

ATTACHMENT 19
YEAR 4TH-HCIP ASES DIAGNOSIS CODES

Amendment O (2021-2022)

Plan Vital

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



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



| Condition: | Cancer | |
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| Medicaid/Federal and Commonwealth and CHIP | | |
| ICD10 Codes | Description | Milliman Comments |
| C153 | Malignant neoplasm of upper third of esophagus | Verified as valid and accurate for 2020. |
| C8233 | Follicular lymphoma grade IIIa, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8234 | Follicular lymphoma grade IIIa, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8235 | Follicular lymphoma grade IIIa, nodes of inguinal and lower limb | Verified as valid and accurate for 2020. |
| C8236 | Follicular lymphoma grade IIIa, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8237 | Follicular lymphoma grade IIIa, spleen | Verified as valid and accurate for 2020. |
| C8238 | Follicular lymphoma grade IIIa, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8239 | Follicular lymphoma grade IIIa, extrnod and solid organ sites | Verified as valid and accurate for 2020. |
| C8240 | Follicular lymphoma grade IIIb, unspecified site | Verified as valid and accurate for 2020. |
| C8241 | Follicular lymphoma grade IIIb, nodes of head, face and neck | Verified as valid and accurate for 2020. |
| C8242 | Follicular lymphoma grade IIIb, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8243 | Follicular lymphoma grade IIIb, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8244 | Follicular lymphoma grade IIIb, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8245 | Follicular lymphoma grade IIIb, nodes of inguinal and lower limb | Verified as valid and accurate for 2020. |
| C8246 | Follicular lymphoma grade IIIb, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8247 | Follicular lymphoma grade IIIb, spleen | Verified as valid and accurate for 2020. |
| C8248 | Follicular lymphoma grade IIIb, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8249 | Follicular lymphoma grade IIIb, extrnod and solid organ sites | Verified as valid and accurate for 2020. |
| C8260 | Cutaneous follicle center lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8261 | Cutaneous follicle center lymphoma, nodes of head, face and neck | Verified as valid and accurate for 2020. |
| C8262 | Cutaneous follicle center lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8263 | Cutaneous follicle center lymphoma, intra-abd lymph nodes | Verified as valid and accurate for 2020. |
| C8264 | Cutaneous follicle center lymphoma, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8265 | Cutaneous follicle center lymphoma, nodes of inguinal region and lower limb | Verified as valid and accurate for 2020. |
| C8266 | Cutaneous follicle center lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8267 | Cutaneous follicle center lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8268 | Cutaneous follicle center lymphoma, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8269 | Cutaneous follicle center lymphoma, extrnod and solid organ sites | Verified as valid and accurate for 2020. |
| C8280 | Other types of follicular lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8281 | Other types of follicular lymphoma, nodes of head, face and neck | Verified as valid and accurate for 2020. |
| C8282 | Other types of follicular lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8283 | Other types of follicular lymphoma, intra-abd lymph nodes | Verified as valid and accurate for 2020. |
| C8284 | Other types of follicular lymphoma, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8285 | Other types of follicular lymphoma, nodes of inguinal and lower limb | Verified as valid and accurate for 2020. |
| C8286 | Other types of follicular lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8287 | Other types of follicular lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8288 | Other types of follicular lymphoma, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8289 | Other types of follicular lymphoma, extrnod and solid organ sites | Verified as valid and accurate for 2020. |
| C8290 | Follicular lymphoma, unspecified, unspecified site | Verified as valid and accurate for 2020. |
| C8291 | Follicular lymphoma, unspecified, nodes of head, face and neck | Verified as valid and accurate for 2020. |
| C8292 | Follicular lymphoma, unspecified, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8293 | Follicular lymphoma, unspecified, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8294 | Follicular lymphoma, unspecified, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8295 | Follicular lymphoma, unspecified, nodes of inguinal region and lower limb | Verified as valid and accurate for 2020. |
| C8296 | Follicular lymphoma, unspecified, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8297 | Follicular lymphoma, unspecified, spleen | Verified as valid and accurate for 2020. |
| C8298 | Follicular lymphoma, unspecified, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8299 | Follicular lymphoma, unspecified, extrnodal and solid organ sites | Verified as valid and accurate for 2020. |
| C8310 | Mantle cell lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8311 | Mantle cell lymphoma, lymph nodes of head, face and neck | Verified as valid and accurate for 2020. |
| C8312 | Mantle cell lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8313 | Mantle cell lymphoma, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8314 | Mantle cell lymphoma, lymph nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8315 | Mantle cell lymphoma, nodes of inguinal region and lower limb | Verified as valid and accurate for 2020. |
| C8316 | Mantle cell lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8317 | Mantle cell lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8318 | Mantle cell lymphoma, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8319 | Mantle cell lymphoma, extrnodal and solid organ sites | Verified as valid and accurate for 2020. |
| C8331 | Diffuse large B-cell lymphoma, nodes of head, face and neck | Verified as valid and accurate for 2020. |
| C8332 | Diffuse large B-cell lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8333 | Diffuse large B-cell lymphoma, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8334 | Diffuse large B-cell lymphoma, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8335 | Diffuse large B-cell lymphoma, nodes of inguinal and lower limb | Verified as valid and accurate for 2020. |
| C8336 | Diffuse large B-cell lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8337 | Diffuse large B-cell lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8338 | Diffuse large B-cell lymphoma, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8339 | Diffuse large B-cell lymphoma, extrnod and solid organ sites | Verified as valid and accurate for 2020. |
| C8380 | Other non-follicular lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8381 | Other non-follicular lymphoma, lymph nodes of head, face and neck | Verified as valid and accurate for 2020. |
| C8382 | Other non-follicular lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8383 | Other non-follicular lymphoma, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8384 | Other non-follicular lymphoma, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8385 | Other non-follicular lymphoma, nodes of inguinal region and lower limb | Verified as valid and accurate for 2020. |
| C8386 | Other non-follicular lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8387 | Other non-follicular lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8388 | Other non-follicular lymphoma, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8389 | Other non-follicular lymphoma, extrnodal and solid organ sites | Verified as valid and accurate for 2020. |
| C8400 | Mycosis fungoides, unspecified site | Verified as valid and accurate for 2020. |
| C8401 | Mycosis fungoides, lymph nodes of head, face and neck | Verified as valid and accurate for 2020. |
| C8402 | Mycosis fungoides, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8403 | Mycosis fungoides, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8404 | Mycosis fungoides, lymph nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8405 | Mycosis fungoides, nodes of inguinal region and lower limb | Verified as valid and accurate for 2020. |
| C8406 | Mycosis fungoides, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8407 | Mycosis fungoides, spleen | Verified as valid and accurate for 2020. |
| C8408 | Mycosis fungoides, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8409 | Mycosis fungoides, extrnodal and solid organ sites | Verified as valid and accurate for 2020. |
| C8440 | Peripheral T-cell lymphoma, not classified, unspecified site | Verified as valid and accurate for 2020. |
| C8441 | Peripheral T-cell lymphoma, not class, nodes of head, face, and neck | Verified as valid and accurate for 2020. |
| C8442 | Peripheral T-cell lymphoma, not class, intrathoracic nodes | Verified as valid and accurate for 2020. |



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



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



| ICD10 Codes | Description | Milliman Comments |
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| C153 | Malignant neoplasm of upper third of esophagus | Verified as valid and accurate for 2020. |
| C081 | Malignant neoplasm of sublingual gland | Verified as valid and accurate for 2020. |
| C089 | Malignant neoplasm of major salivary gland, unspecified | Verified as valid and accurate for 2020. |
| C090 | Malignant neoplasm of tonsillar fossa | Verified as valid and accurate for 2020. |
| C091 | Malignant neoplasm of tonsillar pillar (anterior) (posterior) | Verified as valid and accurate for 2020. |
| C098 | Malignant neoplasm of overlapping sites of tonsil | Verified as valid and accurate for 2020. |
| C099 | Malignant neoplasm of tonsil, unspecified | Verified as valid and accurate for 2020. |
| C100 | Malignant neoplasm of vallecula | Verified as valid and accurate for 2020. |
| C101 | Malignant neoplasm of anterior surface of epiglottis | Verified as valid and accurate for 2020. |
| C102 | Malignant neoplasm of lateral wall of oropharynx | Verified as valid and accurate for 2020. |
| C103 | Malignant neoplasm of posterior wall of oropharynx | Verified as valid and accurate for 2020. |
| C104 | Malignant neoplasm of branchial cleft | Verified as valid and accurate for 2020. |
| C108 | Malignant neoplasm of overlapping sites of oropharynx | Verified as valid and accurate for 2020. |
| C109 | Malignant neoplasm of oropharynx, unspecified | Verified as valid and accurate for 2020. |
| C110 | Malignant neoplasm of superior wall of nasopharynx | Verified as valid and accurate for 2020. |
| C111 | Malignant neoplasm of posterior wall of nasopharynx | Verified as valid and accurate for 2020. |
| C112 | Malignant neoplasm of lateral wall of nasopharynx | Verified as valid and accurate for 2020. |
| C113 | Malignant neoplasm of anterior wall of nasopharynx | Verified as valid and accurate for 2020. |
| C118 | Malignant neoplasm of overlapping sites of nasopharynx | Verified as valid and accurate for 2020. |
| C119 | Malignant neoplasm of nasopharynx, unspecified | Verified as valid and accurate for 2020. |
| C12 | Malignant neoplasm of pyriform sinus | Verified as valid and accurate for 2020. |
| C130 | Malignant neoplasm of postcricoid region | Verified as valid and accurate for 2020. |
| C131 | Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect | Verified as valid and accurate for 2020. |
| C132 | Malignant neoplasm of posterior wall of hypopharynx | Verified as valid and accurate for 2020. |
| C138 | Malignant neoplasm of overlapping sites of hypopharynx | Verified as valid and accurate for 2020. |
| C139 | Malignant neoplasm of hypopharynx, unspecified | Verified as valid and accurate for 2020. |
| C140 | Malignant neoplasm of pharynx, unspecified | Verified as valid and accurate for 2020. |
| C142 | Malignant neoplasm of Waldeyer's ring | Verified as valid and accurate for 2020. |
| C148 | Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx | Verified as valid and accurate for 2020. |
| C300 | Malignant neoplasm of nasal cavity | Verified as valid and accurate for 2020. |
| C301 | Malignant neoplasm of middle ear | Verified as valid and accurate for 2020. |
| C310 | Malignant neoplasm of maxillary sinus | Verified as valid and accurate for 2020. |
| C311 | Malignant neoplasm of ethmoidal sinus | Verified as valid and accurate for 2020. |
| C312 | Malignant neoplasm of frontal sinus | Verified as valid and accurate for 2020. |
| C313 | Malignant neoplasm of sphenoid sinus | Verified as valid and accurate for 2020. |
| C318 | Malignant neoplasm of overlapping sites of accessory sinuses | Verified as valid and accurate for 2020. |
| C319 | Malignant neoplasm of accessory sinus, unspecified | Verified as valid and accurate for 2020. |
| C320 | Malignant neoplasm of glottis | Verified as valid and accurate for 2020. |
| C321 | Malignant neoplasm of supraglottis | Verified as valid and accurate for 2020. |
| C322 | Malignant neoplasm of subglottis | Verified as valid and accurate for 2020. |
| C323 | Malignant neoplasm of laryngeal cartilage | Verified as valid and accurate for 2020. |
| C328 | Malignant neoplasm of overlapping sites of larynx | Verified as valid and accurate for 2020. |
| C329 | Malignant neoplasm of larynx, unspecified | Verified as valid and accurate for 2020. |
| C430 | Malignant melanoma of lip | Verified as valid and accurate for 2020. |
| C4310 | Malignant melanoma of unspecified eyelid, including canthus | Verified as valid and accurate for 2020. |
| C4311 | Malignant melanoma of right eyelid, including canthus | C43111 for right upper eyelid & C43112 for right lower eyelid |
| C4312 | Malignant melanoma of left eyelid, including canthus | C43121 for left upper eyelid & C43122 for left lower eyelid |
| C4320 | Malignant melanoma of unspecified ear and external auricular canal | Verified as valid and accurate for 2020. |
| C4321 | Malignant melanoma of right ear and external auricular canal | Verified as valid and accurate for 2020. |
| C4322 | Malignant melanoma of left ear and external auricular canal | Verified as valid and accurate for 2020. |
| C4330 | Malignant melanoma of unspecified part of face | Verified as valid and accurate for 2020. |
| C4331 | Malignant melanoma of nose | Verified as valid and accurate for 2020. |
| C4339 | Malignant melanoma of other parts of face | Verified as valid and accurate for 2020. |
| C434 | Malignant melanoma of scalp and neck | Verified as valid and accurate for 2020. |
| C4351 | Malignant melanoma of anal skin | Verified as valid and accurate for 2020. |
| C4352 | Malignant melanoma of skin of breast | Verified as valid and accurate for 2020. |
| C4359 | Malignant melanoma of other part of trunk | Verified as valid and accurate for 2020. |
| C4360 | Malignant melanoma of unspecified upper limb, including shoulder | Verified as valid and accurate for 2020. |
| C4361 | Malignant melanoma of right upper limb, including shoulder | Verified as valid and accurate for 2020. |
| C4362 | Malignant melanoma of left upper limb, including shoulder | Verified as valid and accurate for 2020. |
| C4370 | Malignant melanoma of unspecified lower limb, including hip | Verified as valid and accurate for 2020. |
| C4371 | Malignant melanoma of right lower limb, including hip | Verified as valid and accurate for 2020. |
| C4372 | Malignant melanoma of left lower limb, including hip | Verified as valid and accurate for 2020. |
| C438 | Malignant melanoma of overlapping sites of skin | Verified as valid and accurate for 2020. |
| C439 | Malignant melanoma of skin, unspecified | Verified as valid and accurate for 2020. |
| C4400 | Unspecified malignant neoplasm of skin of lip | Verified as valid and accurate for 2020. |
| C4401 | Basal cell carcinoma of skin of lip | Verified as valid and accurate for 2020. |
| C4402 | Squamous cell carcinoma of skin of lip | Verified as valid and accurate for 2020. |
| C4409 | Other specified malignant neoplasm of skin of lip | Verified as valid and accurate for 2020. |
| C44101 | Unspecified malignant neoplasm skin/ unspecified eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44102 | Unspecified malignant neoplasm skin/ right eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44109 | Unspecified malignant neoplasm skin/ left eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44111 | Basal cell carcinoma skin/ unspecified eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44112 | Basal cell carcinoma skin/ right eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44119 | Basal cell carcinoma skin/ left eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44121 | Squamous cell carcinoma skin/ unspecified eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44122 | Squamous cell carcinoma skin/ right eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44129 | Squamous cell carcinoma skin/ left eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44191 | Other malignant neoplasm skin/ unspecified eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44192 | Other malignant neoplasm skin/ right eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44199 | Other malignant neoplasm skin/ left eyelid, including canthus | Verified as valid and accurate for 2020. |
| C44201 | Unspecified malignant neoplasm skin/ unspecified ear and external auricular canal | Verified as valid and accurate for 2020. |
| C44202 | Unspecified malignant neoplasm skin/ right ear and external auricular canal | Verified as valid and accurate for 2020. |
| C44209 | Unspecified malignant neoplasm skin/ left ear and external auricular canal | Verified as valid and accurate for 2020. |
| C44211 | Basal cell carcinoma skin/ unspecified ear and external auricular canal | Verified as valid and accurate for 2020. |
| C44212 | Basal cell carcinoma skin/ right ear and external auricular canal | Verified as valid and accurate for 2020. |
| C44219 | Basal cell carcinoma skin/ left ear and external auricular canal | Verified as valid and accurate for 2020. |
| C44221 | Squamous cell carcinoma skin/ unspecified ear and external auricular canal | Verified as valid and accurate for 2020. |
| C44222 | Squamous cell carcinoma skin/ right ear and external auricular canal | Verified as valid and accurate for 2020. |
| C44229 | Squamous cell carcinoma skin/ left ear and external auricular canal | Verified as valid and accurate for 2020. |



