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The following report(s) provides findings from an FDA-initiated query using Sentinel. While Sentinel queries may be undertaken to assess potential medical product safety risks, they may also be initiated for various other reasons. Some examples include determining a rate or count of an identified health outcome of interest, examining medical product use, exploring the feasibility of future, more detailed analyses within Sentinel, and seeking to better understand Sentinel capabilities.

Data obtained through Sentinel are intended to complement other types of evidence such as preclinical studies, clinical trials, postmarket studies, and adverse event reports, all of which are used by FDA to inform regulatory decisions regarding medical product safety. The information contained in this report is provided as part of FDA's commitment to place knowledge acquired from Sentinel in the public domain as soon as possible. Any public health actions taken by FDA regarding products involved in Sentinel queries will continue to be communicated through existing channels.

FDA wants to emphasize that the fact that FDA has initiated a query involving a medical product and is reporting findings related to that query does not mean that FDA is suggesting health care practitioners should change their prescribing practices for the medical product or that patients taking the medical product should stop using it. Patients who have questions about the use of an identified medical product should contact their health care practitioners.

The following report contains a description of the request, request specifications, and results from the modular program run(s).

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## Overview for Request cder\_mpl1p\_wp033, Report 2

**Request ID:** cder\_mpl1p\_wp033\_nsdv\_v01

**Request Description:** In this request we examined counts of individuals with gout using urate-lowering therapy (ULT) and captured switching between ULT drug products in the Sentinel Distributed Database (SDD). This is report 2 of 4. This report describes counts of incident users of the ULT products febuxostat and allopurinol and characterizes switching between doses and generic products. Report 1 describes counts of individuals with gout diagnoses and examines cardiovascular morbidities and gout severity among those individuals. Report 3 describes counts of "prevalent new users" of the ULT products febuxostat and allopurinol and characterizes switching between doses and generic products. Report 4 describes counts of all users of the ULT products febuxostat and allopurinol and characterizes switching between doses and generic products.

**Sentinel Routine Querying Module:** Cohort Identification and Descriptive Analysis (CIDA) tool, version 7.3.3, with additional ad hoc programming.

**Data Source:** We distributed this request to 16 Data Partners on July 8, 2019. The study period included data from January 1, 2009 to March 31, 2018. See Appendix A for a list of dates of available data for each Data Partner.

**Study Design:** We calculated background rates of incident ULT use and switching patterns among patients with gout diagnoses. We calculated the number of qualifying patients with the exposures of interest overall and stratified by age group, sex, and year. Additionally, continuous exposure duration until switching event was calculated for all exposure of interest cohorts.

**Exposures of Interest:** The exposures of interest, ULT products febuxostat and allopurinol, were defined using National Drug Codes (NDCs). Each drug was assessed at the generic name level and at the dosage level, with a focus on febuxostat (40 mg, 80 mg) and allopurinol (100 mg, 300 mg). Allopurinol (200 mg) was included in the overall count by generic name (i.e., "allopurinol (any dose) dispensing") but it was not evaluated individually. Please see Appendix B for generic and brand medical product names used to define ULTs in this request.

**Events of Interest:** We defined a switch as a new dispensing which differed in dose or generic name from the valid ULT dispensing of interest (index). For example, a switch from febuxostat (40 mg) to febuxostat (80 mg) would be captured if an episode that initiated with a febuxostat (40 mg) dispensing had a new dispensing of febuxostat (80 mg) during the initial exposure episode. In this example, febuxostat (40 mg) was considered the index exposure and the dispensing of febuxostat (80 mg) was the switching event of interest.

We identified the following switches among exposure groups as events:

1. Febuxostat (40 mg), switched to 1) febuxostat (80 mg), 2) allopurinol (100 mg), or 3) allopurinol (300 mg);
2. Febuxostat (80 mg), switched to 1) febuxostat (40 mg), 2) allopurinol (100 mg), or 3) allopurinol (300 mg);
3. Allopurinol (100 mg), switched to 1) allopurinol (300 mg), 2) febuxostat (40 mg), or 3) febuxostat (80 mg);
4. Allopurinol (300 mg), switched to 1) allopurinol (100 mg), 2) febuxostat (40 mg), or 3) febuxostat (80 mg);
5. Febuxostat (any dose), switched to allopurinol (any dose);
6. Allopurinol (any dose), switched to febuxostat (any dose).

**Cohort Eligibility Criteria:** We required members to be enrolled in health plans with medical and drug coverage in the 183 days prior to their index date in order to be included in the cohort; a gap in coverage of up to 45 days was allowed and treated as continuous enrollment. All individuals were required to have a gout diagnosis within the 183 days prior to or on the dispensing date of the ULT of interest. The following age groups were included in the cohort: 21-44, 45-64, and 65+ years. Please see Appendix C for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes used to define the gout inclusion criteria in this request.

## Overview for Request cder\_mpl1p\_wp033, Report 2

In order to capture incident ULT dispensings, we required individuals to have no evidence of a febuxostat or allopurinol dispensing in the 183 days prior to the index dispensing. For the ULT base cohorts, only the first valid dispensing during the query period was considered; no cohort re-entry was allowed. For the ULT switching cohorts, all valid dispensing dates within the query period were considered, until the first switching event; cohort re-entry was allowed until switching occurred.

**Baseline Characteristics:** We assessed the following baseline characteristics in the 183 days prior to or on the day of the index ULT dispensing: age, year, sex, Charlson/Elixhauser combined comorbidity score<sup>1</sup>, health service and drug utilization, chronic kidney disease, and cardiovascular conditions as identified in the CARES trial<sup>2</sup>. These cardiovascular conditions included myocardial infarction, unstable angina, stroke (hemorrhagic and ischemic), transient ischemic attack, peripheral vascular disease, and diabetes mellitus with evidence of macrovascular or microvascular disease. Chronic kidney disease and cardiovascular conditions were identified as evidence of a diagnosis or procedure code in the inpatient care setting, any diagnosis position, using ICD-9-CM diagnosis and procedure codes, ICD-10-CM diagnosis codes, International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) procedure codes, Healthcare Common Procedure Coding System (HCPCS) procedure codes, Current Procedural Terminology, Third Edition (CPT Category III), and Current Procedural Terminology, Fourth Edition (CPT-4) procedure codes.

Gout severity measures were assessed as a baseline characteristic from the beginning of enrollment until the day of index ULT dispensing. Gout severity measures included presence of tophi, gouty arthritis, kidney stones, and acute gout flares. Gout flares were identified as two separate dispensings of non-ULT gout agents (colchicine, corticosteroids, and prescription non-steroidal anti-inflammatory drugs (NSAID) in the assessment window on different days. Gout severity measures were identified both separately and in various combinations (e.g., tophi, gouty arthritis, tophi and gouty arthritis, etc.) in any care setting using ICD-9-CM diagnosis and procedure codes, ICD-10-CM, ICD-10-PCS, HCPCS, and CPT-4 codes.

See Appendix D for a list of diagnosis and procedure codes, Appendix E for generic and brand medical product names used to identify baseline characteristics.

**Please see Appendix F for the specifications of parameters and Appendix G for baseline characteristics used in the analyses for this request.**

**Limitations:** Algorithms to define exposures, outcomes, inclusion and exclusion criteria, and covariates are imperfect and may be misclassified. Therefore, data should be interpreted with this limitation in mind.

**Notes:** Please contact the Sentinel Operations Center ([info@sentinelssystem.org](mailto:info@sentinelssystem.org)) for questions and to provide comments/suggestions for future enhancements to this document. For more information on Sentinel's routine querying modules, please refer to the documentation (<https://dev.sentinelssystem.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse>).

<sup>1</sup>Gagne JJ, Glynn RJ, Avorn J, Levin R, Schneeweiss S. A combined comorbidity score predicted mortality in elderly patients better than existing scores. *J Clin Epidemiol.* 2011;64(7):749-759

<sup>2</sup>White WB, Saag KG, Becker MA, Borer JS, Gorelick PB, Whelton A, Hunt B, Castillo M, Gunawardhana L. Cardiovascular Safety of Febuxostat or Allopurinol in Patients with Gout. *N Engl J Med.* 2018;378:1200-1210

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**Glossary of Terms for Analyses Using  
Cohort Identification and Descriptive Analysis (CIDA) Module\***

**Amount Supplied** - number of units (pills, tablets, vials) dispensed. Net amount per NDC per dispensing.

**Blackout Period** - number of days at the beginning of a treatment episode that events are to be ignored. If an event occurs during the blackout period, the episode is excluded.

**Care Setting** - type of medical encounter or facility where the exposure, event, or condition code was recorded. Possible care settings include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA). For laboratory results, possible care settings include: Emergency Department (E), Home (H), Inpatient (I), Outpatient (O), or Unknown or Missing (U). The Care Setting, along with the Principal Diagnosis Indicator (PDX), forms the Care Setting/PDX parameter.

**Ambulatory Visit (AV)** - includes visits at outpatient clinics, same-day surgeries, urgent care visits, and other same-day ambulatory hospital encounters, but excludes emergency department encounters.

**Emergency Department (ED)** - includes ED encounters that become inpatient stays (in which case inpatient stays would be a separate encounter). Excludes urgent care visits.

**Inpatient Hospital Stay (IP)** - includes all inpatient stays, same-day hospital discharges, hospital transfers, and acute hospital care where the discharge is after the admission date.

**Non-Acute Institutional Stay (IS)** - includes hospice, skilled nursing facility (SNF), rehab center, nursing home, residential, overnight non-hospital dialysis and other non-hospital stays.

**Other Ambulatory Visit (OA)** - includes other non overnight AV encounters such as hospice visits, home health visits, skilled nursing facility visits, other non-hospital visits, as well as telemedicine, telephone and email consultations.

**Charlson/Elixhauser Combined Comorbidity Score** - calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (e.g., in the 183 days prior to index).

**Code Days** - the minimum number of times the diagnosis must be found during the evaluation period in order to fulfill the algorithm to identify the corresponding patient characteristic.

**Cohort Definition (drug/exposure)** - indicates how the cohort will be defined: 01: Cohort includes only the first valid treatment episode during the query period; 02: Cohort includes all valid treatment episodes during the query period; 03: Cohort includes all valid treatment episodes during the query period until an event occurs.

**Computed Start Marketing Date** - represents the first observed dispensing date among all valid users within a GROUP (scenario) within each Data Partner site.

**Days Supplied** - number of days supplied for all dispensings in qualifying treatment episodes.

**Eligible Members** - number of members eligible for an incident treatment episode (defined by the drug/exposure and event washout periods) with drug and medical coverage during the query period.

**Enrollment Gap** - number of days allowed between two consecutive enrollment periods without breaking a "continuously enrolled" sequence.

**Episodes** - treatment episodes; length of episode is determined by days supplied in one dispensing or consecutive dispensings bridged by the episode gap.

**Episode Gap** - number of days allowed between two (or more) consecutive exposures (dispensings/procedures) to be considered the same treatment episode.

**Event Deduplication** - specifies how events are counted by the Modular Program (MP) algorithm: 0: Counts all occurrences of a health outcome of interest (HOI) during an exposure episode; 1: de-duplicates occurrences of the same HOI code and code type on the same day; 2: de-duplicates occurrences of the same HOI group on the same day (e.g., de-duplicates at the group level).

**Exposure Episode Length** - number of days after exposure initiation that is considered "exposed time."

**Exposure Extension Period** - number of days post treatment period in which the outcomes/events are counted for a treatment episode. Extensions are added after any episode gaps have been bridged.

**Lookback Period** - number of days wherein a member is required to have evidence of pre-existing condition (diagnosis/procedure/drug dispensing).



**Maximum Episode Duration** - truncates exposure episodes after a requester-specified number of exposed days. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

**Member-Years** - sum of all days of enrollment with medical and drug coverage in the query period preceded by an exposure washout period all divided by 365.25.

**Minimum Days Supplied** - specifies a minimum number of days in length of the days supplied for the episode to be considered.

**Minimum Episode Duration** - specifies a minimum number of days in length of the episode for it to be considered. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

**Monitoring Period** - used to define time periods of interest for both sequential analysis and simple cohort characterization requests.

**Principal Diagnosis (PDX)** - diagnosis or condition established to be chiefly responsible for admission of the patient to the hospital. 'P' = principal diagnosis, 'S' = secondary diagnosis, 'X' = unspecified diagnosis, '.' = blank. Along with the Care Setting values, forms the Caresetting/PDX parameter.

**Query Period** - period in which the modular program looks for exposures and outcomes of interest.

**Switch Evaluation Step Value** - value used to differentiate evaluation step. Each switch pattern can support up to 2 evaluation steps (0 = switch pattern evaluation start; 1 = first evaluation; 2 = second evaluation).

**Switch Gap Inclusion Indicator** - indicator for whether gaps in treatment episodes that are included in a switch episode will be counted as part of the switch episode duration.

**Switch Pattern Cohort Inclusion Date** - indicates which date to use for inclusion into the switch pattern cohort of interest as well as optionally as the index date of the treatment episode initiating the switch pattern. Valid options are the product approval date, product marketing date, other requester defined date, or computed start marketing date.

**Switch Pattern Cohort Inclusion Strategy** - indicates how the switch pattern cohort inclusion date will be used: 01: used only as a switch cohort entry date. First treatment episode dispensing date is used as index for computing time to first switch; 02: used as switch cohort entry date and as initial switch step index date for computing time to first switch.

**Treatment Episode Truncation Indicator** - indicates whether the exposure episode will be truncated at the occurrence of a requester-specified code.

**Washout Period (drug/exposure)** - number of days a user is required to have no evidence of prior exposure (drug dispensing/procedure) and continuous drug and medical coverage prior to an incident treatment episode.

**Washout Period (event/outcome)** - number of days a user is required to have no evidence of a prior event (procedure/diagnosis) and continuous drug and medical coverage prior to an incident treatment episode.

