020
Q4	10/1/2019	9/30/2020	1/30/2021
Year 3		·	
Q1	1/1/2020	12/31/2020	6/07/2021
Q2	4/1/2020	3/31/2021	7/30/2021
Q3	7/1/2020	6/30/2021	10/30/2021
Q4	10/1/2020	9/30/2021	1/30/2022
Year 4			
Q1	1/1/2021	12/31/2021	4/30/2022
Q2	4/1/2021	3/31/2022	7/30/2022
Q3	7/1/2021	6/30/2022	10/30/2022
Q4	10/1/2021	9/30/2022	1/30/2023



III. EVALUATION & POINT DISTRIBUTION

The HCIP is divided into four categories:

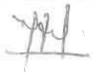
- 1. High Cost Conditions Initiative
- 2. Chronic Conditions Initiative
- 3. Healthy People Initiative
- 4. Emergency Room High Utilizers Initiative



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

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





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

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

Report Submission:

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

Any Improvement:

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

Improvement Goal Established by ASES:

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

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



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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%
HCIP INITIATIVE	
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%



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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.
- Intervention: Activities targeted at the achievement of client stability, wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, care coordination, collaboration and service facilitation.
- 8. **Performance measures**: Periodic measurement of outcomes and results used to assess the effectiveness and efficiency of quality or improvement initiatives on selected indicators.
- 9. Per member per month (PMPM) payment: The fixed monthly amount that the Contractor is paid by ASES for each enrollee to ensure that benefits under the Contract are provided. This payment is made regardless of whether the enrollee receives benefits during the period covered by the payment.



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

Note:

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



VI. HIGH COST CONDITIONS INITIATIVE

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

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

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

^{*} Other specific meaures could be added. See X.2 Scored Measures for 2020-2021



VII. CHRONIC CONDITIONS INITIATIVE

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

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

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



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

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

^{*} Other specific meaures could be added. See X.2 Scored Measures for 2021-2022



VIII. HEALTHY PEOPLE INITIATIVE

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

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

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

^{*} Other specific meaures could be added. See X.2 Scored Measures for 2021-2022



IX. EMERGENCY ROOM HIGH UTILIZERS INITIATIVE

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

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

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



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

X.1 Evaluation and Point Distribution

X.1.1 Point Distribution

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

X.1.2 Compliance Percentage and Points Earned

COMPLIANCE PERCENTAGE	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM	
90.0% - 100.0%	100%	
80.0%-89.9%	75%	
70.0%–79.9%	50%	
50.0%-69.9%	25%	
0.0% - 49.9%	0% STRAC	

X.2 Scored Measures for 2021-2022

X.2.1 High Cost Conditions Initiative

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

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

X.2.2 Chronic Conditions Initiative

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





 Follow up after Hospitalization for Mental Illness: 7 days 	1
Follow up after Hospitalization for Mental Illness: 30 days	1
Inpatient Admission/1000	1
editions Initiative for Fiscal Year 2021-2022	14
	Follow up after Hospitalization for Mental Illness: 30 days

X.2.3 Healthy People Initiative

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

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.



R 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
tal Points for the	Emergency Room High Utilizer Initiative for Fiscal Year 2021-2022	1

X.2.5 Definition of Improvement

HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Medicaid/Federal a	nd State High Cost Conditions	
Cancer	Readmissions rate	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2 Contrato No
	• PHQ-9	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)	Admissions/1000	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
*	● PHQ-9	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Multiple Sclerosis	Admissions/1000	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2



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

CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT	The same
Medicaid/Federa	, State, and CHIP Chronic Conditions		
Diabetes	 Comprehensive Diabetes Care: 		
	o HbA1c	Q1: Report submission	
		Q2: Any increase over Q1	
		Q3: 2% of increase over Q2	
		Q4: 3% of increase over Q2	
	o Eye exam	Q1: Report submission	
		Q2: Any increase over Q1	1
		Q3: 2% of increase over Q2	1
		Q4: 3% of increase over Q2	
	O Kidney Health Evaluation for	Q1: Report submission	
	Patients With Diabetes	Q2: Any increase over Q1	
		Q3: 2% of increase over Q2	
		Q4: 3% of increase over Q2	



CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
	Admissions/1000	Q1: Report submission Q2: Any decrease over Q1
		Q3: 2% of decrease over Q2
		Q4: 3% of decrease over Q2
Asthma	Admissions/1000	Q1: Report submission
		Q2: Any decrease over Q1
		Q3: 2% of decrease over Q2
		Q4: 3% of decrease over Q2
	• ED Use/1000	Q1: Report submission
		Q2: Any decrease over Q1
		Q3: 2% of decrease over Q2
		Q4: 3% of decrease over Q2
	• PHQ-9	Q1: Report submission Q2: Any increase over Q1 Q3: 3% of increase over Q3
		Q2: Any increase over Q1
		Q3: 2% of increase over Q2 Contrato No.
		Q4: 3% of increase over Q2
Medicaid/Federal	and State Chronic Conditions	m
Severe Heart	Admissions/1000	Q1: Report submission
Failure		Q2: Any decrease over Q1
		Q3: 2% of decrease over Q2
		Q4: 3% of decrease over Q2
	● PHQ-9	Q1: Report submission
		Q2: Any increase over Q1
		Q3: 2% of increase over Q2
		Q4: 3% of increase over Q2
Hypertension	• ED Use/1000	Q1: Report submission
		Q2: Any decrease over Q1
		Q3: 2% of decrease over Q2
		Q4: 3% of decrease over Q2
Chronic	Admissions/1000	Q1: Report submission
Obstructive		Q2: Any decrease over Q1
Pulmonary		Q3: 2% of decrease over Q2
Disease (COPD)		1

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

EFFECTIVENESS OF CARE	SCORED MEASURES	DEFINITION OF IMPROVEMENT
BCS	Breast Cancer Screening	Q1: Report submission
ccs	Cervical Cancer Screening	Q2: Any increase over Q1
СВР	Controlling High Blood Pressure	Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
SSD	 Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications. 	Q4. 5% of morease over Q2
FUH	 Follow-Up After Hospitalization for Mental Illness: 30 days 	EDMINISTRACION CONTRACTOR
AAP	Adults' Access to Preventive/Ambulatory Health Services	Contrato Número
ADV	Annual Dental Visit	0 19 - 0 5 2 0
PPC	Timeliness of Prenatal Care	POSDESAY
	Postpartum Care	OSDE
WCV	Child and Adolescent Well-Care Visits	1

ER HU INITIATIVE SCORED MEASURES		DEFINIATION OF IMPROVEMENT	



Q1: Report submission	Overall emergency room utilization	ER
Q2: Any decrease over Q1	rate x 1,000 on identified population	
Q3: 2% of decrease over Q2	with 7 or more visits to the emergency	
Q4: 3% of decrease over Q2	room	







ATTACHMENT 19

HCIP-FOURTH (4TH) YEAR BENCHMARKS REFERENCE GUIDE

Amendment O (2021-2022)

Plan Vital



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



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

		1.07
HIGH COST CONDITIONS	SCORED MEASURES	2020 BENCHMAR (1/1/2020-12/31/2020
Medicaid/Federal and	d State High Cost Conditions	
Cancer	Readmissions rate	12.28
	• PHQ-9	17.79
End-Stage Renal	Admissions/1000	49.80
Disease (ESRD)	● PHQ-9	16.58
Multiple Sclerosis	Admissions/1000	31.70
CHIP High Cost Condition	ons	
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)
Medicaid/Federal,	State, and CHIP Chronic Conditions	
Diabetes	Comprehensive Diabetes Care:	
	o HbA1c	70.37
	o Eye exam	20.89
	o Kidney Health Evaluation for Patients with Diabetes	9.33
	Admissions/1000	41.36
Asthma	Admissions/1000	32.48
	• ED Use/1000	164.91
	• PHQ-9	13.18
Medicaid/Federal a	and State Chronic Conditions	
Severe Heart Failure	Admissions/1000	80.13
	• PHQ-9	15.73





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

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

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





ATTACHMENT 19 CODE BOOK FOR THE FOURTH (4TH) YEAR

Amendment O (2021-2022)
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO



HEALTH CARE IMPROVEMENT PROGRAM CODE BOOK I

GOVERNMENT HEALTH PLAN PROGRAM

NOVEMBER 1, 2018 - SEPTEMBER 30, 2022

Code Book for the fourth year

Vol:1

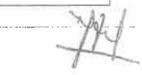


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I.1 Scored Measures for 2021-2022

I.1.1 High Cost Conditions Initiative

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



Denominator	All elegible 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	Exclude cases: With admission source for transferred from a different hospital or other health care facility UB04 Admission source - 2, 3)	
	With a point of origin code for transfer from a hospital, Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or other healthcare facility (Appendix A) (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)	
ED (Emergency room	n) Use/1000	
Definition	For members 18 years of age and older, the number of observed emergency department (ED) visits during the measurement year.	
	*ED visits for a principal diagnosis of selected conditions (see HCIP Manual).	
Numerator	The number of all ED visits during the measurement year.	
	Count each visit to an ED once, regardless of the intensity or duration of the visit.	
	*ED visits for a principal diagnosis of selected conditions (see HCIP Manual).	
Denominator	All elegible population with the condition during the measurement year or period.	
Continuous enrollment	N/A	
Allowable gap	N/A	
Description	Codes	
		_





	CPT: 99281-99285, 99288
	Place of service code: 23
	Use the following reference:
	- ED Visits from HEDIS Ambulatory Care (HEDIS MY 2020 & MY 2021, Volume 2 technical specifications).
	- ED Use ICD10 codes tab from the Code Book II Health Care Improvement Program
Exclusions	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications:
	The measure does not include mental health or chemical dependency services. Exclude visits for mental health or chemical dependency. Any of the following meet criteria:
	 A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set).
	Psychiatry (Psychiatry Value Set).
	Electroconvulsive therapy (Electroconvulsive Therapy Value Set).
Emergency Room High Util	izers Initiative
Definition	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room
Numerator	Total Number of ER Visits incurred by members with 7 or more ER Visits
Denominator	Total members with 7 or more ER Visits
Continuous enrollment	N/A
Allowable gap	N/A
5	CDT- 00204 0020F 00200
Description	CPT: 99281-99285, 99288





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:
	A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set).
	Psychiatry (Psychiatry Value Set).
	Electroconvulsive therapy (Electroconvulsive Therapy Value Set).
(ADV) Annual Dental Vis	it is the second of the second
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(AAP) Adults' Access to	Preventive/Ambulatory Health Services
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(WCV) Child and Adoles	cent Well-Care Visits
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(BCS) Breast Cancer Scro	eening
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(CCS) Cervical Cancer So	reening
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(CDC) Comprehensive D	iabetes Care
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
Kidney Health Evaluation for	Patients With Diabetes
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(CBP) Controlling High E	Blood Pressure
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
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Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(PPC) Prenatal And Post	partum Care
	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(SSD) Diabetes Screening Antipsychotic Medica	g for People with Schizophrenia or Bipolar Disorder who are using ations
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications







ATTACHMENT 19 YEAR 4TH-HCIP ASES DIAGNOSIS CODES

Amendment O (2021-2022)
Plan Vital



Condition:	Cancer	
	d Commonwealth and CHIP	Milliman Comments
153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
154	Mali_nant neo_lasm of middle third of esc_ha_us	Verified as valid and accurate for 2020.
155	Mali nant neo lasm of lower third of esopha us	Verified an valid and accurate for 2020.
158	Mali nant neoplasm of overlapping sites of esophagus	Verified as valid and accurate for 2020.
159	Mali nant neoplasm of esophagus unspecified	Verified as valid and accurate for 2020.
160	Mali nant neoplasm of cardia	Verified as valid and accurate for 2020.
161	Malignant neoplasm of fundus of stomach	Verified as valid and accurate for 2020.
62	Malignant neoplasm of body of stomach	Verified as valid and accurate for 2020.
63	Malignant neoplasm of pyloric antrum	Verified as valid and accurate for 2020.
64	Mali nant neo lasm of py orus Mali nant neo lasm of lesser curvature of stomach, unsu	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
165 166	Mali nant neo lasm of reater curvature of stomach, uns	Verified as valid and accurate for 2020.
168	Mali nant neo lasm of overlapping sites of stomach	Verified as valid and accurate for 2020.
69	Malignant neoplasm of stomach, unspecified	Verified as valid and accurate for 2020.
220	Liver cell carcinoma	Verified as valid and accurate for 2020.
21	Intraher atic bile duct carcinoma	Verified as valid and accurate for 2020.
222	Heratoblastoma	Verified as valid and accurate for 2020.
223	Angiosarcoma of liver	Verified as valid and accurate for 2020.
224	Other sarcomas of liver	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
227	Other specified carcinomas of liver	
228	Mali nant neoplasm of liver, primary unspecified as to type	Verified as valid and accurate for 20.0.
229	Mali neoplasm of liver not specified as primary or sec	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
23 240	Malignant neoplasm of gallbladder Malignant neoplasm of extrahegatic bile duct	Verified as valid and accurate for 2020.
241	Malignant neoplasm of ampulla of Vater	Verified as valid and accurate for 2010.
248	Malignant neoplasm of overlapping sites of billary tract	Verified as valid and accurate for 2020.
249	Mali mant neoplasm of biliary tract, unspecified	Verified as valid and accurate for 2020.
33	Malignant neoplasm of trachea	Verified as valid and accurate for 2020.
3400	Malignant neoplasm of unspecified main bronchus	Verified as valid and accurate for 2020.
3401	Malignant neoplasm of right main bronchus	Verified as valid and accurate for 2020.
3402	Mali mant neonlasm of left main bronchus	Verified as valid and accurate for 2020.
3410	Malignant neoplasm of upper lobe, unsp bronchus or lung	Verified as valid and accurate for 2020.
3411	Malignant neoplasm of upper lobe, right bronchus or lung	Verified as valid and accurate for 2020.
3412	Malignant neoplasm of upper lobe, left bronchus or lung	Verified as valid and accurate for 2020.
342	Malignant neoptasm of middle tobe bronchus or lung	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
3430 3431	Malignant neoptasm of lower lobe, unspibronchus or lung Malignant neoptasm of lower lobe in ht bronchus or lung	Verified as valid and accurate for 2020.
3432	Mali nant neo lasm of lower lobe left bronchus or lun	Verified as valid and accurate for 2020.
3480	Malignant neoplasm of ovrig sites of unsp bronchus and lung	Verified as valid and accurate for 2020.
3481	Malignant neoplasm of ovrigisites of right bronchus and lung	Verified as valid and accurate for 2020.
3482	Malignant neoplasm of ovrig sites of left bronchus and lung	Verified as valid and accurate for 2020.
3490	Malignant neoplasm of unspipart of unspibronchus or lung	Verified as valid and accurate for 2020.
3491	Malignant neoplasm of unsulpart of right bronchus or lung	Verified as valid and accurate for 2020.
3492	Mali nant neo lasm of unsupart of left bronchus or lung	Verified as valid and accurate for 2020.
384	Malignant neoplasm of pleura	Verified as valid and accurate for 2020.
450 451	Mesothelioma of pleura Mesothelioma of peritoneum	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
451 480	Mali nant neoplasm of retroperitoneum	Verified as valid and accurate for 2020.
481	Mali nant neoplasm of specified parts of peritoneum	Verified as valid and accurate for 2020.
482	Malignant neoplasm of peritoneum, unspecified	Verified as valid and accurate for 2020.
488	Malio necolasm of ovrip sites of retroperitor and peritoneum	Verified as valid and accurate for 2020.
4A0	Merket cell carcinoma of lip	Verified as valid and accurate for 2020.
4A10	Merket cell carcinoma of unspleyelid including canthus	Verified as valid and accurate for 2020.
4A11	Market cell carainoma of right eyelid, including carithus	C4A111 for right upper eyelid & C4A112 for right lower eyelid
4A12	Markel cell carcinoma of left eyelid, including conthus	C4A121 for left upper eyelid & C4A122 for left lower eyelid
4A20	Merkel cell carcinoma of unsplear and external auric canal Merkel cell carcinoma of right ear and external auric canal	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
4A21 4A22	Merkel cell carcinoma of left ear and external auric canal	Verified as valid and accurate for 2020.
4A30	Merkel cell carcinoma of uns ecified part of face	Verified as valid and accurate for 2020.
4A31	Merkel cell carcinoma of nose	Verified as valid and accurate for 2020.
4A39	Merkel cell carcinoma of other parts of face	Verified as valid and accurate for 2020.
4A4	Merkel cell carcinoma of scalp and neck	Verified as valid and accurate for 2020.
4A51	Merket cell carcinoma of anal skin	Verified as valid and accurate for 2020.
4A52	Merkel cell carcinoma of skin of breast	Verified as valid and accurate for 2020.
4A59	Merket cell carcinoma of other part of trunk Merket cell carcinoma of unsp upper limb, including shoulder	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
4A60 4A61	Merkel cell carcinoma of right upper limb including shoulder	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
4A62	Merkel cell carcinoma of left upper limb including shoulder	Verified as valid and accurate for 2020.
4A70	Merkel cell carcinoma of unsp lower limb including hip	Verified as valid and accurate for 2020.
4A71	Merkel cell carcinoma of right lower limb including hip	Verified as valid and accurate for 2020.
1A72	Merkel cell carcinoma of left lower limb, including hip	Verified as valid and accurate for 2020.
1A8	Merkel cell carcinoma of overtapping sites	Verified as valid and accurate for 2020.
1A9	Merkel cell carcinoma unspecified	Verified as valid and accurate for 2020.
561	Matignant neoglasm of right overy	Verified as valid and accurate for 2020.
562 560	Mati nant neoplasm of left overy Mati nant neoplasm of unspecified overy.	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
569 5700	Mali nant neo lasm of unspecified faltorian tube	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
5701	Malicinant neonlasm of right fallogian tube	Verified as valid and accurate for 2020.
5702	Malignant necolasm of left fallopian tube	Verified as valid and accurate for 2020.
5710	Malignant neoplasm of unspecified broad ligament	Verified as valid and accurate for 2020.
5711	Malignant neoplasm of right broad is ament	Verified as valid and accurate for 2020.
5712	Malignant neoplasm of left broad ligament	Verified as valid and accurate for 2020.
5720	Malignant neoplasm of unspecified round ligament	Verified as valid and accurate for 2020.
5721	Malignant neoplasm of right round ligament	Verified as valid and accurate for 2020.
5722	Malignant neoptasm of left round linament	Verified as valid and accurate for 2020.
573	Malignant neoplasm of parametrium	Verified as valid and accurate for 2020.
574	Mali mant neoptasm of uterine adnexa unspecified	Verified as valid and accurate for 2020.
700	Mali mant neoplasm of cerebral meninges Mali mant neoplasm of spinal meninges	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.

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Condition: Medicald/Federal an	Cancer ad Commonwealth and CHIP	
ICD10 Codes	Description	Milliman Comments
C153	Mailgnant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C709 C710	Malignant neoplasm of meninges unspecified Malignant neoplasm of cerebrum, except lobes and ventricles	Ventiled as valid and accurate for 2020. Ventiled as valid and accurate for 2020.
C711	Malignant neoperation of cerebrating except tobes and ventroles	Verified as valid and accurate for 2020.
C712	Malignant records of temporal lobe	Verified as valid and accurate for 2020.
C713	Malignant neoplasm of parietal lobe	Verified as valid and accurate for 2020.
C714 C715	Malignant neoplasm of occipital fobe Malignant neoplasm of cerebral ventricle	Verified as valid and accurate for 2020. 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 C720	Malignant neoplasm of brain, unspecified Malignant neoplasm of spinal cord	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C721	Malignant neoplasm of cauda equina	Verified as valid and accurate for 2020.
C7220	Matignant neoplasm of unspecified olfactory nerve	Verified as valid and accurate for 2020.
C7221 C7222	Malignant neoplasm of right elfactory nerve Malignant neoplasm of efficiency nerve	Verified as valid and accurate for 2020. 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 the optic nerve	Verified as valid and accurate for 2020.
C7240 C7241	Malignant neoplasm of unspectful acoustic nerve Malignant neoplasm of right acoustic nerve	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C7242	Malignant neoplasm of left accusts nerve	Verified as valid and socurate for 2020.
C7250	Mali mant neoplasm of unspecified cranial nerve	Verified as valid and accurate for 2020.
C7259	Mali mant neoplasm of other cannin nerves	Verified as valid and accurate for 2020.
C729 C7A00	Malignant neo-lasm of central persons system unspecified Malignant carcinoid tumor of unspecified site	Verified as valid and accurate for 2020. Verified as valid and securate for 2020.
C7A010 .	Malignant carcinoid tumor of the dupdenum	Verified as valid and accurate for 2020.
C7A011	Malignant carcinoid tumor of the jejunum	Verified as valid and accurate for 2020.
C7A012	Mali nant carcinoid tumor of the	Ventied as valid and accumulate zozu.
C7A019 C7A020	Malignant carcinoid tumor of the smint, unspection Malignant carcinoid tumor of the appendix	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C7A021	Malignant carcinoid tumor of the cecum	Verified as valid and accurate for 2020.
C7A022	Mati_nant carcinoid turnor of the ascending colon	Verified as valid and accurate for 2020
C7A023 C7A024	Mali_nant carcinoid tumor of the transverse colon Mali_nant carcinoid tumor of the descendin_colon	Verified as valid and accurate for 2020. 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	Mali mant carcinoid tumor of the lg int, unsp portion	Verified as valid and accurate for 2020.
C7A090 C7A091	Malignant carcinoid tumor of the bronchus and lung Malignant carcinoid tumor of the thymus	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C7A092	Mali nant carcinoid tumor of the stomach	Verified as valid and accurate for 2020.
C7A093	Mali nant carcinoid tumor of the kidne	Verified as valid and accurate for 2020.
C7A094	Malignant carcinoid tumor of the foregut uns ecified	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C7A095 C7A096	Malignant carcinoid tumor of the midgut unspecified Malignant carcinoid tumor of the hindgut, unspecified	Verified as valid and accurate for 2020.
C7A098	Mali nant carcinoid tumors of other sites	Verified as valid and accurate for 2020.
C7A1	Mali_nant_poorly differentiated neuroendocrine tumors	Verified as valid and accurate for 2020.
C7A8 C7B00	Other maliunant neuroendocrine tumors Secondary carcinoid tumors, uns edified site	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C7B01	Secondary carcinoid tumors of distant I/m h 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. Verified as valid and accurate for 2020.
C7B04 C7B09	Secondary carcinoid tumors of peritoneum 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 C8201	Follicular lymphoma grade I, unspecified site Follicular lymphoma grade I, nodes of head face, and neck	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8202	Follicular lymphoma grade I, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
C8203	Follicular I m homa grade I, intra-abdominal I mph nodes	Verified as valid and accurate for 2020.
C8204	Folicular lym, home prade I, nodes of axilla and upper limb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8205 C8206	Folicular lymph grade I, nodes of ing region and lower limb 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 1, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8209 C8210	Follicular lymphoma grade I, extmod and solid organ sites Follicular lymphoma grade II unspecified site	Verified as valid and accurate for 2020. 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 C8215	Folicular I mphoma grade II, nodes of axilla and upper limb Foliciar I mph grade II, nodes of ingregion and lower limb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8216	Follicular I mphoma grade II, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
C8217	Follicular I/mohoma grade II, spieen	Verified as valid and accurate for 2020.
C8218 C8219	Follicular Imphoma grade II, Imph nodes of multiple sites Follicular Imphoma grade II, extmod and solid or an sites	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8219	Follicular I monoma trade II extraod and solid or an sites Follicular I monoma trade III unstrecified unstrecified site	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8221	Foliciar lymph grade III, unsp. nodes of head, face, and nk	Verified as valid and accurate for 2020.
C8222	Follicular lymphoma grade III, unsp. intrathorac lymph nodes	Verified as valid and accurate for 2020.
C8223	Foliciar lymph grade III unsprintra-abd lymph nodes Foliciar lymph grade III unsprindes of axia and upper limb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8224 C8225	Foliciar Ivin harade III. unsp., nodes of in the nand 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 tymphoma grade III unspecified spleen	Verified as valid and accurate for 2020.
C8228 C8229	Foliciar lymph grade III, unsp. lymph nodes mult site Foliciar lymph grade III, unsp. extmod and solid or sites	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8230	Follicular I muhoma grade Illa unspecified site	Verified as valid and accurate for 2020.
C8231	Foliciar lymphoma grade illa, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8232	Follicular lymphoma grade Illa, intrathoracic lymph nodes	Verified as valid and accurate for 2020.