| Condition: Cancer | | |
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| Medicaid/Federal and Commonwealth and CHIP | | |
| KCD10 Codes | Description | Milliman Comments |
| C153 | Malignant neoplasm of upper third of esophagus | Verified as valid and accurate for 2020. |
| C44291 | Oth malignant neoplasm skin/ unsp ear and external auric canal | Verified as valid and accurate for 2020. |
| C44292 | Oth malignant neoplasm skin/ right ear and external auric canal | Verified as valid and accurate for 2020. |
| C44299 | Oth malignant neoplasm skin/ left ear and external auric canal | Verified as valid and accurate for 2020. |
| C44300 | Unsp malignant neoplasm of skin of unspecified part of face | Verified as valid and accurate for 2020. |
| C44301 | Unspecified malignant neoplasm of skin of nose | Verified as valid and accurate for 2020. |
| C44309 | Unsp malignant neoplasm of skin of other parts of face | Verified as valid and accurate for 2020. |
| C44310 | Basal cell carcinoma of skin of unspecified parts of face | Verified as valid and accurate for 2020. |
| C44311 | Basal cell carcinoma of skin of nose | Verified as valid and accurate for 2020. |
| C44319 | Basal cell carcinoma of skin of other parts of face | Verified as valid and accurate for 2020. |
| C44320 | Squamous cell carcinoma of skin of unspecified parts of face | Verified as valid and accurate for 2020. |
| C44321 | Squamous cell carcinoma of skin of nose | Verified as valid and accurate for 2020. |
| C44329 | Squamous cell carcinoma of skin of other parts of face | Verified as valid and accurate for 2020. |
| C44390 | Oth malignant neoplasm of skin of unspecified parts of face | Verified as valid and accurate for 2020. |
| C44391 | Other specified malignant neoplasm of skin of nose | Verified as valid and accurate for 2020. |
| C44399 | Oth malignant neoplasm of skin of other parts of face | Verified as valid and accurate for 2020. |
| C4440 | Unspecified malignant neoplasm of skin of scalp and neck | Verified as valid and accurate for 2020. |
| C4441 | Basal cell carcinoma of skin of scalp and neck | Verified as valid and accurate for 2020. |
| C4442 | Squamous cell carcinoma of skin of scalp and neck | Verified as valid and accurate for 2020. |
| C4449 | Other specified malignant neoplasm of skin of scalp and neck | Verified as valid and accurate for 2020. |
| C44500 | Unspecified malignant neoplasm of anal skin | Verified as valid and accurate for 2020. |
| C44501 | Unspecified malignant neoplasm of skin of breast | Verified as valid and accurate for 2020. |
| C44509 | Unsp malignant neoplasm of skin of other part of trunk | Verified as valid and accurate for 2020. |
| C44510 | Basal cell carcinoma of anal skin | Verified as valid and accurate for 2020. |
| C44511 | Basal cell carcinoma of skin of breast | Verified as valid and accurate for 2020. |
| C44519 | Basal cell carcinoma of skin of other part of trunk | Verified as valid and accurate for 2020. |
| C44520 | Squamous cell carcinoma of anal skin | Verified as valid and accurate for 2020. |
| C44521 | Squamous cell carcinoma of skin of breast | Verified as valid and accurate for 2020. |
| C44529 | Squamous cell carcinoma of skin of other part of trunk | Verified as valid and accurate for 2020. |
| C44590 | Other specified malignant neoplasm of anal skin | Verified as valid and accurate for 2020. |
| C44591 | Other specified malignant neoplasm of skin of breast | Verified as valid and accurate for 2020. |
| C44599 | Oth malignant neoplasm of skin of other part of trunk | Verified as valid and accurate for 2020. |
| C44601 | Unsp malignant neoplasm skin/ unsp upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44602 | Unsp malignant neoplasm skin/ right upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44609 | Unsp malignant neoplasm skin/ left upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44611 | Basal cell carcinoma skin/ unsp upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44612 | Basal cell carcinoma skin/ right upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44619 | Basal cell carcinoma skin/ left upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44621 | Squamous cell carcinoma skin/ unsp upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44622 | Squamous cell carcinoma skin/ right upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44629 | Squamous cell carcinoma skin/ left upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44691 | Oth malignant neoplasm skin/ unsp upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44692 | Oth malignant neoplasm skin/ right upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44699 | Oth malignant neoplasm skin/ left upper limb, inc shoulder | Verified as valid and accurate for 2020. |
| C44701 | Unsp malignant neoplasm skin/ unsp lower limb, including hip | Verified as valid and accurate for 2020. |
| C44702 | Unsp malignant neoplasm skin/ right lower limb, inc hip | Verified as valid and accurate for 2020. |
| C44709 | Unsp malignant neoplasm skin/ left lower limb, including hip | Verified as valid and accurate for 2020. |
| C44711 | Basal cell carcinoma skin/ unsp lower limb, including hip | Verified as valid and accurate for 2020. |
| C44712 | Basal cell carcinoma skin/ right lower limb, including hip | Verified as valid and accurate for 2020. |
| C44719 | Basal cell carcinoma skin/ left lower limb, including hip | Verified as valid and accurate for 2020. |
| C44721 | Squamous cell carcinoma skin/ unsp lower limb, including hip | Verified as valid and accurate for 2020. |
| C44722 | Squamous cell carcinoma skin/ right lower limb, inc hip | Verified as valid and accurate for 2020. |
| C44729 | Squamous cell carcinoma skin/ left lower limb, including hip | Verified as valid and accurate for 2020. |
| C44791 | Oth malignant neoplasm skin/ unsp lower limb, including hip | Verified as valid and accurate for 2020. |
| C44792 | Oth malignant neoplasm skin/ right lower limb, including hip | Verified as valid and accurate for 2020. |
| C44799 | Oth malignant neoplasm skin/ left lower limb, including hip | Verified as valid and accurate for 2020. |
| C4480 | Unspecified malignant neoplasm of overlapping sites of skin | Verified as valid and accurate for 2020. |
| C4481 | Basal cell carcinoma of overlapping sites of skin | Verified as valid and accurate for 2020. |
| C4482 | Squamous cell carcinoma of overlapping sites of skin | Verified as valid and accurate for 2020. |
| C4489 | Oth malignant neoplasm of overlapping sites of skin | Verified as valid and accurate for 2020. |
| C4490 | Unspecified malignant neoplasm of skin, unspecified | Verified as valid and accurate for 2020. |
| C4491 | Basal cell carcinoma of skin, unspecified | Verified as valid and accurate for 2020. |
| C4492 | Squamous cell carcinoma of skin, unspecified | Verified as valid and accurate for 2020. |
| C4499 | Other specified malignant neoplasm of skin, unspecified | Verified as valid and accurate for 2020. |
| C457 | Mesothelioma of other sites | also C459 (Mesothelioma unspecified - if applicable) |
| C50011 | Malignant neoplasm of nipple and areola, right female breast | Verified as valid and accurate for 2020. |
| C50012 | Malignant neoplasm of nipple and areola, left female breast | Verified as valid and accurate for 2020. |
| C50019 | Malignant neoplasm of nipple and areola, unsp female breast | Verified as valid and accurate for 2020. |
| C50021 | Malignant neoplasm of nipple and areola, right male breast | Verified as valid and accurate for 2020. |
| C50022 | Malignant neoplasm of nipple and areola, left male breast | Verified as valid and accurate for 2020. |
| C50029 | Malignant neoplasm of nipple and areola, unsp male breast | Verified as valid and accurate for 2020. |
| C50111 | Malignant neoplasm of central portion of right female breast | Verified as valid and accurate for 2020. |
| C50112 | Malignant neoplasm of central portion of left female breast | Verified as valid and accurate for 2020. |
| C50119 | Malignant neoplasm of central portion of unsp female breast | Verified as valid and accurate for 2020. |
| C50121 | Malignant neoplasm of central portion of right male breast | Verified as valid and accurate for 2020. |
| C50122 | Malignant neoplasm of central portion of left male breast | Verified as valid and accurate for 2020. |
| C50129 | Malignant neoplasm of central portion of unsp male breast | Verified as valid and accurate for 2020. |
| C50211 | Malign neoplasm of upper-inner quadrant of right female breast | Verified as valid and accurate for 2020. |
| C50212 | Malign neoplasm of upper-inner quadrant of left female breast | Verified as valid and accurate for 2020. |
| C50219 | Malign neoplasm of upper-inner quadrant of unsp female breast | Verified as valid and accurate for 2020. |
| C50221 | Malign neoplasm of upper-inner quadrant of right male breast | Verified as valid and accurate for 2020. |
| C50222 | Malign neoplasm of upper-inner quadrant of left male breast | Verified as valid and accurate for 2020. |
| C50229 | Malign neoplasm of upper-inner quadrant of unsp male breast | Verified as valid and accurate for 2020. |
| C50311 | Malign neoplasm of lower-inner quadrant of right female breast | Verified as valid and accurate for 2020. |
| C50312 | Malign neoplasm of lower-inner quadrant of left female breast | Verified as valid and accurate for 2020. |
| C50319 | Malign neoplasm of lower-inner quadrant of unsp female breast | Verified as valid and accurate for 2020. |
| C50321 | Malign neoplasm of lower-inner quadrant of right male breast | Verified as valid and accurate for 2020. |
| C50322 | Malign neoplasm of lower-inner quadrant of left male breast | Verified as valid and accurate for 2020. |
| C50329 | Malign neoplasm of lower-inner quadrant of unsp male breast | Verified as valid and accurate for 2020. |
| C50411 | Malign neoplasm of upper-outer quadrant of right female breast | Verified as valid and accurate for 2020. |