**Years at Risk** - number of days supplied plus any episode gaps and exposure extension periods all divided by 365.25.

\*all terms may not be used in this report

**Table 1a. Baseline Characteristics for Members with Incident Dispensings of Febuxostat (40 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

Characteristic	Number	Percent
Number of episodes	79,949	100%
Number of unique patients	79,949	100%
Demographics <sup>1</sup>	Mean	Standard Deviation
Mean Age (years)	69.1	11.7
Age (years)	Number	Percent
21-44	5,780	7.2%
45-64	19,452	24.3%
65+	54,717	68.4%
Sex		
Male	49,427	61.8%
Year		
2009	2,011	2.5%
2010	5,772	7.2%
2011	10,072	12.6%
2012	9,727	12.2%
2013	11,157	14.0%
2014	9,971	12.5%
2015	10,118	12.7%
2016	9,848	12.3%
2017	9,344	11.7%
2018	1,929	2.4%
Recorded History of Characteristics in the 183 Days prior to Index:	Mean	Standard Deviation
Prior combined comorbidity score	2.6	2.9
	Number	Percent
Chronic kidney disease	11,667	14.6%
Diabetic macro- or microvascular disease	7,346	9.2%
Myocardial infarction	1,333	1.7%
Peripheral vascular disease	3,407	4.3%
Stroke	2,330	2.9%
Transient ischemic attack	576	0.7%
Unstable angina	1,335	1.7%
Recorded History of Characteristics in Enrollment History prior to Index:	Mean	Percent
Gout flares	62,236	77.8%
Gouty arthritis	47,235	59.1%
Gouty arthritis and kidney stones	5,665	7.1%
Kidney stones	9,155	11.5%
Tophi	12,131	15.2%
Tophi and gouty arthritis	9,557	12.0%
Tophi and gouty arthritis and kidney stones	1,341	1.7%
Tophi and kidney stones	1,647	2.1%

**Table 1a. Baseline Characteristics for Members with Incident Dispensings of Febuxostat (40 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

<b>Health Service Utilization Intensity in the 183 Days prior to Index:</b>	<b>Number</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters (AV)	12.8	10.1
Mean number of emergency room encounters (ED)	0.4	1.0
Mean number of filled prescriptions	27.3	20.2
Mean number of generics	11.1	5.4
Mean number of inpatient hospital encounters (IP)	0.3	0.8
Mean number of non-acute institutional encounters (IS)	0.1	0.5
Mean number of other ambulatory encounters (OA)	4.8	8.5
Mean number of unique drug classes	10.4	4.8

<sup>1</sup>Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

**Table 1b. Baseline Characteristics for Members with Incident Dispensings of Febuxostat (80 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

<b>Characteristic</b>	<b>Number</b>	<b>Percent</b>
Number of episodes	17,854	100%
Number of unique patients	17,854	100%
<b>Demographics<sup>1</sup></b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (years)	65.1	11.8
	<b>Number</b>	<b>Percent</b>
Age (years)		
21-44	1,885	10.6%
45-64	5,661	31.7%
65+	10,308	57.7%
Sex		
Male	12,982	72.7%
Year		
2009	392	2.2%
2010	1,250	7.0%
2011	2,085	11.7%
2012	2,090	11.7%
2013	2,421	13.6%
2014	2,236	12.5%
2015	2,299	12.9%
2016	2,410	13.5%
2017	2,225	12.5%
2018	446	2.5%
<b>Recorded History of Characteristics in the 183 Days prior to Index:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Prior combined comorbidity score	2	2.7
	<b>Number</b>	<b>Percent</b>
Chronic kidney disease	2,010	11.3%
Diabetic macro- or microvascular disease	1,353	7.6%
Myocardial infarction	206	1.2%
Peripheral vascular disease	647	3.6%
Stroke	358	2.0%
Transient ischemic attack	107	0.6%
Unstable angina	256	1.4%
<b>Recorded History of Characteristics in Enrollment History prior to Index:</b>	<b>Mean</b>	<b>Percent</b>
Gout flares	14,225	79.7%
Gouty arthritis	11,373	63.7%
Gouty arthritis and kidney stones	1,369	7.7%
Kidney stones	2,073	11.6%
Tophi	3,333	18.7%
Tophi and gouty arthritis	2,850	16.0%
Tophi and gouty arthritis and kidney stones	367	2.1%
Tophi and kidney stones	422	2.4%

**Table 1b. Baseline Characteristics for Members with Incident Dispensings of Febuxostat (80 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

<b>Health Service Utilization Intensity in the 183 Days prior to Index:</b>	<b>Number</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters (AV)	11.8	10.0
Mean number of emergency room encounters (ED)	0.4	1.1
Mean number of filled prescriptions	24.5	18.7
Mean number of generics	10.4	5.3
Mean number of inpatient hospital encounters (IP)	0.3	0.7
Mean number of non-acute institutional encounters (IS)	0.1	0.5
Mean number of other ambulatory encounters (OA)	3.9	7.2
Mean number of unique drug classes	9.6	4.7

<sup>1</sup>Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

**Table 1c. Baseline Characteristics for Members with Incident Dispensings of Febuxostat (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

<b>Characteristic</b>	<b>Number</b>	<b>Percent</b>
Number of episodes	96,057	100%
Number of unique patients	96,057	100%
<b>Demographics<sup>1</sup></b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (years)	68.4	11.8
<b>Age (years)</b>	<b>Number</b>	<b>Percent</b>
21-44	7,505	7.8%
45-64	24,570	25.6%
65+	63,982	66.6%
Sex		
Male	61,176	63.7%
Year		
2009	2,401	2.5%
2010	6,988	7.3%
2011	12,082	12.6%
2012	11,678	12.2%
2013	13,382	13.9%
2014	11,952	12.4%
2015	12,100	12.6%
2016	11,941	12.4%
2017	11,224	11.7%
2018	2,309	2.4%
<b>Recorded History of Characteristics in the 183 Days prior to Index:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Prior combined comorbidity score	2.5	2.9
	<b>Number</b>	<b>Percent</b>
Chronic kidney disease	13,447	14.0%
Diabetic macro- or microvascular disease	8,559	8.9%
Myocardial infarction	1,507	1.6%
Peripheral vascular disease	3,973	4.1%
Stroke	2,644	2.8%
Transient ischemic attack	671	0.7%
Unstable angina	1,565	1.6%
<b>Recorded History of Characteristics in Enrollment History prior to Index:</b>	<b>Mean</b>	<b>Percent</b>
Gout flares	74,833	77.9%
Gouty arthritis	57,226	59.6%
Gouty arthritis and kidney stones	6,790	7.1%
Kidney stones	10,931	11.4%
Tophi	14,974	15.6%
Tophi and gouty arthritis	11,944	12.4%
Tophi and gouty arthritis and kidney stones	1,622	1.7%
Tophi and kidney stones	1,979	2.1%

**Table 1c. Baseline Characteristics for Members with Incident Dispensings of Febuxostat (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

<b>Health Service Utilization Intensity in the 183 Days prior to Index:</b>	<b>Number</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters (AV)	12.7	10.1
Mean number of emergency room encounters (ED)	0.4	1.0
Mean number of filled prescriptions	26.9	20.0
Mean number of generics	11	5.4
Mean number of inpatient hospital encounters (IP)	0.3	0.8
Mean number of non-acute institutional encounters (IS)	0.1	0.5
Mean number of other ambulatory encounters (OA)	4.6	8.3
Mean number of unique drug classes	10.2	4.8

<sup>1</sup>Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

**Table 1d. Baseline Characteristics for Members with Incident Dispensings of Allopurinol (100 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

Characteristic	Number	Percent
Number of episodes	816,905	100%
Number of unique patients	816,905	100%
<b>Demographics<sup>1</sup></b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (years)	68.7	12.2
Age (years)	<b>Number</b>	<b>Percent</b>
21-44	60,419	7.4%
45-64	200,499	24.5%
65+	555,987	68.1%
Sex		
Male	505,941	61.9%
Year		
2009	29,382	3.6%
2010	59,130	7.2%
2011	97,035	11.9%
2012	95,902	11.7%
2013	97,702	12.0%
2014	100,745	12.3%
2015	102,788	12.6%
2016	105,211	12.9%
2017	106,417	13.0%
2018	22,593	2.8%
<b>Recorded History of Characteristics in the 183 Days prior to Index:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Prior combined comorbidity score	2.2	2.9
	<b>Number</b>	<b>Percent</b>
Chronic kidney disease	106,196	13.0%
Diabetic macro- or microvascular disease	73,097	8.9%
Myocardial infarction	14,734	1.8%
Peripheral vascular disease	36,288	4.4%
Stroke	27,457	3.4%
Transient ischemic attack	6,815	0.8%
Unstable angina	14,154	1.7%
<b>Recorded History of Characteristics in Enrollment History prior to Index:</b>	<b>Mean</b>	<b>Percent</b>
Gout flares	583,230	71.4%
Gouty arthritis	396,624	48.6%
Gouty arthritis and kidney stones	38,963	4.8%
Kidney stones	77,096	9.4%
Tophi	79,727	9.8%
Tophi and gouty arthritis	53,890	6.6%
Tophi and gouty arthritis and kidney stones	6,380	0.8%
Tophi and kidney stones	9,390	1.1%



**Table 1d. Baseline Characteristics for Members with Incident Dispensings of Allopurinol (100 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

<b>Health Service Utilization Intensity in the 183 Days prior to Index:</b>	<b>Number</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters (AV)	11.1	9.3
Mean number of emergency room encounters (ED)	0.4	1.0
Mean number of filled prescriptions	24.1	18.9
Mean number of generics	10.2	5.2
Mean number of inpatient hospital encounters (IP)	0.3	0.8
Mean number of non-acute institutional encounters (IS)	0.1	0.6
Mean number of other ambulatory encounters (OA)	5.1	9.4
Mean number of unique drug classes	9.6	4.6

<sup>1</sup>Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

**Table 1e. Baseline Characteristics for Members with Incident Dispensings of Allopurinol (300 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

Characteristic	Number	Percent
Number of episodes	471,618	100%
Number of unique patients	471,618	100%
Demographics <sup>1</sup>	Mean	Standard Deviation
Mean Age (years)	65	11.5
Age (years)	Number	Percent
21-44	47,520	10.1%
45-64	148,698	31.5%
65+	275,400	58.4%
Sex		
Male	344,902	73.1%
Year		
2009	24,611	5.2%
2010	41,850	8.9%
2011	62,783	13.3%
2012	58,873	12.5%
2013	56,457	12.0%
2014	57,456	12.2%
2015	55,179	11.7%
2016	53,367	11.3%
2017	50,507	10.7%
2018	10,535	2.2%
Recorded History of Characteristics in the 183 Days prior to Index:	Mean	Standard Deviation
Prior combined comorbidity score	1.3	2.5
	Number	Percent
Chronic kidney disease	32,866	7.0%
Diabetic macro- or microvascular disease	27,000	5.7%
Myocardial infarction	5,362	1.1%
Peripheral vascular disease	12,908	2.7%
Stroke	10,405	2.2%
Transient ischemic attack	2,731	0.6%
Unstable angina	5,851	1.2%
Recorded History of Characteristics in Enrollment History prior to Index:	Mean	Percent
Gout flares	322,295	68.3%
Gouty arthritis	220,518	46.8%
Gouty arthritis and kidney stones	20,712	4.4%
Kidney stones	43,770	9.3%
Tophi	40,085	8.5%
Tophi and gouty arthritis	26,572	5.6%
Tophi and gouty arthritis and kidney stones	2,967	0.6%
Tophi and kidney stones	4,506	1.0%

**Table 1e. Baseline Characteristics for Members with Incident Dispensings of Allopurinol (300 mg) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

<b>Health Service Utilization Intensity in the 183 Days prior to Index:</b>	<b>Number</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters (AV)	9.6	8.5
Mean number of emergency room encounters (ED)	0.4	1.0
Mean number of filled prescriptions	20.4	16.6
Mean number of generics	9.1	4.9
Mean number of inpatient hospital encounters (IP)	0.2	0.7
Mean number of non-acute institutional encounters (IS)	0.1	0.5
Mean number of other ambulatory encounters (OA)	3.3	6.7
Mean number of unique drug classes	8.5	4.4

<sup>1</sup>Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

**Table 1f. Baseline Characteristics for Members with Incident Dispensings of Allopurinol (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

<b>Characteristic</b>	<b>Number</b>	<b>Percent</b>
Number of episodes	1,239,654	100%
Number of unique patients	1,239,654	100%
<b>Demographics<sup>1</sup></b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (years)	67.5	12.0
	<b>Number</b>	<b>Percent</b>
Age (years)		
21-44	102,413	8.3%
45-64	333,515	26.9%
65+	803,726	64.8%
Sex		
Male	815,418	65.8%
Year		
2009	53,299	4.3%
2010	99,380	8.0%
2011	156,614	12.6%
2012	150,060	12.1%
2013	148,257	12.0%
2014	151,267	12.2%
2015	150,391	12.1%
2016	150,444	12.1%
2017	148,537	12.0%
2018	31,405	2.5%
<b>Recorded History of Characteristics in the 183 Days prior to Index:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Prior combined comorbidity score	1.9	2.8
	<b>Number</b>	<b>Percent</b>
Chronic kidney disease	134,521	10.9%
Diabetic macro- or microvascular disease	96,811	7.8%
Myocardial infarction	19,393	1.6%
Peripheral vascular disease	47,557	3.8%
Stroke	36,635	3.0%
Transient ischemic attack	9,242	0.7%
Unstable angina	19,311	1.6%
<b>Recorded History of Characteristics in Enrollment History prior to Index:</b>	<b>Mean</b>	<b>Percent</b>
Gout flares	862,060	69.5%
Gouty arthritis	584,548	47.2%
Gouty arthritis and kidney stones	55,391	4.5%
Kidney stones	114,833	9.3%
Tophi	112,377	9.1%
Tophi and gouty arthritis	74,245	6.0%
Tophi and gouty arthritis and kidney stones	8,399	0.7%
Tophi and kidney stones	12,791	1.0%

**Table 1f. Baseline Characteristics for Members with Incident Dispensings of Allopurinol (Any Strength) in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

<b>Health Service Utilization Intensity in the 183 Days prior to Index:</b>	<b>Number</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters (AV)	10.6	9.0
Mean number of emergency room encounters (ED)	0.4	1.0
Mean number of filled prescriptions	22.9	18.2
Mean number of generics	9.9	5.1
Mean number of inpatient hospital encounters (IP)	0.3	0.8
Mean number of non-acute institutional encounters (IS)	0.1	0.6
Mean number of other ambulatory encounters (OA)	4.4	8.6
Mean number of unique drug classes	9.2	4.5

<sup>1</sup>Counts of number of new users per year could be influenced by various factors including availability of Data Partner data (Appendix A), market entries, and discontinuations of product

**Table 2a. Summary of Members with Incident New Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, Overall**

	<b>New Users</b>	<b>Eligible Members<sup>1</sup></b>	<b>New Users per 10,000 Eligible Members</b>	<b>Years at Risk</b>	<b>Adjusted Dispensings</b>	<b>Days Supplied</b>	<b>Amount Supplied</b>
Febuxostat (40 mg)	79,949	4,884,311	163.69	59,674.0	494,370	18,926,732	19,045,930
Febuxostat (80 mg)	17,854	4,884,311	36.55	11,384.9	90,103	3,501,086	3,467,141
Febuxostat (any strength)	96,057	4,884,311	196.66	78,948.9	656,332	25,317,199	25,426,011
Allopurinol (100 mg)	816,905	4,884,311	1,672.51	687,539.4	4,930,885	223,719,024	302,120,640
Allopurinol (300 mg)	471,618	4,884,311	965.58	424,430.6	2,835,230	138,420,904	139,986,917
Allopurinol (any strength)	1,239,654	4,884,311	2,538.03	1,239,246.5	8,687,675	410,313,357	494,689,406

<sup>1</sup>Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

**Table 2b. Distribution of Continuous Exposure Duration of Incident New Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories**