MISTRACIC

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OSDESP

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Condition: Medicaid/Federal an	Cancer ad Commonwealth and CHIP	
ICD10 Codes	Description	Milliman Comments
C153	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020.
C8233	Folicita: Innohoma grade Illa, intra-abdominal lymph nodes	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8234 C8235	Folicia: lymphoma grade Illa, nodes of axilla and upper limb Foliciar lymph grade Illa, nodes of ing run and lower limb	Verified as valid and accurate for 2020.
C8236	Folicular lymphoma grade Illa intranelvic lymph nodes	Verified as valid and accurate for 2020.
C8237	Follicular lymphoma grade Illa, spleen	Verified as valid and accurate for 2020.
C8238	Folicular lymphoma grade Illa, lymph nodes mult site	Verified as valid and accurate for 2020.
C8239 C8240	Foliciar lymphome grade illa extrnod and solid organ sites Folicular lymphoma grade illb uns ecified site	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8241	Foliciar 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 yalid and accurate for 2020.
C8243	Folicular lymphoma grade IIIb intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8244 C8245	Foliciar lymphoma grade IIIb nodes of axilla and upper limb Foliciar lymph grade IIIb nodes of ingran and lower limb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8246	Folicular 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	Folicular lym homa grade lilb. Lymph nodes mult site	Verified as valid and accurate for 20.20.
C8249 C8260	Foliclar lymphoma grade IIIb extraod and solid organ sites	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8261	Cutaneous follicle center lymphoma, unspecified site Cutan folicl center lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020.
C8262	Cutaneous follicle center lymphoma, intrathorac lymph nodes	Verified as valid and accurate for 2020.
C8263	Cutaneous follicle center lymphoma, intra-abd lymph nodes	Verified as valid and accurate for 2020.
C8264	Cutan folici center lymphoma, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8265 C8266	Cutan folici cntr lymph nodes of ing region and tower limb Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8267	Cutaneous folicle center I m. homa, intrapervic I m. hodes	Verified as valid and accument for 2020.
C8268	Cutaneous follicle center lamphoma. I amph nodes mult site	Verified as valid and accurate for 2020.
C8269	Cutan folicl center lymphoma extraod and solid or an sites	Verified as valid and accurate for 2020.
C8280	Other types of follicular lymphoma, unspecified site	Verified as valid and accurate for 20.0.
C8281 C8282	Oth types of foliciar lymph, nodes of head, face, and neck Oth types of follicular lymphoma, intrathoracic lymph nodes	Verified as valid and accurate for 2020. 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 foliclar lymph, nodes of axilla and upper limb	Verified as valid and accurate for 2010.
C8285	Oth types of foliclar lymph, nodes of ing rgn and lower timb	Verified as valid and accurate for 2070. Verified as valid and accurate for 2020.
C8286 C8287	Other types of follicular lymphoma, intrapelvic lymph nodes	V. 15- 1
C8288	Other types of follicular lymphoma, spleen Oth types of follicular lymphoma. Lymph nodes mult site	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8289	Oth types of foliclar lymph, extrnod and solid organ sites	Verified as valid and accurate for 2020.
C8290	Follicular I minhoma 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 C8293	Follicular lymphoma, unspecified, intrathoracic lymph nodes Follicular lymphoma, unsp. intra-abdominal lymph nodes	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8294	Follicular I mphoma unspinodes of axilla and upper limb	Verified as valid and accurate for 2020.
C8295	Foliclar I muhoma, unsu 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 I mphoma unspecified spleen	Verified as valid and accurate for 2020.
C8298 C8299	Follicular lymphoma unsp. lymph nodes of multiple sites Follicular lymphoma unsp. extranodal and solid or an sites	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8310	Mantle cell I phoma unspecified site	Verified as valid and accurate for 2020.
C8311	Mantle cell I minhoma 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 Mantle cell lymphoma lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8314 C8315	Mantle cell lymphoma nodes of ingregion and lower limb	Verified as valid and accurate for 2020.
Q8316	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 C8331	Mantle cell lymphoma extranodal and solid organ sites Diffuse large B-cell lymphoma, nodes of head, face, and neck	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8332	Diffuse lar e B-cell I mohoma, nodes of nead, race, and neck	Verified as valid and accurate for 2020.
C8333	Diffuse large B-cell I rephoma intra-abdominal 1 reph 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	Diffus large B-cell lymph, nodes of ing run and lower limb	Verified as valid and accurate for 2020.
C8336 C8337	Diffuse large B-cell Imphoma intranelvic I much nodes Diffuse large B-cell Imphoma spleen	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8338	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020.
C8339	Diffuse large B-cell I prohoma extraod and solid or an sites	Verified as valid and accurate for 2020.
C8380	Other non-follicular lymphoma, unspecified site	Verified as valid and accurate for 2020.
C8381 C8382	Oth non-follic lym home lym h nodes of head face and neck	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8383	Other non-follicular lymphoma intrathoracic lymph nodes Other non-follicular lymphoma intra-abdominal lymph nodes	Verified as valid and accurate for 2020.
C8384	Oth non-foilic 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 C8388	Other non-follicular lymphoma, spleen Other non-follicular lymphoma, lymph nodes of multiple sites	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8389	Oth non-follic lymphoma extranodal and solid or an sites	Verified as valid and accurate for 2020.
C8400	Myconis fungoides unspecified site	Verified as valid and accurate for 2020.
C8401	M cosis fungoides 1,000h nodes of head face and neck	Verified as valid and accurate for 2020.
C8402	My osis fun oides intrathoracic I much nodes	Verified as valid and accurate for 2020.
C8403 C8404	Mycosis fun oides intra-abdominal lymph nodes Mycosis funccides, lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8405	Micosis fun oides, nodes of in uinal relion and lower limb	Verified as valid and accurate for 2020.
C8406	Massis fungoides intra elvic I much nodes	Verified as valid and accurate for 2020.
C8407	Mycosis fungoldes, spileen	Verified as valid and accurate for 2020.
C8408	Mydanis funccides, 1/mph nodes of multiple sites	Verified as valid and accurate for 2020.
C8409 C8440	Micosis funccides, extranodal and solid or an sites Perioheral T-cell lumbhoma, not classified, unspecified site	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
C8441	Prh T-cell I min not class nodes of head face and neck	Verified as valid and accurate for 2020.
C8442	Peripheral T-cell lymphoma not class, intrathorac nodes	Verified as valid and accurate for 2020.

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	Cancer nd Commonwealth and CHIP			
CD10 Codes	Description		Millimen Comments	
153	Mali mant neoplasm of upper		Ventied as valid and accurate for 2020.	
8443	Peripheral T-cell lymphoma, n		Verified as valid and accurate for 2020.	
8444	Proh T-cell lymph, not class, n		Verified as valid and accurate for 2020.	
8445	Proh T-cell tymph not class, n		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
28446 28447	Peripheral T-cell lymphoma in Peripheral T-cell lymphoma in		Verified as valid and accurate for 2020.	
8448	Peripheral T-cell lymphoma, n		Verified as valid and accurate for 2020.	
8449	Proh T-cell lymph, not class e		Verified as valid and accurate for 2020.	
8460	Anaplastic large cell 1 mphom		Verified as valid and accurate for 2020.	
8461	Anapisto is cell lymph, ALK-po	os nodes of head face and nk	Verified as valid and accurate for 2020.	
8462		a ALK-pos, intrathorac nodes	Verified as willd and accurate for 2020.	
8463	Anaplastic large cell lymphom		Verified as valid and accurate for 2020.	
8464	Anapisto ig cell lymph, ALK oc		Verified as valid and accurate for 2020.	
8465	Anapisto la cell lymph. ALK-no Anapiastic la ge cell lymphom		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
8466 8467	Anaplastic large cell lymphom		Verified as valid and accurate for 2020.	
8468	Anaplastic large cell lymphom		Verified as valid and accurate for 2020.	
8469	Anapisto ig cell lymph, ALK-po		Verified as valid and accurate for 2020.	
8470	Anaulastic large cell lymphom		Verified as valid and accurate for 2020.	
8471	Anapisto ig cell lymph, ALK-ne	nodes of head face, and nk	Verified as valid and accurate for 2020.	
8472		a, ALK-neg, intrathorac nodes	Verified as valid and accurate for 2020.	
8473	Anaplastic large cell lymphom		Verified as valid and accurate for 2020.	
8474	Anapisto ig cell lymph, ALK-ne		Verified as valid and accurate for 2020.	
8475		eg, nodes of ing ran & low lmb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
8476	Ana lastic large cell lymphom		Verified as valid and accurate for 2020.	
8477 8478	Ana lastic lar e cell I m hom Ana lastic la e cell I m hom		Verified as valid and accurate for 2020.	
8479		extract and solid or sites	Verified as valid and accurate for 2020.	
8520		ell lymphoma, unspecified site	Verified as valid and accurate for 2020	
8521		nodes of head, face, and neck	Verified as valid and accurate for 2020.	4
8522		I lymphoma, intrathorac nodes	Verified as valid and accurate for 2020.	ý .
8523		ell lymphoma, intra-abd nodes	Verified as valid and accurate for 2020.	
8524		nodes of axilla and upper limb	Verified as valid and accurate for 20.10.	
8525	Mediastril la B-cell lymph noc		Verified as valid and accurate for 2020.	
8526		ell lymphoma, intrapely nodes	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	100
8527 8528	Mediastinal (thymic) large B-c	ell lymphoma, spicen ell lymphoma, nodes mult site	Verified as valid and accurate for 2020.	
8529	Mediastrillarge B-cell I, III h,		Verified as valid and accurate for 2020.	- 1
884		of mucosa-assoc lymphoid tiss	Verified as valid and accurate for 2020.	
9100		not having achieved remission	Verified as valid and accurate for 2020.	
9101	Acute lymphoblastic leukemia	, in remission	Verified as valid and accurate for 2020.	
9102	Acute lymphoblastic leukemia		Verified as valid and accurate for 2020.	
9110	Chronic lymphocytic leuk of B		Verified as valid and accurate for 2020.	
9111	Chronic lymphocytic leukemia		Verified as valid and accurate for 2020.	
29112 29130	Chronic I phonytic leukemia		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
9130 9131	Prolymphocytic leukemia of B	-cell type not achieve remission	Verified as valid and accurate for 2020.	
9132	Prolymphocytic leukemia of B		Verified as valid and accurate for 2020.	
9150		/-1-assoc not achieve remission	Verified as valid and accurate for 2020.	
9151		nia (HTLV-1-assoc), in remission	Verified as valid and accurate for 2020.	
9152	Adult T-cell lymphoma/leuken	nia (HTLV-1-assoc), in relapse	Verified as valid and accurate for 2020.	
9160		-cell type not achieve remission	Verified as valid and accurate for 2020.	
9161	Prolymphocytic leukemia of T		Verified as valid and accurate for 2020.	
9162	Prolymphocytic leukemia of T		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
9190	Lymhoid leukemia, uns ecifi	ed not having achieved remission	Verified as valid and accurate for 2020.	
9192	Lymhoid leukemia, uns ecifi		Verified as valid and accurate for 2020.	
91A0	Mature B-cell leukemia Burkit		Verified as valid and accurate for 2020.	
91A1	Mature B-cell leukemia Burkit		Verified as valid and accurate for 2020.	
91A2	Mature B-cell leukemia Burkit	t-t-pe, in relapse	Verified as valid and accurate for 2020.	
91Z0	Other lymphoid feukemia not		Verified as valid and accurate for 2020.	
91Z1	Other lymphoid leukemia, in r		Verified as valid and accurate for 2020.	
91Z2	Other lymphoid leukemia, in r		Verified as valid and accurate for 2020.	
9200 9201	Acute myeloblastic leukemia Acute myeloblastic leukemia	not having achieved remission	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
9202	Acute myeloblastic leukemia,		Verified as valid and accurate for 2020.	
9210		BL positive, not achieve remis	Verified as valid and accurate for 2020.	
9211		CR/ABL- ositive in remission	Verified as valid and accurate for 2020.	
9212	Chronic myeloid leukemia BC		Verified as valid and accurate for 2020.	
9220	Any chronic myeloid leuk, BC	CR/ABL-neg_not achieve remis	Verified as valid and accurate for 2020.	
9221.		emia, BCR/ABL-neg, in remission	Verified as valid and accurate for 2020.	
0222		emia BCR/ABL-neg in relace	Verified as valid and accurate for 2020.	
9230	Myeloid sarcoma, not having		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
9231	Myeloid sarcoma, in remissio Myeloid sarcoma, in relayse		Verified as valid and accurate for 2020.	
9232 9240		a, not having achieved remission	Verified as valid and accurate for 2020.	
9241	Acute promyelocytic leukemia		Verified as valid and accurate for 2020.	
9242	Acute promyelocytic leukemia		Verified as valid and accurate for 2020.	
9250		mia not having achieved remission	Verified as valid and accurate for 2020.	
9251	Acute myelomonocytic leuker	nia, in remission	Verified as valid and accurate for 2020.	
9252	Acute myelomonocytic teuker		Verified as valid and accurate for 2020.	
9260		u23-abnormality not achieve remis	Verified as valid and accurate for 2020.	
09261		11 23-abnormali in remission	Verified as valid and accurate for 2020.	
9262		11 23-abnormality in relative	Verified as valid and accurate for 2020.	
929D 9291	M eloid leukemia uns ecifie M eloid leukemia uns ecifie	d not having achieved remission	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
9291	Myeloid leukemia, unspecifie		Verified as valid and accurate for 2020.	
9292 92A0		din lasia not achieve remis	Verified as valid and accurate for 2020.	
092A1	Acute m eloid leukemia w mu		Verified as valid and accurate for 2020.	
			Verified as valid and accurate for 2020.	

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Contrato Nóm 19 - 05

POSDE

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Leukemia unspecified in relapse Polycythemia vera Post-transplant lymphosroliferative disorder (PTLD) Requires a code for the specific organ transplant compile this is a secondary code only (not allowed as primary) 18600 Unspecified compileation of bone marrow transplant Bone marrow transplant rejection Bone marrow transplant rejection Bone marrow transplant rejection Verified as valid and accurate for 2020. Bone marrow transplant failure Verified as valid and accurate for 2020. 18603 Bone marrow transplant failure Verified as valid and accurate for 2020. 18609 Other compileations of bone marrow transplant Verified as valid and accurate for 2020. 18609 Other compileations of bone marrow transplant Verified as valid and accurate for 2020. 18609 Other compileations of bone marrow transplant Verified as valid and accurate for 2020. 18610 Encounter for antineoplastic chemotherapy Verified as valid and accurate for 2020. 18611 Encounter for antineoplastic chemotherapy Verified as valid and accurate for 2020. 18611 Encounter for antineoplastic chemotherapy Verified as valid and accurate for 2020. 18612 Encounter for antineoplastic chemotherapy Verified as valid and accurate for 2020. 18613 Bone marrow transplant status Verified as valid and accurate for 2020. 18614 Bone marrow transplant status Verified as valid and accurate for 2020. 18614 Bone marrow transplant status Verified as valid and accurate for 2020. 18615 Bone marrow transplant status Verified as valid and accurate for 2020. 18616 Bone marrow transplant status Verified as valid and accurate for 2020. 18616 Bone marrow transplant status Verified as valid and accurate for 2020. 18617 Bone marrow transplant expert it in unspecified Verified as valid and accurate for 2020. 18618 Bone marrow transplant expert it in unspecified Verified as valid and accurate for 2020. 18619 Bone marrow transplant expert it in unspecified Verified as valid and accurate for 2020. 18610 Bone marrow transplant expert it in unspecified to	Description Noting and necessarian of super third of estiphages Vollegam an encessarian of super third of estiphages Vollegam an encessarian of super third of estiphages Other mysolod lawaresis, in remission Other mysolod lawaresis, in remission Acute monopolises and the superior of superior superior of superior superior of superior s	Signature designation of super with of stop logists Molecular Indigenation of super with of stop logists Molecular Indigenation of super with of stop logists Other myslold fundamini, increased or with the stop of stop o					
Option myslood (epikemin in having achieved remassion Verified as upital and accurate for 2000. Other myslood (existentis in relatives Other myslood (existentis in relatives) Acute morphostachicomocopic (existentis in relatives) Acute morphostachicomocopic (existentis in relatives) Corrollor myslood composition (existentis in relatives) Other myslood (existentis in relatives) Other specified (existentis in relatives) Oth	Other myelod (externia meristen) Acute monobastichromogic (externia meristen) Other myelod (externi	Other myelor (authority). In profilation of the complete of th		Description			
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C4491 Basal cell carcinoma of skin, unspecified C4492 Squamous cell carcinoma of skin, unspecified C4499 Other specified mali, nant neo lasm of skin, unspecified C457 Mesothelloma of other sites C50011 Mali mant neo lasm of nipple and areola, left female breast C50012 Mali mant neo lasm of nipple and areola, left female breast C50019 Mali mant neo lasm of nipple and areola, unspecified C50021 Meli mant neo lasm of nipple and areola, left male breast C50022 Meli mant neo lasm of nipple and areola, left male breast C50029 Mali mant neo lasm of nipple and areola, unspecified C50111 Mali mant neo lasm of central portion of right female breast C50112 Meli mant neo lasm of central portion of left female breast C50119 Mali mant neo lasm of central portion of right male breast C50121 Mali mant neo lasm of central portion of left female breast C50122 Mali mant neo lasm of central portion of left female breast C50121 Mali mant neo lasm of central portion of left male breast C50122 Mali mant neo lasm of central portion of left male breast C50121 Mali neo lasm of upper-inner quadrant of left female breast C50212 Mali neo lasm of upper-inner quadrant of upper female breast C50221 Mali neo lasm of upper-inner quadrant of right male breast C50222 Mali neo lasm of upper-inner quadrant of right male breast C50222 Mali neo lasm of upper-inner quadrant of right male breast C50222 Mali neo lasm of upper-inner quadrant of right male breast C50222 Mali neo lasm of upper-inner quadrant of right male breast	Verified as valid and accurate for 2020.		
C4492 Squamous cell carcinoma of skin, unspecified C4499 Other specified mali mant neoplasm of skin, unspecified C457 Mesothelioma of other sites C50011 Mali mant neoplasm of nipple and areolal right female breast C50012 Mali mant neoplasm of nipple and areolal, left female breast C50019 Mali mant neoplasm of nipple and areolal, left female breast C50019 Mali mant neoplasm of nipple and areolal unspecified breast C50022 Mali mant neoplasm of nipple and areolal, left male breast C50029 Mali mant neoplasm of nipple and areolal, left male breast C50029 Mali mant neoplasm of central portion of right female breast C50111 Mali mant neoplasm of central portion of left female breast C50112 Mali mant neoplasm of central portion of left female breast C50121 Mali mant neoplasm of central portion of unspecified C50122 Mali mant neoplasm of central portion of left male breast C50122 Mali mant neoplasm of central portion of unspecified C50211 Mali ment neoplasm of upper-inner quadrant of left female breast C50212 Mali ment neoplasm of upper-inner quadrant of left female breast C50212 Mali meoplasm of upper-inner quadrant of left female breast C50221 Mali meoplasm of upper-inner quadrant of right male breast C50221 Mali meoplasm of upper-inner quadrant of right male breast C50221 Mali meoplasm of upper-inner quadrant of right male breast C50222 Mali meoplasm of upper-inner quadrant of right male breast C50222 Mali meoplasm of upper-inner quadrant of right male breast C50222 Mali meoplasm of upper-inner quadrant of left male breast C50222 Mali meoplasm of upper-inner quadrant of left male breast C50222 Mali meoplasm of upper-inner quadrant of left male breast C50222 Mali meoplasm of upper-inner quadrant of left male breast C50222 Mali meoplasm of upper-inner quadrant of left male breast C50222 Mali meoplasm of upper-inner quadrant of left male breast C50222 Mali meoplasm of upper-inner quadrant of left male breast C50222	Verified as valid and accurate for 2020.	_	
Other specified mali mant neo lasm of skin, unspecified C457 Mesothelloma of other sites C50011 Mali mant neo lasm of nipple and areolal right female breast C50012 Mali mant neo lasm of nipple and areolal, left female breast C50019 Mali mant neo lasm of nipple and areolal unspecified breast C50019 Mali mant neo lasm of nipple and areolal unspecified breast C50020 Mali mant neo lasm of nipple and areolal right male breast C50022 Mali mant neo lasm of nipple and areolal, left male breast C50029 Mali mant neo lasm of central portion of right female breast C50111 Mali mant neo lasm of central portion of left female breast C50112 Mali mant neo lasm of central portion of unspecified breast C50119 Mali mant neo lasm of central portion of unspecified breast C50121 Mali mant neo lasm of central portion of left male breast C50122 Mali mant neo lasm of central portion of left male breast C50121 Mali mant neo lasm of central portion of left male breast C50121 Mali ment neo lasm of central portion of unspecified breast C50121 Mali ment neo lasm of central portion of unspecified breast C50211 Mali ment neo lasm of upper-inner quadrant of right male breast C50212 Mali ment asm of upper-inner quadrant of unspecified breast C50221 Mali ment asm of upper-inner quadrant of right male breast C50222 Mali ment asm of upper-inner quadrant of right male breast C50222 Mali ment asm of upper-inner quadrant of right male breast C50222 Mali ment asm of upper-inner quadrant of left male breast	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.		
C457 Mesothelioma of other sites C50011 Mali mant neo lasm of nipite and areola, left female breast C50019 Mali mant neo lasm of nipite and areola, left female breast C50019 Mali mant neo lasm of nipite and areola, left female breast C50021 Meli mant neo lasm of nipite and areola, left male breast C50022 Mali mant neo lasm of nipite and areola, left male breast C50029 Mali mant neo lasm of nipite and areola, left male breast C50111 Mali mant neo lasm of central portion of right female breast C50112 Meli mant neo lasm of central portion of left female breast C50119 Mali mant neo lasm of central portion of unsp female breast C50120 Meli mant neo lasm of central portion of right male breast C50121 Mali mant neo lasm of central portion of left male breast C50122 Meli mant neo lasm of central portion of left male breast C50129 Mali mant neo lasm of central portion of left male breast C50211 Mali neoplasm of upper-inner quadrant of right female breast C50212 Mali neoplasm of upper-inner quadrant of unsp female breast C50219 Mali neoplasm of upper-inner quadrant of right male breast C50222 Mali neoplasm of upper-inner quadrant of right male breast C50222 Mali neoplasm of upper-inner quadrant of right male breast C50222 Mali neoplasm of upper-inner quadrant of right male breast C50222 Mali neoplasm of upper-inner quadrant of left male breast	Verified as valid and accurate for 2020.		
Mail mant neo lasm of nipple and areola, right female breast	also C459 (Mesothelioma unspecified - if applicable)		
C50019 Malignant neoplasm of nipple and areola, uns. female breast C50021 Malignant neoplasm of nipple and areola, infilt male breast C50022 Malignant neoplasm of nipple and areola, left male breast C50029 Malignant neoplasm of nipple and areola, left male breast C50111 Malignant neoplasm of central portion of right female breast C50112 Malignant neoplasm of central portion of left female breast C50119 Malignant neoplasm of central portion of uns. female breast C50121 Malignant neoplasm of central portion of right male breast C50122 Malignant neoplasm of central portion of left male breast C50129 Malignant neoplasm of central portion of left male breast C50211 Malignant neoplasm of central portion of unsp male breast C50211 Malignant neoplasm of upper-inner quadrant of right female breast C50212 Malignant neoplasm of upper-inner quadrant of unsp female breast C50219 Malignant neoplasm of upper-inner quadrant of right male breast C50221 Malignand of upper-inner quadrant of right male breast C50222 Malignand of upper-inner quadrant of right male breast C50222 Malignand of upper-inner quadrant of right male breast C50222 Malignand of upper-inner quadrant of left male breast C50222 Malignand of upper-inner quadrant of left male breast C50222 Malignand of upper-inner quadrant of left male breast C50222 Malignand of upper-inner quadrant of left male breast C50222	Verified as valid and accurate for 2020.		
C50021 Malignant neoplasm of nipple and areola, right male breast C50022 Malignant neoplasm of nipple and areola, left male breast C50029 Malignant neoplasm of nipple and areola, left male breast C50111 Malignant neoplasm of central portion of right female breast C50112 Malignant neoplasm of central portion of left female breast C50119 Malignant neoplasm of central portion of unsplemate breast C50121 Malignant neoplasm of central portion of right male breast C50122 Malignant neoplasm of central portion of left male breast C50129 Malignant neoplasm of central portion of unsplemate breast C50211 Malignant neoplasm of central portion of unsplemate breast C50212 Malignant neoplasm of upper-inner quadrant of inht female breast C50212 Malignant neoplasm of upper-inner quadrant of unsplemate breast C50219 Malignant neoplasm of upper-inner quadrant of unsplemate breast C50221 Malignant neoplasm of upper-inner quadrant of right male breast C50222 Malignant part of upper-inner quadrant of left male breast C50222 Malignant part and of upper-inner quadrant of left male breast C50222 Malignant part and of upper-inner quadrant of left male breast C50222 Malignant part and of upper-inner quadrant of left male breast C50222 Malignant part and of upper-inner quadrant of left male breast C50222 Malignant part and of upper-inner quadrant of left male breast C50222 Malignant part and of upper-inner quadrant of left male breast C50222	Verified as valid and accurate for 2020.		
C50022 Malignant neoplasm of nipple and areola, left male breast C50029 Malignant neoplasm of nipple and areola unspirable breast C50111 Malignant neoplasm of central portion of right female breast C50112 Malignant neoplasm of central portion of left female breast C50119 Malignant neoplasm of central portion of unspirable breast C50121 Malignant neoplasm of central portion of right male breast C50122 Malignant neoplasm of central portion of left male breast C50129 Malignant neoplasm of central portion of unspirable breast C50211 Malignant neoplasm of upper-inner guadrant of left female breast C50212 Malignant neoplasm of upper-inner guadrant of left female breast C50210 Malignant neoplasm of upper-inner guadrant of unspirable breast C50211 Malignant neoplasm of upper-inner guadrant of right male breast C50221 Malignant neoplasm of upper-inner guadrant of right male breast C50221 Malignant neoplasm of upper-inner guadrant of right male breast C50222 Malignant neoplasm of upper-inner guadrant of right male breast C50222 Malignant neoplasm of upper-inner guadrant of left male breast	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.		
C50029 Malignant neo lasm of nipple and areola unsymale breast C50111 Malignant neo lasm of central portion of right female breast C50112 Malignant neo lasm of central portion of left female breast C50119 Malignant neo lasm of central portion of uses female breast C50121 Malignant neo lasm of central portion of right male breast C50122 Malignant neo lasm of central portion of left male breast C50129 Malignant neo lasm of central portion of unsymale breast C50211 Malignant neo lasm of user lortion of unsymale breast C50212 Malignant neo lasm of uper-inner quadrant of left female breast C50219 Malignant neo lasm of uper-inner quadrant of unsy female breast C50221 Malignant neo lasm of uper-inner quadrant of right male breast C50221 Malignant neo lasm of uper-inner quadrant of right male breast C50222 Malignand propasm of uper-inner quadrant of left male breast	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.		
C50111 Malignant neo lasm of central portion of right female breast C50112 Malignant neo lasm of central portion of left female breast C50119 Malignant neo lasm of central portion of unsplemale breast C50121 Malignant neo lasm of central portion of right male breast C50122 Malignant neo lasm of central portion of left male breast C50129 Malignant neo lasm of central portion of unsplemale breast C50211 Malignant neo lasm of upper-inner guadrant of right female breast C50212 Malignant neo lasm of upper-inner guadrant of upper-inner guadrant of upper-inner guadrant of upper-inner guadrant of right male breast C50221 Malignand guardent of upper-inner guadrant of right male breast C50222 Malignand guardent of upper-inner guadrant of left male breast C50222 Malignand guardent of upper-inner guadrant of left male breast	Verified as valid and accurate for 2020.		
C50112 Malignant neoplasm of central portion of left female breast C50119 Malignant neoplasm of central portion of unspremale breast C50121 Malignant neoplasm of central portion of right male breast C50122 Malignant neoplasm of central portion of left male breast C50129 Malignant neoplasm of central portion of unspremale breast C50211 Malignant neoplasm of upper-inner guadrant of left female breast C50212 Malignant neoplasm of upper-inner guadrant of left female breast C50219 Malignant neoplasm of upper-inner guadrant of unspremale breast C50221 Malignant neoplasm of upper-inner guadrant of right male breast C50222 Malignant neoplasm of upper-inner guadrant of left male breast C50222 Malignant neoplasm of upper-inner guadrant of left male breast	Verified as valid and accurate for 2020.		
Malignant neoplasm of central portion of right male breast C50122 Malignant neoplasm of central portion of left male breast C50129 Malignant neoplasm of central portion of unspirale breast C50211 Malignant neoplasm of upper-inner quadrant of right female breast C50212 Malignant neoplasm of upper-inner quadrant of left female breast C50219 Malignant neoplasm of upper-inner quadrant of upper-inner quadrant of upper-inner quadrant of left male breast C50221 Malignant neoplasm of upper-inner quadrant of left male breast C50222 Malignant neoplasm of upper-inner quadrant of left male breast	Verified as valid and accurate for 2020.		
C50122 Malignant neoplasm of central portion of left male breast C50129 Malignant neoplasm of central portion of unsp male breast C50211 Maligneoplasm of upper-inner quadrant of right female breast C50212 Maligneoplasm of upper-inner quadrant of left female breast C50219 Maligneoplasm of upper-inner quadrant of right male breast C50221 Maligneoplasm of upper-inner quadrant of right male breast C50222 Maligneoplasm of upper-inner quadrant of left male breast	Verified as valid and accurate for 2020.	_	
C50129 Malignant neoplasm of central portion of unspirale breast C50211 Maligneoplasm of upper-inner guadrant of right female breast C50212 Maligneoplasm of upper-inner guadrant of left female breast C50219 Maligneoplasm of upper-inner guadrant of unspiemale breast C50221 Maligneoplasm of upper-inner guadrant of right male breast C50222 Maligneoplasm of upper-inner guadrant of left male breast	Verified as valid and accurate for 2020.	_	
C50211 Malig neoplm of upper-inner guadrant of right female breast C50212 Malig neoplasm of upper-inner guadrant of left female breast C50219 Malig neoplasm of upper-inner guadrant of unsp female breast C50221 Malig neoplasm of upper-inner guadrant of right male breast C50222 Malig neoplasm of upper-inner guadrant of left male breast	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.		
C50212 Matig neoplasm of upper-inner quadrant of left female breast C50219 Malig neoplasm of upper-inner quadrant of unspfemale brea C50221 Malig neoplasm of upper-inner quadrant of right male breast C50222 Malig neoplasm of upper-inner quadrant of left male breast	Verified as valid and accurate for 2020.		
C50219 Malig neoplasm of upper-inner quadrant of unsp female brea C50221 Malig neoplasm of upper-inner quadrant of right male breast C50222 Malig neoplasm of upper-inner quadrant of left male breast	Verified as valid and accurate for 2020.		
C50222 Malig neo plasm of upper-inner quadrant of left male breast	Verified as valid and accurate for 2020.	_	
	Verified as valid and accurate for 2020.		
	Verified as valid and accurate for 2020.		
C50229 Malig neonlasm of upper-inner quadrant of unsp male breast C50311 Malig neonlm of lower-inner quadrant of right female breast	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	_	
C50312 Mali neo lasm of lower-inner quadrant of left female breast	Verified as valid and accurate for 2020.		
C50319 Mali neo lasm of lower-inner uadrant of ret female brea	Verified as valid and accurate for 2020.		
C50321 Mali neo lasm of lower-inner quadrant of right male breast	Verified as valid and accurate for 2020.		
C50322 Malig neoplasm of lower-inner quadrant of left male breast	Verified as valid and accurate for 2020.		
C50329 Matig necelasm of lower-inner quadrant of unsumale breast C50411 Malig neoptm of upper-outer quadrant of right female breast	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.		