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



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



| Condition: | Cancer | |
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| ICD10 Codes | Description | Milliman Comments |
| C153 | Malignant neoplasm of upper third of esophagus | Verified as valid and accurate for 2020. |
| C188 | Malignant neoplasm of overlapping sites of colon | Verified as valid and accurate for 2020. |
| C189 | Malignant neoplasm of colon, unspecified | Verified as valid and accurate for 2020. |
| C19 | Malignant neoplasm of rectosigmoid junction | Verified as valid and accurate for 2020. |
| C20 | Malignant neoplasm of rectum | Verified as valid and accurate for 2020. |
| C210 | Malignant neoplasm of anus, unspecified | Verified as valid and accurate for 2020. |
| C211 | Malignant neoplasm of anal canal | Verified as valid and accurate for 2020. |
| C212 | Malignant neoplasm of cloacogenic zone | Verified as valid and accurate for 2020. |
| C218 | Malignant neoplasm of overlapping sites of rectum, anus and anal canal | Verified as valid and accurate for 2020. |
| C37 | Malignant neoplasm of thymus | Verified as valid and accurate for 2020. |
| C380 | Malignant neoplasm of heart | Verified as valid and accurate for 2020. |
| C381 | Malignant neoplasm of anterior mediastinum | Verified as valid and accurate for 2020. |
| C382 | Malignant neoplasm of posterior mediastinum | Verified as valid and accurate for 2020. |
| C383 | Malignant neoplasm of mediastinum, part unspecified | Verified as valid and accurate for 2020. |
| C388 | Malignant neoplasm of overlapping sites of heart, mediastinum and pleura | Verified as valid and accurate for 2020. |
| C390 | Malignant neoplasm of upper respiratory tract, part unspecified | Verified as valid and accurate for 2020. |
| C399 | Malignant neoplasm of lower respiratory tract, part unspecified | Verified as valid and accurate for 2020. |
| C4000 | Malignant neoplasm of scapula and long bones of unspecified upper limb | Verified as valid and accurate for 2020. |
| C4001 | Malignant neoplasm of scapula and long bones of right upper limb | Verified as valid and accurate for 2020. |
| C4002 | Malignant neoplasm of scapula and long bones of left upper limb | Verified as valid and accurate for 2020. |
| C4010 | Malignant neoplasm of short bones of unspecified upper limb | Verified as valid and accurate for 2020. |
| C4011 | Malignant neoplasm of short bones of right upper limb | Verified as valid and accurate for 2020. |
| C4012 | Malignant neoplasm of short bones of left upper limb | Verified as valid and accurate for 2020. |
| C4020 | Malignant neoplasm of long bones of unspecified lower limb | Verified as valid and accurate for 2020. |
| C4021 | Malignant neoplasm of long bones of right lower limb | Verified as valid and accurate for 2020. |
| C4022 | Malignant neoplasm of long bones of left lower limb | Verified as valid and accurate for 2020. |
| C4030 | Malignant neoplasm of short bones of unspecified lower limb | Verified as valid and accurate for 2020. |
| C4031 | Malignant neoplasm of short bones of right lower limb | Verified as valid and accurate for 2020. |
| C4032 | Malignant neoplasm of short bones of left lower limb | Verified as valid and accurate for 2020. |
| C4080 | Malignant neoplasm of overlapping sites of bone/articular cartilage of unspecified limb | Verified as valid and accurate for 2020. |
| C4081 | Malignant neoplasm of overlapping sites of bone/articular cartilage of right limb | Verified as valid and accurate for 2020. |
| C4082 | Malignant neoplasm of overlapping sites of bone/articular cartilage of left limb | Verified as valid and accurate for 2020. |
| C4090 | Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb | Verified as valid and accurate for 2020. |
| C4091 | Malignant neoplasm of unspecified bones and articular cartilage of right limb | Verified as valid and accurate for 2020. |
| C4092 | Malignant neoplasm of unspecified bones and articular cartilage of left limb | Verified as valid and accurate for 2020. |
| C410 | Malignant neoplasm of bones of skull and face | Verified as valid and accurate for 2020. |
| C411 | Malignant neoplasm of mandible | Verified as valid and accurate for 2020. |
| C412 | Malignant neoplasm of vertebral column | Verified as valid and accurate for 2020. |
| C413 | Malignant neoplasm of ribs, sternum and clavicle | Verified as valid and accurate for 2020. |
| C414 | Malignant neoplasm of pelvic bones, sacrum and coccyx | Verified as valid and accurate for 2020. |
| C419 | Malignant neoplasm of bone and articular cartilage, unspecified | Verified as valid and accurate for 2020. |
| C452 | Mesothelioma of pericardium | Verified as valid and accurate for 2020. |
| C459 | Mesothelioma, unspecified | Verified as valid and accurate for 2020. |
| C470 | Malignant neoplasm of peripheral nerves of head, face and neck | Verified as valid and accurate for 2020. |
| C4710 | Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder | Verified as valid and accurate for 2020. |
| C4711 | Malignant neoplasm of peripheral nerves of right upper limb, including shoulder | Verified as valid and accurate for 2020. |
| C4712 | Malignant neoplasm of peripheral nerves of left upper limb, including shoulder | Verified as valid and accurate for 2020. |
| C4720 | Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip | Verified as valid and accurate for 2020. |
| C4721 | Malignant neoplasm of peripheral nerves of right lower limb, including hip | Verified as valid and accurate for 2020. |
| C4722 | Malignant neoplasm of peripheral nerves of left lower limb, including hip | Verified as valid and accurate for 2020. |
| C473 | Malignant neoplasm of peripheral nerves of thorax | Verified as valid and accurate for 2020. |
| C474 | Malignant neoplasm of peripheral nerves of abdomen | Verified as valid and accurate for 2020. |
| C475 | Malignant neoplasm of peripheral nerves of pelvis | Verified as valid and accurate for 2020. |
| C476 | Malignant neoplasm of peripheral nerves of trunk, unspecified | Verified as valid and accurate for 2020. |
| C478 | Malignant neoplasm of overlapping sites of peripheral nerve and autonomic nervous system | Verified as valid and accurate for 2020. |
| C479 | Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified | Verified as valid and accurate for 2020. |
| C490 | Malignant neoplasm of connective and soft tissue of head, face and neck | Verified as valid and accurate for 2020. |
| C4910 | Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder | Verified as valid and accurate for 2020. |
| C4911 | Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder | Verified as valid and accurate for 2020. |
| C4912 | Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder | Verified as valid and accurate for 2020. |
| C4920 | Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip | Verified as valid and accurate for 2020. |
| C4921 | Malignant neoplasm of connective and soft tissue of right lower limb, including hip | Verified as valid and accurate for 2020. |
| C4922 | Malignant neoplasm of connective and soft tissue of left lower limb, including hip | Verified as valid and accurate for 2020. |
| C493 | Malignant neoplasm of connective and soft tissue of thorax | Verified as valid and accurate for 2020. |
| C494 | Malignant neoplasm of connective and soft tissue of abdomen | Verified as valid and accurate for 2020. |
| C495 | Malignant neoplasm of connective and soft tissue of pelvis | Verified as valid and accurate for 2020. |
| C496 | Malignant neoplasm of connective and soft tissue of trunk, unspecified | Verified as valid and accurate for 2020. |
| C498 | Malignant neoplasm of overlapping sites of connective and soft tissue | Verified as valid and accurate for 2020. |
| C499 | Malignant neoplasm of connective and soft tissue, unspecified | Verified as valid and accurate for 2020. |
| C49A0 | Gastrointestinal stromal tumor, unspecified site | Verified as valid and accurate for 2020. |
| C49A1 | Gastrointestinal stromal tumor of esophagus | Verified as valid and accurate for 2020. |
| C49A2 | Gastrointestinal stromal tumor of stomach | Verified as valid and accurate for 2020. |
| C49A3 | Gastrointestinal stromal tumor of small intestine | Verified as valid and accurate for 2020. |
| C49A4 | Gastrointestinal stromal tumor of large intestine | Verified as valid and accurate for 2020. |
| C49A5 | Gastrointestinal stromal tumor of rectum | Verified as valid and accurate for 2020. |
| C49A9 | Gastrointestinal stromal tumor of other sites | Verified as valid and accurate for 2020. |
| C7400 | Malignant neoplasm of cortex of unspecified adrenal gland | Verified as valid and accurate for 2020. |
| C7401 | Malignant neoplasm of cortex of right adrenal gland | Verified as valid and accurate for 2020. |
| C7402 | Malignant neoplasm of cortex of left adrenal gland | Verified as valid and accurate for 2020. |
| C7410 | Malignant neoplasm of medulla of unspecified adrenal gland | Verified as valid and accurate for 2020. |
| C7411 | Malignant neoplasm of medulla of right adrenal gland | Verified as valid and accurate for 2020. |
| C7412 | Malignant neoplasm of medulla of left adrenal gland | Verified as valid and accurate for 2020. |
| C7490 | Malignant neoplasm of unspecified part of unspecified adrenal gland | Verified as valid and accurate for 2020. |
| C7491 | Malignant neoplasm of unspecified part of right adrenal gland | Verified as valid and accurate for 2020. |
| C7492 | Malignant neoplasm of unspecified part of left adrenal gland | Verified as valid and accurate for 2020. |
| C750 | Malignant neoplasm of parathyroid gland | Verified as valid and accurate for 2020. |
| C751 | Malignant neoplasm of pituitary gland | Verified as valid and accurate for 2020. |
| C752 | Malignant neoplasm of craniopharyngeal duct | Verified as valid and accurate for 2020. |
| C753 | Malignant neoplasm of pineal gland | Verified as valid and accurate for 2020. |
| C754 | Malignant neoplasm of carotid body | Verified as valid and accurate for 2020. |



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



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| Condition: Cancer | | |
|--|---|--|
| Medicaid/Federal and Commonwealth and CHIP | | |
| ICD10 Code | Description | Millman Comments |
| C153 | Malignant neoplasm of upper third of esophagus | Verified as valid and accurate for 2020. |
| C8255 | Diffus follicl cntr lymph. nodes of ing region and lower limb | Verified as valid and accurate for 2020. |
| C8256 | Diffuse follicle center lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8257 | Diffuse follicle center lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8258 | Diffuse follicle center lymphoma, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8259 | Diffuse folicl center lymph. extmod and solid organ sites | Verified as valid and accurate for 2020. |
| C8300 | Small cell B-cell lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8301 | Small cell B-cell lymphoma, nodes of head face and neck | Verified as valid and accurate for 2020. |
| C8302 | Small cell B-cell lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8303 | Small cell B-cell lymphoma, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8304 | Small cell B-cell lymphoma, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8305 | Small cell B-cell lymph. nodes of ing region and lower limb | Verified as valid and accurate for 2020. |
| C8306 | Small cell B-cell lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8307 | Small cell B-cell lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8308 | Small cell B-cell lymphoma, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8309 | Small cell B-cell lymphoma, extranodal and solid organ sites | Verified as valid and accurate for 2020. |
| C8330 | Diffuse large B-cell lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8350 | Lymphoblastic (diffuse) lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8351 | Lymphoblastic lymphoma, nodes of head, face, and neck | Verified as valid and accurate for 2020. |
| C8352 | Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8353 | Lymphoblastic (diffuse) lymphoma, intra-abd lymph nodes | Verified as valid and accurate for 2020. |
| C8354 | Lymphoblastic lymphoma, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8355 | Lymphoblastic lymphoma, nodes of ing region and lower limb | Verified as valid and accurate for 2020. |
| C8356 | Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8357 | Lymphoblastic (diffuse) lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8358 | Lymphoblastic (diffuse) lymphoma, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8359 | Lymphoblastic lymphoma, extmod and solid organ sites | Verified as valid and accurate for 2020. |
| C8370 | Burkitt lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8371 | Burkitt lymphoma, lymph nodes of head, face, and neck | Verified as valid and accurate for 2020. |
| C8372 | Burkitt lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8373 | Burkitt lymphoma, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8374 | Burkitt lymphoma, lymph nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8375 | Burkitt lymphoma, nodes of inguinal region and lower limb | Verified as valid and accurate for 2020. |
| C8376 | Burkitt lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8377 | Burkitt lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8378 | Burkitt lymphoma, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8379 | Burkitt lymphoma, extranodal and solid organ sites | Verified as valid and accurate for 2020. |
| C8390 | Non-follicular (diffuse) lymphoma, unsp, unspecified site | Verified as valid and accurate for 2020. |
| C8391 | Non-follic lymphoma, unsp, nodes of head, face, and neck | Verified as valid and accurate for 2020. |
| C8392 | Non-follic (diffuse) lymphoma, unsp, intrathorac lymph nodes | Verified as valid and accurate for 2020. |
| C8393 | Non-follic (diffuse) lymphoma, unsp, intra-abd lymph nodes | Verified as valid and accurate for 2020. |
| C8394 | Non-follic lymphoma, unsp, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8395 | Non-follic lymph, unsp, nodes of ing region and lower limb | Verified as valid and accurate for 2020. |
| C8396 | Non-follic (diffuse) lymphoma, unsp, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8397 | Non-follicular (diffuse) lymphoma, unspecified spleen | Verified as valid and accurate for 2020. |
| C8398 | Non-follic (diffuse) lymphoma, unsp, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8399 | Non-follic lymphoma, unsp, extmod and solid organ sites | Verified as valid and accurate for 2020. |
| C8410 | Sezary disease, unspecified site | Verified as valid and accurate for 2020. |
| C8411 | Sezary disease, lymph nodes of head, face, and neck | Verified as valid and accurate for 2020. |
| C8412 | Sezary disease, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8413 | Sezary disease, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8414 | Sezary disease, lymph nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8415 | Sezary disease, nodes of inguinal region and lower limb | Verified as valid and accurate for 2020. |
| C8416 | Sezary disease, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8417 | Sezary disease, spleen | Verified as valid and accurate for 2020. |
| C8418 | Sezary disease, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8419 | Sezary disease, extranodal and solid organ sites | Verified as valid and accurate for 2020. |
| C8490 | Mature T/NK-cell lymphomas, unspecified site | Verified as valid and accurate for 2020. |
| C8491 | Mature T/NK-cell lymph, unsp, nodes of head, face, and neck | Verified as valid and accurate for 2020. |
| C8492 | Mature T/NK-cell lymphomas, unsp, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8493 | Mature T/NK-cell lymphomas, unsp, intra-abd lymph nodes | Verified as valid and accurate for 2020. |
| C8494 | Mature T/NK-cell lymph, unsp, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8495 | Mature T/NK-cell lymph, unsp, nodes of ing rgn and low limb | Verified as valid and accurate for 2020. |
| C8496 | Mature T/NK-cell lymphomas, unsp, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8497 | Mature T/NK-cell lymphomas, unspecified spleen | Verified as valid and accurate for 2020. |
| C8498 | Mature T/NK-cell lymphomas, unsp, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8499 | Mature T/NK-cell lymph, unsp, extmod and solid organ sites | Verified as valid and accurate for 2020. |
| C84A0 | Cutaneous T-cell lymphoma, unspecified, unspecified site | Verified as valid and accurate for 2020. |
| C84A1 | Cutan T-cell lymphoma, unsp, nodes of head, face, and neck | Verified as valid and accurate for 2020. |
| C84A2 | Cutaneous T-cell lymphoma, unsp, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C84A3 | Cutaneous T-cell lymphoma, unsp, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C84A4 | Cutan T-cell lymphoma, unsp, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C84A5 | Cutan T-cell lymph, unsp, nodes of ing region and lower limb | Verified as valid and accurate for 2020. |
| C84A6 | Cutaneous T-cell lymphoma, unsp, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C84A7 | Cutaneous T-cell lymphoma, unspecified, spleen | Verified as valid and accurate for 2020. |
| C84A8 | Cutaneous T-cell lymphoma, unsp, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C84A9 | Cutan T-cell lymphoma, unsp, extmod and solid organ sites | Verified as valid and accurate for 2020. |
| C8420 | Other mature T/NK-cell lymphomas, unspecified site | Verified as valid and accurate for 2020. |
| C8421 | Oth mature T/NK-cell lymph. nodes of head, face, and neck | Verified as valid and accurate for 2020. |
| C8422 | Other mature T/NK-cell lymphomas, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8423 | Oth mature T/NK-cell lymphomas, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8424 | Oth mature T/NK-cell lymph. nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8425 | Oth mature T/NK-cell lymph. nodes of ing rgn and lower limb | Verified as valid and accurate for 2020. |
| C8426 | Other mature T/NK-cell lymphomas, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8427 | Other mature T/NK-cell lymphomas, spleen | Verified as valid and accurate for 2020. |
| C8428 | Oth mature T/NK-cell lymphomas, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8429 | Oth mature T/NK-cell lymph, extmod and solid organ sites | Verified as valid and accurate for 2020. |
| C8510 | Unspecified B-cell lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8511 | Unsp B-cell lymphoma, lymph nodes of head, face, and neck | Verified as valid and accurate for 2020. |
| C8512 | Unspecified B-cell lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |



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| Condition: Cancer | | |
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| Medicaid/Federal and Commonwealth and CHIP | | |
| ICD10 Codes | Description | Milliman Comments |
| C153 | Malignant neoplasm of upper third of esophagus | Verified as valid and accurate for 2020. |
| C8513 | Unspecified B-cell lymphoma, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8514 | Unsp B-cell lymphoma, lymph nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8515 | Unsp B-cell lymphoma, nodes of ing region and lower limb | Verified as valid and accurate for 2020. |
| C8516 | Unspecified B-cell lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8517 | Unspecified B-cell lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8518 | Unspecified B-cell lymphoma, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8519 | Unsp B-cell lymphoma, extranodal and solid organ sites | Verified as valid and accurate for 2020. |
| C8580 | Oth types of non-Hodgkin lymphoma, unspecified site | Verified as valid and accurate for 2020. |
| C8581 | Oth types of non-hodg lymph, nodes of head face and neck | Verified as valid and accurate for 2020. |
| C8582 | Oth types of non-Hodgkin lymphoma, intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8583 | Oth types of non-Hodgkin lymphoma, intra-abd lymph nodes | Verified as valid and accurate for 2020. |
| C8584 | Oth types of non-hodg lymph, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8585 | Oth types of non-hodg lymph, nodes of ing rgn and lower limb | Verified as valid and accurate for 2020. |
| C8586 | Oth types of non-Hodgkin lymphoma, intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8587 | Other specified types of non-Hodgkin lymphoma, spleen | Verified as valid and accurate for 2020. |
| C8588 | Oth types of non-Hodgkin lymphoma, lymph nodes mult site | Verified as valid and accurate for 2020. |
| C8589 | Oth types of non-hodg lymph, extrnod and solid organ sites | Verified as valid and accurate for 2020. |
| C8590 | Non-Hodgkin lymphoma, unspecified, unspecified site | Verified as valid and accurate for 2020. |
| C8591 | Non-Hodgkin lymphoma, unsp, nodes of head face, and neck | Verified as valid and accurate for 2020. |
| C8592 | Non-Hodgkin lymphoma, unspecified intrathoracic lymph nodes | Verified as valid and accurate for 2020. |
| C8593 | Non-Hodgkin lymphoma, unsp, intra-abdominal lymph nodes | Verified as valid and accurate for 2020. |
| C8594 | Non-Hodgkin lymphoma, unsp, nodes of axilla and upper limb | Verified as valid and accurate for 2020. |
| C8595 | Non-hodg lymphoma, unsp, nodes of ing region and lower limb | Verified as valid and accurate for 2020. |
| C8596 | Non-Hodgkin lymphoma, unspecified intrapelvic lymph nodes | Verified as valid and accurate for 2020. |
| C8597 | Non-Hodgkin lymphoma, unspecified spleen | Verified as valid and accurate for 2020. |
| C8598 | Non-Hodgkin lymphoma, unsp, lymph nodes of multiple sites | Verified as valid and accurate for 2020. |
| C8599 | Non-Hodgkin lymphoma, unsp, extranodal and solid organ sites | Verified as valid and accurate for 2020. |
| C860 | Extranodal NKT-cell lymphoma, nasal type | Verified as valid and accurate for 2020. |
| C861 | Hepatosplenic T-cell lymphoma | Verified as valid and accurate for 2020. |
| C862 | Enteropathy-type (intestinal) T-cell lymphoma | Verified as valid and accurate for 2020. |
| C863 | Subcutaneous panniculitis-like T-cell lymphoma | Verified as valid and accurate for 2020. |
| C864 | Blastic NK-cell lymphoma | Verified as valid and accurate for 2020. |
| C865 | Anaplastic T-cell lymphoma | Verified as valid and accurate for 2020. |
| C866 | Primary cutaneous CD30-positive T-cell proliferations | Verified as valid and accurate for 2020. |
| C9140 | Hairy cell leukemia not having achieved remission | Verified as valid and accurate for 2020. |
| C9141 | Hairy cell leukemia in remission | Verified as valid and accurate for 2020. |
| C9142 | Hairy cell leukemia in relapse | Verified as valid and accurate for 2020. |
| C960 | Multifocal and multisystemic Langerhans-cell histiocytosis | Verified as valid and accurate for 2020. |
| C962 | Malignant mast cell tumor | Verified as valid and accurate for 2020. |
| C964 | Sarcoma of dendritic cells (accessory cells) | Verified as valid and accurate for 2020. |
| C969 | Malignant neoplasm of lymphoid, hematopoietic and rel tissue, unsp | Verified as valid and accurate for 2020. |
| C96A | Histiocytic sarcoma | Verified as valid and accurate for 2020. |
| C96Z | Oth malignant neoplasm of lymphoid, hematopoietic and related tissue | Verified as valid and accurate for 2020. |
| C250 | Malignant neoplasm of head of pancreas | Verified as valid and accurate for 2020. |
| C251 | Malignant neoplasm of body of pancreas | Verified as valid and accurate for 2020. |
| C252 | Malignant neoplasm of tail of pancreas | Verified as valid and accurate for 2020. |
| C253 | Malignant neoplasm of pancreatic duct | Verified as valid and accurate for 2020. |
| C254 | Malignant neoplasm of endocrine pancreas | Verified as valid and accurate for 2020. |
| C257 | Malignant neoplasm of other parts of pancreas | Verified as valid and accurate for 2020. |
| C258 | Malignant neoplasm of overlapping sites of pancreas | Verified as valid and accurate for 2020. |
| C259 | Malignant neoplasm of pancreas, unspecified | Verified as valid and accurate for 2020. |
| C7800 | Secondary malignant neoplasm of unspecified lung | Verified as valid and accurate for 2020. |
| C7801 | Secondary malignant neoplasm of right lung | Verified as valid and accurate for 2020. |
| C7802 | Secondary malignant neoplasm of left lung | Verified as valid and accurate for 2020. |
| C781 | Secondary malignant neoplasm of mediastinum | Verified as valid and accurate for 2020. |
| C782 | Secondary malignant neoplasm of pleura | Verified as valid and accurate for 2020. |
| C7830 | Secondary malignant neoplasm of unspecified respiratory organ | Verified as valid and accurate for 2020. |
| C7839 | Secondary malignant neoplasm of other respiratory organs | Verified as valid and accurate for 2020. |
| C784 | Secondary malignant neoplasm of small intestine | Verified as valid and accurate for 2020. |
| C785 | Secondary malignant neoplasm of large intestine and rectum | Verified as valid and accurate for 2020. |
| C786 | Secondary malignant neoplasm of retroperiton and peritoneum | Verified as valid and accurate for 2020. |
| C787 | Secondary malignant neoplasm of liver and intrahepatic bile duct | Verified as valid and accurate for 2020. |
| C7880 | Secondary malignant neoplasm of unspecified digestive organ | Verified as valid and accurate for 2020. |
| C7889 | Secondary malignant neoplasm of other digestive organs | Verified as valid and accurate for 2020. |
| C7900 | Secondary malignant neoplasm of unspecified kidney and renal pelvis | Verified as valid and accurate for 2020. |
| C7901 | Secondary malignant neoplasm of right kidney and renal pelvis | Verified as valid and accurate for 2020. |
| C7902 | Secondary malignant neoplasm of left kidney and renal pelvis | Verified as valid and accurate for 2020. |
| C7910 | Secondary malignant neoplasm of unspecified urinary organs | Verified as valid and accurate for 2020. |
| C7911 | Secondary malignant neoplasm of bladder | Verified as valid and accurate for 2020. |
| C7919 | Secondary malignant neoplasm of other urinary organs | Verified as valid and accurate for 2020. |
| C792 | Secondary malignant neoplasm of skin | Verified as valid and accurate for 2020. |
| C7931 | Secondary malignant neoplasm of brain | Verified as valid and accurate for 2020. |
| C7932 | Secondary malignant neoplasm of cerebral meninges | Verified as valid and accurate for 2020. |
| C7940 | Secondary malignant neoplasm of unspecified part of nervous system | Verified as valid and accurate for 2020. |
| C7949 | Secondary malignant neoplasm of other parts of nervous system | Verified as valid and accurate for 2020. |
| C7951 | Secondary malignant neoplasm of bone | Verified as valid and accurate for 2020. |
| C7952 | Secondary malignant neoplasm of bone marrow | Verified as valid and accurate for 2020. |
| C7960 | Secondary malignant neoplasm of unspecified ovary | Verified as valid and accurate for 2020. |
| C7961 | Secondary malignant neoplasm of right ovary | Verified as valid and accurate for 2020. |
| C7962 | Secondary malignant neoplasm of left ovary | Verified as valid and accurate for 2020. |
| C7970 | Secondary malignant neoplasm of unspecified adrenal gland | Verified as valid and accurate for 2020. |
| C7971 | Secondary malignant neoplasm of right adrenal gland | Verified as valid and accurate for 2020. |
| C7972 | Secondary malignant neoplasm of left adrenal gland | Verified as valid and accurate for 2020. |
| C7981 | Secondary malignant neoplasm of breast | Verified as valid and accurate for 2020. |
| C7982 | Secondary malignant neoplasm of genital organs | Verified as valid and accurate for 2020. |
| C7989 | Secondary malignant neoplasm of other specified sites | Verified as valid and accurate for 2020. |
| C799 | Secondary malignant neoplasm of unspecified site | Verified as valid and accurate for 2020. |
| C882 | Heavy chain disease | Verified as valid and accurate for 2020. |
| C883 | Immunoproliferative small intestinal disease | Verified as valid and accurate for 2020. |



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| Condition: Cancer | | |
|--|---|--|
| Medicaid/Federal and Commonwealth and CHIP | | |
| ICD10 Codes | Description | Milliman Comments |
| C153 | Malignant neoplasm of upper third of esophagus | Verified as valid and accurate for 2020. |
| C888 | Other malignant immunoproliferative diseases | Verified as valid and accurate for 2020. |
| C889 | Malignant immunoproliferative disease, unspecified | Verified as valid and accurate for 2020. |
| C9000 | Multiple myeloma not having achieved remission | Verified as valid and accurate for 2020. |
| C9001 | Multiple myeloma in remission | Verified as valid and accurate for 2020. |
| C9002 | Multiple myeloma in relapse | Verified as valid and accurate for 2020. |
| C9010 | Plasma cell leukemia not having achieved remission | Verified as valid and accurate for 2020. |
| C9011 | Plasma cell leukemia in remission | Verified as valid and accurate for 2020. |
| C9012 | Plasma cell leukemia in relapse | Verified as valid and accurate for 2020. |
| C9020 | Extramedullary plasmacytoma not having achieved remission | Verified as valid and accurate for 2020. |
| C9021 | Extramedullary plasmacytoma in remission | Verified as valid and accurate for 2020. |
| C9022 | Extramedullary plasmacytoma in relapse | Verified as valid and accurate for 2020. |
| C9030 | Solitary plasmacytoma not having achieved remission | Verified as valid and accurate for 2020. |
| C9031 | Solitary plasmacytoma in remission | Verified as valid and accurate for 2020. |
| C9032 | Solitary plasmacytoma in relapse | Verified as valid and accurate for 2020. |






Condition: **End Stage Renal Disease**

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

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Condition: Multiple Sclerosis

Medical/Federal and Commonwealth

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



Condition: Autism

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



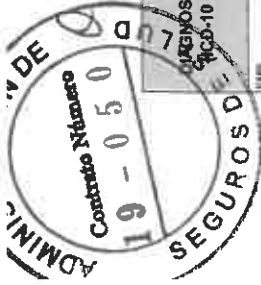
LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NIÑOS CON NECESIDADES ESPECIALES
DIAGNOSTIC CODES (ICD-10 CM_2015)



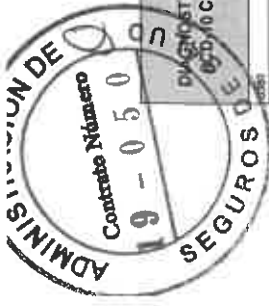
Nota: Se utilizaron los códigos padre en las condiciones de la condición por ejemplo, leg and righ, Uper right, congenital), other specified, unspecified La codificación en ICD10CM no aumenta el número de enfermedades, determina la especificidad de la enfermedad

| DIAGNOSTIC CODES (ICD-10 CM_2015) | DESCRIPTION-LETTER DS_2008 | Type of Register | Type Condition | Up to 20 years (until before age 21 day) | Temporary (for a specified period) | Comments | RISK -Minimum Services to be covered risk of the entry contracted by the PFS | Comments |
|--|--|------------------|----------------|--|------------------------------------|----------|--|---|
| E220 | Acromegaly and gigantism | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E230 | Pituitary dwarfism | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E25 | Adrenogenital disorders | NNE | Metabólico | ✓ | | | Todo | This code now has a 4th digit: E250 - Congenital adrenogenital disorders associated with enzyme deficiency E258 - Other adrenogenital disorders E259 - Adrenogenital disorder, unspecified |
| E343 | Overturn NEC | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| Other Metabolic and Nutritional Disorders | | | | | | | | |
| E7000 | Phenylketonuria - PKU | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E7020 | Amino acid metabolism NEC | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E710 | Suppl amino-acid met dis | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E7101 | Dis histidine metabolism | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E720 | Dis urea cycle metabol | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E7120 | Strag amino-acid met NEC | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E728 | Dis amino-acid metab NEC | NNE | Metabólico | ✓ | | | Todo | This code now has a 5th digit: E7280 - Other specified disorders of amino-acid metabolism E7289 - Other specified disorders of amino-acid metabolism |
| E729 | Dis amino-acid metab NOS | NNE | Metabólico | ✓ | ✓ | | Todo | Verified as valid and accurate for 2020. |
| E7420 | Gaucheremia | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E750 | Disaccharidase defmetab | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E749 | Renal glycosuria | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E748 | Dis carbohydrate metab NOS | NNE | Metabólico | ✓ | ✓ | | Todo | Verified as valid and accurate for 2020. |
| E708 | Lipoprotein deficiency | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E880 | Disorders of Plasma Protein Metabolism | NNE | Metabólico | ✓ | | | Todo | This code now has a 5th digit: E8801 - Alpha-1 antitrypsin deficiency E8802 - Plasminogen deficiency E8809 - Other disorders of plasma-protein metabolism, not elsewhere classified |
| E9300 | Dis copper metabolism | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E9340 | Dis magnesium metabolism | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E9330 | Dis phosphorus metabol | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E9350 | Dis calcium metabolism NOS | NNE | Metabólico | ✓ | ✓ | | Todo | Verified as valid and accurate for 2020. |
| E9359 | Dis calcium metabolism NEC | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E9381 | Hungry bone syndrome | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E9389 | Dis mineral metabol NOS | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E938 | Dis mineral metabol | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E9372 | Adolesis Metabica | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E940 | Cystic fibrosis w/o laxus | Fibrosis Cística | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E9411 | Cystic fibrosis w laxus | Fibrosis Cística | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E942 | Cystic fibrosis w pul man | Fibrosis Cística | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E943 | Cystic fibrosis w GI man | Fibrosis Cística | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E944 | Cystic fibrosis NEC | Fibrosis Cística | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E7001 | Mucopolysaccharidosis | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| D81810 | Other deficiencies circulating enzymes | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E7141 | Primary carnitine deficiency | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E7142 | Carnitine def chr met | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E7143 | Hereditary carnitine def | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E7140 | Sec carnitine def/moy NEC | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E71310 | Disorders acid oxidatlon | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |
| E7139 | Metabolic disorder NEC | NNE | Metabólico | ✓ | | | Todo | Verified as valid and accurate for 2020. |