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Febuxostat (40 mg)	79,949	100%	1,647	2.1	30,238	37.8	19,129	23.9	12,478	15.6	12,430	15.5	2,936	3.7	1,091	1.4
Febuxostat (80 mg)	17,854	100%	377	2.1	6,833	38.3	4,816	27.0	2,856	16.0	2,377	13.3	456	2.6	139	0.8
Febuxostat (any strength)	96,057	100%	1,983	2.1	33,947	35.3	22,064	23.0	15,548	16.2	16,776	17.5	4,134	4.3	1,605	1.7
Allopurinol (100 mg)	816,905	100%	17,761	2.2	268,111	32.8	208,612	25.5	132,145	16.2	138,286	16.9	35,909	4.4	16,081	2.0
Allopurinol (300 mg)	471,618	100%	9,800	2.1	141,050	29.9	129,771	27.5	75,049	15.9	80,934	17.2	23,237	4.9	11,777	2.5
Allopurinol (any strength)	1,239,654	100%	26,406	2.1	352,988	28.5	306,518	24.7	203,671	16.4	241,623	19.5	71,955	5.8	36,493	2.9

**Table 2c. Descriptive Statistics of Continuous Exposure Duration of Incident New Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days**

Exposures	Total		Standard		Minimum	Q1	Median	Q3	Maximum
	Members	Mean	Deviation						
Febuxostat (40 mg)	79,949	272.62	387.08		1	60	120	296	3,441
Febuxostat (80 mg)	17,854	232.91	326.45		1	60	120	238	3,479
Febuxostat (any strength)	96,057	300.2	415.41		1	60	120	335	3,508
Allopurinol (100 mg)	816,905	307.41	431.19		1	60	123	332	3,648
Allopurinol (300 mg)	471,618	328.71	464.09		1	60	121	355	3,679
Allopurinol (any strength)	1,239,654	365.13	493.34		1	60	147	423	3,679



**Table 3a. Summary of Members with Incident New Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Sex**

Sex	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied
<b>Febuxostat (40 mg)</b>							
Male	49,427	2,978,117	165.97	35,543.9	285,764	11,224,572	11,327,046
<b>Febuxostat (80 mg)</b>							
Male	12,982	2,978,117	43.59	8,044.6	63,015	2,460,250	2,443,388
<b>Febuxostat (any strength)</b>							
Male	61,176	2,978,117	205.42	48,855.5	395,973	15,612,612	15,713,040
<b>Allopurinol (100 mg)</b>							
Male	505,941	2,978,117	1,698.86	406,487.6	2,820,699	131,651,869	181,509,790
<b>Allopurinol (300 mg)</b>							
Male	344,902	2,978,117	1,158.12	308,974.0	2,036,884	100,744,819	102,380,317
<b>Allopurinol (any strength)</b>							
Male	815,418	2,978,117	2,738.03	801,947.0	5,471,718	265,219,385	319,802,226

<sup>1</sup>Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

**Table 3b. Distribution of Continuous Exposure Duration of Incident New Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories and Sex**

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Febuxostat (40 mg)</b>																
Total	79,949	100.0	1,647	100.0	30,238	100.0	19,129	100.0	12,478	100.0	12,430	100.0	2,936	100.0	1,091	100.0
Male	49,427	61.8	1,088	66.1	19,019	62.9	12,059	63.0	7,648	61.3	7,299	58.7	1,670	56.9	644	59.0
<b>Febuxostat (80 mg)</b>																
Total	17,854	100.0	377	100.0	6,833	100.0	4,816	100.0	2,856	100.0	2,377	100.0	456	100.0	139	100.0
Male	12,982	72.7	281	74.5	5,052	73.9	3,535	73.4	2,027	71.0	1,678	70.6	319	70.0	90	64.7
<b>Febuxostat (any strength)</b>																
Total	96,057	100.0	1,983	100.0	33,947	100.0	22,064	100.0	15,548	100.0	16,776	100.0	4,134	100.0	1,605	100.0
Male	61,176	63.7	1,342	67.7	21,913	64.6	14,297	64.8	9,857	63.4	10,308	61.4	2,472	59.8	987	61.5
<b>Allopurinol (100 mg)</b>																
Total	816,905	100.0	17,761	100.0	268,111	100.0	208,612	100.0	132,145	100.0	138,286	100.0	35,909	100.0	16,081	100.0
Male	505,941	61.9	11,385	64.1	171,830	64.1	132,039	63.3	80,626	61.0	80,178	58.0	20,516	57.1	9,367	58.2
<b>Allopurinol (300 mg)</b>																
Total	471,618	100.0	9,800	100.0	141,050	100.0	129,771	100.0	75,049	100.0	80,934	100.0	23,237	100.0	11,777	100.0
Male	344,902	73.1	7,400	75.5	103,153	73.1	95,337	73.5	54,856	73.1	58,789	72.6	16,777	72.2	8,590	72.9
<b>Allopurinol (any strength)</b>																
Total	1,239,654	100.0	26,406	100.0	352,988	100.0	306,518	100.0	203,671	100.0	241,623	100.0	71,955	100.0	36,493	100.0
Male	815,418	65.8	17,929	67.9	235,235	66.6	205,058	66.9	133,051	65.3	154,253	63.8	46,036	64.0	23,856	65.4

**Table 3c. Descriptive Statistics of Continuous Exposure Duration of Incident New Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Sex**

Exposures	Total Members	Mean	Standard Deviation	Minimum	Q1	Median	Q3	Maximum
<b>Febuxostat (40 mg)</b>								
Total	79,949	272.62	387.08	1	60	120	296	3,441
Male	49,427	262.66	379.02	1	60	120	274	3,441
<b>Febuxostat (80 mg)</b>								
Total	17,854	232.91	326.45	1	60	120	238	3,479
Male	12,982	226.34	318.21	1	60	120	230	3,479
<b>Febuxostat (any strength)</b>								
Total	96,057	300.2	415.41	1	60	120	335	3,508
Male	61,176	291.69	409.42	1	60	120	321	3,508
<b>Allopurinol (100 mg)</b>								
Total	816,905	307.41	431.19	1	60	123	332	3,648
Male	505,941	293.45	420.51	1	60	120	308	3,648
<b>Allopurinol (300mg)</b>								
Total	471,618	328.71	464.09	1	60	121	355	3,679
Male	344,902	327.2	463.91	1	60	121	351	3,635
<b>Allopurinol (any strength)</b>								
Total	1,239,654	365.13	493.34	1	60	147	423	3,679
Male	815,418	359.22	492.06	1	60	138	410	3,676

**Table 4a. Summary of Members with Incident New Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Age Group**

Age Group	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied
<b>Febuxostat (40 mg)</b>							
21-44 years	5,780	451,382	128.05	2,957.0	25,160	862,680	877,981
45-64 years	19,452	1,402,213	138.72	13,031.1	110,094	4,053,587	4,107,966
65+ years	54,717	3,169,559	172.63	43,685.9	359,116	14,010,465	14,059,983
<b>Febuxostat (80 mg)</b>							
21-44 years	1,885	451,382	41.76	921.1	7,676	263,460	263,065
45-64 years	5,661	1,402,648	40.36	3,303.7	27,231	997,627	994,874
65+ years	10,308	3,170,170	32.52	7,160.1	55,196	2,239,999	2,209,202
<b>Febuxostat (any strength)</b>							
21-44 years	7,505	451,382	166.27	4,343.0	37,630	1,294,509	1,312,521
45-64 years	24,570	1,402,010	175.25	18,375.2	156,666	5,795,344	5,859,956
65+ years	63,982	3,169,310	201.88	56,230.7	462,036	18,227,346	18,253,534
<b>Allopurinol (100 mg)</b>							
21-44 years	60,419	451,382	1,338.53	29,674.5	230,994	8,741,236	12,698,558
45-64 years	200,499	1,397,061	1,435.15	137,553.5	1,040,858	43,310,123	61,424,181
65+ years	555,987	3,161,433	1,758.66	520,311.4	3,659,033	171,667,665	227,997,901
<b>Allopurinol (300 mg)</b>							
21-44 years	47,520	451,382	1,052.77	27,284.8	213,570	8,199,378	8,553,103
45-64 years	148,698	1,397,637	1,063.92	114,984.0	859,511	36,632,854	37,706,190
65+ years	275,400	3,163,916	870.44	282,161.7	1,762,149	93,588,672	93,727,624
<b>Allopurinol (any strength)</b>							
21-44 years	102,413	451,382	2,268.88	63,862.7	505,473	19,593,888	24,233,607
45-64 years	333,515	1,392,380	2,395.29	283,007.4	2,145,663	91,568,080	112,035,269
65+ years	803,726	3,155,460	2,547.10	892,376.3	6,036,539	299,151,389	358,420,531

<sup>1</sup>Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

**Table 4b. Distribution of Continuous Exposure Duration of Incident New Urate-Lowering in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories and Age Group**

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Febuxostat (40 mg)</b>																
Total	79,949	100.0	1,647	100.0	30,238	100.0	19,129	100.0	12,478	100.0	12,430	100.0	2,936	100.0	1,091	100.0
21-44 years	5,780	7.2	161	9.8	2,920	9.7	1,298	6.8	700	5.6	560	4.5	103	3.5	38	3.5
45-64 years	19,452	24.3	501	30.4	8,088	26.7	4,641	24.3	2,828	22.7	2,597	20.9	559	19.0	238	21.8
65+ years	54,717	68.4	985	59.8	19,230	63.6	13,190	69.0	8,950	71.7	9,273	74.6	2,274	77.5	815	74.7
<b>Febuxostat (80 mg)</b>																
Total	17,854	100.0	377	100.0	6,833	100.0	4,816	100.0	2,856	100.0	2,377	100.0	456	100.0	139	100.0
21-44 years	1,885	10.6	66	17.5	861	12.6	482	10.0	261	9.1	190	8.0	*****	*****	*****	*****
45-64 years	5,661	31.7	132	35.0	2,411	35.3	1,450	30.1	844	29.6	664	27.9	*****	*****	*****	*****
65+ years	10,308	57.7	179	47.5	3,561	52.1	2,884	59.9	1,751	61.3	1,523	64.1	317	69.5	93	66.9
<b>Febuxostat (any strength)</b>																
Total	96,057	100.0	1,983	100.0	33,947	100.0	22,064	100.0	15,548	100.0	16,776	100.0	4,134	100.0	1,605	100.0
21-44 years	7,505	7.8	225	11.3	3,489	10.3	1,686	7.6	1,000	6.4	885	5.3	150	3.6	70	4.4
45-64 years	24,570	25.6	625	31.5	9,586	28.2	5,629	25.5	3,728	24.0	3,742	22.3	867	21.0	393	24.5
65+ years	63,982	66.6	1,133	57.1	20,872	61.5	14,749	66.8	10,820	69.6	12,149	72.4	3,117	75.4	1,142	71.2
<b>Allopurinol (100 mg)</b>																
Total	816,905	100.0	17,761	100.0	268,111	100.0	208,612	100.0	132,145	100.0	138,286	100.0	35,909	100.0	16,081	100.0
21-44 years	60,419	7.4	1,581	8.9	29,149	10.9	16,053	7.7	7,290	5.5	5,095	3.7	864	2.4	387	2.4
45-64 years	200,499	24.5	4,638	26.1	76,946	28.7	53,005	25.4	30,407	23.0	26,991	19.5	5,885	16.4	2,627	16.3
65+ years	555,987	68.1	11,542	65.0	162,016	60.4	139,554	66.9	94,448	71.5	106,200	76.8	29,160	81.2	13,067	81.3
<b>Allopurinol (300 mg)</b>																
Total	471,618	100.0	9,800	100.0	141,050	100.0	129,771	100.0	75,049	100.0	80,934	100.0	23,237	100.0	11,777	100.0
21-44 years	47,520	10.1	1,336	13.6	20,620	14.6	12,786	9.9	6,294	8.4	5,069	6.3	962	4.1	453	3.8
45-64 years	148,698	31.5	3,508	35.8	51,396	36.4	39,755	30.6	23,141	30.8	22,960	28.4	5,322	22.9	2,616	22.2
65+ years	275,400	58.4	4,956	50.6	69,034	48.9	77,230	59.5	45,614	60.8	52,905	65.4	16,953	73.0	8,708	73.9
<b>Allopurinol (any strength)</b>																
Total	1,239,654	100.0	26,406	100.0	352,988	100.0	306,518	100.0	203,671	100.0	241,623	100.0	71,955	100.0	36,493	100.0
21-44 years	102,413	8.3	2,776	10.5	43,287	12.3	26,518	8.7	14,042	6.9	12,146	5.0	2,450	3.4	1,194	3.3
45-64 years	333,515	26.9	7,767	29.4	110,963	31.4	84,214	27.5	53,133	26.1	56,010	23.2	14,178	19.7	7,250	19.9
65+ years	803,726	64.8	15,863	60.1	198,738	56.3	195,786	63.9	136,496	67.0	173,467	71.8	55,327	76.9	28,049	76.9

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to assure a small cell cannot be re-calculated through the cells presented.