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ledicald/Federal an	Cancer nd Commonwealth and CHIP	The state of the s		
CD10 Codes	Description	Milliman Comments		
153	Mali nant neo lasm of upper third of escuha jus	Verified as valid and accurate for 2020.		
50412	Malig neoplasm of upper-outer quadrant of left female breast	Verified as valid and accurate for 2020.		
50419	Malig neoplasm of upper-outer quadrant of unsp female breast	Verified as valid and accurate for 2020.		
50421	Matin neo lasm of upper-outer quadrant of right male breast	Verified as valid and accurate for 2020.		
50422	Malig neoplasm of upper-outer quadrant of left male breast	Verified as valid and accurate for 2020.		
0429	Malig neo lasm of upper-outer quadrant of unsu male breast	Verified as valid and accurate for 2020.		
50511	Malia neopim of lower-outer quadrant of right female breast	Verified as valid and accurate for 2020.		
50512	Malig neoplasm of lower-outer quadrant of left female breast	Verified as valid and accurate for 2020.		
50519	Mali neoclasm of lower-outer quadrant of unsp female breast	Verified as valid and accurate for 2020.		
50521	Malig neoplasm of lower-outer quadrant of right male breast	Verified as valid and accurate for 2020.		
50522	Malig neo fasm of lower-outer quadrant of left male breast	Verified as valid and accurate for 2020.		
0529	Malig neoplasm of lower-outer quadrant of unsp male breast	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.		
0611	Malignant neoplasm of axillary tail of right female breast	Verified as valid and accurate for 2020.		
0612	Maliunant neoulasm of axillary tail of left female breast	Verified as valid and accurate for 2020.		
0619	Malinant neo lasm of axillary tail of unsurfemale breast	Verified as valid and accurate for 2020.		
0621	Malignant needlasm of exillary tail of right male breast	Verified as valid and accurate for 2020.		
0622	Mali nant neo lasm of axillary tail of left male breast	Verified as valid and accurate for 2020.		
0629	Malignant neoplasm of axillary tail of unsumale breast Malignant neoplasm of ovrig sites of right female breast	Verified as valid and accurate for 2020.		
0811		Verified as valid and accurate for 2020.		
0812	Mali mant neo lasm of ovrhusites of left female breast			
0819	Malignant neoplasm of ovrig sites of unsu female breast	Verified as valid and accurate for 2020.		
0821	Malignant neoplasm of overlapping sites of right male breast	Verified as valid and accurate for 2020.		
0822	Malignant neoplasm of overlapping sites of left male breast	Verified as valid and accurate for 2020.		
0829	Malignant neoplasm of overlapping sites of unsp male breast	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.		
0911	Mali nant neo lasm of unsu site of right female breast			
0912	Mali mant neo tasm of uns ecified site of left female breast	Verified as valid and accurate for 2020.		
0919	Malignant neoglasm of unspecified gits of right male breast	Verified as valid and accurate for 2020.		
0921	Malignant neo lasm of unspecified site of right male breast	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.		
0922	Mali ment necessary of unspecified site of left male breast	Tollings do tolle mile described		
0929	Malignant neoplasm of unspisite of unspecified male breast	Verified as valid and accurate for 2020.		
10	Mali nant neo lasm of labium majus	Verified as valid and accurate for 2020.		
11	Mali mant neoplasm of labium minus	Verified as valid and accurate for 2020.		
12	Mali mant neoplasm of clitoris	Verified as valid and accurate for 2020.		
18	Malignant neoplasm of overlapping sites of vulva	Verified as valid and accurate for 2020.		
19	Mali nant neoplasm of vulva, unspecified	Verified as valid and accurate for 2020.		
2	Malignant neoplasm of varina	Verified as valid and accurate for 2020.		
30	Malignant neoplasm of endocervix	Verified as valid and accurate for 2020.		
31	Malignant neoplasm of exocervix	Verified as valid and accurate for 2020.		
38	Malignant neoplasm of overlapping sites of cervix uteri	Verified as valid and accurate for 2020.		
39	Mali nant neo lasm of cervix uteri, unspecified	Verified as valid and accurate for 2020.		
10	Malinnant neor lasm of isthmus uteri	Verified as valid and accurate for 2020.		
41	Malignant neoplasm of endometrium	Verified as valid and accurate for 2020.		
42	Malignant neoplasm of myometrium	Verified as valid and accurate for 2020.		
43	Malignant neoplasm of fundus uteri	Verified as valid and accurate for 2020.		
48	Malignant neoplasm of overlapping sites of corpus uteri	Verified as valid and accurate for 2020.		
49	Mali nant neo lasm of corrus uteri uns ecified	Verified as valid and accurate for 2020.		
5	Mali mant neo lasm of uterus, part unspecified	Verified as valid and accurate for 2020.		
77	Mati mant neo lasm of other specified female penital or ans	Verified as valid and accurate for 2020.		
78	Mathemant neo lasm of ovrig sites of female genital organs	Verified as valid and accurate for 2020.		
79	Mali mant neo lasm of female penital or pan unspecified	Verified as valid and accurate for 2020.		
8	Malignant neo lasm of placenta	Verified as valid and accurate for 2020.		
00	Mali mant neoplasm of prepuce	Verified as valid and accurate for 2020.		
01	Mali mant neo lasm of clans penis	Verified as valid and accurate for 2020.		
02	Mali nant neoplasm of body of penis	Verified as valid and accurate for 2020.		
08	Mali nant neoplasm of overlapping sites of penis	Verified as valid and accurate for 2020.		
09	Mali nant neo lasm of lenis unspecified	Verified as valid and accurate for 2020.		
	Mali nant neo lasm of prostate	Verified as valid and accurate for 2020.		
200	Mail nant neo lasm of prostate Mail nant neo lasm of uns ecified undescended testis	Verified as valid and accurate for 2020.		
200	Matinant neo lasm of undescended right testis	Verified as valid and accurate for 2020.		
201		Verified as valid and accurate for 2020.		
202	Malignant neoplasm of undescended left testis	Verified as valid and accurate for 2020.		
210	Malignant neoplasm of unspecified descended testis	Verified as valid and accurate for 2020.		
211	Malionant neo lasm of descended right testis Malionant neo lasm of descended left testis	Verified as valid and accurate for 2020.		
212		Verified as valid and accurate for 2020.		
290	Malig neoplasm of unspitestis, unspidescended or undescended			
291	Malig necolm of right testis unsp descended or undescended	Verified as valid and accurate for 2020.		
292	Malig neo lasm of left testis, unso descended or undescended	Verified as valid and accurate for 2020.		
300	Mali mant neo lasm of uns ecified e idid mis	Verified as valid and accurate for 2020.		
301	Mali mant neoplasm of right epididymis	Verified as valid and accurate for 2020.		
302	Mali nant neo lasm of left epididymis	Verified as valid and accurate for 2020.		
310	Mali mant neo lasm of unspecified spermatic cord	Verified as valid and accurate for 2020.		
311	Mali mant neo lasm of right suermatic cord	Verified as valid and accurate for 2020.		
312	Mali nant neo lasm of left spermatic cord	Verified as valid and accurate for 2020.		
32	Malignant neoplasm of scrotum	Verified as valid and accurate for 2020.		
37	Malignant neoplasm of other specified male genital organs	Verified as valid and accurate for 2020.		
38	Malignant neoplasm of ovrig sites of male genital organs	Verified as valid and accurate for 2020.		
39	Mali nant neoplasm of male genital organ unspecified	Verified as valid and accurate for 2020.		
41	Mali nant neo lasm of right kidney, except renal pelvis	Verified as valid and accurate for 2020.		
42	Mali mant neo fasm of left kidney, excent renal relvis	Verified as valid and accurate for 2020.		
49	Mationant neoptasm of unspikidney, except renal pelvis	Verified as valid and accurate for 2020.		
51	Malignant neoplasm of right renal pelvis	Verified as valid and accurate for 2020.		
52	Malignant neoplasm of left renal pelvis	Verified as valid and accurate for 2020.		
59	Mali nant neo lasm of uns ecified renal pelvis	Verified as valid and accurate for 2020.		
61	Mali mant necolasm of right ureter	Verified as valid and accurate for 2020.		
62	Malignant neoplasm of left ureter	Verified as valid and accurate for 2020.		
		Verified as valid and accurate for 2020.		
69	Malignant neoplasm of uns, edified ureter	Verified as valid and accurate for 2020.		
70	Mali nant neoplasm of tripone of bladder			
571 572	Mali nant neo lasm of dome of bladder	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.		
	Mali nant neo lasm of lateral wall of bladder			
673	Malianant neo lasm of anterior wall of bladder	Verified as valid and accurate for 2020.		

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	Cancer d Commonwealth and CHIP			
D10 Codes	Description	. Miled of annual beautiful	Milliman Comments	
153 675	Malignant neoplasm of upp Malignant neoplasm of blad		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
676	Matignant neo lasm of ure		Verified as valid and accurate for 2020.	
677	Malignant neoplasm of ura		Ventied as valid and accurate for 2020.	
678	Mali mant neoplasm of over		Verified as yand and accurate for 2020.	
679	Malignant neoplasm of bla		Verified as valid and accurate for 2020.	
680	Malignant neoplasm of ure		Verified as walld and accurate for 2020.	
681	Mali nant neo lasm of par		Verified as walld and accurate for 2020.	
688		rlapping sites of urinary organs	Verified as valid and accurate for 2020.	
689	Matignant neoplasm of urin		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
6900 6901	Malignant neoplasm of uns Malignant neoplasm of righ		Verified as valid and accurate for 2020.	
6902	Mali nant neo lasm of left		Verified as valid and accurate for 2020.	
6910	Mali nant neo lasm of uns		Verified as vaid and accurate for 2020.	
3911	Malignant neoplasm of right		Verified as valid and accurate for 2020.	
912	Malignant neoplasm of left		Verified as valid and accurate for 2020.	
920	Malignant neoplasm of uns	ecified retina	Verified as valid and accurate for 2020.	
921	Malignant neoplasm of righ		Verified as valid and occurate for 2020.	
922	Mali mant neoplasm of left		Verified as valid and accurate for 2020.	
930	Malignant necessars of uns		Verified as valid and accurate for 2020.	
931	Malignant neoplasm of righ		Verified as valid and accurate for 2020.	
932	Malignant neoplasm of left		Verified as valid and accurate for 2020.	
940	Mali nant neo lasm of uns		Verified as valid and accurate for 2020	
941	Malignant neoglasm of right Malignant neoglasm of left		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
942		ecified lacrimal pland and duct	Verified as valid and accurate for 2020.	
951		t lacrimal cland and duct	Verified as valid and accurate for 2020.	
952	Malignant neoglasm of left		Verified as valid and accurate for 2020.	4)
960	Mali mant neoglasm of uns		Verified as valid and accurate for 20.20.	4
961	Mali nant neo lasm of righ		Verified as valid and accurate for 2020.	
362	Malignant neoglasm of left		Verified as valid and accurate for 2020.	1 4
980		p sites of unsp eye and adnexa	Verified as valid and accurate for 2020.	я
981		sites of right eye and adnexa	Verified as valid and accurate for 2020.	i de
982	Mali nant neo lasm of ovr	sites of left eye and adnexa	Verified as valid and accurate log 2020.	
990	Malignant neoplasm of uns	ecified site of unspecified elle	Verified as valid and accurate for 2020.	10
991	Mali nant neo lasm of uns	ecified site of right eye	Verified as valid and accurate for 2020.	1.7
992	Maliunant neoplasm of uns		Verified as valid and accurate for 2020.	
3	Malignant neoplasm of thy		Verified as valid and accurate for 2020.	4 .
30	Malignant neoplasm of hea		Verified as valid and accurate for 2020.	
61	Mali nant neo fasm of tho		Verified as valid and accurate for 2020.	
62	Malignant neoplasm of abo		Verified as valid and accurate for 2020.	
63	Malignant neoptasm of pet		Verified as valid and accurate for 2020.	
640	Malignant neoplasm of uns		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
641 642	Malignant neoplasm of right Malignant neoplasm of left		Verified as valid and accurate for 2020.	
650	Mati mant neor lasm of uns		Verified as valid and accurate for 2020.	
651	Malianant neo lasm of right		Verified as valid and accurate for 2020.	
652	Mali mant neoplasm of left		Verified as valid and accurate for 2020.	
68		er specified ill-defined sites	Verified as valid and accurate for 2020.	
30	Melanoma in situ of lin		Verified as valid and accurate for 2020.	
310	Melanoma in situ of unspe	cified eyelid, including canthus	Verified as valid and accurate for 2020.	
311	Meionoma in situ of right e	yelid, including canthus	D03111 for right upper eyelid & D03112 for rig	
312	Meianoma in city of left by		D03121 for left upper eyelid & D03122 for left	lower evelid
320		ear and external auricular canal	Verified as valid and accurate for 2020.	
321		ar and external auricular canal	Verified as valid and accurate for 2020.	
322		r and external auricular canal	Verified as valid and accurate for 2020.	
330	Melanoma in situ of unspe		Verified as valid and accurate for 2020.	
339	Melanoma in situ of other		Verified as valid and accurate for 2020.	
34	Melanoma in situ of scala		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
351 352	Melanoma in situ of anal s Melanoma in situ of breast		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
159	Melanoma in situ of other		Verified as valid and accurate for 2020.	
360		ipper limb, including shoulder	Verified as valid and accurate for 2020.	
361		pper limb, including shoulder	Verified as valid and accurate for 2020.	
362		per limb including shoulder	Verified as valid and accurate for 2020.	
370		cified lower limb, including hip	Verified as valid and accurate for 2020.	
371	Melanoma in situ of right lo		Verified as valid and accurate for 2020.	
372	Melanoma in situ of left lov	ver limb_including hip	Verified as valid and accurate for 2020.	
38	Melanoma in situ of other		Verified as valid and accurate for 2020.	
39	Melanoma in situ, uns peci		Verified as valid and accurate for 2020.	
30		nal breast rosth unsp breast	Verified as valid and accurate for 2020.	
31		dernal right breast prosthesis	Verified as valid and accurate for 2020.	
32		dernal left breast prosthesis	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
811		or removal of left breast implant	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
812 819		or removal of left breast implant or removal of unspibreast implant	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.	
70	Malignant neoplasm of du		Verified as valid and accurate for 2020.	
71	Malignant neoplasm of left		Verified as valid and accurate for 2020.	
72	Malignant neoptasm of iter		Verified as valid and accurate for 2020.	
73	Meckel's diverticulum, mal		Verified as valid and accurate for 2020.	
78		erlanding sites of small intestine	Verified as valid and accurate for 2020.	
79	Mali mant neo lasm of sm		Verified as valid and accurate for 2020.	
80	Mali mant neoplasm of cer		Verified as valid and accurate for 2020.	
B1	Mali mant neo lasm of an		Verified as valid and accurate for 2020.	
82	Mali nant neo lasm of as		Verified as valid and accurate for 2020.	
83	Mati mant neo lasm of he		Verified as valid and accurate for 2020.	
84	Malignant neoplasm of tra		Verified as valid and accurate for 2020.	
85	Malignant neoplasm of sp		Verified as valid and accurate for 2020.	
	Malignant neoplasm of de		Verified as valid and accurate for 2020.	