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



| ICD-10 CM_2015 | DESCRIPTION-LETTER DS_2008 | Type of Registrar | Type Condition | Up to 20 years (until before age 21 day) | Temporary (for a specified period) | Comments | RISK -Minimum Services to be covered risk of the entity contracted by the PSG | Comments |
|--|--|-------------------|-----------------|--|------------------------------------|----------------|---|----------|
| D600 | Metabolic disorder NOS | NNE | Metabólico | | ✓ | Cubierta Total | Verified as valid and accurate for 2020. | |
| D601 | Hypogammaglobulinemia NOS | NNE | Metabólico | | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D602 | Selective IgA immunodef | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D604 | Selective IgM immunodef | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D603 | Selective IgG defic NEC | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D600 | Cong hypogammaglobulinem | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D605 | Immunodeficiency w hyper-igm | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D607 | Humoral immunity def NEC | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D621 | Immundeficoid def NOS | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D621 | Digeorg's syndrome | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D620 | Wiskott-aldrich syndrome | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D614 | Nezelof's syndrome | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D608 | Defic cell immunity NOS | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D682 | Autoimmun lymphoid synd | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D689 | Autoimmune disease NEC | NNE | Metabólico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Diseases of the Blood and Blood Forming Organs | | | | | | | | |
| D599 | Thalassemia, unspecified | NNE | Hematológico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D571 | Sickle cell disease NOS | NNE | Hematológico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D599 | Acquired hemolytic anemia NOS | NNE | Hematológico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D6101 | Constitution RBC aplasia | Anemia Aplásica | Anemia Aplásica | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D6109 | Const aplasia anemia NEC | Anemia Aplásica | Anemia Aplásica | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D61810 | Anti-chrom hiodi pancyt | NNE | Hematológico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D61811 | Chl dfg hiodi pancytopria | NNE | Hematológico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D61818 | Other pancytopria | NNE | Hematológico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D6182 | Mysophobias | NNE | Hematológico | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D6189 / D611 / D612 / D613 | Aplastic anemia NEC | Anemia Aplásica | Anemia Aplásica | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D619 | Aplastic anemia NOS | Anemia Aplásica | Anemia Aplásica | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D66 | Cong factor viii defic | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D67 | Cong factor ix defic | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D681 | Cong factor xi defic | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D682 | Cong def xii factor NEC | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D680 | Von willebrand's disease | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D68311 | Acquired hemophilia | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D68312 | Antiphospholipid w hemorrh | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D68316 | Or hem def xiii anticogag | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D68 | Defibrination syndrome | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D684 | Acq coagul factor defic | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| D688 | Cong def xiii factor | Hemofilia | Hemofilia | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Behavioral and Mental Disorders | | | | | | | | |
| F001 | Delirium associated with another mental disorder | Mental | Mental | | REFE | Cubierta Total | Verified as valid and accurate for 2020. | |
| F203 | Schizophrenia | Mental | Mental | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| F301 | Major depressive disorder, Recurrent, Moderate | Mental | Mental | | REFE | Cubierta Total | Verified as valid and accurate for 2020. | |
| F32 | Major depressive disorder, severe | Mental | Mental | | REFE | Cubierta Total | Verified as valid and accurate for 2020. | |
| F33 | Major depressive disorder, Recurrent w Psych | Mental | Mental | | REFE | Cubierta Total | Verified as valid and accurate for 2020. | |
| F311 | Bipol manic-sew w/o psy | Mental | Mental | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| F312 | Bipol manic-sew w psy | Mental | Mental | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| F310 | Bipol cur depress-mod | Mental | Mental | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| F311 | Bipol cur dep w/o psy | Mental | Mental | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| F315 | Bipol curm dep w psy | Mental | Mental | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| F3181 | Bipolar disorder II | Mental | Mental | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| F640 | Autism Spectrum Disorder | Mental | Autismo | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Mental and Behavioral Disorders of Childhood, Adolescence, and Other Stages | | | | | | | | |
| G0289 | Cereb degm in toddlers | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G030 | Cereb degm in old dis | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| F942 / G3181 / G3182 | Cereb degm in child NEC (Excitant 3 tipo Rett's Syndrome, Ajoers and LeVine) | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G911 | Obsessive hydrocephalus | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G250 | Essential tremors | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G20 | Paralytic agitars | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G254 | Chorea NEC | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G111 | Spheroocellar disease | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |



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DIAGNOSTIC CODES (ICD-10 CM_2015)

| DIAGNOSTIC CODES (ICD-10 CM_2015) | DESCRIPTION-LETTER DS_2008 | Type of Register | Type Condition | Up to 20 years (until 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 |
|--|--|------------------|----------------|--|------------------------------------|------------------|--|--|
| G800 | Neuromyelitis optica | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G801 | Schüster's disease | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8100 | Flourens hemiplegia unsp/ side | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8110 | Spina hemiplegia unsp/ side | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8180 | Unsp hemiplegia unsp/ side | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G801 | Congenital deblia | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G802 | Congenital hemiplegia | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G800 | Congenital quadriplegia | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8180 | Infratentorial hemiplegia | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G809 | Cerebral palsy NOS | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8250 | Quadruplegia, unsp/ side | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8251 | Quadruplegia, complete | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8252 | Quadruplegia, incomplete | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8253 | Quadruplegia, complete | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8254 | Quadruplegia, incomplete | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8255 | Other quadriplegia | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G834 | Cauda equina syndrome | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G830 | Cerebral cysts | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G8340 | Encephalopathy NOS | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G801 | Refsum's disease | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G803 | Idio prog polymyopathy | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G808 | Idio periph neuropathy NEC | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G809 | Idio periph neuropathy NOS | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G810 | Idio infect polyneuritis (Guillain-Barre) | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G712 | Comp hered musc. dystrophy | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G710 | Heret prog musc. dystrophy | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| G711 | Myotonic musc. dystrophy | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Disorders of Eye and Adnexa | | | | | | | | |
| H540 | Both eyes blind-who def | NNE | Ceguera | ✓ | | Cubierta parcial | Visitas a Oftalmólogo y servicios relacionados al problema visual | Verified as valid and accurate for 2020. |
| H542 | Moderate/severe impairment both eyes | NNE | Ceguera | ✓ | | Cubierta parcial | Visitas a Oftalmólogo y servicios relacionados al problema visual | Verified as valid and accurate for 2020. |
| H548 | Legal blindness-uni def | NNE | Ceguera | ✓ | | Cubierta parcial | Visitas a Oftalmólogo y servicios relacionados al problema visual | Verified as valid and accurate for 2020. |
| H5900 | Exotropia NOS | NNE | Oftalmológico | ✓ | | Cubierta parcial | Procedimiento quirúrgico y servicios oftalmológicos relacionados | Verified as valid and accurate for 2020. |
| H5910 | Esotropia NOS | NNE | Oftalmológico | ✓ | | Cubierta parcial | Procedimiento quirúrgico y servicios oftalmológicos relacionados | Verified as valid and accurate for 2020. |
| H5900 | Meckeloid strabism NOS | NNE | Oftalmológico | ✓ | | Cubierta parcial | Procedimiento quirúrgico y servicios oftalmológicos relacionados | Verified as valid and accurate for 2020. |
| Diseases of the Musculoskeletal System and Connective Tissues | | | | | | | | |
| M216X0 | Other specified strabism (Duane's) (Affect solo el código de lado del ojo) | NNE | Oftalmológico | ✓ | | Cubierta parcial | Procedimiento quirúrgico y servicios oftalmológicos relacionados | Verified as valid and accurate for 2020. |
| M4000 | Equinus deformity of foot, acquired | NNE | MSK | ✓ | | Cubierta Parcial | Procedimiento quirúrgico y servicios relacionados | Verified as valid and accurate for 2020. |
| M400 | Acute postural lumbosis | NNE | MSK | ✓ | | Cubierta Parcial | Procedimiento quirúrgico y servicios relacionados | Verified as valid and accurate for 2020. |
| M405 | Idiopathic scoliosis, progressive | NNE | MSK | ✓ | | Cubierta Parcial | Procedimiento quirúrgico y servicios relacionados | Verified as valid and accurate for 2020. |
| Congenital Anomalies | | | | | | | | |
| Q002 | Hydrocephaly | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q01 | Spin bif w hydroceph NOS | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q050 | Spin bif w hydroceph-ov | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q051 | Spin bif w hydroceph-com | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q05 | Spin bif w hydroceph-lumb | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q05 | Spina bifida | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q055 | Spina bifida-ov | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q056 | Spina bifida-comal | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q057 | Spina bifida-lumb | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q02 | Microphthalmos | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q082 | Duchenne's myotonia | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |
| Q084 | Myotonia | NNE | CNS | ✓ | | Cubierta Total | Verified as valid and accurate for 2020. | |

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



| DIAGNOSTIC CODES (ICD-10 CM_2015) | DESCRIPTION-LETTER DS_2008 (ICD-10 CM_2015) | Type of Register | Type Condition | Up to 20 years (until before age 21 day) | Temporary (for a specified period) | Comments | RSK - Minimum Services to be covered risk of the entity contracted by the PSG | Comments |
|-----------------------------------|--|------------------|----------------|--|------------------------------------|------------------|---|--|
| | Chilo anophthalmos NOS | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| | Congenital cataract NOS | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q112 | Cryptorchidism | NNE | Oftalmológico | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q112 | Microphthalmos NOS | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q112 | Micropthalmos in other associations of malformations | NNE | Oftalmológico | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q150 | Buphthalmos NOS | NNE | Oftalmológico | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q150 | Buphthalmos in other anomalies | NNE | Oftalmológico | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q120 | Congenital cataract NOS | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q122 | Conjunctival epithelia | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q121 | Congenital ectopic lens | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q120 | Cong cataracta anom NEC | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q134 | Anom corneal shape | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q133 | Cong cornea opac aff vis | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q133 | Cong corneal opac NEC | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q131 | Anisidia | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q132 | Anom iris & cil body NEC | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q135 | Anomalies of sclera | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q1389 | Multi anom anterior eye | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| 74851+4285A47 | Vitreous anomalies | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q149 | Cong choroidal degan | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q141 | Cong retinal changes NEC | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q142 | Cytic disc anomalies | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q100 | Congenital ptosis | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q103 | Spec anom of eyelid NEC | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q108 | Spec lacrimal gland anom | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q107 | Spec anomaly of orbit | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q113 | Eye anomalies NEC | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q169 | Eye anomaly NOS | NNE | Oftalmológico | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al oftalmólogo | Verified as valid and accurate for 2020. |
| Q169 | Ear anom NOS/male hear | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q169 | Cong absence ear | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q161 | Ear anom NEC-temp hear | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q164 | Middle ear anomaly NEC | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q163 | Anomalies ear ossicles | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q165 | Anomalies of inner ear | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q168 | Ear anom NEC/impair hear | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q170 | Accessory auricle | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q178 | Cong absence of ear lobe | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q171 | Macrotia | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q172 | Microtia | NNE | ENT | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |

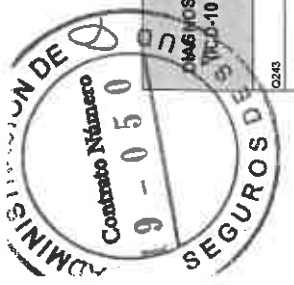
LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NIÑOS CON NECESIDADES ESPECIALES
DIAGNOSTIC CODES (ICD-10 CM, 2015)

| DIAGNOSTIC CODES (ICD-10 CM, 2015) | DESCRIPTION-LETTER DS_2008 | Type of Register | Type Condition | Up to 20 years (until before age 21 day) | Temporary (specified a period) | Comments | RISK - Minimum Services to be covered risk of the entity contracted by the PSG | Comments |
|------------------------------------|----------------------------|------------------|----------------|--|--------------------------------|------------------|--|--|
| Q178 | Eustachian tube anom NEC | NNE | ENT | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q182 | Ear anomaly NOS | NNE | ENT | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q182 | Cervical aortic | NNE | ENT | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q181 | Pneumothorax | NNE | ENT | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas al ENT | Verified as valid and accurate for 2020. |
| Q182 | Branchial cleft anom NEC | NNE | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Otol/Max) | Verified as valid and accurate for 2020. |
| Q183 | Webbing of neck | NNE | SURG | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Otol/Max) | Verified as valid and accurate for 2020. |
| Q186 | Microtia | NNE | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Otol/Max) | Verified as valid and accurate for 2020. |
| Q187 | Microtia | NNE | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Otol/Max) | Verified as valid and accurate for 2020. |
| Q184 | Microtia | NNE | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Otol/Max) | Verified as valid and accurate for 2020. |
| Q185 | Microtia | NNE | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Otol/Max) | Verified as valid and accurate for 2020. |
| Q188 | Cong. teardrop anom NOS | NNE | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Otol/Max) | Verified as valid and accurate for 2020. |
| Q203 | Cong transpos great ves | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q201 | Double outlet r1 ventric | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q206 | Congect transpos grt ves | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q213 | Tetralogy of fallot | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q204 | Common ventricle | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q210 | Ventricular sept defect | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q211 | Secundum atrial sept. def | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q212 | Endocard cushion def NOS | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q212 | Ostium primum defect | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q212 | Endocard cushion def NEC | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q208 | Cor biciloculare | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q209 | Septal closure anom NEC | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q219 | Septal closure anom NOS | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q223 | Pulmonary valve anom NOS | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q220 | Cong pulmon valv atresia | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q221 | Cong pulmon valv atresia | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q222 | Pulmonary valve anom NEC | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q225 | Ebstein's anomaly | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q230 | Cong aorta valv stenosis | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q231 | Cong aorta valv insuffic | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q232 | Cong aortic stenosis | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q233 | Cong mitral insufficience | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q234 | hypoplasia left heart synd | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q244 | Cong subaortic stenosis | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q242 | Cor triatriatum | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |



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DIAGNOSTIC CODES (ICD-10 CM_2015)

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|-----------------------------------|---------------------------------|------------------|----------------|--|------------------------------------|------------------|--|--|
| Q243 | Infracted pulmonary shunt | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q244 | Obstructed heart avium NEC | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q245 | Coronary artery anomaly | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q246 | Congenital heart block | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q24 | Misposition of heart | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q250 | Patent ductus arteriosus | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q251 | Coccylation of aorta | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q252 | Interruption of aortic arch | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q254 | Cong anom of aorta NOS | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q254 | Anomalies of aortic arch | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q2572 | Pulmonary AV malformation | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q269 | Great vein anomaly NOS | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q282 | Tot anom pulm ven conaseo | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q270 | Umbilical artery absence | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q279 | Umbilical artery vessel anomaly | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q271 | Renal vessel anomaly | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q2731 | Upper limb vessel anomaly | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q2732 | Lower limb vessel anomaly | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q278 | Splenic vessel anomaly | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| P293 | Persistent fetal circ | CARDIO | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q300 | Choanal atresia | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q310 | Laryngeal web | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q330 | Congenital cystic lung | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q33 | Agenesis of lung | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q339 | Lung anomaly NOS | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q334 | Congen bronchiectasis | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q359 | Unilateral palatecomp | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q369 | Cleft lip NOS | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q369 | Unilateral cleft lip-incomple | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q379 | Cleft palate & lip NOS | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q381 | Tongue tie | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q383 | Tongue anomaly NOS | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q382 | Cong macroglossia | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q386 | Mouth anomaly NEC | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q387 | Diverticulum of pharynx | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q388 | Pharyngeal anomaly NEC | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q401 | Congenital hiatus hernia | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q403 | Upper GI anomaly NEC | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |
| Q430 | Mackler's diverticulum | NNE | Congenito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas (Cardio) | Verified as valid and accurate for 2020. |

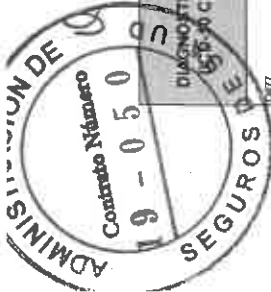


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LISTA DE DIAGNOSTICOS PARA CUBIERTA DE NIÑOS CON NECESIDADES ESPECIALES
DIAGNOSTIC CODES (ICD-10 CM, 2015)

| DIAGNOSTIC CODES (ICD-10 CM, 2015) | DESCRIPTION-LETTER DS_2008 | Type of Register | Type Condition | Up to 20 years (until before age 21 day) | Temporary (for a specified period) | Comments | RISK - Minimum Services to be covered risk of the entity contracted by the PSG | Comments |
|------------------------------------|--------------------------------------|------------------|----------------|--|------------------------------------|------------------|--|--|
| Q049 | Anomalies of internal ducts | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q050 | Cong cystic liver dis | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q051 | Abnorm digestive syst NOS | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q052 | Tubafistulae lg anom NOS | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q053 | Tubofistulae lg anom NEC | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q054 | Ageneisis of uterus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q055 | Hypoplasia of uterus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q056 | Uterocornuata uterus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q057 | Bicornuate uterus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q058 | Septate uterus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q059 | Arctuate uterus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q060 | Abnorm cervix, vagina, ext genitalia | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q061 | Congenital chordee | NNE | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q062 | Micropenis | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q063 | Scrotal transposition | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q064 | Polycystic kidney NOS | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q065 | Polycyst kid-autosom dom | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q066 | Renal dysplasia | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q067 | Mesulfer y cystic kidney | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q068 | Mesulfer sponge kidney | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q069 | Cystic kidney disease NEC | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q070 | Obst Defects renal pelvis, uniler | NNE | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q071 | Obst defc ren plduct NOS | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q072 | Congenit obst uteropl jrc | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q073 | Anomalies of urethrus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q074 | Congenital teratoll | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q075 | Congenit hip displac, blast | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q076 | Cong hip sublux, blast | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q077 | Cong knee dislocation | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q078 | Congenit bowing of femur | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q079 | Cong bowing tibia/fibula | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q080 | Cong bowing leg NOS | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q081 | Metatarsus primus varus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q082 | Metatarsus varus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q083 | Talipes valgus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q084 | Talipes calcaneovergus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q085 | Cong valgus foot def NEC | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q086 | Talipes equinovarus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q087 | Pectus excavatum | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |

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



| DIAGNOSTIC CODES (ICD-10 CM_2015) | DESCRIPTION-LETTER DS_2008 | Type of Register | Type Condition | Up to 20 years (until before age 21 day) | Temporary (for a specified period) | Comments | RISK -Minimum Services to be covered risk of the entity contracted by the PSG | Comments |
|-----------------------------------|--|------------------|----------------|--|------------------------------------|------------------|---|--|
| Q77 | Pectus carinatum | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q704 | Polydactyly NOS | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q682 | Polydactyly, toes | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q70 | Syndactyly (finger fusion) | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q670 | Acrocephalosyndactyly | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q748 | Accessory carpal bones | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q740 | Macrodactyly (fingers) | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q6881 | Congenital coxa valgus | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q682 | Coxa knee deformity | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q7449 | Anomaly of spine NOS | NeuroSx | No específico | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q762 | Lumbar spondylolysis | NeuroSx | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q762 | Spondylolysis | NeuroSx | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q7649 | Congen fusion of spine | NeuroSx | SURG | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q781 | Klippel-Feil syndrome | NeuroSx | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q785 | Cervical rib | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q780 | Osteogenesis imperfecta | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q782 | Osteopetrosis | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q788 | Osteopetrosis | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q781 | Polyosteo fibros displ | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q778 | Chondroectoderm dysplasia | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q783 | Multi epiphyseal dysplasia | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q7851 | Prune belly syndrome | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q782 | Omphalocele | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q780 | Congenital abdominal wall NEC | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q788 | Ehlers-danlos syndrome | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q820 | Hereditary valvula of leg | NNE | Congénito | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q828 | Dermatoglyphic anomalies | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q824 | Cong ectodermal dysplasia | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q825 | Vascular hamartomas | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| 7870 | Cong breast anomaly NEC | NNE | Congénito | | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | This code is a holdover from ICD-9 |
| Chromosomes anomalies | | | | | | | | |
| Q624 | Cr-delta-chat syndrome | NNE | Genético | ✓ | | Cubierta Total | Todo | Verified as valid and accurate for 2020. |
| Q681 | Yabo-cardio-facial synd | NNE | Genético | ✓ | | Cubierta Total | Todo | Verified as valid and accurate for 2020. |
| Q6888 | Other microdeletions | NNE | Genético | ✓ | | Cubierta Total | Todo | Verified as valid and accurate for 2020. |
| Q690 | Conditions due to chromosomal anomaly, NOS | NNE | Genético | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q6901 | Anomalies of spleen | NNE | Genético | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q691 | Adrenal gland anomaly | NNE | Genético | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Other sites | | | | | | | | |
| Q6809 | Anomalies of spleen | NNE | Genético | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q682 | Endocrine anomaly NEC | NNE | Genético | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q683 | Stomach inversions | NNE | Genético | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |

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

| DIAGNOSTIC CODES (ICD-10 CM_2015) | DESCRIPTION-LETTER DS_2008 | Type of Register | Type Condition | Up to 20 years (until before age 21 day) | Temporary (for a specified period) | Comments | RISK -Minimum Services to be covered risk of the entity contracted by the PSG | Comments |
|--|--------------------------------------|------------------|------------------|--|------------------------------------|------------------------|---|--|
| Q894 | Conjoined twins | NNE | Genético | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q851 | Tuberous sclerosis | NNE | Genético | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q877 | Mitochondrial disorder | NNE | Genético | ✓ | | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Verified as valid and accurate for 2020. |
| Q871 | Prader-Willi syndrome | NNE | Genético | ✓ | | Cubierta Total | Todo | Verified as valid and accurate for 2020. |
| Q892 | Fragile X syndrome | NNE | Genético | ✓ | | Cubierta Total | Todo | Verified as valid and accurate for 2020. |
| E78 | Specified congenital hypothyroidism | NNE | Genético | ✓ | | Cubierta por excepción | Código no registra, solo por excepción. | E78 is the 3-digit code family for disorder of lipoprotein metabolism |
| Certain conditions relating to the Perinatal Period | | | | | | | | |
| R043 | Fetal alcohol syndrome | NNE | Perinatal | ✓ | | Cubierta Total | Todo | Incorrect - Fetal alcohol syndrome is Q880 |
| P0700 (P07001) | Extreme immature w/NDOS | NNE | Perinatal | ✓ | | Cubierta Total | Todo | Verified as valid and accurate for 2020. |
| P04 | Breath pleura at birth | NNE | Perinatal | ✓ | ✓ | Cubierta Parcial | Procedimientos quirúrgicos y visitas a especialistas | Incorrect - P04 is the 3-digit code family for Neonborn affected by noxious substances transmitted via placenta or breast milk |
| P84 | Birth asphyxia NOS | NNE | Perinatal | ✓ | | Cubierta Total | Todo | Verified as valid and accurate for 2020. |
| P14 | Intracranial hemorrhage (Grade I-IV) | NNE | Perinatal | ✓ | | Cubierta Total | Todo | Incorrect - P14 is the 3-digit code family for Birth injury to peripheral nervous system |
| P112 | Perinatal leukomalacia | NNE | CNS | ✓ | | Cubierta Total | Todo | Verified as valid and accurate for 2020. |
| Systemic, Systemic and Ill-Defined Conditions | | | | | | | | |
| R0251 | Failure to thrive-child | NNE | Desarrollo | | ✓ | Cubierta Parcial | Visitas a especialistas | Verified as valid and accurate for 2020. |
| R020 | Delayed milestones | NNE | Desarrollo | | ✓ | Cubierta Parcial | Visitas a especialistas | Verified as valid and accurate for 2020. |
| R0252 | Short stature | NNE | Desarrollo | | ✓ | Cubierta Parcial | Visitas a especialistas | Verified as valid and accurate for 2020. |
| R491 | Asomnia | NNE | Desarrollo-Hable | | ✓ | Cubierta Parcial | Visitas a especialistas | Verified as valid and accurate for 2020. |
| Late effects of injuries, Poisonings, Toxic Effects and Other External Causes | | | | | | | | |
| Brain and Central Injury | | | | | | | | |

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



Condition:

Measurement period: Diabetes

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



[Handwritten signature and scribbles]

Condition:

Measurement period: Diabetes

| Population | Medicaid/Federal, Commonwealth and CHIP Population | Milliman Comments |
|--------------|--|--------------------------------|
| ICD 10 CODES | Description | |
| E10621 | Type 1 diabetes mellitus with foot ulcer | Verified as valid and accurate |
| E10622 | Type 1 diabetes mellitus with other skin ulcer | Verified as valid and accurate |
| E10628 | Type 1 diabetes mellitus with other skin complications | Verified as valid and accurate |
| E10630 | Type 1 diabetes mellitus with periodontal disease | Verified as valid and accurate |
| E10638 | Type 1 diabetes mellitus with other oral complications | Verified as valid and accurate |
| E10649 | Type 1 diabetes mellitus with hypoglycemia without coma | Verified as valid and accurate |
| E1065 | Type 1 diabetes mellitus with hyperglycemia | Verified as valid and accurate |
| E1069 | Type 1 diabetes mellitus with other specified complication | Verified as valid and accurate |
| E108 | Type 1 diabetes mellitus with unspecified complications | Verified as valid and accurate |
| E109 | Type 1 diabetes mellitus without complications | Verified as valid and accurate |
| E08618 | Diabetes due to underlying condition w oth diabetic arthrop | Verified as valid and accurate |
| E08620 | Diabetes due to underlying condition w diabetic dermatitis | Verified as valid and accurate |
| E08621 | Diabetes mellitus due to underlying condition w foot ulcer | Verified as valid and accurate |
| E08622 | Diabetes due to underlying condition w oth skin ulcer | Verified as valid and accurate |
| E08628 | Diabetes due to underlying condition w oth skin comp | Verified as valid and accurate |
| E08630 | Diabetes due to underlying condition w periodontal disease | Verified as valid and accurate |
| E08638 | Diabetes due to underlying condition w oth oral comp | Verified as valid and accurate |
| E08649 | Diabetes due to underlying condition w hypoglycemia w/o coma | Verified as valid and accurate |
| E0865 | Diabetes due to underlying condition w hyperglycemia | Verified as valid and accurate |
| E0869 | Diabetes due to underlying condition w oth complication | Verified as valid and accurate |
| E088 | Diabetes due to underlying condition w unsp complications | Verified as valid and accurate |
| E089 | Diabetes due to underlying condition w/o complications | Verified as valid and accurate |
| E09618 | Drug/chem diabetes mellitus w oth diabetic arthropathy | Verified as valid and accurate |
| E09620 | Drug/chem diabetes mellitus w diabetic dermatitis | Verified as valid and accurate |
| E09621 | Drug or chemical induced diabetes mellitus with foot ulcer | Verified as valid and accurate |
| E09622 | Drug or chemical induced diabetes mellitus w oth skin ulcer | Verified as valid and accurate |
| E09628 | Drug/chem diabetes mellitus w oth skin complications | Verified as valid and accurate |
| E09630 | Drug/chem diabetes mellitus w periodontal disease | Verified as valid and accurate |
| E09638 | Drug/chem diabetes mellitus w oth oral complications | Verified as valid and accurate |
| E09649 | Drug/chem diabetes mellitus w hypoglycemia w/o coma | Verified as valid and accurate |
| E0965 | Drug or chemical induced diabetes mellitus w hyperglycemia | Verified as valid and accurate |
| E0969 | Drug/chem diabetes mellitus w oth complication | Verified as valid and accurate |
| E098 | Drug/chem diabetes mellitus w unsp complications | Verified as valid and accurate |
| E099 | Drug or chemical induced diabetes mellitus w/o complications | Verified as valid and accurate |
| E1151 | Type 2 diabetes w diabetic peripheral angiopath w/o gangrene | Verified as valid and accurate |
| E1152 | Type 2 diabetes w diabetic peripheral angiopathy w gangrene | Verified as valid and accurate |
| E1159 | Type 2 diabetes mellitus with oth circulatory complications | Verified as valid and accurate |
| E11618 | Type 2 diabetes mellitus with other diabetic arthropathy | Verified as valid and accurate |
| E11620 | Type 2 diabetes mellitus with diabetic dermatitis | Verified as valid and accurate |
| E11621 | Type 2 diabetes mellitus with foot ulcer | Verified as valid and accurate |
| E11622 | Type 2 diabetes mellitus with other skin ulcer | Verified as valid and accurate |
| E11628 | Type 2 diabetes mellitus with other skin complications | Verified as valid and accurate |
| E11630 | Type 2 diabetes mellitus with periodontal disease | Verified as valid and accurate |
| E11638 | Type 2 diabetes mellitus with other oral complications | Verified as valid and accurate |
| E11649 | Type 2 diabetes mellitus with hypoglycemia without coma | Verified as valid and accurate |
| E1165 | Type 2 diabetes mellitus with hyperglycemia | Verified as valid and accurate |
| E1169 | Type 2 diabetes mellitus with other specified complication | Verified as valid and accurate |
| E118 | Type 2 diabetes mellitus with unspecified complications | Verified as valid and accurate |
| E119 | Type 2 diabetes mellitus without complications | Verified as valid and accurate |
| E13618 | Oth diabetes mellitus with other diabetic arthropathy | Verified as valid and accurate |
| E13620 | Other specified diabetes mellitus with diabetic dermatitis | Verified as valid and accurate |
| E13621 | Other specified diabetes mellitus with foot ulcer | Verified as valid and accurate |
| E13622 | Other specified diabetes mellitus with other skin ulcer | Verified as valid and accurate |
| E13628 | Oth diabetes mellitus with other skin complications | Verified as valid and accurate |
| E13630 | Other specified diabetes mellitus with periodontal disease | Verified as valid and accurate |
| E13638 | Oth diabetes mellitus with other oral complications | Verified as valid and accurate |
| E13649 | Oth diabetes mellitus with hypoglycemia without coma | Verified as valid and accurate |
| E1365 | Other specified diabetes mellitus with hyperglycemia | Verified as valid and accurate |
| E1369 | Oth diabetes mellitus with other specified complication | Verified as valid and accurate |
| E138 | Oth diabetes mellitus with unspecified complications | Verified as valid and accurate |
| E139 | Other specified diabetes mellitus without complications | Verified as valid and accurate |
| E0900 | Diab d/t undrl cond w hyprosm w/o nonket hypergly-hyprosm coma | Verified as valid and accurate |
| E0801 | Diabetes due to underlying condition w hyprosm w coma | Verified as valid and accurate |
| E0810 | Diabetes due to underlying condition w ketoacidosis w/o coma | Verified as valid and accurate |
| E0811 | Diabetes due to underlying condition w ketoacidosis w coma | Verified as valid and accurate |
| E0821 | Diabetes due to underlying condition w diabetic nephropathy | Verified as valid and accurate |
| E0822 | Diabetes due to undrl cond w diabetic chronic kidney disease | Verified as valid and accurate |
| E0829 | Diabetes due to undrl condition w oth diabetic kidney comp | Verified as valid and accurate |
| E08311 | Diab due to undrl cond w unsp diabetic rtnop w macular edema | Verified as valid and accurate |
| E08319 | Diab due to undrl cond w unsp diab rtnop w/o macular edema | Verified as valid and accurate |
| E083211 | Diabetes with mild nonp rtnop with macular edema, right eye | Verified as valid and accurate |
| E083212 | Diabetes with mild 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 |
| E08329 | Diabetes with mild nonp rtnop without macular edema, r eye | Verified as valid and accurate |



[Handwritten signature]

Condition:

Measurement period: Diabetes

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



[Handwritten signature and initials]

Condition:

Measurement period: Diabetes

| Population | Medical/Federal, Commonwealth and CHIP Population | Milliman Comments |
|--------------|---|--------------------------------|
| ICD 10 CODES | Description | |
| E093293 | Drug/chem diab with mild nonp rtnop without mclr edema, bi | Verified as valid and accurate |
| E093299 | Drug/chem diab with mild nonp rtnop without mclr edema, unsp | Verified as valid and accurate |
| E093311 | Drug/chem diab with mod nonp rtnop with macular edema, r eye | Verified as valid and accurate |
| E093312 | Drug/chem diab with mod nonp rtnop with macular edema, l eye | Verified as valid and accurate |
| E093313 | Drug/chem diab with mod nonp rtnop with macular edema, bi | Verified as valid and accurate |
| E093319 | Drug/chem diab with mod nonp rtnop with macular edema, unsp | Verified as valid and accurate |
| E093391 | Drug/chem diab with mod nonp rtnop without mclr edema, r eye | Verified as valid and accurate |
| E093392 | Drug/chem diab with mod nonp rtnop without mclr edema, l eye | Verified as valid and accurate |
| E093393 | Drug/chem diab with mod nonp rtnop without macular edema, bi | Verified as valid and accurate |
| E093399 | Drug/chem diab with mod nonp rtnop without mclr edema, unsp | Verified as valid and accurate |
| E093411 | Drug/chem diab with severe nonp rtnop with mclr edema, r eye | Verified as valid and accurate |
| E093412 | Drug/chem diab with severe nonp rtnop with mclr edema, l eye | Verified as valid and accurate |
| E093413 | Drug/chem diab with severe nonp rtnop with macular edema, bi | Verified as valid and accurate |
| E093419 | Drug/chem diab with severe nonp rtnop with mclr edema, unsp | Verified as valid and accurate |
| E093491 | Drug/chem diab with severe nonp rtnop w/o mclr edema, r eye | Verified as valid and accurate |
| E093492 | Drug/chem diab with severe nonp rtnop w/o mclr edema, l eye | Verified as valid and accurate |
| E093493 | Drug/chem diab with severe nonp rtnop without mclr edema, bi | Verified as valid and accurate |
| E093499 | Drug/chem diab with severe nonp rtnop w/o mclr edema, unsp | Verified as valid and accurate |
| E093511 | Drug/chem diab with prolif diab rtnop with mclr edema, r eye | Verified as valid and accurate |
| E093512 | Drug/chem diab with prolif diab rtnop with mclr edema, l eye | Verified as valid and accurate |
| E093513 | Drug/chem diab with prolif diab rtnop with macular edema, bi | Verified as valid and accurate |
| E093519 | Drug/chem diab with prolif diab rtnop with mclr edema, unsp | Verified as valid and accurate |
| E093521 | Drug/chem diab w prolif diab rtnop w trctn dtch macula, r eye | Verified as valid and accurate |
| E093522 | Drug/chem diab w prolif diab rtnop w trctn dtch macula, l eye | Verified as valid and accurate |
| E093523 | Drug/chem diab w prolif diab rtnop w trctn dtch macula, bi | Verified as valid and accurate |
| E093529 | Drug/chem diab w prolif diab rtnop w trctn dtch macula, unsp | Verified as valid and accurate |
| E093531 | Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, r eye | Verified as valid and accurate |
| E093532 | Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, l eye | Verified as valid and accurate |
| E093533 | Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, bi | Verified as valid and accurate |
| E093539 | Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, unsp | Verified as valid and accurate |
| E093541 | Drug/chem diab w prolif diab rtnop with comb detach, r eye | Verified as valid and accurate |
| E093542 | Drug/chem diab w prolif diab rtnop with comb detach, l eye | Verified as valid and accurate |
| E093543 | Drug/chem diab with prolif diab rtnop with comb detach, bi | Verified as valid and accurate |
| E093549 | Drug/chem diab with prolif diab rtnop with comb detach, unsp | Verified as valid and accurate |
| E093551 | Drug/chem diabetes with stable prolif diabetic rtnop, r eye | Verified as valid and accurate |
| E093552 | Drug/chem diab with stable prolif diabetic rtnop, left eye | Verified as valid and accurate |
| E093553 | Drug/chem diabetes with stable prolif diabetic rtnop, bi | Verified as valid and accurate |
| E093559 | Drug/chem diabetes with stable prolif diabetic rtnop, unsp | Verified as valid and accurate |
| E093591 | Drug/chem diab with prolif diab rtnop w/o mclr edema, r eye | Verified as valid and accurate |
| E093592 | Drug/chem diab with prolif diab rtnop w/o mclr edema, l eye | Verified as valid and accurate |
| E093593 | Drug/chem diab with prolif diab rtnop without mclr edema, bi | Verified as valid and accurate |
| E093599 | Drug/chem diab with prolif diab rtnop w/o mclr edema, unsp | Verified as valid and accurate |
| E0936 | Drug/chem diabetes mellitus w diabetic cataract | Verified as valid and accurate |
| E0937X1 | Drug/chem diab w diab mclr edma, resolved fol trtmt, r eye | Verified as valid and accurate |
| E0937X2 | Drug/chem diab w diab mclr edma, resolved fol trtmt, l eye | Verified as valid and accurate |
| E0937X3 | Drug/chem diab with diab mclr edema, resolved fol trtmt, bi | Verified as valid and accurate |
| E0937X9 | Drug/chem diab with diab mclr edma, resolved fol trtmt, unsp | Verified as valid and accurate |
| E0939 | Drug/chem diabetes w oth diabetic ophthalmic complication | Verified as valid and accurate |
| E0940 | Drug/chem diabetes w neuro comp w diabetic neuropathy, unsp | Verified as valid and accurate |
| E0941 | Drug/chem diabetes w neuro comp w diabetic mononeuropathy | Verified as valid and accurate |
| E0942 | Drug/chem diabetes w neurological comp w diabetic polyneurop | Verified as valid and accurate |
| E0943 | Drug/chem diab w neuro comp w diab autonm (poly) neuropathy | Verified as valid and accurate |
| E0944 | Drug/chem diabetes w neurological comp w diabetic amyotrophy | Verified as valid and accurate |
| E0949 | Drug/chem diabetes w neuro comp w oth diabetic neuro comp | Verified as valid and accurate |
| E0951 | Drug/chem diabetes w diabetic prph angiopath w/o gangrene | Verified as valid and accurate |
| E0952 | Drug/chem diabetes w diabetic prph angiopath w gangrene | Verified as valid and accurate |
| E0959 | Drug/chem diabetes mellitus w oth circulatory complications | Verified as valid and accurate |
| E09610 | Drug/chem diabetes w diabetic neuropathic arthropathy | Verified as valid and accurate |
| E09641 | Drug/chem diabetes mellitus w hypoglycemia w coma | Verified as valid and accurate |
| E1100 | Type 2 diab w hyposm w/o nonket hypergly-hypos coma (NKHHC) | Verified as valid and accurate |
| E1101 | Type 2 diabetes mellitus with hyperosmolarity with coma | Verified as valid and accurate |
| E1121 | Type 2 diabetes mellitus with diabetic nephropathy | Verified as valid and accurate |
| E1122 | Type 2 diabetes mellitus w diabetic chronic kidney disease | Verified as valid and accurate |
| E1129 | Type 2 diabetes mellitus w oth diabetic kidney complication | Verified as valid and accurate |
| E11311 | Type 2 diabetes w unsp diabetic retinopathy w macular edema | Verified as valid and accurate |
| E11319 | Type 2 diabetes w unsp diabetic rtnop w/o macular edema | Verified as valid and accurate |
| E113211 | Type 2 diab with mild nonp rtnop with macular edema, r eye | Verified as valid and accurate |
| E113212 | Type 2 diab with mild nonp rtnop with macular edema, l eye | Verified as valid and accurate |
| E113213 | Type 2 diabetes with mild nonp rtnop with macular edema, bi | Verified as valid and accurate |
| E113219 | Type 2 diab with mild nonp rtnop with macular edema, unsp | Verified as valid and accurate |
| E113291 | Type 2 diab with mild nonp rtnop without mclr edema, r eye | Verified as valid and accurate |
| E113292 | Type 2 diab with mild nonp rtnop without mclr edema, l eye | Verified as valid and accurate |
| E113293 | Type 2 diab with mild nonp rtnop without macular edema, bi | Verified as valid and accurate |
| E113299 | Type 2 diab with mild nonp rtnop without macular edema, unsp | Verified as valid and accurate |
| E113311 | Type 2 diab with mod nonp rtnop with macular edema, r eye | Verified as valid and accurate |



[Handwritten signature]

Condition:

Measurement period: Diabetes

| Population | Medicaid/Federal Commonwealth and CHIP Population | Millman Comments |
|--------------|--|--------------------------------|
| ICD 10 CODES | Description | |
| E113312 | Type 2 diab with mod nonp rtnop with macular edema, l eye | Verified as valid and accurate |
| E113313 | Type 2 diab with moderate nonp rtnop with macular edema, bi | Verified as valid and accurate |
| E113319 | Type 2 diab with mod nonp rtnop with macular edema, unsp | Verified as valid and accurate |
| E113391 | Type 2 diab with mod nonp rtnop without macular edema, r eye | Verified as valid and accurate |
| E113392 | Type 2 diab with mod nonp rtnop without macular edema, l eye | Verified as valid and accurate |
| E113393 | Type 2 diab with mod nonp rtnop without macular edema, bi | Verified as valid and accurate |
| E113399 | Type 2 diab with mod nonp rtnop without macular edema, unsp | Verified as valid and accurate |
| E113411 | Type 2 diab with severe nonp rtnop with macular edema, r eye | Verified as valid and accurate |
| E113412 | Type 2 diab with severe nonp rtnop with macular edema, l eye | Verified as valid and accurate |
| E113413 | Type 2 diab with severe nonp rtnop with macular edema, bi | Verified as valid and accurate |
| E113419 | Type 2 diab with severe nonp rtnop with macular edema, unsp | Verified as valid and accurate |
| E113491 | Type 2 diab with severe nonp rtnop without mclr edema, r eye | Verified as valid and accurate |
| E113492 | Type 2 diab with severe nonp rtnop without mclr edema, l eye | Verified as valid and accurate |
| E113493 | Type 2 diab with severe nonp rtnop without macular edema, bi | Verified as valid and accurate |
| E113499 | Type 2 diab with severe nonp rtnop without mclr edema, unsp | Verified as valid and accurate |
| E113511 | Type 2 diab with prolif diab rtnop with macular edema, r eye | Verified as valid and accurate |
| E113512 | Type 2 diab with prolif diab rtnop with macular edema, l eye | Verified as valid and accurate |
| E113513 | Type 2 diab with prolif diab rtnop with macular edema, bi | Verified as valid and accurate |
| E113519 | Type 2 diab with prolif diab rtnop with macular edema, unsp | Verified as valid and accurate |
| E113521 | Type 2 diab w prolif diab rtnop w trctn dtch macula, r eye | Verified as valid and accurate |
| E113522 | Type 2 diab w prolif diab rtnop w trctn dtch macula, l eye | Verified as valid and accurate |
| E113523 | Type 2 diab w prolif diab rtnop with trctn dtch macula, bi | Verified as valid and accurate |
| E113529 | Type 2 diab w prolif diab rtnop with trctn dtch macula, unsp | Verified as valid and accurate |
| E113531 | Type 2 diab w prolif diab rtnop w trctn dtch n-mcla, r eye | Verified as valid and accurate |
| E113532 | Type 2 diab w prolif diab rtnop w trctn dtch n-mcla, l eye | Verified as valid and accurate |
| E113533 | Type 2 diab w prolif diab rtnop with trctn dtch n-mcla, bi | Verified as valid and accurate |
| E113539 | Type 2 diab w prolif diab rtnop with trctn dtch n-mcla, unsp | Verified as valid and accurate |
| E113541 | Type 2 diab with prolif diab rtnop with comb detach, r eye | Verified as valid and accurate |
| E113542 | Type 2 diab with prolif diab rtnop with comb detach, l eye | Verified as valid and accurate |
| E113543 | Type 2 diab with prolif diabetic rtnop with comb detach, bi | Verified as valid and accurate |
| E113549 | Type 2 diab with prolif diab rtnop with comb detach, unsp | Verified as valid and accurate |
| E113551 | Type 2 diabetes with stable prolif diabetic rtnop, right eye | Verified as valid and accurate |
| E113552 | Type 2 diabetes with stable prolif diabetic rtnop, left eye | Verified as valid and accurate |
| E113553 | Type 2 diabetes with stable prolif diabetic rtnop, bilateral | Verified as valid and accurate |
| E113559 | Type 2 diabetes with stable prolif diabetic rtnop, unsp | Verified as valid and accurate |
| E113591 | Type 2 diab with prolif diab rtnop without mclr edema, r eye | Verified as valid and accurate |
| E113592 | Type 2 diab with prolif diab rtnop without mclr edema, l eye | Verified as valid and accurate |
| E113593 | Type 2 diab with prolif diab rtnop without macular edema, bi | Verified as valid and accurate |
| E113599 | Type 2 diab with prolif diab rtnop without mclr edema, unsp | Verified as valid and accurate |
| E1136 | Type 2 diabetes mellitus with diabetic cataract | Verified as valid and accurate |
| E1137X1 | Type 2 diab with diab mclr edema, resolved fol trmt, r eye | Verified as valid and accurate |
| E1137X2 | Type 2 diab with diab mclr edema, resolved fol trmt, l eye | Verified as valid and accurate |
| E1137X3 | Type 2 diab with diab macular edema, resolved fol trmt, bi | Verified as valid and accurate |
| E1137X9 | Type 2 diab with diab mclr edema, resolved fol trmt, unsp | Verified as valid and accurate |
| E1139 | Type 2 diabetes w oth diabetic ophthalmic complication | Verified as valid and accurate |
| E1140 | Type 2 diabetes mellitus with diabetic neuropathy, unsp | Verified as valid and accurate |
| E1141 | Type 2 diabetes mellitus with diabetic mononeuropathy | Verified as valid and accurate |
| E1142 | Type 2 diabetes mellitus with diabetic polyneuropathy | Verified as valid and accurate |
| E1143 | Type 2 diabetes w diabetic autonomic (poly)neuropathy | Verified as valid and accurate |
| E1144 | Type 2 diabetes mellitus with diabetic amyotrophy | Verified as valid and accurate |
| E1149 | Type 2 diabetes w oth diabetic neurological complication | Verified as valid and accurate |
| E11610 | Type 2 diabetes mellitus w diabetic neuropathic arthropathy | Verified as valid and accurate |
| E11641 | Type 2 diabetes mellitus with hypoglycemia with coma | Verified as valid and accurate |
| E1300 | Oth diab w hyprosm w/o nonket hyperly-hypros coma (NKHHC) | Verified as valid and accurate |
| E1301 | Oth diabetes mellitus with hyperosmolality with coma | Verified as valid and accurate |
| E1310 | Oth diabetes mellitus with ketoacidosis without coma | Verified as valid and accurate |
| E1311 | Oth diabetes mellitus with ketoacidosis with coma | Verified as valid and accurate |
| E1321 | Other specified diabetes mellitus with diabetic nephropathy | Verified as valid and accurate |
| E1322 | Oth diabetes mellitus with diabetic chronic kidney disease | Verified as valid and accurate |
| E1329 | Oth diabetes mellitus with oth diabetic kidney complication | Verified as valid and accurate |
| E13311 | Oth diabetes w unsp diabetic retinopathy w macular edema | Verified as valid and accurate |
| E13319 | Oth diabetes w unsp diabetic retinopathy w/o macular edema | Verified as valid and accurate |
| E133211 | Oth diabetes with mild nonp rtnop with macular edema, r eye | Verified as valid and accurate |
| E133212 | Oth diab with mild nonp rtnop with macular edema, left eye | Verified as valid and accurate |
| E133213 | Oth diabetes with mild nonp rtnop with macular edema, bi | Verified as valid and accurate |
| E133219 | Oth diabetes with mild nonp rtnop with macular edema, unsp | Verified as valid and accurate |
| E133291 | Oth diab with mild nonp rtnop without macular edema, r eye | Verified as valid and accurate |
| E133292 | Oth diab with mild nonp rtnop without macular edema, l eye | Verified as valid and accurate |
| E133293 | Oth diabetes with mild nonp rtnop without macular edema, bi | Verified as valid and accurate |
| E133299 | Oth diab with mild nonp rtnop without macular edema, unsp | Verified as valid and accurate |
| E133311 | Oth diab with moderate nonp rtnop with macular edema, r eye | Verified as valid and accurate |
| E133312 | Oth diab with moderate nonp rtnop with macular edema, l eye | Verified as valid and accurate |
| E133313 | Oth diabetes with moderate nonp rtnop with macular edema, bi | Verified as valid and accurate |
| E133319 | Oth diab with moderate nonp rtnop with macular edema, unsp | Verified as valid and accurate |
| E133391 | Oth diab with mod nonp rtnop without macular edema, r eye | Verified as valid and accurate |