**Table 4c. Descriptive Statistics of Continuous Exposure Duration of Incident New Urate-Lowering Therapy in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Age Group**

Exposures	Total Members	Mean	Standard Deviation	Minimum	Q1	Median	Q3	Maximum
<b>Febuxostat (40 mg)</b>								
Total	79,949	272.62	387.08	1	60	120	296	3,441
21-44 years	5,780	186.86	288.57	1	60	90	177	3,302
45-64 years	19,452	244.69	369.53	1	60	111	243	3,441
65+ years	54,717	291.61	400.21	1	60	120	323	3,212
<b>Febuxostat (80 mg)</b>								
Total	17,854	232.91	326.45	1	60	120	238	3,479
21-44 years	1,885	178.47	252.28	1	60	92	184	2,803
45-64 years	5,661	213.16	307.6	1	60	106	216	3,479
65+ years	10,308	253.71	346.14	2	60	120	270	3,166
<b>Febuxostat (any strength)</b>								
Total	96,057	300.2	415.41	1	60	120	335	3,508
21-44 years	7,505	211.36	326.16	1	60	92	210	3,343
45-64 years	24,570	273.16	402.14	1	60	120	290	3,508
65+ years	63,982	321	427.61	1	60	136	377	3,329
<b>Allopurinol (100 mg)</b>								
Total	816,905	307.41	431.19	1	60	123	332	3,648
21-44 years	60,419	179.39	280.77	1	60	90	162	3,337
45-64 years	200,499	250.58	371.62	1	60	120	247	3,648
65+ years	555,987	341.81	459	1	61	141	394	3,632
<b>Allopurinol (300 mg)</b>								
Total	471,618	328.71	464.09	1	60	121	355	3,679
21-44 years	47,520	209.72	327.98	1	60	101	204	3,635
45-64 years	148,698	282.44	413.91	1	60	120	300	3,679
65+ years	275,400	374.22	502.09	1	90	144	426	3,606
<b>Allopurinol (any strength)</b>								
Total	1,239,654	365.13	493.34	1	60	147	423	3,679
21-44 years	102,413	227.76	354.38	1	60	107	221	3,635
45-64 years	333,515	309.94	445.86	1	60	126	332	3,679
65+ years	803,726	405.54	521.15	1	90	175	500	3,676

**Table 5. Summary of Members with Incident New Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year**

Year	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied
<b>Febuxostat (40 mg)</b>							
2009	2,011	373,724	53.81	1,450.9	11,484	452,345	470,095
2010	5,772	798,441	72.29	4,703.7	38,702	1,491,403	1,505,007
2011	10,072	1,044,632	96.42	9,186.9	77,098	2,944,370	2,970,496
2012	9,727	1,107,758	87.81	8,725.2	74,174	2,799,374	2,810,025
2013	11,157	1,188,573	93.87	9,699.0	81,112	3,104,496	3,127,994
2014	9,971	1,236,015	80.67	7,891.9	63,631	2,510,044	2,519,173
2015	10,118	1,264,462	80.02	7,423.6	60,615	2,343,230	2,354,031
2016	9,848	1,278,841	77.01	6,175.5	50,600	1,930,560	1,935,908
2017	9,344	1,265,842	73.82	4,081.5	33,567	1,247,403	1,250,068
2018	1,929	606,090	31.83	335.8	3,387	103,507	103,133
<b>Febuxostat (80 mg)</b>							
2009	392	373,724	10.49	295.7	2,458	92,787	92,449
2010	1,250	798,782	15.65	921.3	7,237	284,381	282,352
2011	2,085	1,045,944	19.93	1,614.8	13,326	503,452	496,139
2012	2,090	1,110,540	18.82	1,519.0	12,436	467,177	461,287
2013	2,421	1,192,671	20.30	1,708.0	13,731	529,982	527,225
2014	2,236	1,241,531	18.01	1,480.3	11,574	455,026	451,661
2015	2,299	1,271,244	18.08	1,455.6	11,228	445,574	441,069
2016	2,410	1,286,545	18.73	1,359.1	10,536	412,321	407,666
2017	2,225	1,274,102	17.46	943.1	6,840	282,763	279,981
2018	446	610,821	7.30	88.1	737	27,623	27,312
<b>Febuxostat (any strength)</b>							
2009	2,401	373,724	64.25	2,133.6	17,161	682,789	703,846
2010	6,988	798,365	87.53	6,510.0	53,882	2,090,844	2,105,244
2011	12,082	1,044,306	115.69	12,344.3	104,364	3,998,063	4,022,302
2012	11,678	1,107,003	105.49	11,611.5	98,786	3,758,773	3,766,399
2013	13,382	1,187,326	112.71	12,700.1	106,366	4,103,339	4,126,182
2014	11,952	1,234,329	96.83	10,360.2	83,746	3,327,596	3,334,128
2015	12,100	1,262,442	95.85	9,705.2	79,673	3,098,806	3,108,522
2016	11,941	1,276,490	93.55	8,009.6	65,875	2,530,046	2,533,149
2017	11,224	1,263,309	88.85	5,153.9	42,329	1,595,488	1,595,281
2018	2,309	604,627	38.19	420.6	4,150	131,455	130,956
<b>Allopurinol (100 mg)</b>							
2009	29,382	373,724	786.20	24,112.8	160,979	7,706,010	11,062,318
2010	59,130	793,102	745.55	58,356.6	427,626	19,007,205	26,213,275
2011	97,035	1,029,944	942.14	101,976.0	752,702	33,414,986	45,729,076
2012	95,902	1,078,263	889.41	99,730.2	713,423	32,728,411	45,005,423
2013	97,702	1,146,194	852.40	96,181.1	687,474	31,504,319	42,796,246
2014	100,745	1,183,261	851.42	93,648.2	658,192	30,635,654	41,246,784
2015	102,788	1,201,926	855.19	87,253.5	613,961	28,406,660	37,774,923
2016	105,211	1,207,378	871.40	73,320.9	519,387	23,590,243	31,008,659
2017	106,417	1,186,832	896.65	48,890.1	358,765	15,428,105	19,688,709
2018	22,593	565,892	399.25	4,069.9	38,376	1,297,431	1,595,226

**Table 5. Summary of Members with Incident New Urate-Lowering Therapy Dispensings in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year**

Year	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied
<b>Allopurinol (300 mg)</b>							
2009	24,611	373,724	658.53	20,844.6	143,068	6,652,968	6,731,162
2010	41,850	793,715	527.27	42,846.3	299,456	13,955,420	14,137,020
2011	62,783	1,033,003	607.77	70,183.6	478,741	23,076,008	23,308,092
2012	58,873	1,086,164	542.03	64,136.1	426,369	21,084,348	21,339,136
2013	56,457	1,159,013	487.11	58,166.9	383,011	19,088,447	19,230,652
2014	57,456	1,201,083	478.37	56,475.3	367,079	18,534,186	18,725,252
2015	55,179	1,225,229	450.36	48,293.6	315,498	15,741,775	15,939,229
2016	53,367	1,235,323	432.01	37,849.8	246,686	12,182,217	12,349,341
2017	50,507	1,219,220	414.26	23,588.3	157,930	7,448,136	7,559,589
2018	10,535	583,741	180.47	2,046.1	17,392	657,399	667,446
<b>Allopurinol (any strength)</b>							
2009	53,299	373,724	1,426.16	52,526.4	357,920	17,099,967	20,810,376
2010	99,380	788,106	1,261.00	117,476.4	845,993	38,884,627	46,944,179
2011	156,614	1,017,148	1,539.74	199,258.5	1,424,063	66,386,857	80,084,503
2012	150,060	1,054,279	1,423.34	186,401.9	1,296,016	62,145,191	75,531,711
2013	148,257	1,113,485	1,331.47	173,126.4	1,202,886	57,637,484	69,663,522
2014	151,267	1,144,611	1,321.56	165,978.3	1,136,344	55,220,978	66,490,650
2015	150,391	1,158,626	1,298.01	147,502.0	1,017,527	48,848,916	58,722,731
2016	150,444	1,159,983	1,296.95	117,638.9	819,015	38,542,519	46,249,517
2017	148,537	1,136,858	1,306.56	73,401.8	532,895	23,619,254	27,962,330
2018	31,405	541,133	580.36	5,935.8	55,016	1,927,564	2,229,888

<sup>1</sup>Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.



**Table 6a. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, Overall**

	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
Febuxostat (40mg) to Febuxostat (80 mg)	79,949	4,884,311	163.69	61,732.1	518,697	19,901,499	20,019,764	7,542	9.4	122.17
Febuxostat (40mg) to Allopurinol (100 mg)	79,949	4,884,311	163.69	61,839.8	519,078	19,916,134	20,035,499	5,151	6.4	83.30
Febuxostat (40mg) to Allopurinol (300 mg)	79,949	4,884,311	163.69	62,383.1	519,305	19,922,799	20,041,625	2,854	3.6	45.75
Febuxostat (80mg) to Febuxostat (40 mg)	17,854	4,884,311	36.55	11,898.9	95,395	3,715,344	3,680,386	995	5.6	83.62
Febuxostat (80mg) to Allopurinol (100 mg)	17,854	4,884,311	36.55	12,005.0	95,448	3,718,316	3,683,213	635	3.6	52.89
Febuxostat (80mg) to Allopurinol (300 mg)	17,854	4,884,311	36.55	11,994.8	95,445	3,718,132	3,683,029	777	4.4	64.78
Febuxostat (any strength) to Allopurinol (any strength)	96,057	4,884,311	196.66	81,672.8	694,213	26,834,764	26,943,610	9,650	10.0	118.15
Allopurinol (100mg) to Allopurinol (300 mg)	816,905	4,884,311	1,672.51	714,818.1	5,255,119	239,080,521	323,212,404	112,443	13.8	157.30
Allopurinol (100mg) to Febuxostat (40 mg)	816,905	4,884,311	1,672.51	734,486.8	5,267,298	239,611,573	323,973,527	17,903	2.2	24.37
Allopurinol (100mg) to Febuxostat (80 mg)	816,905	4,884,311	1,672.51	738,553.6	5,270,876	239,768,513	324,174,991	3,488	0.4	4.72
Allopurinol (300mg) to Allopurinol (100 mg)	471,618	4,884,311	965.58	440,954.0	3,052,287	149,355,107	151,217,855	33,371	7.1	75.68
Allopurinol (300mg) to Febuxostat (40 mg)	471,618	4,884,311	965.58	458,604.2	3,057,420	149,605,396	151,479,247	8,317	1.8	18.14
Allopurinol (300mg) to Febuxostat (80 mg)	471,618	4,884,311	965.58	460,040.1	3,058,762	149,664,191	151,537,563	3,553	0.8	7.72
Allopurinol (any strength) to Febuxostat (any strength)	1,239,654	4,884,311	2,538.03	1,349,196.4	9,468,716	447,948,616	540,200,288	34,602	2.8	25.65

<sup>1</sup>Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

**Table 6b. Distribution of Continuous Exposure Duration of Incident New Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories**

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Febuxostat (40mg) to Febuxostat(80 mg)	7,542	100.0	1,276	16.9	3,006	39.9	1,629	21.6	952	12.6	589	7.8	75	1.0	15	0.2
Febuxostat (40mg) to Allopurinol(100 mg)	5,151	100.0	1,732	33.6	1,553	30.1	694	13.5	505	9.8	530	10.3	111	2.2	26	0.5
Febuxostat (40mg) to Allopurinol (300 mg)	2,854	100.0	821	28.8	917	32.1	449	15.7	298	10.4	301	10.5	55	1.9	13	0.5
Febuxostat (80mg) to Febuxostat (40 mg)	995	100.0	203	20.4	271	27.2	186	18.7	150	15.1	153	15.4	*****	*****	*****	*****
Febuxostat (80mg) to Allopurinol (100 mg)	635	100.0	207	32.6	206	32.4	81	12.8	66	10.4	64	10.1	*****	*****	*****	*****
Febuxostat (80mg) to Allopurinol (300 mg)	777	100.0	239	30.8	228	29.3	110	14.2	88	11.3	96	12.4	*****	*****	*****	*****
Febuxostat (any strength) to Allopurinol (any strength)	9,650	100.0	2,926	30.3	2,816	29.2	1,400	14.5	1,063	11.0	1,171	12.1	222	2.3	52	0.5
Allopurinol (100mg) to Allopurinol (300 mg)	112,443	100.0	28,171	25.1	38,496	34.2	21,471	19.1	13,651	12.1	9,157	8.1	1,237	1.1	260	0.2
Allopurinol (100mg) to Febuxostat (40 mg)	17,903	100.0	4,908	27.4	6,051	33.8	3,287	18.4	2,031	11.3	1,387	7.7	189	1.1	50	0.3
Allopurinol (100mg) to Febuxostat (80 mg)	3,488	100.0	654	18.8	1,299	37.2	710	20.4	495	14.2	290	8.3	*****	*****	*****	*****
Allopurinol (300mg) to Allopurinol (100 mg)	33,371	100.0	14,264	42.7	6,391	19.2	4,164	12.5	3,389	10.2	3,939	11.8	940	2.8	284	0.9
Allopurinol (300mg) to Febuxostat (40 mg)	8,317	100.0	2,260	27.2	2,894	34.8	1,531	18.4	904	10.9	603	7.3	104	1.3	21	0.3
Allopurinol (300mg) to Febuxostat (80 mg)	3,553	100.0	720	20.3	1,235	34.8	780	22.0	483	13.6	294	8.3	*****	*****	*****	*****
Allopurinol (any strength) to Febuxostat (any strength)	34,602	100.0	8,111	23.4	10,947	31.6	6,742	19.5	4,779	13.8	3,374	9.8	505	1.5	144	0.4

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to assure a small cell cannot be re-calculated through the cells presented.

**Table 6c. Descriptive Statistics of Continuous Exposure Duration of Incident New Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days**

Exposures	Total	Standard						
	Members	Mean	Deviation	Minimum	Q1	Median	Q3	Maximum
Febuxostat (40 mg) to Febuxostat (80 mg)	7,542	146.46	217.57	1	38	76	160	3,236
Febuxostat (40 mg) to Allopurinol (100 mg)	5,151	165.14	298.59	1	21	49	161	2,533
Febuxostat (40 mg) to Allopurinol (300 mg)	2,854	166.2	286.51	1	26	56	166	2,529
Febuxostat (80 mg) to Febuxostat (40 mg)	995	222.5	322.35	1	36	97	256	2,196
Febuxostat (80 mg) to Allopurinol (100 mg)	635	157.71	273.59	1	22	55	154	2,072
Febuxostat (80 mg) to Allopurinol (300 mg)	777	166.08	278.43	1	22	57	190	2,061
Febuxostat (any strength) to Allopurinol (any strength)	9,650	183.19	310.24	1	24	57	192	2,533
Allopurinol (100 mg) to Allopurinol (300 mg)	112,443	144.29	232.12	1	29	66	157	3,210
Allopurinol (100 mg) to Febuxostat (40 mg)	17,903	140.42	234.22	1	27	61	148	2,787
Allopurinol (100 mg) to Febuxostat (80 mg)	3,488	148.75	218.67	1	38	78	172	2,504
Allopurinol (300 mg) to Allopurinol (100 mg)	33,371	186.73	350.48	1	1	46	188	3,312
Allopurinol (300 mg) to Febuxostat (40 mg)	8,317	137.77	234.96	1	28	60	140	3,025
Allopurinol (300 mg) to Febuxostat (80 mg)	3,553	148.55	216.93	1	36	79	169	2,537
Allopurinol (any strength) to Febuxostat (any strength)	34,602	167.15	265.49	1	31	77	185	3,086

**Table 7a. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Sex**

Sex	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Febuxostat (40 mg) to Febuxostat (80 mg)</b>										
Male	49,427	2,978,117	165.97	36,671.0	299,635	11,794,405	11,896,905	5,153	10.4	140.52
<b>Febuxostat (40 mg) to Allopurinol (100 mg)</b>										
Male	49,427	2,978,117	165.97	36,869.5	299,766	11,800,194	11,903,577	2,875	5.8	77.98
<b>Febuxostat (40 mg) to Allopurinol (300 mg)</b>										
Male	49,427	2,978,117	165.97	37,071.5	299,906	11,804,126	11,906,705	1,965	4.0	53.01
<b>Febuxostat (80 mg) to Febuxostat (40 mg)</b>										
Male	12,982	2,978,117	43.59	8,461.6	67,002	2,623,335	2,606,231	636	4.9	75.16
<b>Febuxostat (80 mg) to Allopurinol (100 mg)</b>										
Male	12,982	2,978,117	43.59	8,531.2	67,031	2,624,968	2,607,734	431	3.3	50.52
<b>Febuxostat (80 mg) to Allopurinol (300 mg)</b>										
Male	12,982	2,978,117	43.59	8,517.6	67,032	2,625,114	2,607,880	582	4.5	68.33
<b>Febuxostat (any strength) to Allopurinol (any strength)</b>										
Male	61,176	2,978,117	205.42	50,578.3	419,285	16,559,742	16,661,568	6,037	9.9	119.36
<b>Allopurinol (100 mg) to Allopurinol (300 mg)</b>										
Male	505,941	2,978,117	1,698.86	421,480.7	3,013,863	140,975,031	194,630,682	78,700	15.6	186.72
<b>Allopurinol (100 mg) to Febuxostat (40 mg)</b>										
Male	505,941	2,978,117	1,698.86	435,585.6	3,022,125	141,340,746	195,170,939	10,077	2.0	23.13
<b>Allopurinol (100 mg) to Febuxostat (80 mg)</b>										
Male	505,941	2,978,117	1,698.86	437,801.5	3,024,070	141,432,235	195,288,696	2,298	0.5	5.25
<b>Allopurinol (300 mg) to Allopurinol (100 mg)</b>										
Male	344,902	2,978,117	1,158.12	322,586.7	2,206,358	109,258,449	111,173,242	23,034	6.7	71.40
<b>Allopurinol (300 mg) to Febuxostat (40 mg)</b>										
Male	344,902	2,978,117	1,158.12	335,839.1	2,210,362	109,452,176	111,376,900	5,406	1.6	16.10
<b>Allopurinol (300 mg) to Febuxostat (80 mg)</b>										
Male	344,902	2,978,117	1,158.12	336,755.2	2,211,418	109,494,930	111,421,209	2,658	0.8	7.89
<b>Allopurinol (any strength) to Febuxostat (any strength)</b>										
Male	815,418	2,978,117	2,738.03	878,171.7	6,000,296	290,989,231	351,008,140	21,376	2.6	24.34

<sup>1</sup>Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to assure a small cell cannot be re-calculated through the cells presented.