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POSDES

	Cancer nd Commonwealth and CHIP	
010 Codes	Description	Milliman Comments
53 88	Malignant neoplasm of upper third of esophagus Malignant neoplasm of overlapping sites of colon	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
39	Malignant neoplasm of colon unspecified	Verified as valid and accurate for 2020.
9	Mali mant neo lasm of réctosi moid junction	Verified as valid and accurate for 2020.
0	Mali mant neoplasm of rectum	Verified as valid and accurate for 2020.
10	Malignant neoplasm of anus, unspecified	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
11 12	Malignant neoplasm of anal canal Malignant neoplasm of cloacogenic zone	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
18	Malig neo lasm of ovrig sites of rectum, anus and anal canal	Verified as valid and accurate for 2020.
7	Malignant neoplasm of thymus	Verified as valid and accurate for 2020.
30	Mali mant neoplasm of heart	Verified as valid and accurate for 2020.
31	Malignant neoplasm of anterior mediastinum	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
3	Malignant neoplasm of posterior mediastinum Malignant neoplasm of mediastinum part unspecified	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
8	Malig neonim of ovrig sites of heart, mediastinum and pleura	Verified as valid and accurate for 2020.
0	Mali mant neoplasm of upper respirato tract part unsp	Verified as valid and accurate for 2020.
9	Malignant neoplasm of lower respiratory tract part unsp	Verified as valid and accurate for 2020.
00	Malig neoplasm of scapula and long bones of unsprupper timb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
01 02	Malig neoplasm of scarula and long bones of right upper limb Malig neoplasm of scarula and long bones of left upper limb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
10	Mali nant neoplasm of short bones of unspecified upper limb	Verified as valid and accurate for 2020.
11	Mali mant neo lasm of short bones of right upper limb	Verified as valid and accurate for 2020.
12	Malignant neoplasm of short bones of left upper limb	Verified as valid and accurate for 2020.
:0	Mali nant necolasm of long bones of unspecified lower limb	Verified as valid and accurate for 2020.
21 22	Malignant neoplasm of long bones of right lower limb Malignant neoplasm of long bones of left lower limb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
30	Matinant neonasm of ion cones of lett lower limb Matinant neonasm of short bones of unspecified lower limb	Verified as valid and accurate for 2020.
31	Mali_nant neoplasm of short bones of right lower limb	Verified as valid and accurate for 2020.
32	Malignant neoglasm of short bones of left tower limb	Verified as valid and accurate for 2020.
30	Malig neoplim of ovrlip sites of bone/artic cartl of unsp limb	Verified as valid and accurate for 2020.
31	Malignee Im of ovel sites of bone/artic cart! of r limb	Verified as valid and accurate for 2020.
32 90	Maligneoulm of ovrig sites of bone/artic carti of left limb Maligneoulasm of unspibones and artic cartig of unspilimb	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
11	Mali neo lasm of unso bones and artic cartle of right limb	Verified as valid and accurate for 2020.
32	Malig neo lasm of unso bones and artic cartly of left limb	Verified as valid and accurate for 2020.
)	Mali nant neo lasm of bones of skull and face	Verified as valid and accurate for 2020.
	Malignant neoplasm of mandible	Verified as valid and accurate for 2020.
2	Malignant neoplasm of vertebral column	Verified as valid and accurate for 2020.
3	Malignant neoplasm of ribs sternum and clavicle Malignant neoplasm of pelvic bones, sacrum and coccys	Verified as valid and accurate for 2020. Venified as valid and accurate for 2020.
9	Mali nant neo lasm of bone and articular cartila e unsi	Verified as valid and accurate for 2020.
2	Mesothelioma of pericardium	Verified as valid and accurate for 2020.
9	Mesothelioma, unsuecified	Verified as valid and accurate for 2020.
0	Malignant neoplasm of prohinerves of head, face and neck	Verified as valid and accurate for 2020.
10	Malin neoplm of prh nerves of unsprupper limb inc shoulder	Verified as valid and accurate for 2020.
11 12	Malig neoplin of priph nerves of right upper limb, inc shidr Malig neoplin of priph nerves of left upper limb, inc shoulder	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
20	Matin neo lasm of min nerves of unso lower limb inc his	Verified as valid and accurate for 2020.
21	Malig neoplasm of prohinerves of right lower limb, inc hip	Verified as valid and accurate for 2020.
22	Matig neoclasm of prohinerves of left lower limb inc hip	Verified as valid and accurate for 2020.
3	Malignant neoplasm of peripheral nerves of thorax	Verified as valid and accurate for 2020.
4	Mali nant neo lasm of peri heral nerves of abdomen	Verified as valid and accurate for 2020.
5	Malignant neoplasm of peripheral nerves of pelvis Malignant neoplasm of peripheral nerves of trunk, unsp	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
3	Malia neonim of ovrig sites of print investor trank drisp	Verified as valid and accurate for 2020.
9	Malig necolasm of prph nerves and autonm nervous sys, unsp	Verified as valid and accurate for 2020.
)	Mali neo Im of conn and soft lissue of head face and neck	Verified as valid and accurate for 2020.
10	Malig neoulm of conn & soft tiss of unsulur Imb, inc shidr	Verified as valid and accurate for 2020.
11	Malia neonim of conn and soft tiss of run limb, inc shidr	Verified as valid and accurate for 2020.
12 20	Malig neopim of conn and soft tiss of lupr limb inc shidr Malig neopim of conn and soft tiss of unsplow limb, inc hip	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
21	Malin neo im of conn and soft tiss of r low limb, inc his	Verified as valid and accurate for 2020.
22	Malig neonlm of conn and soft tiss of left low limb, inc hip	Verified as valid and accurate for 2020.
3	Malignant neoplasm of connective and soft tissue of thorax	Verified as valid and accurate for 2020.
1	Malignant neoplasm of connective and soft tissue of abdomen	Verified as valid and accurate for 2020.
5	Mali_nant neo lasm of connective and soft tissue of pelvis	Verified as valid and accurate for 2020.
3 B	Malignant neoplasm of conn and soft tissue of trunk unsp Malignant neoplasm of ovrig sites of conn and soft tissue	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
9	Malignant neoglasm of connective and soft tissue unsu	Verified as valid and accurate for 2020.
A0	Gastrointestinal stromal tumor, uns, ecified site	Verified as valid and accurate for 2020.
A 1	Gastrointestinal stromal tumor of eso ha jus	Verified as valid and accurate for 2020.
A2	Gastrointestinal stromal tumor of stomach	Verified as valid and accurate for 2020.
13	Gastrointestinal stromal tumor of small intestine	Verified as valid and accurate for 2020.
N4 N5	Gastrointestinal stromal tumor of large intestine Gastrointestinal stromal tumor of rectum	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
49	Gastrointestinal stromal tumor of other sites	Verified as valid and accurate for 2020.
00	Mali nant neo lasm of cortex of uns ecified adrenal land	Verified as valid and accurate for 2020.
01	Malin nant neoplasm of cortex of right adrenal gland	Verified as valid and accurate for 2020.
02	Mali mant neoplasm of cortex of left adrenal gland	Verified as valid and accurate for 2020.
10	Malignant neoplasm of medulla of unspecified adrenal gland	Verified as valid and accurate for 2020.
11	Malignant neoplasm of medulla of right adrenat gland	Verified as valid and accurate for 2020.
12 90	Mali nant neo lasm of medulla of left adrenal pland Mali nant neo lasm of unsupert of unsuecified adrenal pland	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
91	Mali nant neo lasm of unstruction in the adrenal pland	Verified as valid and accurate for 2020.
92	Mali nant neo lasm of uns ecified art of left adrenal land	Verified as valid and accurate for 2020.
0	Mali mant neoplasm of parath wid pland	Verified as valid and accurate for 2020.
1	Mali mant neoplasm of pituitary gland	Verified as valid and accurate for 2020.
i2 i3	Mali nant neo lasm of cranio ha in eal duct	Verified as valid and accurate for 2020.
	Mali mant neoplasm of pineal pland Mali mant neoplasm of carotid body	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.

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POSDE

Condition: Medicaid/Federal	Cancer and Commonwealth and Cl	HIP			
CD10 Codes C153	Description	of upper third of esophagus	Millimen Comments Verified as valid and ac	curate for 2020	
C755	Mali mant neo tasm	of sortic body and other paraganglia	Verified as valid and ac	curate for 2020.	
C758 C759		with duri dandular involvement unso of endocrine dand unspecified	Verified as valid and ac Verified as valid and ac		
C770	Sec and unsp malig	neo lasm of nodes of head face and neck	Verified as valid and ac	curate for 2020.	
C771 C772		malignant neoplasm of intrathorac nodes malignant neoplasm of intra-abd nodes	Verified as valid and ac Verified as valid and ac		
C773	Sec and unse maligi	neo lasm of axilla and upper limb nodes	Verified as valid and ac	curate for 2020.	
C774 C775		neoplasm of inquinal and lower limb nodes malignant neoplasm of intrapely nodes	Verified as valid and ac Verified as valid and ac		
C778	Sec and unsp malig	neo fasm of nodes of multiple regions	Verified as valid and ac	curate for 2020.	
C779 C800		malignant neoplasm of lymph node, unsplant neoplasm unspecified	Verified as valid and ac Verified as valid and ac		
C801	Malignant (primary) r	neoplasm unspecified	Verified as valid and ac	curate for 2020.	
C802 C8100		associated with trans, lanted or an predominant Hodykin I, myhoma, unsy site	Verified as valid and ac Verified as valid and ac		
C8101	Nodir lymphocy pred	om Hdgkn lymph, nodes of head, face, & nk	Verified as valid and ac	curate for 2020.	
C8102 C8103		edom Hod kin I m homa, intrathorac nodes redom Hod kin I m homa, intra-abd nodes	Verified as valid and ad Verified as valid and ad		
C8104	Nodir lymphocy pred	om Hd kn lyngh, nodes of axla and upr lmb	Verified as valid and ac	curate for 2020.	
C8105 C8106		om Hdgkn lymph nodes of ing ran & low lmb redom Hodgkin I, mahoma, intrapely nodes	Verified as valid and ac Verified as valid and ac		
C8107	Nodular lymphocyte	predominant Hodokin I/mohoma soleen	Verified as valid and ac	curate for 2020.	
C8108 C8109		predom Hod kin lymphoma, nodes mult site om Hdgkn lymph, extrnod & solid om site	Verified as valid and ac Verified as valid and ac		
C8110	Nodular sclerosis Ho	d kin lymphoma, unspecified site	Verified as valid and ac	curate for 2020.	
C8111 C8112		in lymph, nodes of head, face, and neck dgkin lymphoma, intrathorac lymph nodes	Verified as valid and ac Verified as valid and ac		
C8113	Nodular sclerosis Ho	d kin lymphoma, intra-abd lymph nodes	Verified as valid and ac	curate for 2020.	
C8114 C8115		in I meh nodes of axilla and upper limb meh nodes of ing region and lower limb	Verified as valid and ac Verified as valid and ac		319
C8116	Nodular sclerosis Ho	dykin lymphoma, intrapelvic lymph nodes	Verified as valid and ac	curate for 2020.	130/
C8117 C8118		odskin lymphoma, spleen odskin lymphoma, lymph nodes mult site	Verified as valid and ac Verified as valid and ac		1.9/
C8119	Nodular scier Hodak	in the extraod and solid organ sites	Verified as valid and ac	curate for 2020.	Conti
28120 28121		inkin lymphoma unspecified site in lymph nodes of head, face, and neck	Verified as valid and ac Verified as valid and ac		1 1 9 -
08122	Mixed cellularity Hoo	lgkin lymphoma, intrathorac lymph nodes	Verified as valid and ac	curate for 2020.	4
C8123 C8124		igkin lymphoma, intra-abd lymph nodes kin lymph, nodes of axilla and upper limb	Verified as valid and ac Verified as valid and ac		4 13
C8125	Mixed cellular Hd kr	lymph nodes of ing ran and lower limb	Verified as valid and ad		10/
C8126 C8127		lgkin I mphoma, intrapelvic I mph nodes Igkin I mphoma, spleen	Verified as valid and ac Verified as valid and ac		***
C8128	Mixed cellularily Hoo	lakin lymphoma, lymph nodes mult site	Verified as valid and ac	curate for 2020.	
C8129 C8130		in lymph, extmod and solid organ sites d Hodokin lymphoma, unspecified site	Verified as valid and ac Verified as valid and ac		
C8131	Lymphocy deplet Ho	dukin lymuh, nodes of head, face, and neck	Verified as valid and ac	curate for 2020.	
C8132 C8133		d Hodykin lymphoma intrathorac nodes d Hodykin lymphoma intra-abd, lymph nodes	Verified as valid and ad Verified as valid and ad		
C8134	Lymphocy deplet Hd	gkn lymph, nodes of axilla and upper limb	Verified as valid and ac		
C8135 C8136		gkn lamph, nodes of ing ran and lower limb d Hod kin lymphoma, intrapely lymph nodes	Verified as valid and ad Verified as valid and ad		
C8137	Lymphocyte deplete	d Hodgkin lymphoma, spleen	Verified as valid and ad		
C8138 C8139		d Hodgkin lymphoma, lymph nodes mult site dukin lymph, extrnod and solid organ sites	Verified as valid and as Verified as valid and as		
C8140	1 Company 1 C 41 4-12 4	dakin lymphoma, unspecified site	Verified as valid and ac		
C8141 C8142		diskin lymphoma intrathoracic lymph nodes	Verified as valid and ad Verified as valid and ad		
C8143 C8144		d kin lymphoma, intra-abd lymph nodes ymphoma, nodes of axilla and upper limb	Verified as valid and ac Verified as valid and ac		
C8145		mph nodes of ing region and lower limb	Verified as valid and ad		
08146 08147		d kin lymphoma, intrapelvic lymph nodes d kin lymphoma, spleen	Verified as valid and ad Verified as valid and ad		
C8148		d kin lymphoma, lymph nodes mult site	Verified as valid and ad		
C8149 C8170		homa, extranodal and solid organ sites	Verified as valid and ad Verified as valid and ad		
C8171		homa I much nodes of head, face, and neck	Verified as valid and ad	curate for 2020.	
C8172 C8173		homa, intrathoracic lymph nodes homa, intra-abdominal lymph nodes	Verified as valid and ad Verified as valid and ad		
C8174	Other Hodekin I	homa, lymph nodes of axilla and upper limb	Verified as valid and ad	curate for 2020.	
C8175 C8176		homa, nodes of ing region and tower limb homa, intrapelvic lymph nodes	Verified as valid and as Verified as valid and as		
C8177	Other Hodgkin lympl		Verified as valid and a		
C8178 C8179		homa, lymph nodes of multiple sites homa, extranodal and solid organ sites	Verified as valid and as Verified as valid and as		
C8190	Hodgkin lymphoma	unspecified unspecified site	Verified as valid and a	curate for 2020.	
C8191 C8192		unsp, lymph nodes of head, face, and neck unspecified intrathoracic lymph nodes	Verified as valid and ad Verified as valid and ad		
C8193	Hodgkin lymphoma	unspecified intra-abdominal lymph nodes	Verified as valid and a	curate for 2020.	
C8194 C8195		unsp, lymph nodes of axilla and upper limb unsp, nodes of ing region and lower limb	Verified as valid and ad Verified as valid and ad		
C8196	Hod kin lymchoma	uns ecified intra elvic I h nodes	Verified as valid and a	curate for 2020.	
C8197 C8198	Hodokin Ivrohoma,	unspecified, spleen unspecified, lymph nodes of muttiple sites	Verified as valid and as Verified as valid and as		
C8199	Hod kin I m homa	unsp. extranodal and solid o gan sites	Verified as valid and as	curate for 2020.	
C8250 C8251		r I mphoma unspecified site lymph, nodes of head, face, and neck	Verified as valid and as Verified as valid and as		
C8252	Diffuse follicle cente	r lymphoma, intrathoracic lymph nodes	Verified as valid and a	curate for 2020.	
C8253		r lymphoma, intra-abd lymph nodes lymph, nodes of axilla and upper timb	Verified as valid and as Verified as valid and as		

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SOESKY

Condition: Medicaid/Federal a	Cancer nd Commonwealth and CHIP	BULKIEN			
CD10 Codes	Description		Milliman Comments		
153	Malignant neoplasm of upper third of esc		Verified as valid and ac		
8255	Diffus folicl cntr lymph nodes of ing region		Verified as valid and ac		
8256	Diffuse folliele center lymphoma intrapel		Verified as valid and ac Verified as valid and ac		
8257 8258	Diffuse follicle center I my homa is leen		Verified as valid and ac		
8259	Diffuse follicle center lymphoma, I mph r Diffuse folicl center lymph extrnod and s		Verified as valid and ac		
8300	Small cell B-cell fymphoma, unspecified		Verified as valid and ad		
8301	Small cell B-cell lymphoma nodes of hea		Verified as valid and ad		
8302	Small cell B-cell lymphoma, intrathoracid		Verified as valid and ac		
8303	Small cell B-cell lymphoma, intra-abdom	inal lymph nodes	Verified as varid and ac		
8304	Small cell B-cell lymphoma, nodes of axi		Verified as valid and ac		
8305	Small cell B-cell lymph, nodes of ing reg		Verified as valid and ac		
8306	Small cell B-cell lymphoma, intrapelvic ly Small cell B-cell lymphoma spleen	mpn nodes	Verified as walled and ac		
8307 8308	Small cell B-cell I	of multiple cites	Verified as valid and ac Verified as valid and ac		
8309	Small cell B-cell I m homa extranodal a		Verified as valid and ac		
8330	Diffuse large B-cell lymphoma unspecifi		Verified as valid and ac		
8350	Lymphoblastic (diffuse) lymphoma_unsp		Verified as valid and ac		
8351	Lymphoblastic lymphoma, nodes of head		Verified as valid and ac	ccurate for 2020.	
8352	Lymphoblastic (diffuse) lymphoma intrat		Verified as valid and ac		
8353	Lymphoblastic (diffuse) lymphoma intra-		Verified as valid and in		
8354	Lymphoblastic lymphoma, nodes of axilla		Verified as valid and at		
8355	Lymphoblastic lymphoma nodes of ingr		Verified as valid and and verified as valid and and		
8356 8357	Lymphoblastic (diffuse Lymphoma intra		Ventied as valid and a	which was a control plant and a property of	
8358	Lymphoblastic (diffuse) lymphoma, sples Lymphoblastic (diffuse) lymphoma lymp		Verified as valid and a		
8359	Lymphoblastic lymphoma, extraod and s		Verified as valid and at		
8370	Burkitt lymphoma, unspecified site		Verified as valid and a		
8371	Burkitt lymphoma, lymph nodes of head	face and neck	Verified as valid and a		
8372	Burkitt lymphoma, intrathoracic lymph no	odes	Verified as valid and as	ccurate for 2020.	
8373	Burkitt lymphoma, intra-abdominal lymph	nodes	Verified as valid and m		
8374	Burkitt lymphoma, lymph nodes of axilla		Verified as valid and a		
8375	Burkitt lymphoma, nodes of inquinal regi		Verified as valid and a		- 10
8376	Burkitt lymphoma intrapelvic lymph node	es es	Verified as valid and at	CONTRACTOR STATE OF THE STATE O	18
28377 28378	Burkitt lymphoma is leen Burkitt lymphoma lymph nodes of multip	le riter	Verified as valid and as Verified as valid and as		
8379	Burkitt Imphoma extranodal and solid of		Verified as valid and a		- 1
8390	Non-follicular diffuse lymphoma unsp		Verified as valid and a		
28391	Non-foliic lymphoma, unsp, nodes of hea		Verified as valid and a		7.10
8392	Non-follic (diffuse) lymphoma unsp, intra		Verified as valid and a	ccurate for 2020.	1.6
8393	Non-follic diffuse lymphoma unsp, intra	a-abd lymph nodes	Verified as valid and a		1
28394	Non-follic lymphoma, unsp, nodes of axi		Verified as valid and a		- 4
28395	Non-follic lymph, unsp, nodes of ing regi		Verified as valid and a		
28396	Non-follic diffuse lymphoma unsp. intra		Verified as valid and a		
C8397	Non-follicular diffuse lymphoma unspe		Verified as valid and a Verified as valid and a		
C8398 C8399	Non-follic (diffuse) lymphoma_unsp_lym Non-follic lymphoma, unsp, extmod and		Verified as valid and a		
D8410	Sezary disease uns recified site	SOLICI OF Jan Sites	Verified as valid and a		
28411	Sezary disease lymph nodes of head fa	ace, and neck	Verified as valid and a		
28412	Sezary disease intrathoracic lymph nod		Verified as valid and a	ccurate for 2020.	
28413	Sezary disease intra-abdominal lymph r	nodes	Verified as valid and a		
C8414	Sezary disease lymph nodes of axilla at		Verified as valid and a		
8415	Sezary disease nodes of inquinal region		Verified as valid and a		
28416	Sezary disease, intrapelvic lymph nodes		Verified as valid and a		
08417 08418	Sezary disease, spleen Sezary disease, lymph nodes of multiple	citos	Verified as valid and a Verified as valid and a		
08419	Sezar disease extranodal and solid or		Verified as valid and a		
08490	Mature T/NK-cell I me homas uns ecific		Verified as valid and a		
28491	Mature T/NK-cell I much unsu nodes of		Verified as valid and a		
C8492	Mature T/NK-cell I/mphomas, unsp. intra		Verified as valid and a	ccurate for 2020.	
08493	Mature T/NK-cell lymphomas, unsp, intra		Verified as valid and a		
8494	Mature T/NK-cell lymph unsp nodes of		Verified as valid and a		
8495	Mature T/NK-cell lymph unspinodes of		Verified as valid and a		
28496	Mature T/NK-cell lymphomas, unsp. intra Mature T/NK-cell lymphomas, unspecifie		Verified as valid and a Verified as valid and a		
28497 28498	Mature T/NK-cell lymphomas, unspecific Mature T/NK-cell lymphomas, unsp. lym		Verified as valid and a		
28499	Mature T/NK-cell lymph, unsp, extmod a		Verified as valid and a		
084A0	Cutaneous T-cell lymphoma unspecified		Verified as valid and a		
84A1	Cutan T-cell Ivin homa, unsu nodes of h		Verified as valid and a		
284A2	Cutaneous T-cell I, mphoma unsp, intra		Verified as valid and a		
C84A3	Cutaneous T-cell I mphoma unsp intra		Verified as valid and a		
284A4	Cutan T-cell lymphoma unsp nodes of		Verified as valid and a		
284A5	Cutan T-cell lymph, unsp. nodes of ing r		Verified as valid and a		
284A6	Cutaneous T-cell I mphoma unspintra		Verified as valid and a		- 4
084A7 084A8	Cutaneous T-cell I mphoma unspecifie Cutaneous T-cell I mphoma unsp. I m		Verified as valid and a Verified as valid and a		
84A9	Cutan T-cell I mehoma unsp extraod a		Verified as valid and a		- 1
384Z0	Other mature T/NK-cell I homas uns		Verified as valid and a		
084Z1	Oth mature T/NK-cell lymph, nodes of h		Verified as valid and a		1
C84Z2	Other mature T/NK-cell lymphomas intr		Verified as valid and a		- 10.0
C84Z3	Oth mature T/NK-cell lymphomas, intra-		Verified as valid and a	ccurate for 2020.	
84Z4	Oth mature T/NK-cell lymph, nodes of a	xilla and upper limb	Verified as valid and a		
C84Z5	Oth mature T/NK-cell lymph, nodes of in		Verified as valid and a		
284Z6	Other mature T/NK-cell lymphomas, intr		Verified as valid and a		
C84Z7	Other mature T/NK-cell lymphomas spl		Verified as valid and a		
284Z8	Oth mature T/NK-cell lymphomas, lymph		Verified as valid and a		
C84Z9 C8510	Oth mature T/NK-cell lymph extmod an		Verified as valid and a Verified as valid and a		
C8510	Uns ecified B-cell I home, uns ecified Uns B-cell I home I home to home of		Verified as valid and a		
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GUROS D'

	Cancer d Commonwealth and CHIP	
10 Codes	Description	Milliman Comments
53	Malignant neoplasm of upper third of esophagus	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
513 514	Unspecified B-cell Imphoma, intra-abdominal lymph nodes Unsp B-cell lymphoma, lymph nodes of axilla and upper limb	Verified as valid and accurate for 2020.
515	Unsp B-cell lymphoma, nodes of ing region and lower timb	Verified as valid and accurate for 2020.
516	Uns, ecified B-cell lymphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
517	Unspecified B-cell lymphoma spleen	Verified as valid and accurate for 2020.
518	Unspecified B-cell lymphoma, lymph nodes of multiple sites Unsp B-cell lymphoma, extranodal and solid organ sites	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
519 580	Oth types of non-Hod kin lymphoma, unspecified site	Verified as valid and accurate for 2020.
581	Oth types of non-hold lymph nodes of head face, and neck	Verified as valid and accurate for 2020.
582	Oth wes of non-Hod kin I m home intrathoracic I had nodes	Verified as valid and accurate for 2020.
583	Oth types of non-Hodgkin lymphoma, intra-abd lymph nodes	Verified as valid and accurate for 2020.
i84	Oth types of non-hody lymph, nodes of axilla and upper limb	Verified as valid and accurate for 2020.
85	Oth types of non-hodg lymph, nodes of ing run and lower limb	Verified as valid and accurate for 2020.
86	Oth types of non-Hodgkin I mphoma, intrapelvic lymph nodes	Verified as valid and accurate for 2020.
87 88	Other specified types of non-Hodokin lymphoma, spleen Oth types of non-Hodokin lymphoma, lymph nodes mult site	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
89	Oth types of non-hod lymph, extmod and solid o an sites	Verified as valid and accurate for 2020.
90	Non-Hod kin lymphoma unspecified unspecified site	Verified as valid and accurate for 2020.
91	Non-Hodekin lymphoma unsp. nodes of head face and neck	Verified as valid and accurate for 2020.
92	Non-Hod kin lymphoma, unspecified, intrathoracic lymph nodes	Verified as valid and accurate for 2020.
3	Non-Hod kin I m homa unso intra-abdominal lymoh nodes	Verified as valid and accurate for 2020.
34	Non-Hodekin lymphoma, unsp. nodes of axilla and upper limb	Verified as valid and accurate for 2020.
95	Non-hod lymphoma unsp. nodes of ing region and lower timb	Verified as valid and accurate for 2020.
96	Non-Hodekin lymphoma unspecified intrapelvic limphinodes Non-Hodekin lymphoma unspecified spleen	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
98	Non-Hod kin lymphoma unspecified spieen Non-Hod kin lymphoma unsp. 1 mph nodes of multiple sites	Verified as valid and accurate for 2020.
9	Non-Hodekin lymphoma, unso, extranodal and solid organ sites	Verified as valid and accurate for 2020.
)	Extranodal NK/T-cell lymphoma nasal type	Verified as valid and accurate for 2020.
	Heratospienic T-cell lymphoma	Verified as valid and accurate for 2020.
	Entero athy-type (intestinal) T-cell lymphoma	Verified as valid and accurate for 2020.
	Subcutaneous panniculitis-like T-cell lymphoma	Verified as valid and accurate for 2020.
	Blastic NK-cell I m homa	Verified as valid and accurate for 2020.
	Ancioimmunoblastic T-cell lymphoma Primary cutaneous CD30-positive T-cell proliferations	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
0	Hairy cell leukemia not having achieved remission	Verified as valid and accurate for 2020.
1	Hairy cell leukemia, in remission	Verified as valid and accurate for 2020.
2	Hairy cell leukemia in relapse	Verified as valid and accurate for 2020.
	Multifocal and multisystemic Langerhans-cell histiocylosis	Verified as valid and accurate for 2020.
	Mali mant mast cell tumor	Verified as valid and accurate for 2020.
	Sarcoma of dendritic cells accessory cells	Verified as valid and accurate for 2020.
9	Malig neorim of lymphoid, hema poets and rel tissue, unso	Verified as valid and accurate for 2020.
1	Histiocytic sarcoma	Verified as valid and accurate for 2020.
7	Oth malig neoplin of lymphoid, hematpoets and related tissue Malignant neoplasm of head of pancreas	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
1	Mali mant neoclasm of body of pancreas	Verified as valid and accurate for 2020.
	Malignant neoglasm of tail of pancreas	Verified as valid and accurate for 2020.
3	Malignant neoplasm of pancreatic duct	Verified as valid and accurate for 2020.
	Malignant neoplasm of endocrine pancreas	Verified as valid and accurate for 2020.
	Malignant neoplasm of other parts of pancreas	Verified as valid and accurate for 2020.
	Mali mant neo lasm of overlapping sites of pancreas	Verified as valid and accurate for 2020.
1	Mali mant neo lasm of pancreas, unspecified	Verified as valid and accurate for 2020.
1	Secondary malignant neoplasm of unspecified lung Secondary malignant neoplasm of right lung	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
12	Secondary matignant neoglasm of left lung	Verified as valid and accurate for 2020.
	Secondary malignant neoplasm of mediastinum	Verified as valid and accurate for 2020.
	Secondary mali mant neoclasm of pleura	Verified as valid and accurate for 2020.
0	Seconda v mali mant neo lasm of unsu resuirato v or an	Verified as valid and accurate for 2020.
9	Secondary mali mant neo lasm of other respiratory or lans	Verified as valid and accurate for 2020.
	Secondary mali ment neoplasm of small intestine	Verified as valid and accurate for 2020.
	Secondary malignant neoplasm of large intestine and rectum	Verified as valid and accurate for 2020.
	Secondary mali mant neoplasm of retro eriton and peritoneum Secondary mali meoplasm of liver and intrahepatic bile duct	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
0	Secondary main neoplasm of liver and intranepatic bile duct Secondary mali mant neoplasm of unstedified directive or an	Verified as valid and accurate for 2020.
9	Secondary mail mant neoplasm of other directive or ans	Verified as valid and accurate for 2020.
o o	Secondary mali mant neoplasm of uns. kidney and renal pelvis	Verified as valid and accurate for 2020.
i i	Secondary mali mant neoplasm of rikidney and renativelyis	Verified as valid and accurate for 2020.
2	Secondary mali mant neoplasm of left kidney and renal pelvis	Verified as valid and accurate for 2020.
0	Secondary mali mant neoplasm of unspecified urinary organs	Verified as valid and accurate for 2020.
1	Secondary mali mant neoplasm of bladder	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
9	Secondary mali ment neoplasm of other urinary organs Secondary mali ment neoplasm of skin	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
1	Secondary malitinant neoplasm of skin	Verified as valid and accurate for 2020.
2	Seconda mali nant neo lasm of cerebral menin es	Verified as valid and accurate for 2020.
0	Secondary malionant neoplasm of unspirant of nervous system	Verified as valid and accurate for 2020.
9	Secondary malionant neoplasm of oth parts of nervous system	Verified as valid and accurate for 2020.
1	Seconda mali mant neo lasm of bone	Verified as valid and accurate for 2020.
2	Secondary malignant neoplasm of bone marrow	Verified as valid and accurate for 2020.
50	Secondary mali mant neoplasm of unspecified ovary	Verified as valid and accurate for 2020.
11	Secondary malignant neoplasm of right ovary	Verified as valid and accurate for 2020.
32	Secondary malignant neor lasm of left ovaly	Verified as valid and accurate for 2020.
0	Secondary malignant neoplasm of unspecified adrenal pland	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
71 72	Secondary malignant neoplasm of right adrenal gland Secondary malignant neoplasm of left adrenal gland	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
31	Secondary main mant neoplasm of breast	Verified as valid and accurate for 2020.
32	Secondary malignant neoplasm of genital organs	Verified as valid and accurate for 2020.
89	Seconda y mali mant neo lasm of other specified sites	Verified as valid and accurate for 2020.
9	Secondary mali mant neoplasm of unspecified site	Verified as valid and accurate for 2020.
2	Heavy chain disease	Verified as valid and accurate for 2020.