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Condition:

Measurement period: Diabetes

| Population | Medicaid/Federal, Commonwealth and CHIP Population | Milliman Comments |
|--------------|--|--------------------------------|
| ICD 10 CODES | Description | |
| E133392 | Oth diab with mod nonp rtnop without macular edema, l eye | Verified as valid and accurate |
| E133393 | Oth diab with moderate nonp rtnop without macular edema, bi | Verified as valid and accurate |
| E133399 | Oth diab with mod nonp rtnop without macular edema, unsp | Verified as valid and accurate |
| E133411 | Oth diab with severe nonp rtnop with macular edema, r eye | Verified as valid and accurate |
| E133412 | Oth diab with severe nonp rtnop with macular edema, left eye | Verified as valid and accurate |
| E133413 | Oth diabetes with severe nonp rtnop with macular edema, bi | Verified as valid and accurate |
| E133419 | Oth diabetes with severe nonp rtnop with macular edema, unsp | Verified as valid and accurate |
| E133491 | Oth diab with severe nonp rtnop without macular edema, r eye | Verified as valid and accurate |
| E133492 | Oth diab with severe nonp rtnop without macular edema, l eye | Verified as valid and accurate |
| E133493 | Oth diab with severe nonp rtnop without macular edema, bi | Verified as valid and accurate |
| E133499 | Oth diab with severe nonp rtnop without macular edema, unsp | Verified as valid and accurate |
| E133511 | Oth diab with prolif diab rtnop with macular edema, r eye | Verified as valid and accurate |
| E133512 | Oth diab with prolif diab rtnop with macular edema, left eye | Verified as valid and accurate |
| E133513 | Oth diab with prolif diabetic rtnop with macular edema, bi | Verified as valid and accurate |
| E133519 | Oth diab with prolif diabetic rtnop with macular edema, unsp | Verified as valid and accurate |
| E133521 | Oth diab w prolif diab rtnop with trctn dtch macula, r eye | Verified as valid and accurate |
| E133522 | Oth diab w prolif diab rtnop with trctn dtch macula, l eye | Verified as valid and accurate |
| E133523 | Oth diab with prolif diab rtnop with trctn dtch macula, bi | Verified as valid and accurate |
| E133529 | Oth diab with prolif diab rtnop with trctn dtch macula, unsp | Verified as valid and accurate |
| E133531 | Oth diab w prolif diab rtnop with trctn dtch n-mcla, r eye | Verified as valid and accurate |
| E133532 | Oth diab w prolif diab rtnop with trctn dtch n-mcla, l eye | Verified as valid and accurate |
| E133533 | Oth diab with prolif diab rtnop with trctn dtch n-mcla, bi | Verified as valid and accurate |
| E133539 | Oth diab with prolif diab rtnop with trctn dtch n-mcla, unsp | Verified as valid and accurate |
| E133541 | Oth diab with prolif diabetic rtnop with comb detach, r eye | Verified as valid and accurate |
| E133542 | Oth diab with prolif diab rtnop with comb detach, left eye | Verified as valid and accurate |
| E133543 | Oth diabetes with prolif diabetic rtnop with comb detach, bi | Verified as valid and accurate |
| E133549 | Oth diab with prolif diabetic rtnop with comb detach, unsp | Verified as valid and accurate |
| E133551 | Oth diabetes with stable prolif diabetic rtnop, right eye | Verified as valid and accurate |
| E133552 | Oth diabetes with stable prolif diabetic rtnop, left eye | Verified as valid and accurate |
| E133553 | Oth diabetes with stable prolif diabetic rtnop, bilateral | Verified as valid and accurate |
| E133559 | Oth diabetes with stable prolif diabetic retinopathy, unsp | Verified as valid and accurate |
| E133591 | Oth diab with prolif diab rtnop without macular edema, r eye | Verified as valid and accurate |
| E133592 | Oth diab with prolif diab rtnop without macular edema, l eye | Verified as valid and accurate |
| E133593 | Oth diab with prolif diab rtnop without macular edema, bi | Verified as valid and accurate |
| E133599 | Oth diab with prolif diab rtnop without macular edema, unsp | Verified as valid and accurate |
| E1336 | Other specified diabetes mellitus with diabetic cataract | Verified as valid and accurate |
| E1337X1 | Oth diab with diab macular edema, resolved fol trtmt, r eye | Verified as valid and accurate |
| E1337X2 | Oth diab with diab macular edema, resolved fol trtmt, l eye | Verified as valid and accurate |
| E1337X3 | Oth diab with diabetic macular edema, resolved fol trtmt, bi | Verified as valid and accurate |
| E1337X9 | Oth diab with diab macular edema, resolved fol trtmt, unsp | Verified as valid and accurate |
| E1339 | Oth diabetes mellitus w oth diabetic ophthalmic complication | Verified as valid and accurate |
| E1340 | Oth diabetes mellitus with diabetic neuropathy, unspecified | Verified as valid and accurate |
| E1341 | Oth diabetes mellitus with diabetic mononeuropathy | Verified as valid and accurate |
| E1342 | Oth diabetes mellitus with diabetic polyneuropathy | Verified as valid and accurate |
| E1343 | Oth diabetes mellitus w diabetic autonomic (poly) neuropathy | Verified as valid and accurate |
| E1344 | Other specified diabetes mellitus with diabetic amyotrophy | Verified as valid and accurate |
| E1349 | Oth diabetes w oth diabetic neurological complication | Verified as valid and accurate |
| E1351 | Oth diabetes w diabetic peripheral angiopathy w/o gangrene | Verified as valid and accurate |
| E1352 | Oth diabetes w diabetic peripheral angiopathy w gangrene | Verified as valid and accurate |
| E1359 | Oth diabetes mellitus with other circulatory complications | Verified as valid and accurate |
| E13610 | Oth diabetes mellitus with diabetic neuropathic arthropathy | Verified as valid and accurate |
| E13641 | Oth diabetes mellitus with hypoglycemia with coma | Verified as valid and accurate |



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Condition: Asthma

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



Condition: Severe Heart Failure

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



| | | |
|-------------|-----------------------------------|--|
| Condition: | Hypertension | |
| Population: | Medicaid/Federal and Commonwealth | |
| ICD10 Codes | Description | Milliman Comments |
| I10 | Hypertension | Verified as valid and accurate for 2020. |

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Condition: **Chronic Obstructive Pulmonary Disease (COPD)**

| Medicaid/Federal and Commonwealth | | |
|-----------------------------------|---|--|
| ICD10 Codes | Description | Milliman Comments |
| J440 | Chronic obstructive pulmonary disease w acute lower resp infect | Verified as valid and accurate for 2020. |
| J441 | Chronic obstructive pulmonary disease w (acute) exacerbation | Verified as valid and accurate for 2020. |
| J449 | Chronic obstructive pulmonary disease, unspecified | Verified as valid and accurate for 2020. |
| J410 | Simple chronic bronchitis | Verified as valid and accurate for 2020. |
| J411 | Mucopurulent chronic bronchitis | Verified as valid and accurate for 2020. |
| J418 | Mixed simple and mucopurulent chronic bronchitis | Verified as valid and accurate for 2020. |
| J42 | Unspecified chronic bronchitis | Verified as valid and accurate for 2020. |
| J430 | Unilateral pulmonary emphysema (MacLeods syndrome) | Verified as valid and accurate for 2020. |
| J431 | Panlobular emphysema | Verified as valid and accurate for 2020. |
| J432 | Centrilobular emphysema | Verified as valid and accurate for 2020. |
| J438 | Other emphysema | Verified as valid and accurate for 2020. |
| J439 | Emphysema unspecified | Verified as valid and accurate for 2020. |



| Condition: | Chronic Depression | |
|-------------------------|---|--|
| Population | Medicaid/Federal and Commonwealth | |
| ICD 10 Codes Considered | Description | Milliman Comments |
| F33.0 | Major depressive disorder, recurrent, mild | Verified as valid and accurate for 2020. |
| F33.1 | Major depressive disorder, recurrent, moderate | Verified as valid and accurate for 2020. |
| F33.2 | Major depressive disorder, recurrent severe without psychotic features | Verified as valid and accurate for 2020. |
| F33.3 | Major depressive disorder, recurrent, severe with psychotic symptoms | Verified as valid and accurate for 2020. |
| F33.40 | Major depressive disorder, recurrent, in remission unspecified | Verified as valid and accurate for 2020. |
| F33.41 | Major depressive disorder, recurrent, in partial remission | Verified as valid and accurate for 2020. |
| F33.42 | Major depressive disorder, recurrent, in full remission | Verified as valid and accurate for 2020. |
| F33.8 | Other recurrent depressive disorders | Verified as valid and accurate for 2020. |
| F33.9 | Major depressive disorder, recurrent, unspecified | Verified as valid and accurate for 2020. |
| F3010 | Manic episode without psychotic symptoms unspecified | Verified as valid and accurate for 2020. |
| F3011 | Manic episode without psychotic symptoms mild | Verified as valid and accurate for 2020. |
| F3012 | Manic episode without psychotic symptoms moderate | Verified as valid and accurate for 2020. |
| F3013 | Manic episode severe without psychotic symptoms | Verified as valid and accurate for 2020. |
| F302 | Manic episode severe with psychotic symptoms | Verified as valid and accurate for 2020. |
| F303 | Manic episode in partial remission | Verified as valid and accurate for 2020. |
| F304 | Manic episode in full remission | Verified as valid and accurate for 2020. |
| F308 | Other manic episodes | Verified as valid and accurate for 2020. |
| F309 | Manic episode unspecified | Verified as valid and accurate for 2020. |
| F310 | Bipolar disorder current episode hypomanic | Verified as valid and accurate for 2020. |
| F3110 | Bipolar disorder current episode manic without psychotic features unspecified | Verified as valid and accurate for 2020. |
| F3111 | Bipolar disorder current episode manic without psychotic features mild | Verified as valid and accurate for 2020. |
| F3112 | Bipolar disorder current episode manic without psychotic features moderate | Verified as valid and accurate for 2020. |
| F3113 | Bipolar disorder current episode manic without psychotic features severe | Verified as valid and accurate for 2020. |
| F312 | Bipolar disorder current episode manic severe with psychotic features | Verified as valid and accurate for 2020. |
| F3130 | Bipolar disorder current episode depressed mild or moderate unspecified | Verified as valid and accurate for 2020. |
| F3131 | Bipolar disorder current episode depressed mild | Verified as valid and accurate for 2020. |
| F3132 | Bipolar disorder current episode depressed moderate | Verified as valid and accurate for 2020. |
| F314 | Bipolar disorder current episode depressed severe without psychotic features | Verified as valid and accurate for 2020. |
| F315 | Bipolar disorder current episode depressed severe with psychotic features | Verified as valid and accurate for 2020. |
| F3160 | Bipolar disorder current episode mixed unspecified | Verified as valid and accurate for 2020. |
| F3161 | Bipolar disorder current episode mixed mild | Verified as valid and accurate for 2020. |
| F3162 | Bipolar disorder current episode mixed moderate | Verified as valid and accurate for 2020. |
| F3163 | Bipolar disorder current episode mixed severe without psychotic features | Verified as valid and accurate for 2020. |
| F3164 | Bipolar disorder current episode mixed severe with psychotic features | Verified as valid and accurate for 2020. |
| F3170 | Bipolar disorder currently in remission most recent episode unspecified | Verified as valid and accurate for 2020. |
| F3171 | Bipolar disorder in partial remission most recent episode hypomanic | Verified as valid and accurate for 2020. |
| F3172 | Bipolar disorder in full remission most recent episode hypomanic | Verified as valid and accurate for 2020. |
| F3173 | Bipolar disorder in partial remission most recent episode manic | Verified as valid and accurate for 2020. |
| F3174 | Bipolar disorder in full remission most recent episode manic | Verified as valid and accurate for 2020. |
| F3175 | Bipolar disorder in partial remission most recent episode depressed | Verified as valid and accurate for 2020. |
| F3176 | Bipolar disorder in full remission most recent episode depressed | Verified as valid and accurate for 2020. |
| F3177 | Bipolar disorder in partial remission most recent episode mixed | Verified as valid and accurate for 2020. |
| F3178 | Bipolar disorder in full remission most recent episode mixed | Verified as valid and accurate for 2020. |
| F3181 | Bipolar II disorder | Verified as valid and accurate for 2020. |
| F3189 | Other bipolar disorder | Verified as valid and accurate for 2020. |
| F319 | Bipolar disorder unspecified | Verified as valid and accurate for 2020. |
| F320 | Major depressive disorder single episode mild | Verified as valid and accurate for 2020. |
| F321 | Major depressive disorder single episode moderate | Verified as valid and accurate for 2020. |
| F322 | Major depressive disorder single episode severe without psychotic features | Verified as valid and accurate for 2020. |
| F323 | Major depressive disorder single episode severe with psychotic features | Verified as valid and accurate for 2020. |
| F324 | Major depressive disorder single episode in partial remission | Verified as valid and accurate for 2020. |
| F325 | Major depressive disorder single episode in full remission | Verified as valid and accurate for 2020. |
| F3281 | Premenstrual dysphoric disorder | Verified as valid and accurate for 2020. |
| F3289 | Other specified depressive episodes | Verified as valid and accurate for 2020. |
| F329 | Major depressive disorder single episode unspecified | Verified as valid and accurate for 2020. |

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



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

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