**Table 7b. Distribution of Continuous Exposure Duration of Incident New Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories and Sex**

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Febuxostat (40 mg) to Febuxostat (80 mg)</b>																
Total	7,542	100.0	1,276	100.0	3,006	100.0	1,629	100.0	952	100.0	589	100.0	75	100.0	15	100.0
Male	5,153	68.3	863	67.6	2,060	68.5	1,130	69.4	643	67.5	389	66.0	57	76.0	11	73.3
<b>Febuxostat (40 mg) to Allopurinol (100 mg)</b>																
Total	5,151	100.0	1,732	100.0	1,553	100.0	694	100.0	505	100.0	530	100.0	111	100.0	26	100.0
Male	2,875	55.8	958	55.3	861	55.4	390	56.2	295	58.4	284	53.6	70	63.1	17	65.4
<b>Febuxostat (40 mg) to Allopurinol (300 mg)</b>																
Total	2,854	100.0	821	100.0	917	100.0	449	100.0	298	100.0	301	100.0	55	100.0	13	100.0
Male	1,965	68.9	564	68.7	630	68.7	304	67.7	221	74.2	198	65.8	*****	*****	*****	*****
<b>Febuxostat (80 mg) to Febuxostat (40 mg)</b>																
Total	995	100.0	203	100.0	271	100.0	186	100.0	150	100.0	153	100.0	*****	*****	*****	*****
Male	636	63.9	129	63.5	184	67.9	127	68.3	92	61.3	86	56.2	*****	*****	*****	*****
<b>Febuxostat (80 mg) to Allopurinol (100 mg)</b>																
Total	635	100.0	207	100.0	206	100.0	81	100.0	66	100.0	64	100.0	*****	*****	*****	*****
Male	431	67.9	132	63.8	133	64.6	62	76.5	54	81.8	*****	*****	*****	*****	*****	*****
<b>Febuxostat (80 mg) to Allopurinol (300 mg)</b>																
Total	777	100.0	239	100.0	228	100.0	110	100.0	88	100.0	96	100.0	*****	*****	*****	*****
Male	582	74.9	169	70.7	175	76.8	81	73.6	73	83.0	72	75.0	*****	*****	*****	*****
<b>Febuxostat (any strength) to Allopurinol (any strength)</b>																
Total	9,650	100.0	2,926	100.0	2,816	100.0	1,400	100.0	1,063	100.0	1,171	100.0	222	100.0	52	100.0
Male	6,037	62.6	1,779	60.8	1,744	61.9	884	63.1	708	66.6	737	62.9	146	65.8	39	75.0
<b>Allopurinol 100 mg to Allopurinol 300 mg</b>																
Total	112,443	100.0	28,171	100.0	38,496	100.0	21,471	100.0	13,651	100.0	9,157	100.0	1,237	100.0	260	100.0
Male	78,700	70.0	19,817	70.3	27,144	70.5	15,091	70.3	9,433	69.1	6,226	68.0	801	64.8	188	72.3
<b>Allopurinol (100 mg) to Febuxostat (40 mg)</b>																
Total	17,903	100.0	4,908	100.0	6,051	100.0	3,287	100.0	2,031	100.0	1,387	100.0	189	100.0	50	100.0
Male	10,077	56.3	2,629	53.6	3,373	55.7	1,893	57.6	1,228	60.5	821	59.2	108	57.1	25	50.0
<b>Allopurinol (100 mg) to Febuxostat (80 mg)</b>																
Total	3,488	100.0	654	100.0	1,299	100.0	710	100.0	495	100.0	290	100.0	*****	*****	*****	*****
Male	2,298	65.9	414	63.3	826	63.6	484	68.2	355	71.7	191	65.9	*****	*****	*****	*****

**Table 7b. Distribution of Continuous Exposure Duration of Incident New Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Length Categories and Sex**

Exposures	Total Members		<1 month		1 - <3 months		3 - <6 months		6 months - <1 year		1 - <3 years		3 - <5 years		5+ years	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Allopurinol (300 mg) to Allopurinol (100 mg)</b>																
Total	33,371	100.0	14,264	100.0	6,391	100.0	4,164	100.0	3,389	100.0	3,939	100.0	940	100.0	284	100.0
Male	23,034	69.0	10,232	71.7	4,215	66.0	2,852	68.5	2,365	69.8	2,590	65.8	600	63.8	180	63.4
<b>Allopurinol (300 mg) to Febuxostat (40 mg)</b>																
Total	8,317	100.0	2,260	100.0	2,894	100.0	1,531	100.0	904	100.0	603	100.0	104	100.0	21	100.0
Male	5,406	65.0	1,389	61.5	1,799	62.2	997	65.1	683	75.6	450	74.6	73	70.2	15	71.4
<b>Allopurinol (300 mg) to Febuxostat (80 mg)</b>																
Total	3,553	100.0	720	100.0	1,235	100.0	780	100.0	483	100.0	294	100.0	*****	*****	*****	*****
Male	2,658	74.8	521	72.4	904	73.2	588	75.4	380	78.7	235	79.9	*****	*****	*****	*****
<b>Allopurinol (any strength) to Febuxostat (any strength)</b>																
Total	34,602	100.0	8,111	100.0	10,947	100.0	6,742	100.0	4,779	100.0	3,374	100.0	505	100.0	144	100.0
Male	21,376	61.8	4,666	57.5	6,567	60.0	4,239	62.9	3,220	67.4	2,273	67.4	315	62.4	96	66.7

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to assure a small cell cannot be re-calculated through the cells presented.

**Table 7c. Descriptive Statistics of Continuous Exposure Duration of Incident New Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Sex**

Exposures	Total Members	Mean	Standard Deviation	Minimum	Q1	Median	Q3	Maximum
<b>Febuxostat (40 mg) to Febuxostat (80 mg)</b>								
Total	7,542	146.46	217.57	1	38	76	160	3,236
Male	5,153	146.79	221.74	1	39	76	160	3,236
<b>Febuxostat (40 mg) to Allopurinol (100 mg)</b>								
Total	5,151	165.14	298.59	1	21	49	161	2,533
Male	2,875	169.77	309.47	1	21	50	166	2,533
<b>Febuxostat (40 mg) to Allopurinol (300 mg)</b>								
Total	2,854	166.2	286.51	1	26	56	166	2,529
Male	1,965	166.81	292.03	1	26	56	169	2,529
<b>Febuxostat (80 mg) to Febuxostat (40 mg)</b>								
Total	995	222.5	322.35	1	36	97	256	2,196
Male	636	203.14	295.13	1	35	93	221	1,886
<b>Febuxostat (80 mg) to Allopurinol (100 mg)</b>								
Total	635	157.71	273.59	1	22	55	154	2,072
Male	431	162.17	273.51	1	22	58	177	2,072
<b>Febuxostat (80 mg) to Allopurinol (300 mg)</b>								
Total	777	166.08	278.43	1	22	57	190	2,061
Male	582	165.55	272.71	1	26	59	198	2,061
<b>Febuxostat (any strength) to Allopurinol (any strength)</b>								
Total	9,650	183.19	310.24	1	24	57	192	2,533
Male	6,037	189.7	320.24	1	25	60	200	2,533
<b>Allopurinol (100 mg) to Allopurinol (300 mg)</b>								
Total	112,443	144.29	232.12	1	29	66	157	3,210
Male	78,700	141.56	228.23	1	29	65	154	2,935
<b>Allopurinol (100 mg) to Febuxostat (40 mg)</b>								
Total	17,903	140.42	234.22	1	27	61	148	2,787
Male	10,077	143.99	231.57	1	29	64	157	2,787
<b>Allopurinol (100 mg) to Febuxostat (80 mg)</b>								
Total	3,488	148.75	218.67	1	38	78	172	2,504
Male	2,298	154.05	223.21	1	39	82	182	2,504
<b>Allopurinol (300 mg) to Allopurinol (100 mg)</b>								
Total	33,371	186.73	350.48	1	1	46	188	3,312
Male	23,034	178.25	340.23	1	1	43	182	3,305
<b>Allopurinol (300 mg) to Febuxostat (40 mg)</b>								
Total	8,317	137.77	234.96	1	28	60	140	3,025
Male	5,406	149.81	245.95	1	29	66	161	2,738
<b>Allopurinol (300 mg) to Febuxostat (80 mg)</b>								
Total	3,553	148.55	216.93	1	36	79	169	2,537
Male	2,658	152.04	217.61	1	37	82	177	2,537
<b>Allopurinol (any strength) to Febuxostat (any strength)</b>								
Total	34,602	167.15	265.49	1	31	77	185	3,086
Male	21,376	176.02	270.3	1	34	84	200	3,086

\*\*\*\*\*Data are not presented in these cells due to a small sample size or to assure a small cell cannot be re-calculated through the cells presented.

**Table 8a. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Age Group**

Age Group	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Febuxostat (40 mg) to Febuxostat (80 mg)</b>										
21-44 years	5,780	451,382	128.05	3,042.4	26,444	907,290	922,590	592	10.2	194.58
45-64 years	19,560	1,402,824	139.43	13,383.9	115,096	4,245,945	4,302,991	2,097	10.7	156.68
65+ years	54,851	3,170,370	173.01	45,305.8	377,157	14,748,264	14,794,183	4,853	8.8	107.12
<b>Febuxostat (40 mg) to Allopurinol (100 mg)</b>										
21-44 years	5,780	451,382	128.05	3,072.3	26,463	907,860	923,840	240	4.2	78.12
45-64 years	19,560	1,402,848	139.43	13,464.3	115,152	4,248,543	4,305,448	1,019	5.2	75.68
65+ years	54,856	3,170,416	173.02	45,303.2	377,463	14,759,731	14,806,211	3,892	7.1	85.91
<b>Febuxostat (40 mg) to Allopurinol (300 mg)</b>										
21-44 years	5,780	451,382	128.05	3,074.7	26,444	907,101	923,081	252	4.4	81.96
45-64 years	19,561	1,402,858	139.44	13,534.8	115,226	4,250,711	4,307,300	767	3.9	56.67
65+ years	54,856	3,170,426	173.02	45,773.6	377,635	14,764,987	14,811,244	1,835	3.3	40.09
<b>Febuxostat (80 mg) to Febuxostat (40 mg)</b>										
21-44 years	1,885	451,382	41.76	962.2	8,087	277,720	278,285	55	2.9	57.16
45-64 years	5,712	1,402,874	40.72	3,466.7	28,972	1,062,630	1,059,419	277	4.8	79.90
65+ years	10,355	3,170,430	32.66	7,470.1	58,336	2,374,994	2,342,682	663	6.4	88.75
<b>Febuxostat (80mg) to Allopurinol (100mg)</b>										
21-44 years	1,885	451,382	41.76	968.0	8,086	277,690	278,255	44	2.3	45.45
45-64 years	5,712	1,402,870	40.72	3,510.8	29,014	1,064,237	1,060,867	161	2.8	45.86
65+ years	10,353	3,170,440	32.65	7,526.2	58,348	2,376,389	2,344,091	430	4.2	57.13
<b>Febuxostat (80mg) to Allopurinol (300mg)</b>										
21-44 years	1,885	451,382	41.76	962.6	8,086	277,630	278,195	86	4.6	89.34
45-64 years	5,711	1,402,864	40.71	3,494.3	29,008	1,064,057	1,060,687	249	4.4	71.26
65+ years	10,355	3,170,433	32.66	7,537.9	58,351	2,376,445	2,344,147	442	4.3	58.64
<b>Febuxostat (any strength) to Allopurinol (any strength)</b>										
21-44	7,505	451,382	166.27	4,515.5	40,016	1,377,316	1,396,883	631	8.4	139.74
45-64	24,765	1,402,812	176.54	19,002.0	165,803	6,145,660	6,212,369	2,263	9.1	119.09
65+	64,213	3,170,382	202.54	58,155.3	488,394	19,311,788	19,334,359	6,756	10.5	116.17