STRACION

ntrato Número

POSDES

Condition:	Cancer	
Medicaid/Federal a	nd Commonwealth and CHIP	
CD10 Codes	Description	Milliman Comments
C153	Malignant neoglasm of upper third of esophagus	Ventiad as valid and accurate for 2020.
C888	Other malignant immunoprotiferative diseases	Venified as valid and accurate for 2020.
C889	Matignant immunoproliferative disease unspecified	Venfed as valid and accurate for 2020.
C9000	Muttiple myeloma not having achieved remission	Verified as valid and accurate for 2020.
C9001	Multi, le m eloma 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 willd and accurate for 2020.
C9020	Extramedullary plasmacyloma not having achieved remission	Verified as valid and accurate for 2020.
C9021	Extramedullary plasmacyloma in remission	Verified as valid and accurate for 2020.
C9022	Extramedullary riasmac i oma in relaise	Verified as valid and accurate for 2020.
C9030	Solitary plasmacytoma not having achieved remission	Verified as valid and accurate for 2020.
C9031	Solitary plasmacyloma in remission	Verified as valid and accurate for 2020.
C9032	Solitary plasmacytoma in relapse	Verified as valid and accurate for 2020.



THE

End Stage Renal Disease

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

74/1



Multiple Sclerosis

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

71/1



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.

Pervasive developmental disorder unspecified

F849

MI

Verified as valid and accurate for 2020.



LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NINOS 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	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
	Acromegaly and glgandsm	NNE	Metabólico	A		Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Pitultary dwarflam	NNE	Metabólico	,		Cubierto Total	Todo	Vertified as valid and accurate for 2020.
	ital disordine	w X	Metabólico			Cubierto Total	<u>doo</u>	This code now has a 4th digit. E259 - Congenital advancement disorders associated with enzyme deficiency E259 - Other advancemental disorders E259 - Adrenogerital disorder, unspecified
	Duertum NEC	NNE	Metabólico	*		Cubierto Total	Todo	Verified as valid and accurate for 2020.
de seet trouble day District	1		1					
	Phenylketonuria - PKU	NNE	Metabólico	٨		Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Arom amin-acid metab NEC	NNE	Metabolico			Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Sulph amino-acid met dis	NNE	Metabólico	٨		Cubierto Total	Todo	Verified as valid and accurate for 2020,
	Da hatkline metabolism	NNE	Metabólico	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Dis urea cycle metabol	NNE	Metabólico			Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Stralg amb-acid met NEC	NNE	Metabólico	À		Cublerto Total	Fodo	Verified as valid and securate for 2020.
	Dis antino-acid metab NEC	EL NA	Metabólico	•		Cublerto Total	Todo	This code new has a 5th digit. E7281 - Disorder of gamma eminobutyric acid metabolism E7289 - Other specified disorder of entine-exid metabolism
	Dis amino-acid metab NOS	NNE	Metabólico			Cubierto Total	todo	Vertiled as valid and accurate for 2020,
	Galactosémia	NNE	Metabólico	٨		Cubierto Total	Todo	Verified as vaild and accurate for 2020,
	Disaccheridase delimateb	NNE	Metabólico			Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Ranal ghycosuria	NN	Metabólico	A		Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Dis carbohydr metab NOS	NNE	Metabolico		*	Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Lipoprotein deficiencies	NNE	Metabólico	Þ		Cublerto Total	Todo	Verified as valid and accurate for 2020,
	Disordes of Pissme Protein Metabolism	M M	Metabólico	>		Cublerto Total	Todo	The ocds most has a 8th digit. E8801 - Alpha-in sathrypain deficiency E8802 - Plearathogen deficiency E8802 - Diser disorders of pleara-protein metabolism, not elsewhere classified
	Os conner metabolism	NNE	Metabolico	,		Cublerto Total	Todo	wetter as valid and accurate for 2020,
	Dis magnestum metabolism	NNE	Metabólico	>		Cublerto Total	Todo	Verified as valid and accurate for 2020,
	Dis phosimons metabol	NNE	Metabólico	٨		Cublerto Total	Todo	Vertited as valid and accurate for 2020.
	Dis calcium metablem NOS	NNE	Metabólico		>	Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Dis celohm metablem NEC	NNE	Metabólico	A		Cublerto Total	Todo	Verified as vaild and accurate for 2020,
	Hungry bone syndrome	NNE	Metabólico	'n		cublerta total	Todo	Verified as vaild and accurate for 2020.
	Oth mineral metabol	NNE	Metabólico	,		cublerta total	Todo	Verified as valid and accurate for 2020,
	Dis mineral metabol NOS	NNE	Metabólico		3	Cubierto Total	Todo	Vertiled as valid and accurate for 2020.
	Acidosis láctica	NNE	Metabólico	à		Cublerta Total	Toda	Varified as valid and accurate for 2020.
	Cyatio fibros w/o lieus	Fibrosis Cistica	Metabólico	*		Cublerto Total	Todo	Verified as valid and accumbs for 2020.
	Cystic fibrosis w lieus	Fibrosta Cistica	Metabólico	A		Cublerta Total	Todo	Verified as valid and accurate for 2020.
	Cystic fibros w pul man	Fibrosis Cistical	Metabólico	A		Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Cystic fibrosis w Gi man	Fibrosis Cistica	Metabólico	7		Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Cystic fibrosis NEC	Fibrosis Cistica	Metabólico	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Mucopolysaccharidosis	NNE	Metabólico	*		Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Other deficiencies alreulating enzymes	NNE	Metabólico	,		Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Primary carnitine define	NNE	Metabólico	A		Cublerto Total	Todo	Verified as valid and accurate for 2020.
	Cmittee deli difi nb met	NNE	Metabólico	,		Cublerto Total	Todo	Verified as vaild and accurate for 2020.
	fatrogenic carnitine def	NNE	Metabólico	*		Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Sec camiline definey NEC	NNE	Metabólico	>		Cubierto Total	Todo	Verified as valid and accurate for 2020,
	Disorders acid coddation	NNE	Metabólico	*		Cubierto Total	Todo	Verified as valid and accurate for 2020,
		- Carlo	Madadaffina	,		Cubierto Total	Todo	

DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK -Minimum Services to be covered risk of the entity contracted by the PSG	Comm ts
E889	Metaboism disorder NOS	NNE	Metabólico		2	Cublerto Total	Todo	Verified as valid and accurate for 2020.
Disorder of the Immune Mechanism		i i i	Marie Marie			Cubledo Total	r por	Verified as well and accurate for 2020
D801	Hypoganmaglobulinem NCS	NNE	Metabolico	> '1		Cubierto Total	opol	/
D802	Selective ign imminodel	NNE NNE	Metabolica	> >		Cubierto Total	Tedo	Verified as valid and accurate for 2020.
D803	Selective in deficilities	NNE	Melabolico	. 19.		Cubjerto Total	Todo	Verified as valid and accurate for 2020.
0800	Cong hypogammaglobulinem	NNE	Metabólico	*		Cubierto Total	Todo	Verified as valid and accurate for 2020.
0805	Institutodefic w hyper-fgm.	NNE	Metabolico	>		Cubierto Total	Todo	Vertiled as valid and accurate for 2020.
D807	Humorel immunity del NEC	NNE	Metabólico	>		Cubierto Total	Yodo	Verified as valid and accurate for 2020.
D831	Immunder t-cell der NOS	NN	Metabólico		>	Cubierto Total	Todo	Verified as valid and accurate for 2020.
DB21	Digeorge's syndrome	EN LINE	Metabólico	3		Cubierto Total	Todo	Vermed as vario and accurate for 2020. Verified as valid and accurate for 2020.
DBZU	Wiskon-aronch syndrome	NN N	Metabólico			Cubierto Total	OpoL	Verified as valid and accurate for 2020.
0808	Delic cel immunity NOS	NNE	Metabólico		>	Cublerto Total	Todo	Verified as valid and accurate for 2020.
D8982	Autoimmun iymphprof synd	NNE	Metabólico	٨		Cubierto Total	Todo	Verified as valid and accurate for 2020.
08080	Autoimmune disesse NEC	NNE	Metabólico			Cubierto Total	Todo	Weither as valid and accurate for 2020.
Diseases of the Blood and Blood F	ii per							
0990	Thatassemia, unspecified	NNE	Hematológico	J.		Cublerto Total	Todo	Verified as valid and accurate for 2020.
D571	Sickle cell disease NOS	NNE	Hematológico	>		Cubierto Total	Todo	Verified as valid and securate for 2020.
D589	Apquired hemolytic anemia NOS	HXN	Hematológico	>		Cubierto Local	Todo	Vermind as valid and accounts for 2020.
Detor	Constitution RBC apleate	Appliable	Anomalo Anthonos	> '		Cubierto Total	Open open	Verified as valid and accurate for 2020.
Datato	Andra shares independ nanous	NN.	Hematokalco			Cubierto Total	Tode	Verified as valid and accurate for 2020.
Detail	Oth dra inded percentage	NA NA	Hernatológica			Cubierto Total	Todo	Vertified as valid and accurate for 2020.
Defails	Other carcyboenia	E N	Hemetológico	>		Cubierto Total	Todo	We walk and accurate for 2020.
Detas	Mysicaphitists	NA STATE	Hematológico	. >		Cublerto Total	Todo	Verme as valid and accurate for 2020.
Det 88 / Det 1 / Det 2 / Det 3	Acidon anima NEO	Anemia Aplástica	Anemia Ablástica	*		Cublerto Total	Todo	venes as valid and accurate for 2020.
D619	Apissio anemia NOS	Anemia Aplástica	Anemia Aplâstica			Cublerto Total	Todo	Verified as valid and accurate for 2020.
D68	Cong factor vili diord	Hemofilia	Hemofilla	4.		Cublerto Total	Todo	Vertited as valid and accurate for 2020.
190	Cong factor IX disorder	Hemofilla	Hemotifia	>		Cublerto Total	Todo	Verified as valid and accurate for 2020.
Des1	Cong factor xi disorder	Hamofilia	Hemofilia	٨		Cubierto Totali	Todo	Vertilled as valid and accurate for 2020.
0682	Cong def clot factor NEC	Нетобіїв	Hemofilia	7		Cublerto Total	Todo	Verified as valid and accurate for 2020.
Deso	willebrand's disease	Hemofilia	Hemofilia	٨		Cubierto Total	Todo	Verified as veild and accurate for 2020.
D88311	Acquired hernophilia	Нетобва	Hemofilia	,		Cublerto Total	Todo	Verified as valid and accurate for 2020.
D68312	Antiphospholipid w hemor	Hemofila	Hemofilia	٨		Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Ot hem dit are unticong	Hamofille	Hemofilia	٨		Cubierto Total	Todo	Verified as valid and socurate for 2020.
	Defibrituation syndrome	Hemofile	Hamofilla	٨		Cubierto Total	Todo	Verified as valid and accurate for 2020.
D684	Acq coaguí factor delto	Hemofilia	Hemofilia	,		Cubierto Total	Todo	Verified as valid and accurate for 2020.
	Coegular defect NEC/NOS	Hemofilia	Hemofilia	*		Cublerto Total	Todo	Verified as valid and accurate for 2020.
there and Hair adversagement	Disorders							
FOBI	Catatonia associated with another mental disorder	Mental	Mental		MREF	Cubierto Total	Todo	Verified as valid and accurate for 2020.
F203	Schizophrenia Litaire december discorder Decument Medicarite	Menta	Menta	•	MREE	Cublento Total	Todo	Verified as valid and accurate for 2020.
F337	Major demantive disorder, recentant, monerale	Menta	Menta		WEF	Cubierto Total	Todo	www as valid and accurate for 2020.
F333	Major depressive deorder, Recurrent w Psych	Mental	Mental		MREF!	Cubierto Total	Todo	Verified as valid and accurate for 2020.
F3113	Bipol I manc-sev w/o psy	Mental	Mental			Cublerto Total	Todo	as valid and accurate for 2020.
F312	Bípd I manto-sev w psy	Mental	Mental			Cublerto Total	Yodo	Verified as valid and accurate for 2020.
F3132	8/pd I cur depress⊶mod	Mental	Mental	à		Cubierto Total	Todo	Verified as valid and accurate for 2020.
4	Bipal I curr dep w/a ps	Mental	Mental	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.
F315	Stool I curmt dep w pay	Mental	Mental			Cublerto Total	Todo	Vertiled as valid and accurate for 2020.
F3161	Sholar disorder II	Mental	Menta	>		Cublerto Iotal	Todo	Vertical as valid and accurate for 2020.
F840	Autum Spectrum Disorder	Menta	Autsmo			and orange	DBO I	YOUNGE HE VAILE BILD SECULIBRIES COLO.
Codes		-	ONO	,		Cubierto Total	Todo	Verified as valid and accurate for 2020.
CAUSEN	Certai degart in ipidosia	HINE	200			O. things. Total		ne wild and consequence for 2000
6839	Carb deg chd in oth dis	NNE .	SNS CNS	b. 1		Cublerto Total	Todo	Verified as valid and accurate for 2020.
P842 (W161 /W162	Other ratio harmonical state (Estates a speciment of page 1991) of the contract of the contrac	NN	S 0			Cubierto Total	Todo	Verified as valid and accurate for 2020.
6250	Taxania tenora	W.	CNS	. >		Cublerto Total	Todo	Verified as valid and accurate for 2020.
2	Peraksis aditions	NNE	CNS	,		Cublerto Total	Todo	Verified as valid and accurate for 2020,
6254	Chone NEC	NNE	SNO			Cublerto Total	Todo	Verified on valid and encurate for 2020

		Will be seen	100	TOTAL PROPERTY.		100	Diffe hillsfarme Comfree		Contrato Ni
DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	(for a specified period)	Comments	NSX -Minimum services to be covered risk of the entity contracted by the PSG	Contine	
2380	Natromwells celica	NNE	SNS	>		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
6370		NNE	CNS	٨		Cubierto-Total		Verner as valid and accurate for 2020.	
G8100	pf side	NNE	CNS	>		Cublerto Total		Verified as valid and accurate for 2020.	Roone
G8110		NNE	CNS	٨		Cublerto Total		Verified as valid and accurate for 2020.	0
08190	nf side	NNE	CNS	B		Cublerto Total		Verified as valid and accurate for 2020,	
5801	Congenital diplogia	NNE	SNS	> >		Cubierto Total	Todo	vermed as valid and accurate for 2020. Verified as valid and accurate for 2020.	
G802	Congenita herripagia	NA NA	S S	> >		Cubierto Total		Verified as valid and accurate for 2020.	
G8180		NNE	CNS			Cuthierto Total		Vertited as valid and accurate for 2020.	
3809		NNE	CNS	٨		Cubierto Total	Todo	Verified as valid and accurate for 2020.	
G8250		NNE NAME	SNS SNS	י כ		Cublerto Total		Verified as valid and accurate for 2020.	
G8252	Quadring c1-c4, Incompit	NNE	CNS	. '>		Cublerto Total	Todo	Vertiled as valid and accurate for 2020.	
G8253		NNE	cNS	>		Cublerto Total		We have as valid and accurate for 2020.	
254	comple	NNE	CNS	٨		Cublerto Total		verne as valid and accurate for 2020,	
C8250		NNE	CNS	> 1		Cublerto Total	Todo	Verified as valid and accumin for 2020. Verified as valid and accumin for 2020.	
- Calca	Cauchy equina synctrone Combral everte	D LANGE	CNS	> >		Cubierto Total		Verified as velid and accurate for 2020.	
G8340	SON A	NNE	CNS	. 5		Cubierto Total		Verified as valid and accurate for 2020,	
G601		NNE	CNS	>	-	Cubierto Total	Todo	Verified as veild and accurate for 2020.	
G803	kiño prog polymeuropathy	NNE	CNS	A		Cubierto Total		Verified as valid and accurate for 2020.	
C#08		NNE	CNS	>		Cubierto Total		Verified as veild and accurate for 2020.	
680%		NNE	CNS	*		Cublerto Lotal	Todo	Vermed as valid and accurate for 2020. Nextflad he valid and sections for 2020.	
Control	(company)	NNE	200			Cubierto Total		Verified as valid and accurate for 2020.	
6710	Conguest mass dystyny Hend arte miss dystythy	NNE	SS			Cublerto Total		Verified as valid and accurate for 2020.	
67111		NNE .	CNS	>		Cublerto Total		Verter as valid and accurate for 2020.	
Disorders of E - and Admos									
HS40	Both eyes blind-who def	NNE	Ceguera	7		Cublerto parotal	,	Viental as valid and accurate for 2020.	
5	forth the same	E V	Comme	79		Cublerto percial		Verified as valid and accurate for 2020,	
H942	grant pool syos	DIAM.					T.		
H548	Legal blindness-use def	NNE	Ceguera	>		Cublerto parcial	-	virginia as varid and accurate for 2020.	
H5000	Esotropia NOS	NNE	Oftalmológico		77	Cublerto parcial	Procedimiento quiràrgico y servicios oftalmológicos relacionados	Vernal as valid and accurate for 2026.	
							-		
H5010	Exercipia NOS	UNE	Oftalmológico		7	Cubiento parcial		Vertiled as valid and accurate for 2020.	
HS080	Mechanical strabism NOS	NNE	Offelmológica		7	Cublerto parcial	Procedimiento quintigico y servicios oftalmológicos relacionados	Vertiled as valid and accurate for 2020.	1
	Other specified strabism (Duane's) (ApRoar solo el código de lado del						gg		5
H50811 Right eys H50812 Left eye	-18	NNE	Offermológico		7	Cuberto parcial	offalmológicos relacionados	Vermed as valid and accurate for 2020.	-
		1	7000		,	Supports Dennish	Procedimiento quirárgico y servicios	Varified on solid and accurate for 2000	
MZ18X9	Equinus determity of foot, acquired	NAE	MOK				-	VOLIMAL BY TREAD STATE SECURITION OF LAKES.	
M4000	Adoles postural kyphoels	NNE	MSK		7	Cublerta Parcial	relacionados Docediniento militados e cardidos	we have see valid and accurate for 2020.	
MB65	(dioputhic scollesis, progressive	NNE	MSK		7	Cublerta Parcial	relationados	verted as valid and accurate for 2020.	
Comparted Architectus			9	,		Contacto Total	Total	CCCC and advantage love billion on the CCCC	
2002	Interceptialy	NNE	S S	د د		Cutherta Total	1000	Vertex as valid and accurate for 2020.	
0050	Spin bit w hydrodeph NOS	NNE	25 0	. 7		Cubierta Total	Todo	as valid and accurate for 2020.	
0051	Spin bif w hydroeph-dors	NNE	CNS	7		Cublerta Total		vertile as valid and accurate for 2020.	
900	Spin bif w hydrosph-lumb	NNE	CNS	7		Cublerta Total		Vierne as valid and accurate for 2020.	
005	Spina bifida	NNE	CNS	7		Cubierta Total		Verfled as valid and accurate for 2020.	
\$5, 1	Spina bifida-cerv	NNE	SNS	۵ د		Cublerta Total	Todo	Varified as valid and accurate for 2020. Varified as valid and accurate for 2020.	
Q057	Spins bifide-tumber	NNE	CNS	. >		Cublerts Total		Vertibed as valid and accurate for 2020,	
002	Mercenthalus	D.N.	SNA			Cubierta Total	Trado	Verified on year and accounts for 2020	
		4111	DES	,				TOTAL SEE AND	

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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	Comment 1 9 = 0 5 2
0111	Clinic encontribations NOS	NNE	Oftaimológico	ž		Cubierta Parcial	Procedimientos quirárgicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
0110	Consen cystic evebal	NNE	Oftaimológico	\$		Cubierta Parcial	Procedimientos quinúrgicos y visitas al oftaimólogo	Verified as valid and accurate for 2020.
0112	Cryptopytalmos	ENN	Offermológico		7	Cubierta Parotal	Procedimientos quirtirgicos y visitas al oftalmólogo	OSDE
9112	Microphthalmos NOS	NNE	Offiaimológico	7*		Cubierta Parolal	Procedimientos quinúrgicos y visitas al oftalmólogo	Varified as valid and accurate for 2020.
0112	Michaelschein worten promises of specialisms	New Contract of the Contract o	Offsimológica		۶	Cubierta Parcial	Procedimientos quintrigicos y visitas al oftalmólogo	Verified as vaild and accurate for 2020.
0150		New	Offsimológico		>	Cubierta Parcial	Procedimientos quiningicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
0150	Buphitalmos w other enomalies	100	Oftermológico		7	Cublerta Parcial	Procedimientos quirúrgicos y vísitas al oftalmólogo	Verified as valid and accurate for 2020.
Q120	Congenital calamact NOS	NAC	Offalmológico		4	Cublerta Parcial	Procedimientos quinúrgicos y visitas af oftalmólogo	Verfled as veild and accurate for 2020.
0123	Congenital aphakia	NAE	Oftaimológico		7	Cubierta Parcial	Procedimientos quiningicos y visitas al offalmólogo	Verified as vaild and securate for 2020.
Q121	Congenital ectopic lens	ae.	Oftalmológico		7	Cubierta Percial	Procedimientos quintigicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
Q129	Cong catarifens anom NEC	we	Offalmológico		7	Cubierta Parcial	Procedimientos quimigicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
Q134	Anom corneal size/shape	- Park	Oftaimológico		7	Cubierta Parcial	Procedimientos quiningicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
Q133	Cong cornea opac aff vis	MA	Oftaimológico		7	Cubierta Parolal	Procedimiantos quirúngicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
0133	Cong comeal opacit NEC	NAC	Offaimológico		7	Cubierta Parelal	Procedimientos quinúrgicos y visitas al oftalmólogo	Vertiled as veild and accurate for 2020,
Q131	Anirdía	ME	Oftaimológico		7	Cubierta Parcial	Procedimientos quirángicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
Q132	Anom iris & all body NEC	ME	Oftalmológico		7	Cubierta Parcial	Procedimientos quirúrgicos y visitas ál oftalmólogo	Verified as valid and accurate for 2020.
0135	Anomalies of actora	No.	Offialmológico		7	Cubierta Parcial	Procedimientos quinúrgicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
Q1389	Mult anom anter seg-eye	900	Offaimológico		7	Cubierta Parcial	Procedimientos quinúrgicos y visitas el oftalmólogo	Verified as valid and accurate for 2020.
74351+A238;A247	Vitragus anomalies	366	Offsimológico		7	Cubierte Parcial	Procedimientos quimingicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
0140	Cong chortoretinal degen	INE	Offsimológica		7	Cubierta Parcial	Procedimientos guirúrgicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
0.141	Cong retinal changes NEC	360	Oftalmològico		7	Cubiarta Parcial	Procedimientos quintrigicos y visitas al oftalmálogo	Verified as valid and accurate for 2020.
0142	Optic disc anomalies	22	Oftahnológico		7*	Cubierta Parcial	Procedimientos quinúrgicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
0100	Congenital phosis	the C	Oftehnológico		7	Cubierta Percial	Procedimientos quírúrgicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
0103	Specianom of eyelid NEC	146	Offisimológico		7	Cublerte Parcial	Procedimlentos quíntigicos y visitas al oftalmólogo	Verified as valid and accurate for 2020,
0108	Spec lacrimar gland anom	10.6	Offermológico		7	Cubierta Percial	Procedimientos quintingicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
Q107	Spec anomaly of orbit	364	Опантоюде		7	Cublerte Parcíal	Procedimientos quirúngicos y visitas al aftalmólogo	Verified as valid and accurate for 2020.
Q113	Eye mornalises NEC	NA SE	Oftelmológico		7>	Cubierta Percial	Procedimientos quiningicos y visitas al oftalmólogo	Verified as valid and accurate for 2020.
Q159	Eye enomally NOS	3164	Oftalmológico		7	Cublerta Percial	Proceedimhentos quinúrgicos y visitas al oftalmólogo	Vertiled as valid end accurate for 2020.
Q168	Ear anom NOS/Impair hear	here	ENT		7	Cubierta Parcial	Procedimientos quintratos y visitas al ENT	Verified as valid and accurate for 2020.
Q180	Cong absence ext eer	naic.	ENT		7	Cublerta Parolal	Procedimientos quintrgicos y visitas al ENT	Verified as valid and accurate for 2020.
Q161	Ex ear arm NEC-Impr hear	nest.	EM		7	Cublerta Parcial	Procedimientos quirúngicos y visitas al ENT	Verified as vaild and accurate for 2020.
Q164	Middle ear anomaly NEC	1990	ENT		7	Cubjecta Parcial	Procedimientos quirúrgicos y visitas af ENT	Verified as valid and accurate for 2020.
G163	Anomalies ear ossicies	146	EM		7	Cubierta Parcial	Procedimientos quirárgicos y visitas al ENT	Verified as valid and accurate for 2020.
Q165	Anomales of inner ear	3966	ENT		7	Cublerta Parcial	Procedimientos quirúngicos y visitas al ENT	Verified as valid and accurate for 2020.
0.168	Ear anom NEC/Impair hear	Hell	ENT		7	Cubiertu Parcial	Procedimientos quirángicos y visitas al ENT	Varified as will and accumite for 2020.
0170	Accessory muricle	Nete	ENT		7	Cublerta Percial	Procedimientos quirúrgicos y visitas al ENT	Verified as valid and accurate for 2020.
Q178	Cong absence of ear lobe	MME	ENT		Þ	Cubierta Parcial	Procedimientos quirúrgicos y visitas al ENT	Verified as valid and accurate for 2020.
0171	Macrotia	JANE	ENT		7	Cubierta Parcial	Procedimientos quintrigicos y visitas al ENT	Verified as vaild and accurate for 2020.
							Procedimientos quirúrgicos y visitas al	

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DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK-Minimum Services to be covered risk of the entity contracted by the PSG	Corre	to Nin -0
0162	Eustachian tube anom NEC	NN NN	ENT		7	Cubierta Parcial	Procedimientos quiningloos y visitas ai ENT	Verified as valid and accurate for 2020.	
82,10	Eer anomaly NOS	W.V.	ENT		7	Cubierta Parcial		Verified as valid and accurate for 2020,	1
0182	Cervical surrice	NNE	EN		7	Cublerta Parcial	Procedimientos quirúrgicos y visitas al ENT	Verified as valid and accurate for 2020.	SD
G181	Presurbular cyst	W.N.	ENT		7-	Cubierta Panoial	Procedinientos quirúngicos y visitas al ENT	Verified as valid and accurate for 2020.	
Q182	Branchia deft anom NEC	M M	SURG		7	Cubjerts Parolai	Procedimlentos quírúrgicos y visitas a especialistas (Oral/Max)	Verified as valid and accurate for 2020.	
0183	Webbing of neck	W.	SURG	λ.		Cubjerta Parcial	Procedimientos quirurgicos y visitas a especialistas (Oral/Max)	Verified as valid and accurate for 2020.	
Q188	Macrohella	NNE	SURG		7	Cubierte Parolal	Procedimientos quirúrgicos y visitas a especialistas (Oral/Max)	Verified as valid and accurate for 2020,	
0187	Morochella	W.	SURG		7	Cublerta Perolei	Procedimientos quirúrgicos y vísitas a especialistas (Oral/Max)	Verified as valid and accurate for 2020.	
2	Macrostomia	W.Z.	SURG		7	Oubjerta Parolai	Procedimientos quintingcos y visitas a especialistas (Oral/Max)	Verified as valid and accurate for 2020.	
800	Microstonia	HWN.	SURG		7	Cubierta Percial	Procedimientos quinúrgicos y visitas a especialistas (Oral/Max)	Verified as valid and accurate for 2020.	_
100	Cran faceleack artem NOS	ui z	SURG		7	Cubierta Parcial	Procedimientos quintirgicos y visitas a especialistas (Oral/Max)	Verified as valid and accurate for 2020.	
9203	Complitations greatives	WN.	Congénito		7	Cublenta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0201	Double outlet it vening	NNE	Congánito		7-	Cublerta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0205	Correct transpos grt ves	NNE	Congénito		7	Cubierta Percial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0213	Tetralogy of fall ot	NNE	Congénito		77	Cubierta Parcial	Procedinientos quinúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0204	Continon ventricle	NNE	Congénito		7	Cuberta Percial	Procedimientos quintrajtos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0210	Vanitricular sapt defect	NNE	Congénito		7	Cublerta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verfiled as valid and acquirate for 2020.	
0211	Secundum atriet sept def	NNE	Congénito		7	Cubierta Parolal	Procedimientos quirúngicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
Q212	Endocard cushion def NOS	NNE	Congénito		٠,	Cubierte Percial	Procedimientos quirárgicos y vísitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0212	Ostium primum defect	NNE	Congénito		7-	Cublerta Percial	Procedimientos quirúrgicos y vísitas a especialistas (Cardio)	hart as valid and accurate for 2020.	1
Q212	Endocard cushlon def NEC	NNE	Congénito		7	Cubierta Parcial	Procedimientos quinúrgicos y vísitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	X
9020	Cor bloculare	NNE	Congénito		7	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	7
0208	Septial closure anom NEC	NNE	Congénito		7	Cubierte Parcial	Procedimientos quirúngicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0219	Septial olocure arrow NOS	NNE	Congénito		7	Cublerta Parcial	Procedimientos quírúrgicos y visitas a especialistas (Cardio)	Varified as valid and accurate for 2020.	
0223	Pulmonary valve arom NOS	E NA	Congénito		7	Cublerte Parolal	Procedimientos quirúngicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0220	Cong pulmon valv atresta	NNE	Congénito		>	Cubierte Parcial	Procedimientos quirúngicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020,	
0221	Cong pulmon valve stenos	NNE	Congénito		7	Cublerta Parcial	Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0222	Pulmonary valve anom NEC	NNE	Congánito		7-	Cubierta Parcial	Procedimientos quintrylicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0225	Ebstehl's arounaly	NN	Congénito		7	Cubiorta Percial	Procedimientos quirárgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0620	Cong sorts vaiv stenosis	NNE	Congánito		۴	Cublerta Parcial	Procedimlentos quiningicos y visitas a especialistas (Cardio)		
9231	Cong aorta valv insuffic	NNE	Congénito		ħ	Cublerta Parcial	Procedimientos quirivigicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0232	Concer mittal stembals	NN NN	Congénito		Þ	Cubierta Parcial	Procedimientos quinúngicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
820	Cond mittal instrittions	NNE	Congénilo		*	Cubierta Parcial	Procedimientos quírurgicos y visitas a especialistas (Cardio)		
	Hypodas (eff heart sund	NN E	Congénito		7		Procedimientos quirúrgicos y visitas a especialistas (Cardio)	Verified as valid and accurate for 2020.	
0244	And the second s					Contracts December	Procedimientos quinúrgicos y visitas a		
	A COUNTY OF THE SHARESON	WZZ	Congénito		>		expecialistas (cardio)	Varified as valid and accurate for 2020.	

INISTRAC/ON

PASG Cuberta Parcial recedimente quiturgoce y vietra a respecialista (cubio) Cuberta Parcial Procedimente quiturgoce y vietra a capecialista (cubio) Cuberta Parcial Procedimente quiturgoce y vietra a capecialista (cudio)	ठ	(footed	(pouted)	
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	3			Congénite
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Sulling Sullin Sulling Sulling Sulling Sulling Sulling Sulling Sulling Sulling	3			Congénito
Cubiarta Parcial especialistas (Cardio)	3			Congénito
Procedimientos quintigicos y visitas a Cubierta Parcial especialistas (Cardio)	3			Congénito
Procedimientos quinvigitos y visitas a Cubberta Parcial especialistas (Cardio)	3			
Procedimientos quintingios y visitas a Cublerta Parcial especialistas (Cardio)	3			
Procedimientos quintinglass y visitas a Cubierta Percial especialistas (Cardio)		7		
Procedimientos quinúrgicos y visitas a especialistas (Cardio)		7	7	
Procedimientos quintirgicos y visitas a Cubierta Parcial especialistas (Cardio)		7		
Procedimientos quinúrgicos y visitas e Cublerta Parolal especialistas		7		
Procedimientos quintiguos y visitas a Cublerta Parcial especialistas		7		
Procedimientos quintígicos y visitas a Cubierta Parcial especialistas	3			
	8			
Procedimientos quintingos y visitas a Cublerta Parolal especialistas	7			Congenito
Procedimientos quintigicos y visitas a Cubierta Parolai especialistas	3			Congénito
Oubierta Parckal especialistas	d 7			Congénito
Procedimientos quindigloss y visitas a Cubierta Parciale especialistas	Ö			Congénito
Procedimientos quintingloss y visitas a Cubierta Parcial especialistas	ŏ →			Congénito
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Procedimientos quinúrgicos y visitas a Cubierta Parcial especialistas	ŏ →			Congenito
Procedimientos quiningos y visitas a Cubierte Perciel especialistas	δ →			Congérito
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Procedimientos químirgicos y visitas a Cubierta Percial especialistas	σ →			Congenito
Procedimientos quiningicos y visitas a Cubierta Percisi especialistas	2			Consider
Procedimien		ı		Conference
Cutse to the control of the control	Ī			Congenito
Cubierta Parcial especialistas	3			Congénito
Procedimientos quintiguos y visitas a Cubierra Parcial especialistas	∂ →			Congénito
Procedimientos quintirgicos y visitas e Cubierta Parcial especialistas	δ →			Congérito
Procedimientos quintirgicos y visitas a Oublerta Parcial especialistas	δ 7			Congénito
Procedimienta Parcial Cubienta Parcial especialstas	Ö			Congénito

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DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RUSK -Minimum Services to be covered risk of the entity contracted by the PSG	0	Contrato Nomero 0
0433	Anomaties if internal fixetio	NNE	Congénito		7	Cubierte Perolai	Procedimientos quirárgicos y visitas a especialistas	Verified as valid and accurate for 2020.	SE
8770	Corra cyarto fiver dis	NNE	Congénito	7		Cublerta Parolal	Procedimientos quintrigicos y visitas a expecialistas		\
0456	Anom dipestives and NOS	NNE	Congénito		7	Cubierta Parolal	Procedimientos quinirgicos y vieltas a especialistas		AOS DE
9090	Tubal/broad ig a mon NOS	NNE	Congénito		7	Cublerta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verfiled as valid and accurate for 2020.	1
8050	Tubathroad in arom NEC	E N	Concento		7	Cublerta Parcial	Procedimientos quírúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0510	Accounts of theres		Congénito		. 7	Cubierta Parcial	Procedimientos quírúngicos y visitas a especialistas	Verified as valid and accurate for 2020,	
051811	Averages of chans	i iii	Conoénito		7-	Cublerta Parcial	Procedimientos quíntigicos y visitas a especialistas	Verified as valid and accurate for 2020.	
Q514	Unicomusite vienus	N.E	Congénito		7	Cublerta Parcial	Procedimientos quírungicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0513	Becomusite uterus	W Z	Concenito		7	Cublerta Parcial	Procedimientos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0512	Secrets utimus	illi Z	Congénito		7	Cubierta Parcial	Procedimientos quírúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	
051810	Arcuste uterus	W.Z	Condénito		7-	Cublerta Parcial	Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	
8250	Anom cervix, vacha, ext centralis	iii V	SURG		7	Cublerta Parolal	Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020.	
PTSO	Connected charten	LL NZ	Concénito		7	Cublerts Percial	Procedimientos quirúngicos y visitas a especialistas V	Verified as valid and accurate for 2020.	
689	Merrosarie	u Z Z	Constanto		-		Procedimientos quirúngicos y visitas a especialistas	Verified as valid and accurate for 2020,	
	or and a second black	<u> </u>	Climbran		,	Cubjerta Parcial	Procedimientos quírtirgicos y visitas a especialistas		
22020	Colorino Delinipolico	D U	Considering		. ,	Cutherta Percial	Procedimientos quirúngicos y visitas a semerialistas		
GRIS	Polycysia Raney Nucs	NAME OF THE PERSON OF THE PERS	Congention				Procedimientos quintingicos y visitas a		
Q812	Polycyst kid-autoeom dom	III 보	Congenito		Þ.	CONSTRUCTION OF THE PROPERTY O	Procedimientos quintrigicos y visitas a		
Q614	Rena' dysplasia	NN E	Congénito		7	Cublerta Parcial	expecialistas Procedimientos quírungicos y visitas a	Vertiled as valid and accurate for 2020.	
Q815	Medullary cyallo kidney	NNE	Congénito		7	Cublerts Parcial	especialistas Dozedinlantes outrindese solettas a	Verified as valid and accurate for 2020.	
0615	Medullary sponge kidnay	NNE	Congénito		7	Cubierta Parofal	especialistas especialistas	Verified as valid and accurate for 2020.	
Q6102	Cystic kldney diseas NEC	N.M.	Congénito		~	Cublerta Parcíal	Procedimientos quíningicos y visitas a especialistas	Verified as valid and accurate for 2020.	
0618	Obst Defects renal petvis, urpler	NNE	SURG		خ	Cublerta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.	
06239	Os officer and on the control of the	N. Elizabeth	Congénito		7	Cubierta Percial	Procedimientos quirúrgicos y visitas a especialistas		
02290	Conven obst infrodo inc	ii.	Conoénito		,	Cublerta Percial	Procedimientos quirúrgicos y visitas a especialistas		57
63709	מון אוליים וויים אוליים אוליים וויים אוליים אול	J L			-	Stand Stand	Procedimientos quiringicos y visitas a		700
L844	Anomales of unachus	NN NN	Cargania				Procedimientos quirúrgicos y vísitas a		7
0880	Congenital barticollis	UI N	Congénito			Middle Patrick	especialistas Procedimientos quirúrgicos y visitas a		-
0651	Congen hip distoc, bliat	NN	Congénito		7	Cubierte Percia	especialistas Procedimientos quirungos y visitas a	Verified as valid and accurate for 2020.	
0654	Cong hip subluc, bilat	NNE	Congénito		خ	Cubierta Parcial	especialistas	Vertiled as valid and accurate for 2020.	
G68Z	Cong knee dislocation	NNE	Congénito		7	Cubierta Parolal	Procedimientos quintiguos y visitas a especialistas	Verified as valid and accurate for 2020.	
0683	Congan bowing of femur	NNE	Congénito		7	Cublerta Parofal	Procedimientos quínúrgicos y visitas a expecialistas	Verified as valid and accurate for 2020.	
7890	Corra bowlno tbia/fibula	E N	Congénito		7	Cubierta Parcial	Procedimientos quinúngicos y visitas a expecialistas	Verified as valid and accurate for 2020.	
5885	Com towing in NOS	u.Z.Z	Consénito		**	Cublerta Parcial	Procedimientos quiróngicos y visitas a especialistas	Vertiled as vaid and accurate for 2020,	
dead dead	Saladorem in modern in contract	L Z	Concepto		,	Cublerta Parcial	Procedimientos quinúrgicos y visitas a especialistas		
0000		. L	Considerity		. 7	Cultierta Parrilai	Procedimientos quíntigicos y visitas a		
	Tells	L L			_	Cuhierta Paretal	Procedimientos quiningicos y visitas a senserialistos		
C064	sniges vægus		Conspanio		-		Procedimientos quiningicos y visitas a		
0864	Talipos calcaneoxulgita	II N	Congénito		7	Cublerte Parcial	especialistas Procedimientos quinúrgicos y visitas a		
0,668	Cong valgus foot def NEC	NNE	Congénito		7	Cubierta Parelai	especialistas Procediminatos miniminos o vieltas a	Verified as valid and accurate for 2020.	
Q897	Talipes carus	NNE	Congénito		7	Cubierta Parcial	especialistæs	Verified as valid and accurate for 2020.	
							Procedimientos quirúngicos y visitas a		

LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NINOS CON NECESIDADES ESPECIALES DIAGNOSTIC CODES (ICD-10 CM_2015)

								20.7
DIAGNOSTIC CODES (ICD-10 CM_2015)	DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	Temporary (for a specified period)	Comments	RISK-Minimum Services to be covered risk of the entity contracted by the PSG	Comments Town
2677	Pectus carinatum	NNE	Congénito		7	Cubierts Percial	Procedimentos quimirgicos y visitas a especialistas	Verified as valid and accurate for 2020.
9704	Polydeothly NOS	NNE	Congénito		7	Cublerta Parolal	Procedimientos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.
0682	Polydachyk, toes	NNE	Congénito		7	Cublerte Parolal	Procedimientos quimingicos y visitas a especialistas	Verified as valid and accurate for 2020.
0,0	Syndacty fine-no fusion	NNE	Congenito		7	Oublerta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
0478	Acrosechalosyndactvív	NNE	Congénito		7	Oubierta Parcial	Procedimientos quintigloss y visitas a especialistas	Verified as valid and accurate for 2020.
0748	Accessory cerpal bones	NNE	Congénito		7	Cubierta Parcial	Procedimientos quinúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
0740	Macrodactylia	NNE	Conpenito		7	Cubierta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020,
Q6581	Conganitial coxa valga	NNE	Congénito		7	Cubierta Parolal	Procedimientos quirúrgipos y visitas a especialistas	Verified às valid and accurate for 2020.
Q682	Cong knee deformity	. NNE	Congénito		7	Cublerta Paroial	Procedimientos quintigicos y visitas a especialistas	Vertified as valid and accurate for 2020.
Q7848	Anomaly of spine NOS	NeuroSk	No específico		7	Cubierts Percial	Procedimientos quininglos y visitas a especialistas	Verified as valid and accurate for 2020.
Q762	Lumbosacr a	NeuroSx			7	Cubierta Parolal	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q762	Spondyfollethesis	NeuroSx	SURG		77	Cublerta Parcial	Procedimientos quirúngicos y visitas a especialistas	Vertified as valid and accurate for 2020.
07649	Concen fusion of spine	NeuroSx	SURG		7	Cublerta Percial	Procedimientos quíningicos y visitas a especialistas	Verified as valid and eccurate for 2020.
0781	Kipoe-fel syndrone	NeuroSx	Congénito	7		Cublerta Percial	Procedimientos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.
2820	in the second se	u Z	Consento		,	Cublerta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
200	of the second of	u N	cale de la constante de la con	7		Cublerta Parcial	Procedimientos quinárgicos y visitas a	
	managaran da manag	l L		, ,		Simo Garagia	Procedimientos quiningicos y visitas a	
Q182	Usiloperiosis	NAE.	Cargania				Procedimientos quirúrgicos y visitas a	
0786	Osteopolkilosis	NNE	Congénito	7		Cubierta Percial	especialistas Procedimientos ouiningloss y visitas a	Verfled as valid and accurate for 2020.
0781	Polyoestodio fibros Wilpli	ME	Congénito	7		Cubierta Peroial	especialistas	VM*** as valid and accurate for 2020.
0776	Chondroectoderm dysplas	NNE	Congénito	7		Cubierta Parcial	especialistas	Verified as valid and socurate for 2020.
0783	Muth epitrys eet dysplas	NNE	Congérito	*		Cubierta Percial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
15020	Prine hally studiome	<u>.</u>	Conceluito	7		Oublerta Parcial	Procedimientos quirúrgicos y visitas a especialistas	Verified as valid and securate for 2020.
0,000	Turo voy opinione		Conception		7		Procedimientos quintiglicos y visitas a especialistas	Verified as valid and accurate for 2020.
Z0 (Z)	to the second shed and him	I UNI	Constallo				Procedimientos quintingicos y visitas a	Www.md as velid and accurate for 2020.
2,000	Configuration and descriptions	J N	Consideration	7			Procedimientos quiringicos y visitas a	as valid and eccurate for 2020.
888	Haracitan adams of lare		Considering		7		Procedimientos quínúrgicos y visitas a especialistas	ed as valid and eccurate for 2020.
9782	Tree cuttes y cours has constitued.		Connéello			Oublerta Percial	Procedimientos quintrgicos y visitas a	-
. 828	Constructional theretae		Coordollo			Oubjerta Parcial	Procedimientos quintiglos y visitas a especialistas	
425	Vinexe lies francocheras		Consider		>	Cublenta Parolai	Procedimientos quíntigicos y visitas a especialistas	Verified as vaid and accurate for 2020.
270	Section at the Landau section of the Landau						Procedimientos quirúngicos y visitas a	
7576	Cong bresst anomaly NEC	JNN	Congénilo		-	Cubierta Parcial	especialistas	Instance is a negover from ICU-9
0634	Cri-du-chat syndrome	NNE	Genético	7		Cubierta Total	Todo	Verified as valid and accurate for 2020.
Q8391	Velo-cardio-factal synd	NNE	Genético	7		Cubierte Total	Todo	Verified as valid and accurate for 2020.
Q9388	Other microdeletions	NNE	Genético	7		Cublerta Total	Todo	Vertified as valid and accurate for 2020.
8680	Conditions due to chromosome anomaly, NOS	NNE	Genélico	7		Cubierta Parcial	especialistas	Verified as valid and accurate for 2020.
Q8901	Anomalies of spleen	NNE	Genético	7		Cublerta Parolal	Procedimientos quintrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Q861	Adrena gland anomaly	NNE	Genético	7		Cubierta Parolal	Procedimientos quírúrgicos y visitas a especialistas	Verified as valid and accurate for 2020.
are the state of	anomalies				A COLUMN TOWN		Consequential and see and infrarel many seeds for an	
CBBOB	Anomalies of splean	NNE	Genético	7		Cubierta Parcial	especialistas especialistas	Verified as valid and accurate for 2020.
Q892	Endocrine anomaly NEC	NNE	Ganético	7		Cubierta Percial	Procedimientos quinirgicos y visitas a especialistas	Verified as valid and accurate for 2020.
	Chrebinesira	E Z	Garditon	7		Cubierta Parcilal	Procedimientos quiningicos y visitas a especialistas	Verified as valid and accurate for 2020.
Cago	Sittle HIVERING	TALL DE	Calcon					

LISTA DE DIAGNOSTICOS PARA CUBIERTÀ DE NINOS CON NECESIDADES ESPECIALES DIAGNOSTIC CODES (ICD-10 CM_2015)

LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NINOS CON NECESIDADES ESPECIALES DIAGNOSTIC CODES (ICD-10 CM_2015)