**Table 8a. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Age Group**

Age Group	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Allopurinol (100 mg) to Allopurinol (300 mg)</b>										
21-44	60,419	451,382	1,338.53	30,641.0	248,380	9,439,360	13,756,989	10,010	16.6	326.69
45-64	202,180	1,402,146	1,441.93	142,653.0	1,114,125	46,522,034	66,178,225	31,459	15.6	220.53
65+	558,395	3,169,460	1,761.80	541,524.0	3,892,614	183,119,127	243,277,190	70,974	12.7	131.06
<b>Allopurinol (100 mg) to Febuxostat (40 mg)</b>										
21-44	60,419	451,382	1,338.53	32,182.0	249,353	9,476,814	13,820,799	810	1.3	25.17
45-64	202,310	1,402,797	1,442.19	148,094.0	1,117,661	46,666,137	66,392,985	3,434	1.7	23.19
65+	558,527	3,170,266	1,761.77	554,210.8	3,900,284	183,468,622	243,759,743	13,659	2.4	24.65
<b>Allopurinol (100 mg) to Febuxostat (80 mg)</b>										
21-44	60,419	451,382	1,338.53	32,297.7	249,378	9,477,819	13,821,375	208	0.3	6.44
45-64	202,319	1,402,850	1,442.20	148,774.0	1,118,227	46,690,871	66,428,859	883	0.4	5.94
65+	558,545	3,170,407	1,761.75	557,481.9	3,903,271	183,599,823	243,924,757	2,397	0.4	4.30
<b>Allopurinol (300 mg) to Allopurinol (100 mg)</b>										
21-44	47,520	451,382	1,052.77	28,569.3	232,654	8,982,748	9,405,093	2,994	6.3	104.80
45-64	150,460	1,402,623	1,072.70	120,755.8	934,922	39,969,594	41,238,091	9,033	6.0	74.80
65+	277,196	3,170,132	874.40	291,628.9	1,884,711	100,402,765	100,574,672	21,344	7.7	73.19
<b>Allopurinol (300 mg) to Febuxostat (40 mg)</b>										
21-44	47,520	451,382	1,052.77	30,072.4	233,362	9,011,663	9,436,092	635	1.3	21.12
45-64	150,521	1,402,815	1,072.99	125,852.3	936,741	40,049,584	41,325,210	2,299	1.5	18.27
65+	277,242	3,170,331	874.49	302,679.5	1,887,317	100,544,149	100,717,945	5,383	1.9	17.78
<b>Allopurinol (300 mg) to Febuxostat (80 mg)</b>										
21-44	47,520	451,382	1,052.77	30,110.1	233,399	9,011,647	9,435,496	350	0.7	11.62
45-64	150,522	1,402,831	1,072.99	126,206.3	937,227	40,066,733	41,343,418	1,174	0.8	9.30
65+	277,250	3,170,403	874.49	303,723.7	1,888,136	100,585,811	100,758,650	2,029	0.7	6.68
<b>Allopurinol (any strength) to Febuxostat (any strength)</b>										
21-44	102,413	451,382	2,268.88	71,548.1	562,481	21,928,937	27,185,361	2,098	2.0	29.32
45-64	338,255	1,402,658	2,411.53	312,879.2	2,367,110	101,325,844	124,144,727	8,160	2.4	26.08
65+	809,355	3,170,063	2,553.12	964,769.0	6,539,125	324,693,835	388,870,201	24,344	3.0	25.23

<sup>1</sup>Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

**Table 8b. Descriptive Statistics of Continuous Exposure Duration of Incident New Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Age Group**

Exposures	Total Members	Mean	Standard Deviation	Minimum	Q1	Median	Q3	Maximum
<b>Febuxostat (40 mg) to Febuxostat (80 mg)</b>								
Total	7,542	146.46	217.57	1	38	76	160	3,236
21-44 years	604	152.01	274.17	1	34	65	150	3,236
45-64 years	2,102	145.65	223.63	1	38	75	158	2,651
65+ years	4,853	146.67	207.18	1	40	77	164	2,400
<b>Febuxostat (40 mg) to Allopurinol (100 mg)</b>								
Total	5,151	165.14	298.59	1	21	49	161	2,533
21-44 years	241	136.14	310.18	1	19	37	90	2,366
45-64 years	1,028	158.45	309.4	1	16	46	144	2,533
65+ years	3,892	169.01	294.66	1	22	51	174	2,417
<b>Febuxostat (40 mg) to Allopurinol (300 mg)</b>								
Total	2,854	166.2	286.51	1	26	56	166	2,529
21-44 years	257	111.66	225.95	1	19	41	106	1,790
45-64 years	771	140.43	247.45	1	24	51	130	1,880
65+ years	1,835	185.02	306.44	1	28	62	191	2,529
<b>Febuxostat (80 mg) to Febuxostat (40 mg)</b>								
Total	995	222.5	322.35	1	36	97	256	2,196
21-44 years	55	130.49	162.03	1	17	66	197	934
45-64 years	277	174.15	268.86	1	31	89	190	1,969
65+ years	663	250.33	348.26	1	39	107	313	2,196
<b>Febuxostat (80 mg) to Allopurinol (100 mg)</b>								
Total	635	157.71	273.59	1	22	55	154	2,072
21-44 years	46	108.74	196.64	1	26	48	125	1,147
45-64 years	163	139.37	231.02	1	24	48	128	1,371
65+ years	430	169.73	293.16	1	20	57	177	2,072
<b>Febuxostat (80 mg) to Allopurinol (300 mg)</b>								
Total	777	166.08	278.43	1	22	57	190	2,061
21-44 years	86	96.59	146.53	1	9	38	106	670
45-64 years	249	146.65	280.53	1	16	54	137	2,061
65+ years	442	190.55	293.71	1	28	68	217	1,746
<b>Febuxostat (any strength) to Allopurinol (any strength)</b>								
Total	9,650	183.19	310.24	1	24	57	192	2,533
21-44 years	640	138.78	276.46	1	19	44	132	2,366
45-64 years	2,276	167.64	301.72	1	22	55	162	2,533
65+ years	6,756	192.89	315.15	1	25	60	211	2,529
<b>Allopurinol (100 mg) to Allopurinol (300 mg)</b>								
Total	112,443	144.29	232.12	1	29	66	157	3,210
21-44 years	10,207	110.5	175.7	1	27	57	121	2,408
45-64 years	31,645	137.92	223.02	1	29	64	151	2,949
65+ years	70,974	152.68	242.52	1	30	69	167	3,210

**Table 8b. Descriptive Statistics of Continuous Exposure Duration of Incident New Urate-Lowering Therapy Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, in Days, by Age Group**

Exposures	Total		Standard					
	Members	Mean	Deviation	Minimum	Q1	Median	Q3	Maximum
<b>Allopurinol (100 mg) to Febuxostat (40 mg)</b>								
Total	17,903	140.42	234.22	1	27	61	148	2,787
21-44 years	836	112.01	192.49	1	24	53	124	2,787
45-64 years	3,460	131.73	215.54	1	27	59	143	2,212
65+ years	13,659	145.06	241.31	1	28	63	153	2,590
<b>Allopurinol (100 mg) to Febuxostat (80 mg)</b>								
Total	3,488	148.75	218.67	1	38	78	172	2,504
21-44 years	214	97.15	126.9	1	31	59	107	1,215
45-64 years	891	151.77	224.32	1	38	81	181	2,224
65+ years	2,397	153.32	223.27	1	38	79	176	2,504
<b>Allopurinol (300 mg) to Allopurinol (100 mg)</b>								
Total	33,371	186.73	350.48	1	1	46	188	3,312
21-44 years	3,053	96.88	205.04	1	1	16	99	2,476
45-64 years	9,097	146.62	300.04	1	1	34	141	3,305
65+ years	21,344	217.33	381.37	1	1	58	232	3,312
<b>Allopurinol (300 mg) to Febuxostat (40 mg)</b>								
Total	8,317	137.77	234.96	1	28	60	140	3,025
21-44 years	653	127.45	183.01	1	26	58	152	1,702
45-64 years	2,319	131.34	210.13	1	27	60	144	2,571
65+ years	5,383	143.17	250.53	1	28	62	141	3,025
<b>Allopurinol (300 mg) to Febuxostat (80 mg)</b>								
Total	3,553	148.55	216.93	1	36	79	169	2,537
21-44 years	363	138.89	200.41	1	37	74	152	1,785
45-64 years	1,180	145.15	216.05	1	37	78	169	2,537
65+ years	2,029	153.96	221.45	1	35	81	175	2,292
<b>Allopurinol (any strength) to Febuxostat (any strength)</b>								
Total	34,602	167.15	265.49	1	31	77	185	3,086
21-44 years	2,195	143.24	210.32	1	30	73	173	2,787
45-64 years	8,245	164.04	254.88	1	33	78	188	3,086
65+ years	24,344	171.56	273.61	1	32	77	188	3,025

**Table 9. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year**

Year	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Febuxostat (40 mg) to Febuxostat (80 mg)</b>										
2009	2,011	373,724	53.81	1,410.4	11,501	452,789	470,539	259	12.9	183.64
2010	5,812	798,841	72.76	4,659.3	38,957	1,502,671	1,516,305	597	10.3	128.13
2011	10,275	1,046,201	98.21	9,183.1	78,198	2,989,367	3,014,364	985	9.6	107.26
2012	10,162	1,111,146	91.46	8,895.8	76,748	2,901,814	2,915,330	954	9.4	107.24
2013	11,809	1,193,688	98.93	9,980.2	84,755	3,244,109	3,266,026	1,016	8.6	101.80
2014	10,812	1,242,957	86.99	8,296.0	68,096	2,684,417	2,692,363	966	8.9	116.44
2015	11,096	1,272,936	87.17	7,836.2	64,848	2,513,579	2,523,303	1,007	9.1	128.51
2016	10,976	1,288,523	85.18	6,635.4	54,912	2,107,680	2,113,073	916	8.3	138.05
2017	10,553	1,276,264	82.69	4,453.1	36,854	1,384,975	1,388,397	764	7.2	171.57
2018	2,232	612,133	36.46	382.7	3,828	120,098	120,063	78	3.5	203.81
<b>Febuxostat (40 mg) to Allopurinol (100 mg)</b>										
2009	2,011	373,724	53.81	1,443.7	11,501	452,789	470,539	60	3.0	41.56
2010	5,813	798,853	72.77	4,666.0	38,958	1,502,701	1,516,335	356	6.1	76.30
2011	10,277	1,046,229	98.23	9,188.5	78,259	2,991,172	3,016,147	707	6.9	76.94
2012	10,165	1,111,187	91.48	8,905.3	76,769	2,902,720	2,916,099	653	6.4	73.33
2013	11,819	1,193,788	99.00	9,983.6	84,887	3,248,724	3,270,590	700	5.9	70.11
2014	10,819	1,243,079	87.03	8,281.7	68,059	2,683,703	2,692,065	751	6.9	90.68
2015	11,114	1,273,129	87.30	7,866.0	64,974	2,518,472	2,528,207	695	6.3	88.35
2016	10,998	1,288,778	85.34	6,655.5	54,989	2,110,310	2,116,242	610	5.5	91.65
2017	10,567	1,276,531	82.78	4,468.5	36,855	1,385,754	1,389,492	546	5.2	122.19
2018	2,234	612,251	36.49	381.1	3,827	119,789	119,783	73	3.3	191.55

**Table 9. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year**

Year	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Febuxostat (40 mg) to Allopurinol (300 mg)</b>										
2009	2,011	373,724	53.81	1,440.4	11,501	452,789	470,539	72	3.6	49.99
2010	5,813	798,854	72.77	4,666.7	38,950	1,502,461	1,516,095	231	4.0	49.50
2011	10,279	1,046,248	98.25	9,240.1	78,267	2,991,392	3,016,367	440	4.3	47.62
2012	10,171	1,111,232	91.53	8,971.5	76,790	2,903,497	2,917,043	382	3.8	42.58
2013	11,823	1,193,841	99.03	10,088.9	84,863	3,247,261	3,268,827	417	3.5	41.33
2014	10,835	1,243,152	87.16	8,393.4	68,192	2,687,586	2,696,269	350	3.2	41.70
2015	11,116	1,273,234	87.31	7,948.8	64,985	2,519,191	2,528,716	359	3.2	45.16
2016	11,002	1,288,941	85.36	6,727.3	55,013	2,111,677	2,117,310	286	2.6	42.51
2017	10,577	1,276,698	82.85	4,518.9	36,908	1,386,654	1,390,273	282	2.7	62.40
2018	2,237	612,356	36.53	387.0	3,836	120,291	120,185	35	1.6	90.44
<b>Febuxostat (80 mg) to Febuxostat (40 mg)</b>										
2009	392	373,724	10.49	291.6	2,458	92,787	92,449	24	6.1	82.30
2010	1,257	798,857	15.73	901.5	7,249	284,755	282,771	64	5.1	70.99
2011	2,136	1,046,278	20.42	1,618.2	13,580	512,983	505,670	115	5.4	71.07
2012	2,215	1,111,307	19.93	1,548.2	12,969	486,018	479,807	117	5.3	75.57
2013	2,644	1,193,951	22.14	1,761.8	14,521	558,128	555,016	149	5.6	84.57
2014	2,502	1,243,296	20.12	1,568.1	12,451	491,037	487,518	150	6.0	95.66
2015	2,623	1,273,392	20.60	1,557.7	12,092	481,394	477,213	123	4.7	78.96
2016	2,793	1,289,100	21.67	1,492.1	11,496	455,301	450,315	118	4.2	79.08
2017	2,602	1,276,892	20.38	1,060.0	7,722	321,134	318,157	123	4.7	116.04
2018	536	612,433	8.75	99.8	857	31,807	31,471	12	2.2	120.24

**Table 9. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year**

Year	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Febuxostat (80 mg) to Allopurinol (100 mg)</b>										
2009	392	373,724	10.49	293.4	2,458	92,787	92,449	*****	*****	*****
2010	1,257	798,857	15.73	912.3	7,249	284,755	282,771	36	2.9	39.46
2011	2,137	1,046,279	20.42	1,622.5	13,582	513,163	505,850	92	4.3	56.70
2012	2,214	1,111,308	19.92	1,556.2	12,967	485,958	479,747	83	3.7	53.34
2013	2,646	1,193,961	22.16	1,788.3	14,519	558,189	555,077	73	2.8	40.82
2014	2,503	1,243,305	20.13	1,591.7	12,454	491,187	487,668	81	3.2	50.89
2015	2,629	1,273,420	20.65	1,571.0	12,124	482,664	478,309	94	3.6	59.83
2016	2,797	1,289,132	21.70	1,502.5	11,511	456,231	451,245	78	2.8	51.91
2017	2,606	1,276,941	20.41	1,066.6	7,728	321,561	318,613	80	3.1	75.00
2018	535	612,482	8.73	100.5	856	31,821	31,485	*****	*****	*****
<b>Febuxostat (80 mg) to Allopurinol (300 mg)</b>										
2009	392	373,724	10.49	292.7	2,458	92,787	92,449	*****	*****	*****
2010	1,257	798,858	15.73	913.5	7,249	284,755	282,771	52	4.1	56.92
2011	2,137	1,046,271	20.42	1,617.1	13,582	513,163	505,850	120	5.6	74.21
2012	2,214	1,111,292	19.92	1,556.6	12,971	486,078	479,867	96	4.3	61.67
2013	2,643	1,193,946	22.14	1,794.6	14,528	558,459	555,347	106	4.0	59.07
2014	2,502	1,243,294	20.12	1,590.6	12,453	491,097	487,578	96	3.8	60.35
2015	2,629	1,273,401	20.65	1,570.1	12,122	482,724	478,369	97	3.7	61.78
2016	2,797	1,289,101	21.70	1,498.3	11,513	456,340	451,354	99	3.5	66.07
2017	2,602	1,276,904	20.38	1,060.6	7,713	320,934	317,986	91	3.5	85.80
2018	536	612,454	8.75	100.7	856	31,795	31,459	*****	*****	*****