Opposition of the control of		DESCRIPTION-LETTER DS_2008	Type of Register	Type	Up to 20 years (until before age 21 day)	(for a specified period)	Comments	RLSK -Minkmum Services to be covered risk of the entity contracted by the PSG	Comments
Tuberus selections Tuberus			NA NA	Genetico	7		Cublerta Parcial	Procedimientos quiningicos y visitas a especialistas	was valid and accurate for 2020.
Procedure No. Procedure No			NNE	Genético	7		Cubierte Percial	Procedimientos quinirgicos y visitas a especialistas	Verified as valid and accurate for 2020.
Productive syndrome NNE Genetico 4 Cuberta Toda Todo			N. N.	Genélico	7		Cubierta Parcial	Procedimientos quimingicos y visitas a especialistas	Verified as valid and accurate for 2020.
Finage is syndromed			NNE	Genético	7		Cubierta Total	Todo	Verified as valid and accurate for 2020.
Specified corg around NEC NNE Pertinated Vicinity Code of the processor of the pr			NNE	Genético	~		Cubierta Total	Todo	Verified as valid and accurate for 2020.
Folder beneficial Period Folder about 5: Folder beneficial Period Folder about 5: Folder beneficial Folder F			NNE	Genélico	7		Cubierto por excepción	Codigo no registra, solo por excepción	E78 is the 3-digit code family for disorder of lipo-protein metabolism
	In the Pa								
NNE Petratal Vel Determative vel Vel Petratal Vel Determative vel Petratal Vel Determative vel Vel Determative vel Vel Petratal Vel Determative vel Vel Vel Vel Petratal Petratal Vel Vel Petratal Vel Petratal Vel Petratal Vel Petratal			NNE	Pertnatel	78		Cublerta Total	Todo	Incorract - Fetal alcohol syndrome is Q860
NNE Pertuata V Cuberta Percia Procedure and Pertuata Procedure and Pertuata V Cuberta Poda Procedure and Pertuata Procedure and Percea and Other Pertuata Procedure and Percea and Other Pertuata Procedure and Percea and Other Pertuata Procedure and Other Pertuata Procedure and Percea and	(PO7001		NNE	Pertnatal	7		Cubierta Total	Todo	Verified as valid and eccurate for 2020.
Street supplying NCS			NNE	Pertrustal		7	Cublerta Parcial	Procedimientos quinirgicos y visitas a especialistas	Incorrect - P04 is the 3-digit code family for Newborn effected by noxious substances transmitted via placenta or breast milk.
NNE CNS 4 Cuberts Total Toto Toto NNE CNS 4 Cuberts Total Toto NNE Deserratio Victor a especialistes NNE Deserratio Victor NNE Deserratio Victor Septicalistes NNE Deserratio Victor Septicalistes Vic			NNE	Perinatal	7		Cublerta Total	Todo	Verified as valid and accurate for 2020.
NNE Deserroiro Velitra e especialistas NNE Deserroiro Velitra e especialistas NNE Deserroiro Velitra e especialistas NNE Deserroiro V Cubierta Parcial Velitra a especialistas NNE Deserroiro V Cubierta Parcial Velitra a especialistas NNE Deserroiro-Velitra especialistas			NNE	Perinatai	7		Cublerta Total	Todo	Incorrect - P14 is the 3-digit code family for Birth injury to peripheral nervous system
NNE Deserrotio 4 Cubierta Percial Vibitara a especialistas NNE Deserrotio 4 Cubierta Percial Vibitara a especialistas NNE Deserrotio 4 Cubierta Percial Vibitara a especialistas NNE Deserrotio-Lichara (Cubierta Percia			NNE	CNS	4		Cubierta Total	Todo	Verified as valid and accurate for 2020,
NNE Desarrolo vi Cuberta Parcial Visita a especialistas NNE Desarrolo vi Cuberta Parcial Visita a especialistas NNE Desarrolo vi Cuberta Parcial Visita a especialista NNE Desarrolo-Habia	arman, S. rose and ill-Defined Conditions								
NNE Drosarridio V Cuberta Parcial Vicitor a especialistra NNE Dosarrich-Hubba V Cuberta Parcial Vicitor a especialistra NNE Dosarrich-Hubba V Cuberta Parcial Vicitor a especialistra			NNE	Desarrollo		7	Cubierta Percial	Visitas a especialistas	Verified as valid and accurate for 2020.
NNE Desarrollo V Cuberta Parolai Veltas a sepechibites NNE Desarrollo-Habia Veltas a sepechibites			NNE	Desarrollo		77	Cublerta Parotal	Visitas a expectalistas	Verified as valid and accurate for 2020.
NAIE Desarrotic-Habia y Cuberta Pardal Velias a especialists			NNE	Desarrollo	7		Cublerts Parcial	Věítas a especialistas	Verified as vaild and accurate for 2020.
Lists affects of burkers, Polishorium, Toxic Effects and Citize Esterni Cusess			NN EN	Desarrollo-Habla		7	Cubierta Parcial	Visitas a especialistas	Verified as vaild and accurate for 2020.
	I she effects of inturios. Schoolings. Tooks Effects and Other External Causes.		No.		THE PERSON NAMED IN				

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



Measurement period	: Diabetes	
Population	Medicald/Federal, Commonwealth and CHIP Population	
CD 10 CODES	Description	Milliman Comments
1011	Type 1 diabetes mellitus with ketoacidosis with coma	Verified as valid and accurate
1021	Type 1 diabetes mellitus with diabetic nephropathy	Verified as valid and accurate
1022	Type 1 diabetes mellitus w diabetic chronic kidney disease	Verified as valid and accurate
1029	Type 1 diabetes mellitus w oth diabetic kidney complication	Verified as valid and accurate
10641	Type 1 diabetes mellitus with hypoglycemia with coma	Verified as valid and accurate
9483	Pancreas transplant status	Verified as valid and accurate
1010	Type 1 diabetes mellitus with ketoacidosis without coma	Verified as valid and accurate
10311	Type 1 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate
10319	Type 1 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate
103211	Type 1 diab with mild none rinop with macular edema, r eye	Verified as valid and accurate
103212	Type 1 diab with mild none rtnop with macular edema, I eye	Verified as valid and accurate
103213	Type 1 diabetes with mild nonp rtnop with macular edema bi	Verified as valid and accurate
103219	Type 1 diab with mild none rtnop with macular edema, unsp	Verified as valid and accurate
103291	Type 1 diab with mild none rtnoe without molr edema, r eye	Verified as valid and accurate
103292	Type 1 diab with mild nonp rtnop without mclr edema, I eye	Verified as valid and accurate
103293	Type 1 diab with mild none rtnop without macular edema bi	Verified as valid and accurate
103299	Type 1 diab with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate
103311	Type 1 diab with mod nonp rtnop with macular edema, r eye	Verified as valid and accurate
103312	Type 1 diab with mod none rtnop with macular edema I eye	Verified as valid and accurate
103313	Type 1 diab with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate
103319	Type 1 diab with mod none rtnop with macular edema, unsp	Verified as valid and accurate
103391	Type 1 diab with mod none rtnor without macular edema, reve	Verified as valid and accurate
103392	Type 1 diab with mod none rtnor without macular edema, I eye	Verified as valid and accurate
103393	Type 1 diab with mod none rtnop without macular edema, he	Verified as valid and accurate
103399	Type 1 diab with mod none thou without macular edema, bi	Verified as valid and accurate
103399	Type 1 diab with frod none tino with macular edema, r eye	Verified as valid and accurate Verified as valid and accurate
103411	Type 1 diab with severe none rtnop with macular edema, I eye	Verified as valid and accurate
103412		
	Type 1 diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate
103419	Type 1 diab with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate
103491	Type 1 diab with severe nonp rtnop without mclr edema, r eye	Verified as valid and accurate
103492	Type 1 diab with severe nonp rtnop without mclr edema, I eve	Verified as valid and accurate
103493	Type 1 diab with severe nonp rtnop without macular edema, bi	Verified as valid and accurate
103499	Type 1 diab with severe nonp rtnop without mclr edema, unsp	Verified as valid and accurate
103511	Type 1 diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate
103512	Type 1 diab with prolif diab rtnop with macular edema. I eye	Verified as valid and accurate
103513	Type 1 diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate
103519	Type 1 diab with prolif diab rtnop with macular edema, unsp	Verified as valid and accurate
103521	Type 1 diab w prolif diab rtnop w trctn dtch macula, r eye	Verified as valid and accurate
103522	Type 1 diab w prolif diab rtnop w trctn dtch macula, I eye	Verified as valid and accurate
103523	Type 1 diab w prolif diab rtnop with treth dtch macula, bi	Verified as valid and accurate
103529	Type 1 diab w prolif diab rtnop with tretn dtch macula, unsp	Verified as valid and accurate
103531	Type 1 diab w prolif diab rtnop w trctn dtch n-mcla, r eye	Verified as valid and accurate
103532	Type 1 diab w prolif diab rtnop w trctn dtch n-mcla, I eye	Verified as valid and accurate
103533	Type 1 diab w prolif diab rtnop with tretn dtch n-mela, bi	Verified as valid and accurate
103539	Type 1 diab w prolif diab rtnop with treth dtch n-mela, unsp	Verified as valid and accurate
103541	Type 1 diab with prolif diab rtnop with comb detach, r eye	Verified as valid and accurate
103542	Type 1 diab with prolif diab rtno with comb detach, I eye	Verified as valid and accurate
103542	Type 1 diab with prolif diabetic rtnop with comb detach, bi	Verified as valid and accurate
103545	Type 1 diab with prolif diabetic rinop with comb detach, unsp	Verified as valid and accurate
103549	Type 1 diabetes with stable prolif diabetic rtnop, right eye	Verified as valid and accurate
103552	Type 1 diabetes with stable prolif diabetic rtnop, fight eye	Verified as valid and accurate
	Type 1 diabetes with stable prolif diabetic rtnop, left eye	
103553		Verified as valid and accurate Verified as valid and accurate
103559	Type 1 diabetes with stable prolif diabetic rtnop, unsp	
103591	Type 1 diab with prolif diab rtnop without mclr edema, r eye	Verified as valid and accurate
103592	Type 1 diab with prolif diab rtnop without mclr edema, I eye	Verified as valid and accurate
103593	Type 1 diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate
103599	Type 1 diab with prolif diab rtnop without mclr edema, unsp	Verified as valid and accurate
1036	Type 1 diabetes mellitus with diabetic cataract	Verified as valid and accurate
1037X1	Type 1 diab with diab mclr edema, resolved fol trtmt, r eye	Verified as valid and accurate
1037X2	Type 1 diab with diab mclr edema, resolved fol trtmt, I eve	Verified as valid and accurate
1037X3	Type 1 diab with diab macular edema, resolved fol trtmt, bi	Verified as valid and accurate
1037X9	Type 1 diab with diab mcir edema, resolved fol trtmt, unsp	Verified as valid and accurate
1039	Type 1 diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate
1040	Type 1 diabetes mellitus with diabetic neuropathy, unsp	Verified as valid and accurate
1041	Type 1 diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate
1042	Type 1 diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate
1043	Type 1 diabetes w diabetic autonomic (poly)neuropathy	Verified as valid and accurate
1044	Type 1 diabetes mellitus with diabetic amyotrophy	Verified as valid and accurate
1049	Type 1 diabetes w oth diabetic neurological complication	Verified as valid and accurate
1051	Type 1 diabetes w diabetic peripheral angiopath w/o gangrene	Verified as valid and accurate
1052	Type 1 diabetes w diabetic peripheral angiopathy w gangrene	Verified as valid and accurate
1059	Type 1 diabetes mellitus with oth circulatory complications	Verified as valid and accurate
10610	Type 1 diabetes mellitus w diabetic neuropathic arthropathy	Verified as valid and accurate
10618	Type 1 diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate
	Type 1 diabetes mellitus with diabetic dermatitis	Verified as valid and accurate

Contrato Número

POSDES

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Measurement period	od: Diabetes	
Population	Medicaid/Federal, Commonwealth and CHIP Population	
CD 10 CODES	Description	Milliman Comments
E10621	Type 1 diabetes mellitus with foot ulcer	Verified as valid and accurate
E10622	Type 1 diabetes mellitus with other skin ulcer	Verified as valid and accurate
E10628	Type 1 diabetes mellitus with other skin complications	Verified as valid and accurate
E10630 E10638	Type 1 diabetes mellitus with periodontal disease	Verified as valid and accurate Verified as valid and accurate
E10649	Type 1 diabetes mellitus with other oral complications Type 1 diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate
E1065	Type 1 diabetes metitus with hyperplycemia	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	VEHICO AS VAIIO AND ACCURATE
E08630	Diabetes due to underlying condition w periodontal disease	Verified as valid and accurate Verified as valid and accurate
E08638 E08649	Diabetes due to underlying condition w oth oral comp	Verified as valid and accurate
E0865	Diabetes due to underlying condition w hypoglycemia w/o coma 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	Drugichem 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 E099	Drug/chem diabetes mellitus w unsp complications	Verified as valid and accurate Verified as valid and accurate
E1151	Drug or chemical induced diabetes mellitus w/o complications Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	Verified as valid and accurate 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 E13618	Type 2 diabetes mellitus without complications Oth diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate 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 s ecified diabetes mellitus with other skin ulcer	Verified as valid and accurate
E13628	Oth diabetes mellitus with other skin complications	Verified as valid and accurate
E13630	Other specified diabetes mellitus with periodontal disease	Verified as valid and accurate
E13638	Oth diabetes mellitus with other oral complications	Verified as valid and accurate
E13649	Oth diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate
E1365	Other specified diabetes mellitus with hyperglycemia	Verified as valid and accurate
E1369	Oth diabetes mellitus with other specified complication	Verified as valid and accurate
E138	Oth diabetes mellitus with unspecified complications	Verified as valid and accurate
E139	Other specified diabetes mellitus without complications	Verified as valid and accurate
E0800	Diab d/t undrl cond w hyprosm w/o nonket hyproly-hypros coma	Verified as valid and accurate
E0801	Diabetes due to underlying condition w hyprosim w coma	Verified as valid and accurate
E0810 E0811	Diabetes due to underlying condition w ketoacidosis w/o coma Diabetes due to underlying condition w ketoacidosis w coma	Verified as valid and accurate Verified as valid and accurate
E0821	Diabetes due to underlying condition w kethalcidose w coma Diabetes due to underlying condition w diabetic nephropathy	Verified as valid and accurate Verified as valid and accurate
E0822	Diabetes due to undri cond w diabetic chronic kidney disease	Verified as valid and accurate
E0829	Diabetes due to undri condition w oth diabetic kidney comp	Verified as valid and accurate
E08311	Diab due to undri cond w unsp diabetic rtnop w macular edema	Verified as valid and accurate
E08319	Diab due to undri cond w unsp diab rtnop w/o macutar edema	Verified as valid and accurate
E083211	Diabetes with mild nonp rtnop with macular edema, right eye	Verified as valid and accurate
E083212	Diabetes with mild nonp rtnop with macular edema, left eye	Verified as valid and accurate
E083213	Diabetes with mild nonp rtnop with macular edema, bilateral	Verified as valid and accurate
E083219	Diabetes with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate
E083291	Diabetes with mild nonp rtnop without macular edema, r eye	Verified as valid and accurate

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Condition:		
Measurement perio		
Population ICD 10 CODES	Medicaid/Federal, Commonwealth and CHIP Population Description	Milliman Comments
E083292	Diab with mild nonp rtnop without macular edema left eye	Verified as valid and accurate
E083293	Diabetes with mild none 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, reve	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 E083392	Diab with moderate none ritnes without macular edema, rieve	Verified as valid and accurate Verified as valid and accurate
E083393	Diab with moderate nonp rtnop without macular edema, I eye Diabetes with moderate nonp rtnop without macular edema, bi	
E083399	Diab with moderate nonp rtnop without macular edema, unsp	Verified as valid and accurate Verified as valid and accurate Verified as valid and accurate Verified as valid and accurate
E083411	Diabetes with severe nonp rtnop with macular edema, reve	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 nonpirtnop 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 nonpirtnop without macular edema, rieve	Verified as valid and accurate
E083492	Diab with severe nonp rtnop without macular edema, left eye	Verified as valid and accurate Verified as valid and accurate Verified as valid and accurate Verified as valid and accurate
E083493	Diabetes with severe nonp rtnop without macular edema bi	Verified as valid and accurate
E083499 E083511	Diabetes with severe nonp rtnop without macular edema, unsp Diab with prolif diabetic rtnop with macular edema, r eye	Verified as valid and accurate 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, let e-	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 treth dtch macula, r eye	Verified as valid and accurate
E083522	Diab with prolif diab rtnop with treth dtch macula, left eye	Verified as valid and accurate
E083523	Diab with prolif diabetic rtnop with treth dtch macula, bi	Verified as valid and accurate
E083529	Diab with prolif diabetic rtnop with treth 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 treth dtch n-mela, 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 E083541	Diab with prolif diabetic rtnop with troth dtch n-mola, unsp	Verified as valid and accurate Verified as valid and accurate
E083541	Diabetes with prolif diabetic rtnop with comb detach, r eye 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 eve	Verified as valid and accurate
E083553	Diabetes with stable prolif diabetic retinopathy, bilateral	Verified as valid and accurate
E083559	Diabetes with stable prolif diabetic retinopath, 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 rtnon 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 E0836	Diab with prolif diabetic rtnop without macular edema unso	Verified as valid and accurate
E0837X1	Diabetes due to underlying condition w diabetic cataract Diab with diabetic macular edema, resolved fol trimt, reve	Verified as valid and accurate Verified as valid and accurate
E0837X1	Diab with diab macular edema, resolved fol trimt, left eye	Verified as valid and accurate
E0837X3	Diabetes with diabetic macular edema, resolved fol trimt, bi	Verified as valid and accurate
E0837X9	Diab with diabetic macular edema, resolved fol trimt, unsp	Verified as valid and accurate
E0839	Diabetes due to undri 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 undri 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 undri cond w diabetic autonm (poly)neuropathy	Verified as valid and accurate
E0844	Diabetes due to underlying condition w diabetic amyotro hy	Verified as valid and accurate
E0849 E0851	Diabetes due to undri condition w oth diabetic neuro comp	Verified as valid and accurate
E0852	Diab due to undri cond w diab prph angiopath w/o gangrene Diab due to undri cond w diabetic prph angiopath w gangrene	Verified as valid and accurate Verified as valid and accurate
E0859	Diabetes due to underlying condition w oth circulatory comp	Verified as valid and accurate
E08610	Diabetes due to under sond 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 hyprosm w/o nonket hyproly-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	Dru vchem diabetes mellitus w ketoacidosis w coma	Verified as valid and accurate
E0921	Dru /chem diabetes mellitus w diabetic ne hropathy	Verified as valid and accurate
E0922	Dru/chem diabetes w diabetic chronic kidney disease	Verified as valid and accurate
E0929	Dru /chem diabetes w oth diabetic kidne com lication	Verified as valid and accurate
E09311 E09319	Drug/chem diabetes w unsp diabetic rtnop w macular edema Drug/chem diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate Verified as valid and accurate
E09319	Dru/chem diab with mild none rtnop with molr edema reve	Verified as valid and accurate
E093211	Drug/chem diab with mild none rinop with molr edema. I 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 none 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 none rtnop w/o mclr edema, I eve	Verified as valid and accurate

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Condition:		
Measurement period:	Diabetes Cuip Periode in Cuip	
Population ICD 10 CODES	Medicaid/Federal Commonwealth and CHIP Population	Milliman Comments
E093293	Drug/chem diab with mild nonp rtnop without mclr edema, bi	Verified as valid and accurate
E093299	Drug/chem diab with mild none rtnop without mich edema, or	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 none rtnop with macular edema, I e	Verified as valid and accurate
E093313	Dru /chem diab with mod none rinop with macular edema, re	Verified as valid and accurate
E093319	Drug/chem diab with mod none rinop with macular edema, unsp	Verified as valid and accurate
E093391	Drug/chem diab with mod nonp rtnop without moir edema, r eye	Verified as valid and accurate
E093392	Drun/chem diab with mod none range without molr edema, I e e	Verified as valid and accurate
E093393	Drug/chem diab with mod none rtnop without macular edema, bi	Verified as valid and accurate
E093399	Drug/chem diab with mod nong rtnog without moir edema, unso	Verified as valid and accurate
E093411	Drug/chem diab with severe none rtnop with mclr edema, r eve	Verified as valid and accurate
E093412	Dru /chem diab with severe none rtnop with molr edema, I eye	14 15 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E093413	Dru /chem diab with severe none rtnoo with macular edema bi	Verified as valid and accurate Verified as valid and accurate
E093419	Drug/chem diab with severe nonertnop with mclr edema, unsp	Verified as valid and accurate
E093491	Drug/chem diab with severe nonerthop w/o mcir edema, r eye	Verified as valid and accurate
E093492	Drug/chem diab with severe nong rtnop w/o mclr edema eye	Verified as valid and accurate
E093493	Drug/chem diab with severe none rtnop without mclr edema, bi	Verified as valid and accurate
E093499	Dru /chem diab with severe none rtnon w/o mclr edema, unsp	Verified as valid and accurate
E093511	Drug/chem diab with prolif diab rtnop with molr edema, r eye	Verified as valid and accurate Verified as valid and accurate Verified as valid and accurate
E093512	Dru /chem diab with _rolif diab rtno_ with mclr edema, I e	Verified as valid and accurate
E093513	Dru /chem diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate
E093519	Dru /chem diab with prolif diab rtnop with molr edema, uns	Verified as valid and accurate
E093521	Dru /chem diab w rolif diab rtnop w troth dtch macula,r eve	Verified as valid and accurate
E093522	Drug/chem diab w prolif diab rtnop w treth dtch macula,! eve	Verified as valid and accurate
E093523	Dru /chem diab w prolif diab rtnop w treth dtch macula, i eye	Verified as valid and accurate
E093529	Drug/chem diab w prolif diab rtnop w treth dich macula, or	Verified as valid and accurate
E093531		Verified as valid and accurate
	Drug/chem diab w prolif diab rtnop w troth dtch n-mclair eye	Verified as valid and accurate
E093532	Dru /chem diab w rolif diab rtnoo w troth dtch n-mola, l eve	Verified as valid and accurate
E093533	Drun/chem diab w prollf diab rtnop w treth dtch n-mela, bi	Verified as valid and accurate
E093539	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, unsp	
E093541	Drug/chem diab w prolif diab rtnop with comb detach, r eye	Verified as valid and accurate
E093542	Drug/cham diab w prolif diab rtnop with comb detach, I eye	Verified as valid and accurate
E093543	Drug/chem diab with prolif diab rtnog 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, I eye	Verified as valid and accurate
E093593	Drug/chem diab with prolif dlab 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 molr edma, resolved fol trtmt, I 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	Drugichem 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 hyprosm w/o nonket hyprgly-hypros coma (NKHHC)	Verified as valid and accurate
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma	Verified as valid and accurate
E1121	Type 2 diabetes mellitus with diabetic nephropathy	Verified as valid and accurate
E1122	Type 2 diabetes mellitus w diabetic chronic kidney disease	Verified as valid and accurate
E1129	Type 2 diabetes mellitus w oth diabetic kidney complication	Verified as valid and accurate
E11311	Type 2 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate
E11319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate
E113211	Type 2 diab with mild nonp rinop with macular edema, r eye	Verified as valid and accurate
E113212	Type 2 diab with mild nonp rtnop with macular edema, I eye	Verified as valid and accurate
E113213	Type 2 diabetes with mild nonp rtnop with macular edema, bi	Verified as valid and accurate
E113219	Type 2 diab with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate
E113291	Type 2 diab with mild nonp rtnop without moir edema, r eye	Verified as valid and accurate
E113292	Type 2 diab with mild nonp rtnop without mair edema, I eye	Verified as valid and accurate
E113293	Type 2 diab with mild nonp rinop without macular edema, bi	Verified as valid and accurate
E113299	Type 2 diab with mild nonp rtnop without macular edema, or	Verified as valid and accurate
E113311	Type 2 diab with mod nonp rinop 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	
ICD 10 CODES	Description	Milliman Comments
E113312	Type 2 diab with mod none rtnop with macular edema, I eye	Verified as valid and accurate
E113313 E113319	Type 2 diab with moderate none rtnop with macular edema, bi Type 2 diab with mod none rtnop with macular edema, unsp	Verified as valid and accurate Verified as valid and accurate
E113391	Type 2 diab with mod none rtnop with macular edema, thisp	Verified as valid and accurate
E113392	Type 2 diab with mod none rtnop without macular edema, I eye	Verified as valid and accurate
E113393	Type 2 diab with mod none rtnop without macular edema, bi	Verified as valid and accurate
E113399	Type 2 diab with mod none 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 nonpirtnop with macular edema, I eye	Verified as valid and accurate
E113413	Type 2 diab with severe none rinop with macular edema, bi	Verified as valid and accurate
E113419	Type 2 diab with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate
E113491	Type 2 diab with severe none rtnor without moir edema, r eye	Verified as valid and accurate
E113492 E113493	Type 2 diab with severe none rtnop without mclr edema. I eye	Verified as valid and accurate
E113499	Type 2 diab with severe nonp rtnop without macular edema, bi Type 2 diab with severe nonp rtnop without mclr edema, unsp	Verified as valid and accurate Verified as valid and accurate
E113511	Type 2 diab with prolif diab rtnop with macular edema, they	Verified as valid and accurate
E113512	Type 2 diab with prolif diab rtnop with macular edema, I eye	Verified as valid and accurate
E113513	Type 2 diab with prolif diab rtnop with macular edema, it is	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 tretn dtch macula, r eye	Verified as valid and accurate
E113522	Type 2 diab w prolif diab rtnop w trctn dtch macula, I eye	Verified as valid and accurate
E113523	Type 2 diab w prolif diab rtnop with tretn dtch macula, bi	Verified as valid and accurate
E113529	Type 2 diab w prolif diab rtnop with treth 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 Verified as valid and accurate Verified as valid and accurate Verified as valid and accurate
E113532	Type 2 diab w prolif diab rtnop w tretn dtch n-mela, I eye	Verified as valid and accurate
E113533	Type 2 diab w prolif diab rtnop with treth dtch n-mela, bi	
E113539	Type 2 diab w prolif diab rtnop with tretn dtch n-mela, 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 E113543	Type 2 diab with prolif diab rtnop with comb detach, I eye	Verified as valid and accurate Verified as valid and accurate
E113549	Type 2 diab with prolif diabetic rtnop with comb detach, bi 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, I 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, I eye	Verified as valid and accurate
E1137X3 E1137X9	Type 2 diab with diab macular edema, resolved fol trimt, bi	Verified as valid and accurate
E1137A9	Type 2 diab with diab mclr edema, resolved fol trtmt, unsp Type 2 diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate Verified as valid and accurate
E1140	Type 2 diabetes wellitus 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 hyproly-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 E1322	Other specified diabetes mellitus with diabetic nephropathy Oth diabetes mellitus with diabetic chronic kidney disease	Verified as valid and accurate Verified as valid and accurate
E1329	Oth diabetes mellitus with oth diabetic kidney complication	Verified as valid and accurate
E13311	Oth diabetes wunsp 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 none those 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 none rtnop without macular edema, r eye	Verified as valid and accurate
E133292	Oth diab with mild none rtnop without macular edema, I eve	Verified as valid and accurate
E133293	Oth diabetes with mild none rtnop without macular edema, bi	Verified as valid and accurate
E133299	Oth diab with mild none rince without macular edema, unsp	Verified as valid and accurate
E133311 E133312	Oth diab with moderate none those with macular edema in every	Verified as valid and accurate
E133313	Oth diab with moderate none rtnop with macular edema, I eye Oth diabetes with moderate none rtnop with macular edema, bi	Verified as valid and accurate 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 none rtnop without macular edema, r e	Verified as valid and accurate
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Measurement peri-	od: Diabetes	
Population	Medicaid/Federal, Commonwealth and CHIP Population	
CD 10 CODES	Description	Milliman Comments
E133392	Oth diab with mod none rtnop without macular edema, I eye	Verified as valid and accurate
E133393	Oth diab with moderate none rtnop without macular edema, bi	Verified as valid and accurate
E133399	Oth diab with mod none rtnog without macular edema, unsp	Verified as valid and accurate
E133411	Oth diab with severe nong rtnog with macular edema, r eye	Verified as valid and accurate
E133412	Oth diab with severe none rtnop with macular edema, left.eye	Verified as valid and accurate
E133413	Oth diabetes with severe none rtnop with macular edema, bi	Verified as valid and accurate
E133419	Oth diabetes with severe none rtnop with macular edema, unsp	Verified as valid and accurate
E133491	Oth diab with severe nonerthop without macular edema reve	Verified as valid and accurate
E133492	Oth diab with severe none rtnop without macular edema. I eve	Verified as valid and accurate
E133493	Oth diab with severe none rtnop without macular edema, bi	Verified as valid and accurate
E133499	Oth diab with severe nonn 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 treth dtch macula, r eve	Verified as valid and accurate
E133522	Oth diab w prolif diab rtnop with treth dtch macula, I eye	Verified as valid and accurate
E133523	Oth diab with prolif diab rtnop with treth dtch macula bi	Verified as valid and accurate
E133529	Oth diab with prolif diab rtnop with treth dtch macula, unsp	Verified as valid and accurate
E133531	Oth diab w prolif diab rtnop with treth dtch n-mela, r eye	Verified as valid and accurate
E133532	Oth diab w prolif diab rtnop with treth dtch n-mela, I eye	Verified as valid and accurate
E133533	Oth diab with prolif diab rtnop with tretn dtch n-mcla, bi	Verified as valid and accurate
E133539	Oth diab with prolif diab rtnop with treth dtch n-mela, unsp	Verified as valid and accurate
E133541	Oth diab with prolif diabetic rtnop with comb detach, r eye	Verified as valid and accurate
E133542	Oth diab with prolif diab rtnop with comb detach, left eve	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 eve	Verified as valid and accurate
E133553	Oth diabetes with stable prolif diabetic rtnon, 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, 1 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 trimt, r eye	Verified as valid and accurate
E1337X2	14.	Verified as valid and accurate
E1337X3	Oth diab with diab macular edema, resolved fol trtmt, I even Oth diab with diabetic macular edema, resolved fol trtmt, bi	Verified as valid and accurate
E1337X9		Verified as valid and accurate
	Oth diab with diab macular edema, resolved fol trtmt, unsp	
E1339	Oth diabetes mellitus w oth diabetic or hthalmic complication	Verified as valid and accurate
E1340	Oth diabetes mellitus with diabetic neuro athy unspecified	Verified as valid and accurate
E1341	Oth diabetes mellitus with diabetic mononeuro athy	Verified as valid and accurate
E1342	Oth diabetes mellitus with diabetic polyneuro, athy	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 angiocathy 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 hypoulycemia with coma	Verified as valid and accurate