**Table 9. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year**

Year	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Febuxostat (any strength) to Allopurinol (any strength)</b>										
2009	2,401	373,724	64.25	2,102.8	17,178	683,233	704,290	162	6.7	77.04
2010	7,060	798,846	88.38	6,364.3	54,268	2,106,675	2,121,180	710	10.1	111.56
2011	12,398	1,046,171	118.51	12,222.2	106,096	4,069,678	4,092,395	1,384	11.2	113.24
2012	12,353	1,111,044	111.18	11,746.1	102,708	3,911,151	3,921,078	1,265	10.2	107.70
2013	14,433	1,193,575	120.92	13,044.2	111,785	4,310,506	4,331,930	1,315	9.1	100.81
2014	13,294	1,242,801	106.97	10,887.1	90,394	3,591,211	3,597,428	1,322	9.9	121.43
2015	13,694	1,272,771	107.59	10,347.9	86,639	3,374,450	3,382,314	1,281	9.4	123.79
2016	13,757	1,288,377	106.78	8,748.5	72,888	2,819,993	2,824,913	1,088	7.9	124.36
2017	13,105	1,276,080	102.70	5,726.8	47,476	1,813,096	1,813,712	999	7.6	174.44
2018	2,752	612,016	44.97	483.0	4,781	154,771	154,370	124	4.5	256.73
<b>Allopurinol (100 mg) to Allopurinol (300 mg)</b>										
2009	29,382	373,724	786.20	23,311.1	161,254	7,717,453	11,079,377	4,612	15.7	197.85
2010	60,297	798,380	755.24	57,399.4	431,802	19,207,406	26,519,080	8,346	13.8	145.40
2011	100,364	1,045,004	960.42	101,518.7	769,212	34,187,943	46,829,450	14,046	14.0	138.36
2012	102,778	1,108,733	926.99	102,088.4	748,352	34,332,013	47,263,025	13,619	13.3	133.40
2013	107,412	1,189,932	902.67	100,529.2	735,152	33,763,579	45,914,789	13,703	12.8	136.31
2014	112,306	1,238,011	907.15	99,016.2	713,083	33,252,743	44,846,894	14,336	12.8	144.78
2015	116,253	1,266,975	917.56	93,229.5	672,009	31,206,216	41,597,985	14,568	12.5	156.26
2016	120,347	1,281,618	939.02	79,399.6	576,593	26,361,497	34,732,611	14,701	12.2	185.15
2017	122,842	1,268,319	968.54	53,753.0	403,539	17,543,187	22,551,995	12,961	10.6	241.12
2018	26,388	608,082	433.95	4,573.1	44,123	1,508,484	1,877,198	1,551	5.9	339.16

**Table 9. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year**

Year	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Allopurinol (100 mg) to Febuxostat (40 mg)</b>										
2009	29,382	373,724	786.20	24,100.4	161,254	7,717,453	11,079,377	289	1.0	11.99
2010	60,337	798,819	755.33	58,759.6	431,957	19,212,132	26,524,992	1,154	1.9	19.64
2011	100,481	1,046,114	960.52	103,947.1	769,590	34,203,245	46,853,052	2,260	2.2	21.74
2012	103,027	1,110,830	927.48	104,400.7	749,399	34,377,999	47,325,833	2,146	2.1	20.56
2013	107,750	1,193,144	903.08	103,085.3	736,689	33,827,461	46,007,902	2,152	2.0	20.88
2014	112,773	1,242,138	907.89	101,658.9	714,892	33,336,031	44,963,875	2,393	2.1	23.54
2015	116,792	1,271,890	918.26	95,959.3	674,525	31,313,289	41,761,389	2,536	2.2	26.43
2016	120,984	1,287,347	939.79	82,084.4	579,022	26,473,752	34,893,288	2,495	2.1	30.40
2017	123,607	1,274,781	969.63	55,742.9	405,562	17,631,420	22,673,028	2,208	1.8	39.61
2018	26,567	611,191	434.68	4,748.2	44,408	1,518,791	1,890,790	270	1.0	56.86
<b>Allopurinol (100 mg) to Febuxostat (80 mg)</b>										
2009	29,382	373,724	786.20	24,144.0	161,254	7,717,453	11,079,377	77	0.3	3.19
2010	60,341	798,855	755.34	58,996.2	431,960	19,212,287	26,525,217	264	0.4	4.47
2011	100,493	1,046,253	960.50	104,436.2	769,719	34,208,101	46,860,708	440	0.4	4.21
2012	103,077	1,111,241	927.58	104,974.7	749,688	34,388,261	47,340,551	432	0.4	4.12
2013	107,815	1,193,832	903.10	103,572.7	737,205	33,851,528	46,036,872	424	0.4	4.09
2014	112,868	1,243,114	907.95	102,255.6	715,486	33,362,875	45,000,311	415	0.4	4.06
2015	116,920	1,273,179	918.33	96,580.3	675,190	31,342,192	41,796,509	472	0.4	4.89
2016	121,158	1,288,866	940.04	82,665.8	579,801	26,508,615	34,936,441	483	0.4	5.84
2017	123,789	1,276,608	969.67	56,148.6	406,082	17,655,603	22,705,078	440	0.4	7.84
2018	26,614	612,294	434.66	4,779.6	44,491	1,521,598	1,893,925	41	0.2	8.58



**Table 9. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year**

Year	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Allopurinol (300 mg) to Allopurinol (100 mg)</b>										
2009	24,611	373,724	658.53	19,815.9	143,388	6,665,154	6,743,778	1,473	6.0	74.33
2010	43,038	798,655	538.88	41,633.3	304,207	14,182,455	14,374,351	3,025	7.0	72.66
2011	65,783	1,045,760	629.04	69,142.0	493,576	23,766,574	24,024,673	4,739	7.2	68.54
2012	64,417	1,110,271	580.19	65,121.5	450,586	22,280,500	22,557,725	4,434	6.9	68.09
2013	63,864	1,192,418	535.58	61,000.3	416,017	20,747,201	20,915,506	4,112	6.4	67.41
2014	66,272	1,241,400	533.85	60,295.3	405,882	20,499,858	20,738,676	4,252	6.4	70.52
2015	64,576	1,271,159	508.01	52,567.6	354,022	17,705,351	17,948,335	3,978	6.2	75.67
2016	63,686	1,286,510	495.03	42,095.1	281,138	13,981,830	14,211,045	3,782	5.9	89.84
2017	60,786	1,273,903	477.16	26,885.9	182,875	8,733,742	8,895,015	3,110	5.1	115.67
2018	12,849	610,935	210.32	2,397.2	20,596	792,442	808,752	466	3.6	194.39
<b>Allopurinol (300 mg) to Febuxostat (40 mg)</b>										
2009	24,611	373,724	658.53	20,854.6	143,390	6,665,214	6,743,838	241	1.0	11.56
2010	43,065	798,821	539.11	43,433.3	304,281	14,185,201	14,377,349	702	1.6	16.16
2011	65,847	1,046,171	629.41	72,129.3	493,812	23,778,718	24,036,598	1,276	1.9	17.69
2012	64,551	1,111,030	581.00	67,838.0	451,370	22,319,401	22,597,084	1,116	1.7	16.45
2013	64,042	1,193,441	536.62	63,349.3	416,618	20,778,474	20,947,786	967	1.5	15.26
2014	66,459	1,242,597	534.84	62,614.2	406,686	20,540,140	20,782,975	1,060	1.6	16.93
2015	64,826	1,272,563	509.41	54,480.5	354,964	17,747,877	17,992,942	988	1.5	18.13
2016	63,928	1,288,173	496.27	43,632.1	282,008	14,025,754	14,256,829	964	1.5	22.09
2017	61,067	1,275,848	478.64	27,798.0	183,612	8,768,390	8,931,309	900	1.5	32.38
2018	12,913	611,840	211.05	2,474.8	20,679	796,227	812,537	103	0.8	41.62

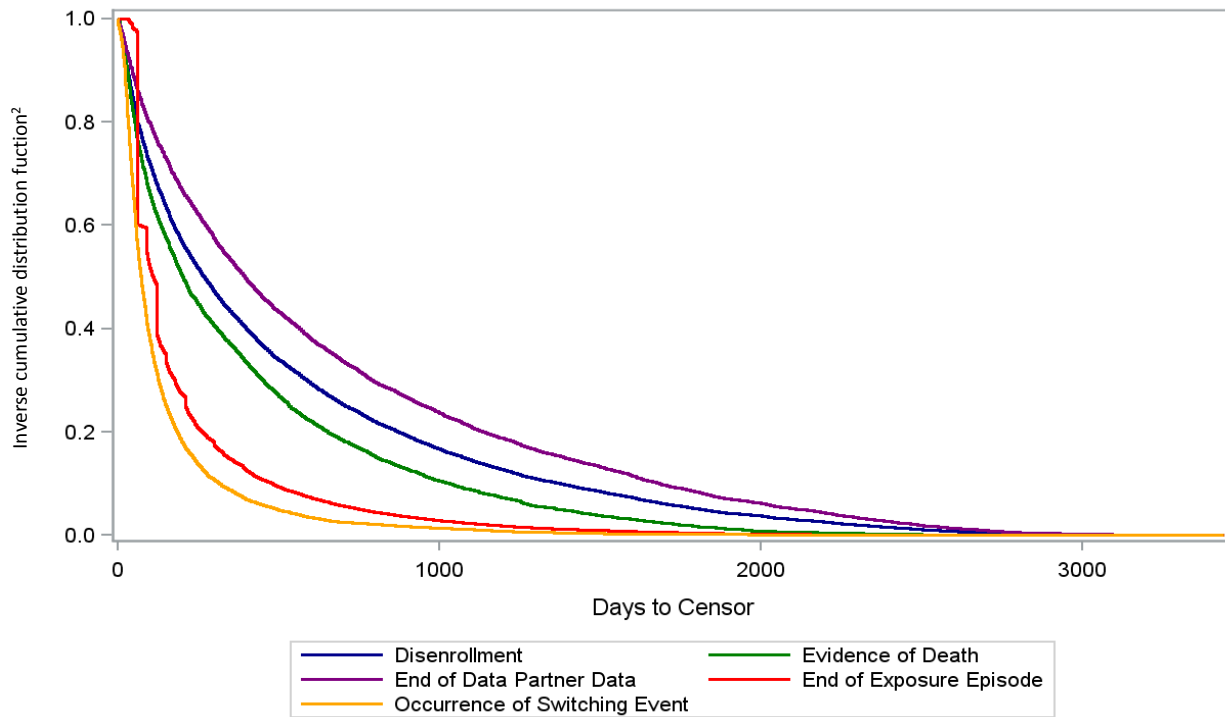
**Table 9. Summary of Members with Incident New Urate-Lowering Therapy Dispensings among Exposures with a Subsequent Switch in the Sentinel Distributed Database (SDD) between January 1, 2009 and March 31, 2018, by Year**

Year	New Users	Eligible Members <sup>1</sup>	New Users per 10,000 Eligible Members	Years at Risk	Adjusted Dispensings	Days Supplied	Amount Supplied	New Episodes with a Switching Event	Percent of New Users that Switched	Switching Events per 1,000 Years at Risk
<b>Allopurinol (300 mg) to Febuxostat (80 mg)</b>										
2009	24,611	373,724	658.53	20,869.5	143,380	6,664,914	6,743,538	103	0.4	4.94
2010	43,069	798,854	539.13	43,541.5	304,333	14,186,929	14,379,156	269	0.6	6.18
2011	65,862	1,046,246	629.51	72,343.0	493,905	23,782,019	24,040,274	547	0.8	7.56
2012	64,561	1,111,223	580.99	68,026.4	451,473	22,322,925	22,600,695	474	0.7	6.97
2013	64,080	1,193,780	536.78	63,534.9	416,940	20,792,099	20,960,781	417	0.7	6.56
2014	66,495	1,243,071	534.93	62,851.8	407,001	20,554,057	20,796,877	443	0.7	7.05
2015	64,876	1,273,131	509.58	54,676.6	355,206	17,759,166	18,004,886	439	0.7	8.03
2016	63,971	1,288,763	496.38	43,788.6	282,126	14,031,673	14,261,876	441	0.7	10.07
2017	61,123	1,276,528	478.82	27,924.2	183,694	8,773,351	8,936,097	381	0.6	13.64
2018	12,931	612,247	211.21	2,483.6	20,704	797,058	813,382	39	0.3	15.70
<b>Allopurinol (any strength) to Febuxostat (any strength)</b>										
2009	53,299	373,724	1,426.16	52,461.8	358,740	17,133,394	20,850,253	786	1.5	14.98
2010	102,335	798,762	1,281.17	118,783.9	859,510	39,536,550	47,745,308	2,577	2.5	21.69
2011	164,764	1,045,917	1,575.31	204,644.3	1,469,926	68,549,877	82,708,320	4,766	2.9	23.29
2012	166,026	1,110,310	1,495.31	198,136.4	1,383,529	66,302,867	80,570,986	4,364	2.6	22.03
2013	170,362	1,192,171	1,429.01	189,860.4	1,320,775	63,324,264	76,543,786	4,141	2.4	21.81
2014	177,639	1,240,767	1,431.69	185,464.0	1,273,303	61,844,819	74,493,745	4,524	2.5	24.39
2015	180,067	1,270,236	1,417.59	167,826.8	1,157,483	55,684,330	66,950,233	4,610	2.6	27.47
2016	183,226	1,285,451	1,425.38	136,988.9	949,281	44,939,326	53,970,382	4,463	2.4	32.58
2017	183,059	1,272,660	1,438.40	87,708.7	629,346	28,251,449	33,592,934	3,931	2.1	44.82
2018	39,179	609,989	642.29	7,321.3	66,823	2,381,740	2,774,340	440	1.1	60.10

<sup>1</sup>Eligible Members are reflective of the number of patients that met all cohort entry criteria on at least one day during the query period.

\*\*\*\*Data are not presented in these cells due to a small sample size or to assure a small cell cannot be re-calculated through the cells presented.