K

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.

TH



Condition:	Severe Heart Failure	
Population	Medicald/Federal and	

Population	Medicald/Federal and Commonwealth	
ICD 10 CODES	Description	Milliman Comments
1501	Left ventricular failure, unspecified	Verified as valid and accurate for 2020.
15020	Unspecified systolic (congestive) heart failure	Verified as valid and accurate for 2020.
15021	Acute systolic (congestive) heart failure	Verified as valid and accurate for 2020.
5022	Chronic systolic (congestive) heart failure	Verified as valid and accurate for 2020.
5023	Acute on chronic systolic (congestive) heart failure	Verified as valid and accurate for 2020.
5030	Unspecified diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
5031	Acute diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
5032	Chronic diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
5033	Acute on chronic diastolic (congestive) heart failure	Verified as valid and accurate for 2020.
15040	Unsp combined systolic and diastolic (congestive) hrt fail	Verified as valid and accurate for 2020.
5041	Acute combined systolic and diastolic (congestive) hrt fail	Verified as valid and accurate for 2020.
15042	Chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2020.
15043	Acute on chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2020.
1509	Heart failure, unspecified	Verified as valid and accurate for 2020.



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

TH.





Condition:

Chronic Obstructive Pulmonary Disease (COPD)

Medicaid/Federal an	d Commonwealth	1
ICD10 Codes	Description	Milliman Comments
J440	Chronic obstructive pulmonary disease w acute lower resp infect	Verified as valid and accurate for 2020.
J441	Chronic obstructive pulmonary disease w (acute) exacerbation	Verified as valid and accurate for 2020.
J449	Chronic obstructive pulmonary disease, unspecified	Verified as valid and accurate for 2020.
J410	Simple chronic bronchitis	Verified as valid and accurate for 2020.
J411	Mucopurulent chronic bronchitis	Verified as valid and accurate for 2020.
J418	Mixed simple and mucopurulent chronic bronchitis	Verified as valid and accurate for 2020.
142	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.

M



Condition:	Chronic Depression	
Population	Medicaid/Federal and Commonwealth	
CD 10 Codes Con	sidered Description	Milliman Comments
F33.0	Major de ressive 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 de ressive disorder, recurrent, in full remission	Verified as valid and accurate for 2020.
F33.8	Other recurrent depressive disorders	Verified as valid and accurate for 2020.
F33.9	Major depressive disorder, recurrent, unspecified	Verified as valid and accurate for 2020.
3010	Manic episode without psychotic symptoms unspecified	Verified as valid and accurate for 2020.
3011	Manic episode without psychotic symptoms mild	Verified as valid and accurate for 2020.
3012	Manic episode without psychotic symptoms moderate	Verified as valid and accurate for 2020.
3013	Manic episode severe without psychotic symptoms	Verified as valid and accurate for 2020.
302	Manic episode severe with psychotic symptoms	Verified as valid and accurate for 2020.
303	Manic episode in partial remission	Verified as valid and accurate for 2020.
304	Manic episode in full remission	Verified as valid and accurate for 2020.
308	Other manic episodes	Verified as valid and accurate for 2020.
309	Manic episode unspecified	Verified as valid and accurate for 2020.
310	Bipolar disorder current episode hypomanic	Verified as valid and accurate for 2020.
3110	Bipolar disord cmt episode manic wo psych features unsp	Verified as valid and accurate for 2020.
3111	Bipolar disord cmt episode manic wo psych features mild	Verified as valid and accurate for 2020.
3112	Bipolar disord cmt episode manic wo psych features mod	Verified as valid and accurate for 2020.
3113	Bipolar disord crnt epsd manic wo psych features severe	Verified as valid and accurate for 2020.
312	Bipolar disord cmt episode manic severe w psych features	Verified as valid and accurate for 2020.
3130	Bipolar disord crnt epsd depress mild or mod severt unsp	Verified as valid and accurate for 2020.
3131	Bipolar disorder current episode depressed mild	Verified as valid and accurate for 2020.
3132	Bipolar disorder current episode depressed moderate	Verified as valid and accurate for 2020.
314	Bipolar disord crnt epsd depress sev wo psych features	Verified as valid and accurate for 2020.
315	Bipolar disord crnt epsd depress severe wipsych features	Verified as valid and accurate for 2020.
3160	Bipolar disorder current episode mixed unspecified	Verified as valid and accurate for 2020.
3161	Bipolar disorder current episode mixed mild	Verified as valid and accurate for 2020.
3162	Bipolar disorder current episode mixed moderate	Verified as valid and accurate for 2020.
3163	Bipolar disord crnt epsd mixed severe wo psych features	Verified as valid and accurate for 2020.
3164	Bipolar disord crnt episode mixed severe w psych features	Verified as valid and accurate for 2020.
3170	Bipolar disord currently in remis most recent episode unsp	Verified as valid and accurate for 2020.
3171	Bipolar disord in partial remis most recent epsd hypomanic	Verified as valid and accurate for 2020.
3172	Bipolar disord in full remis most recent episode hypomanic	Verified as valid and accurate for 2020.
3173	Bipolar disord in partial remis most recent episode manic	Verified as valid and accurate for 2020.
3174	Bipolar disorder in full remis most recent episode manic	Verified as valid and accurate for 2020.
3175	Bipolar disord in partial remis most recent epsd depress	Verified as valid and accurate for 2020.
3176	Bipolar disorder in full remis most recent episode depress	Verified as valid and accurate for 2020.
3.177	Bipolar disord in partial remis most recent episode mixed	Verified as valid and accurate for 2020.
3178	Bipolar disorder in full remis most recent episode mixed	Verified as valid and accurate for 2020.
3181	Bipolar II disorder	Verified as valid and accurate for 2020.
3189	Other bipolar disorder	Verified as valid and accurate for 2020.
319	Bipolar disorder unspecified	Verified as valid and accurate for 2020.
320	Major depressive disorder single episode mild	Verified as valid and accurate for 2020.
321	Major depressive disorder single episode moderate	Verified as valid and accurate for 2020.
322	Major depressy disord single epsd sey wo psych features	Verified as valid and accurate for 2020.
323	Major depressy disord single epsd severe w psych features	Verified as valid and accurate for 2020.
324	Major de ressy disorder single e isode in partial remis	Verified as valid and accurate for 2020.
325	Major de ressive disorder single episode in full remission	Verified as valid and accurate for 2020.
3281	Premenstrual dysphoric disorder	Verified as valid and accurate for 2020.
-3289	Other specified depressive episodes	Verified as valid and accurate for 2020.
-329	Major depressive disorder single episode unspecified	Verified as valid and accurate for 2020.





REVENUE COD	E REVENUE CODE DESCRIPTION	USE FOR IP	Milliman Comments
22	SNF claim paid under PPS		Verified as valid and accurate for 2020.
24	Inputient 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-ps chiatric	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	х	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	Х	Verified as valid and accurate for 2020.
120	Semi- rivate 2 bed (medical or peneral) peneral classification	х	Verified as valid and accurate for 2020
121	Semi- rivate 2 bed (medical or general) medical/surgical/GYN	х	Verified as valid and accurate for 2020
122	Semi-private 2 bed (medical or general) OB	X	Verified as valid and accurate for 20200
123	Semi-private 2 bed (medical or general)-pediatric	X	Verified as valid and accurate for 2020.
124	Semi-crivate 2 bed (medical or general) as chiatric	X	Verified as valid and accurate for 20.
125	Semi-private 2 bed (medical or general)-hospice	X	Verified as valid and accurate for 2020.
126	Semi-private 2 bed (medical or peneral petoxification	X	Verified as valid and accurate for 20.20.
127	Semi-private 2 bed (medical or general)-oncology	X	Verified as valid and accurate for 2020 p
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 bed peneral 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	х	Verified as valid and accurate for 2020.
134	Semi-private 3 and 4 beds-psychiatric	х	Verified as valid and accurate for 2020.
135	Semi-private 3 and 4 beds-hospice	х	Verified as valid and accurate for 2020.
136	Semi-private 3 and 4 beds-detoxification	х	Verified as valid and accurate for 2020.
137	Semi-private 3 and 4 beds-oncology	х	Verified as valid and accurate for 2020.
138	Semi_private 3 and 4 beds-rehabilitation	Х	Verified as valid and accurate for 2020.
139	Semi-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/su gical/GYN	X	Verified as valid and accurate for 2020.
142	Private (deluxe)-OB	х	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	х	Verified as valid and accurate for 2020.
146	Private deluxe -detoxification	х	Verified as valid and accurate for 2020.
147	Private (deluxe)-oncology	X	Verified as valid and accurate for 2020.
148	Private (deluxe) rehabilitation	Х	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 peneral general classification	х	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 peneral)-oncology	x	Verified as valid and accurate for 2020.
158	Room&Board ward (medical or peneral) rehabilitation	х	Verified as valid and accurate for 2020.
159	Room&Board ward (medical or general) other	х	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.
164 166	Other Room&Board-sterile environment Other Room&Board-Admin Days	X	Verified as valid and accurate for 2020.
167		X	Verified as valid and accurate for 2020.
168	Other Room&Board-self care Other Room&Board-Chem Using Preg Women	x	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
169	Other Room&Board-other	x	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
170	Nursery-peneral classification	x	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
171	Nursery-newborn-level I (routine)	X	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
172	Nursery-remature-newborn-level II (continuing care)	x	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
173	Nursery-newborn-level III (intermediate care eff 10/96)		Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
174	Nurse y-newborn-level IV (intensive care) eff 10/96	x	Verified as valid and accurate for 2020. Verified as valid and accurate for 2020.
175	Nursery-neonatal ICU obsolete eff 10/96	X	Verified as valid and accurate for 2020.
179	Nursen -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-rationt 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 those italization		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 campeneral classification	x	Verified as valid and accurate for 2020.
201	Intensive care-surgical	x	Verified as valid and accurate for 2020.
	Intensive care-medical	x	Verified as valid and accurate for 2020.
202	Intensive care-incurcai		Verified do vallo and accurate it a 2020.

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REVENUE CODE	REVENUE CODE DESCRIPTION	USEFORIP	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)	×	Verified as valid and accurate for 2020.
207	Intensive care-burn care	х	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	х	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 Accompdations 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.

M



ATTACHMENT 19 REPORT TEMPLATE HCIP PROGRAM MANUAL PLAN VITAL

FOURTH (4TH) YEAR OCTOBER 1, 2021 – SEPTEMBER 30, 2022

(AMENDMENTO)





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

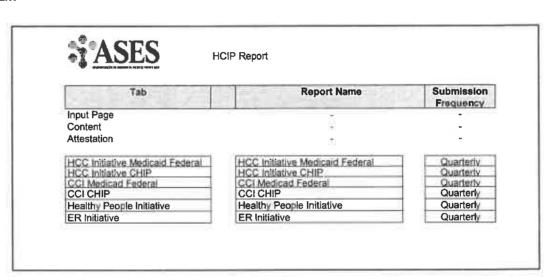
Prepared By:

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

TH.



CONTENT









22. HCIP

QUARTERLY REPORTS CERTIFICATION STATEMENT OF

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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	



TH

	Health Care Im	provement Program	
High Cost Con	ditions Initiative	Medicaid/Federal and Commo	nwealth High Cost Conditions
MCO	9/5/1	Period Start Date	10/1/2020
Fiscal Year	Oct. 2020 to Sept. 2021	Period End Date	12/31/2020

High	Cost	Conditions	Report

		High Cost Condition			
	Can	er Scored measure: F	teadmissions rate		1000
Benchmark 2020		Q1	Q2	Q3	Q4
Denominar 2020	Numerator				
12.28	Denominator				
12.20	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
		Cancer Scored mea	sure: PHQ-9		
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
17.19%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
	College College				- 63.00
	End-Stage Renal	Disease (ESRD) Score	ed 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		40.00
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
16.58%	Denominator				
	Percent	#DIV/0!	#DIV/0!	-#DIV/0!	#DIV/0
	39135124	Secretary and		Property of the Edition	
	Multiple	Sclerosis Scored Mea	sure: Admissions/1000		
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
31.7	Denominator				
51.,	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/O





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

High Cost Conditions Report

		High Cost Condition	ns Report		
	Cano	er Scored Measure: I	leadmissions rate		
Benchmark 2020		Q1	QZ	Q3	Q4
Delicimark 2020	Numerator				
N/A	Denominator				
N/A	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
Children :	and Youth with Special He	althcare Needs Score	d Measure: Child and A	dolescent WellCare Visit	
		Q1	Q2	03	Q4
Benchmark 2020	Numerator				
47.12%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
	Children and Youth with Sp				
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
44.61%	Denominator				
1 110270	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
DATE OF THE OWNER, WHEN	Aution I Con	ad Stagoway Child and	Adolescent WellCare Vi	nīše	ALC: UNKNOWN
	Autism Scor		-		Q4
Benchmark 2020	AL	Q1	Q2	Q3	Q4
	Numerator				
41.21%	Denominator Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0







Health Care Improvement Program Chronic Conditions Initiative MCO Period Start Date 10/1/2020 Fiscal Year Oct. 2020 to Sept. 2021 Period End Date 12/31/2020

Di:	abetes (Including CHIP pop	ulation) Scored mea	sure: Comprehensive Dia	ibetes Care HbA1c	
Benchmark 2020		Q1	Q2	Q3	Q4
benchmark 2020	Numerator	7.5111			
70.270/	Denominator				
70.37%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diak	etes (Including CHIP popul	ation) Scored measu	re: Comprehensive Diab	etes Care Eye Exam	1000
Benchmark 2020		Q1	Q2	Q3	Q4
Denomialk 2020	Numerator				
20.89%	Denominator				
20.03%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
Diabetes (Including CHIP population)	Scored measure: Kid	iney Health Evaluation f	or Patients With Diabete	es
Benchmark 2020		Q1	Q2	Q3	Q4
Delicinilar 2020	Numerator				
9.33%	Denominator				
5.55%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
ATT PROPERTY.	Diabetes (Including	CHIP population) Sc	ored measure: Admissio	ns/1000	THE REAL PROPERTY.
Benchmark 2020		Q1	Q2	Q3	Q4
Denominark ZUZU	Numerator				
41.36	Denominator				
41.50	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
THE COURSE	Asthma (Incl	uding CHIP) Scored (Vleasure: Admission/100	10	
Banahasadi 2020		Q1	Q2	Q3	Q4
Benchmark 2020	Numerator				
22.40	Denominator				
32.48	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
AND DESIGNATION OF	Asthma (In	cluding CHIP) Scored	Measure: ED Use/1000		F. (50)
B 1 1 2000		Q1	Q2	Q3	Q4
Benchmark 2020	Numerator				
454.04	Denominator				
164.91	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
	in the second	(Including CHIP) Sco	and Managemen DUO 3		-
THE REAL PROPERTY.	ASUM	Q1	OZ:	Q3	Q4
Benchmark 2020	Numerator	Ų.	MA	ųз	Ų4
	Denominator				
13.18%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
			- 1 1 1 1000		THE REAL PROPERTY.
-	Severe Hea		asure: Admissions/1000		0.1
Benchmark 2020	Ni.um	Q1	Q2	Q3	Q4
	Numerator				
80.13	Denominator	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
	Rate	#DIV/0!	#DIV/U!	#01070:	#01070
CONTRACTOR OF STREET	Sever	e Heart Failure Scor			
Benchmark 2020	No.	Q1	Q2	Q3	Q4
	Numerator				
15.73%	Denominator	arm or the v	and the second	and the same	(ION - 70
	Percent	#D(V/0)	#DIV/01	TRACPINE	#DIV/0
			1.00		
	Нуре	rtension Scored Mea		nto Namara	

OLROS DE SAY

1/2

51.03	Denominator				
51.05	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
	Chronic Obstructive Puli	monary Disease (COPD) Scored Measure: Adn	nissions/1000	1000
Benchmark 2020		QI	Q2	03	Q4
DENCISITION X 2020	Numerator				
69.74	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
and the second second			ALCOHOLD STATE OF THE PARTY OF		
Chr	onic Depression Scored N				
Benchmark 2020		Q1	Q2	Q3	Q4
	Numerator				
45.65%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
Chur	uis Banansian Canada	Jaconson Fallandon afte	Hannikalinakian fan 88a	seel tileeen 20 dags	Name and Address of the Owner, where
Unite	onic Depression Scared N	leasure: Follow up arte	o2	intai liiness: 50 days	Q4
Benchmark 2020	Numerator	Qı	· QZ	43	Q4
73.26%	Denominator Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
	Percent	#DIV/U	#DIV/0!	#DIV/0:	#010/0
MILETO DATE OF	Chronic Depres	sion Scored Measure	e: Inpatient Admission/1	1000	1
Donahara-k 2020		Q1	Q2	Q3	Q4
Benchmark 2020	Numerator				
DENOMINATA 2020					
52.13	Denominator				





	Health Care Impro	ovement Program	
	Healthy Peo	ple 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

		Healthy People Initia	tive Report		
		Breast Cancer Scree	ning (BCS)		
National Benchmark 2019		Q1	Q2	Q3	Q4
vational Benefittian & 2015	Numerator				
57.90%	Denominator				
37.3070	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
7 7 7 7 7 7 7 7 7	No. 100 100 100 100	Cervical Cancer Scree	ening (CCS)	The second	1 112 6
		Q1	Q2	Q3	Q4
National Benchmark 2019	Numerator				
42 420/	Denominator				
43.43%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
A STATE OF THE PARTY OF THE PAR		ontrolling High Blood P	Procesura (CRA)	THE REAL PROPERTY.	NAME OF TAXABLE PARTY.
		Q1	Q2	Q3	Q4
National Benchmark 2019	Numerator	41	QE	u,s	٠
	Denominator				
41.60%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
					I com 3
	ing for People with Schiz	ophrenia or Bipolar Dis Q1	order who are using An Q2	tipsychotic Medications	(SSD) Q4
National Benchmark 2019	Numerator	· · ·	Ч	142	Q4
49.74%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	T Crock	11.51470.		1111346	
	Follow-Up Aft	er Hospitalization for N	fental iliness (FUH) 30 d		E A L
National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
71.51%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
COLUMN TO STATE OF THE PARTY OF	Adults Access	to Preventive/Ambula	itory Health Services (A	AP)	W - 35 - 5
		Q1	Q2	Q3	Q4
National Benchmark 2019	Numerator				
CO 450/	Denominator				
69.15%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	ASSESSMENT OF	Annual Dental Vis	oit (ADV) Q2	Q3	Q4
National Benchmark 2019	Numerator	QI	Q2	Q5	Q-7
	Denominator				
36.85%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			Tr Tales		
DM IS THE	THE RESERVE	Timeliness of Prenata		02	
National Benchmark 2019		Q1	Q2	Q3	Q4
	Numerator				
66.15%	Denominator	#DIV /01	#DIV/0!	#Dn (/O)	#DN / /C!
	Percent	#DIV/0!	#DIV/U!	#DIV/0!	#DIV/0!
THE THE PARTY OF	- F H 47 1	Postpartum Car	e (PPC)	B THE PER	
National Benchmark 2019		Q1	Q2	Q3	Q4
Hadding benchmark 2013	Numerator				
39.91%	Denominator				
JJ.J.270	Percent	#DIV/01	#DIV/01	#DIV/0!	#DIV/0!
		Name of the last o	NIN!	TRACO	
REPORT OF THE PARTY.	Chi	d and Adolescent Well-	Care Visits (V/Ct)	131	
National Reachmark 2019		Q1	Contr	401	Q4

Contrato Número

10 - 0520

COLPOS DE SP

TH

Mational Delichinal & ZOTA	Numerator				
28.75%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

MY





	Health Care Im	provement Program	
	Emergency Room	High Utilizers Initiative	I E I E
MCO.	have a control of the	Period Start Date	10/1/2020
Fiscal Year	Oct. 2020 to Sept. 2021	Period End Date	12/31/2020

Emergency Room High Utilizers Report

	y room utilization rate >	Q1	02	Q3	Q4
National Benchmark 2019	Numerator				
946.21	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