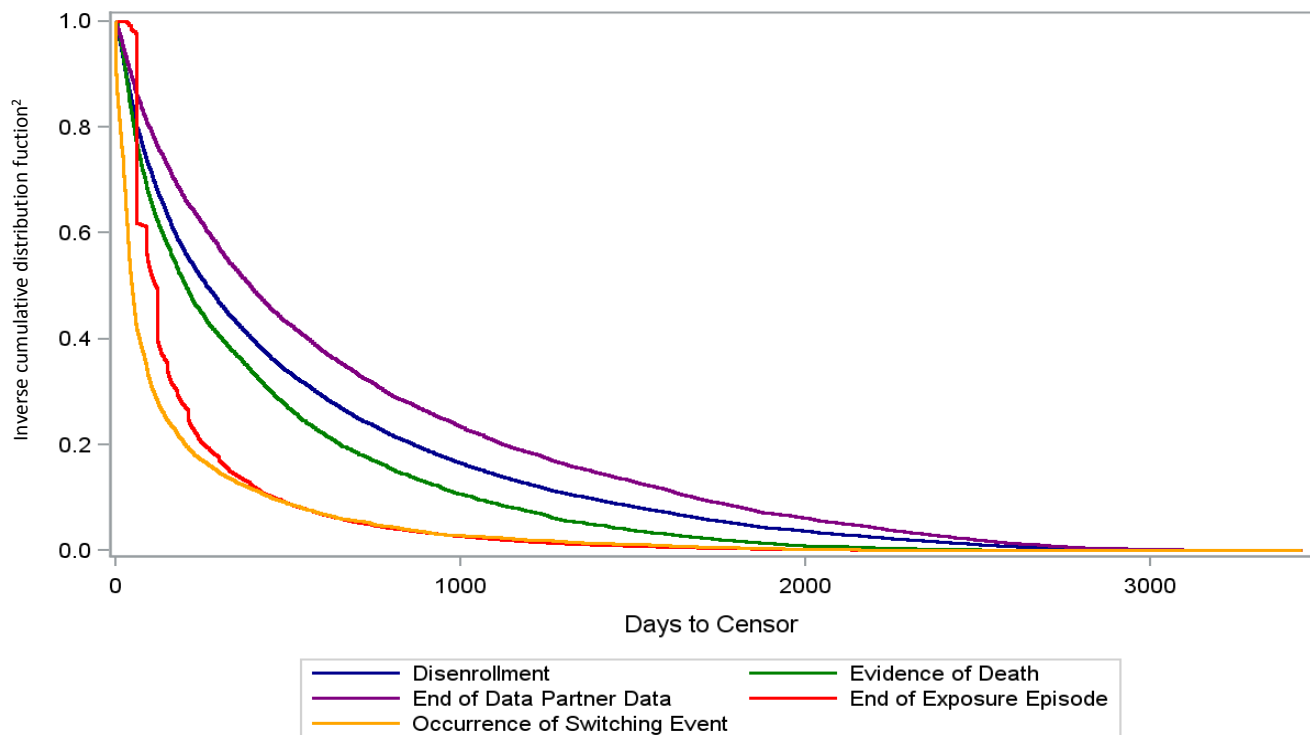
**Figure 1a. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (40 mg) and Febuxostat (80 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

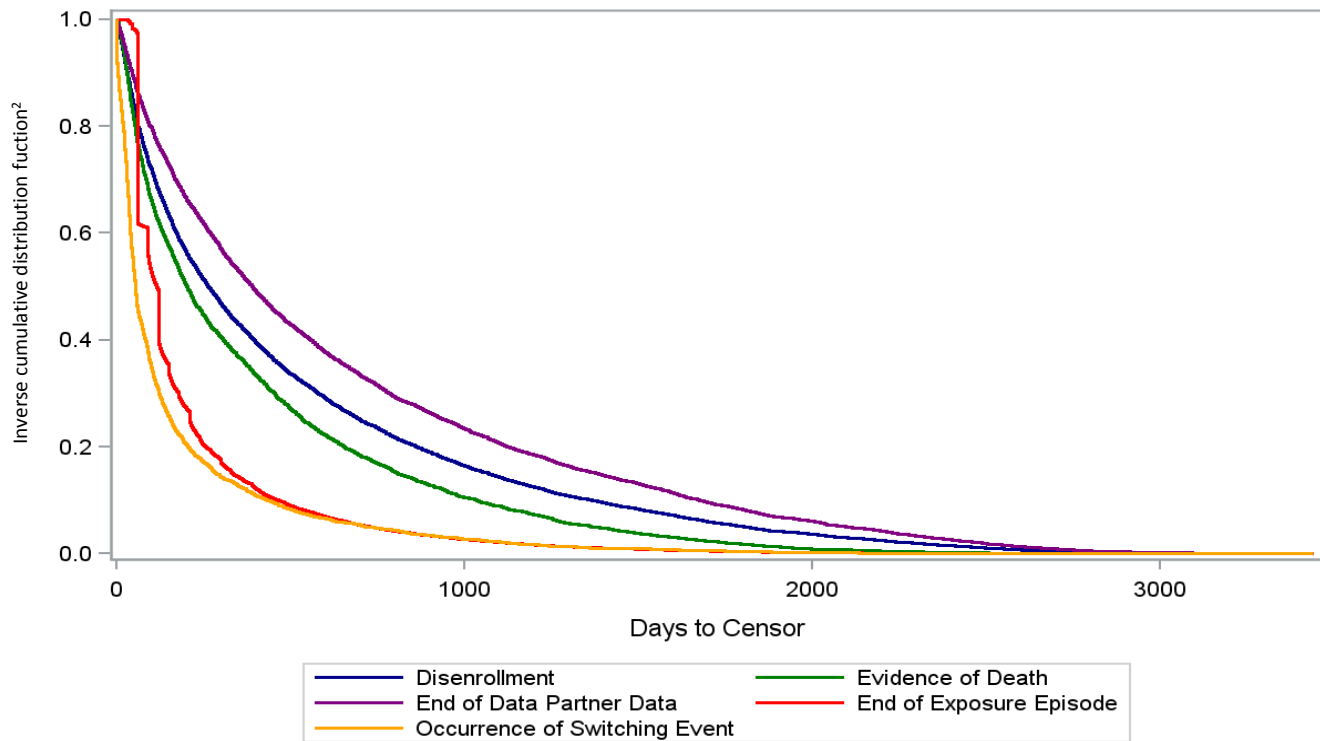
**Figure 1b. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (40 mg) and Allopurinol (100 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup>Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

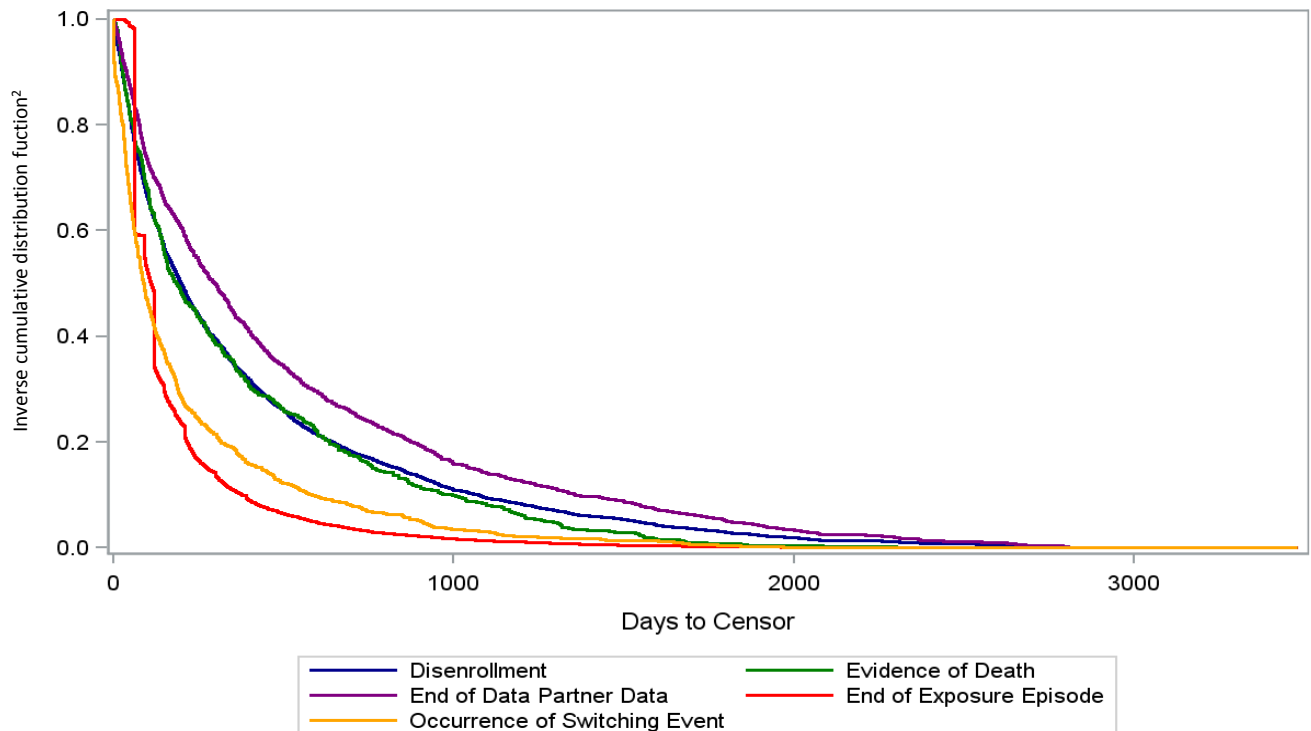
**Figure 1c. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (40 mg) and Allopurinol (300 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

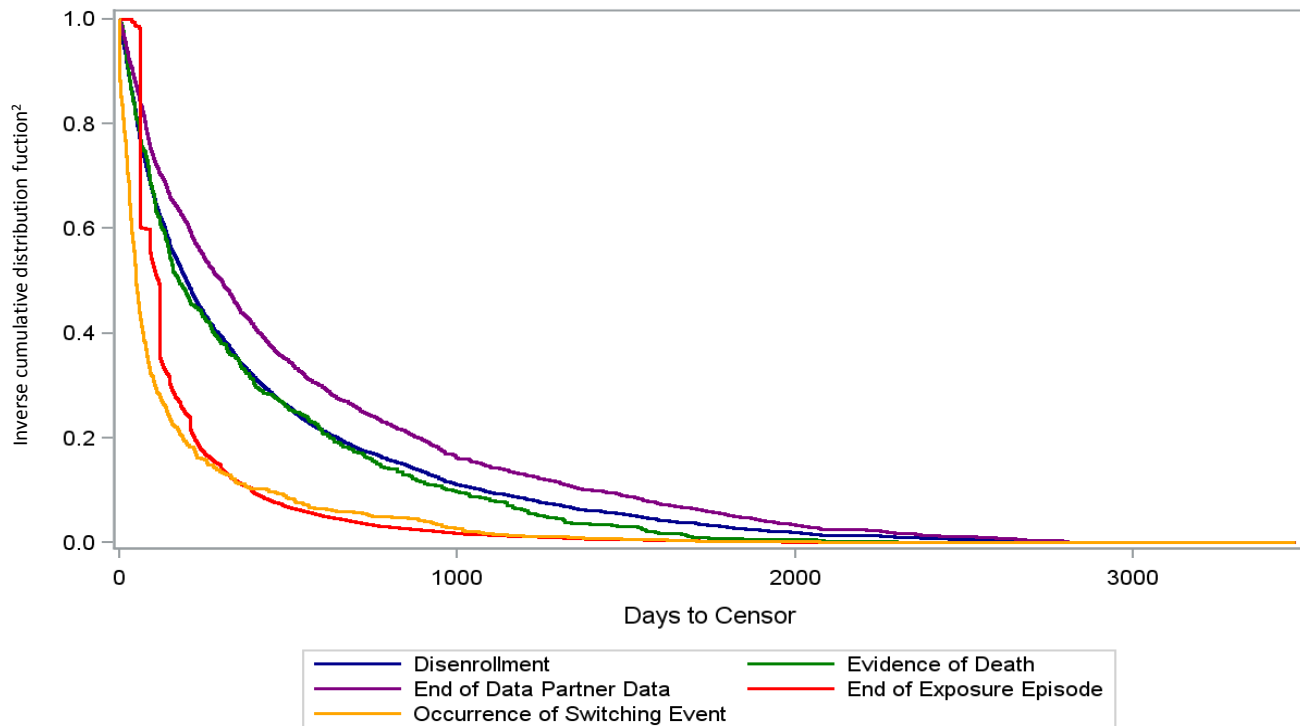
**Figure 1d. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (80 mg) and Febuxostat (80 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

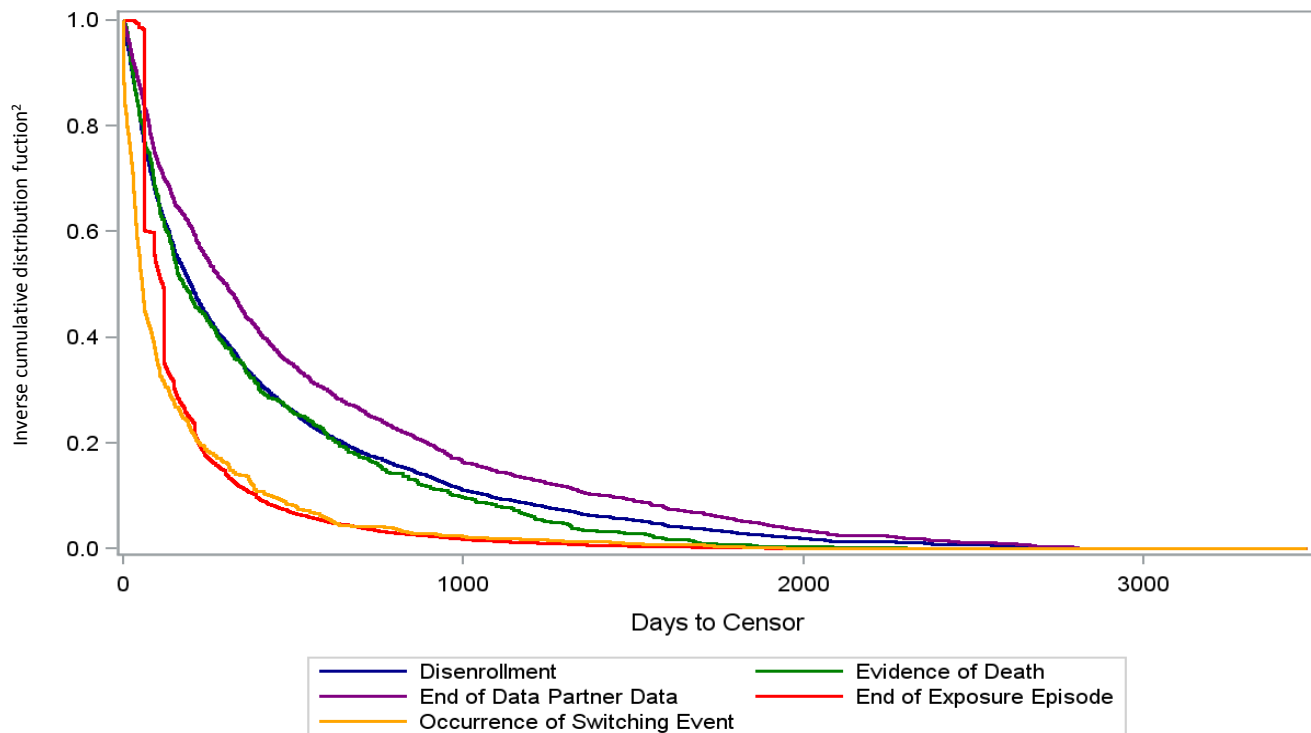
Figure 1e. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (80 mg) and Allopurinol (100 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

**Figure 1f. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (80 mg) and Allopurinol (300 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

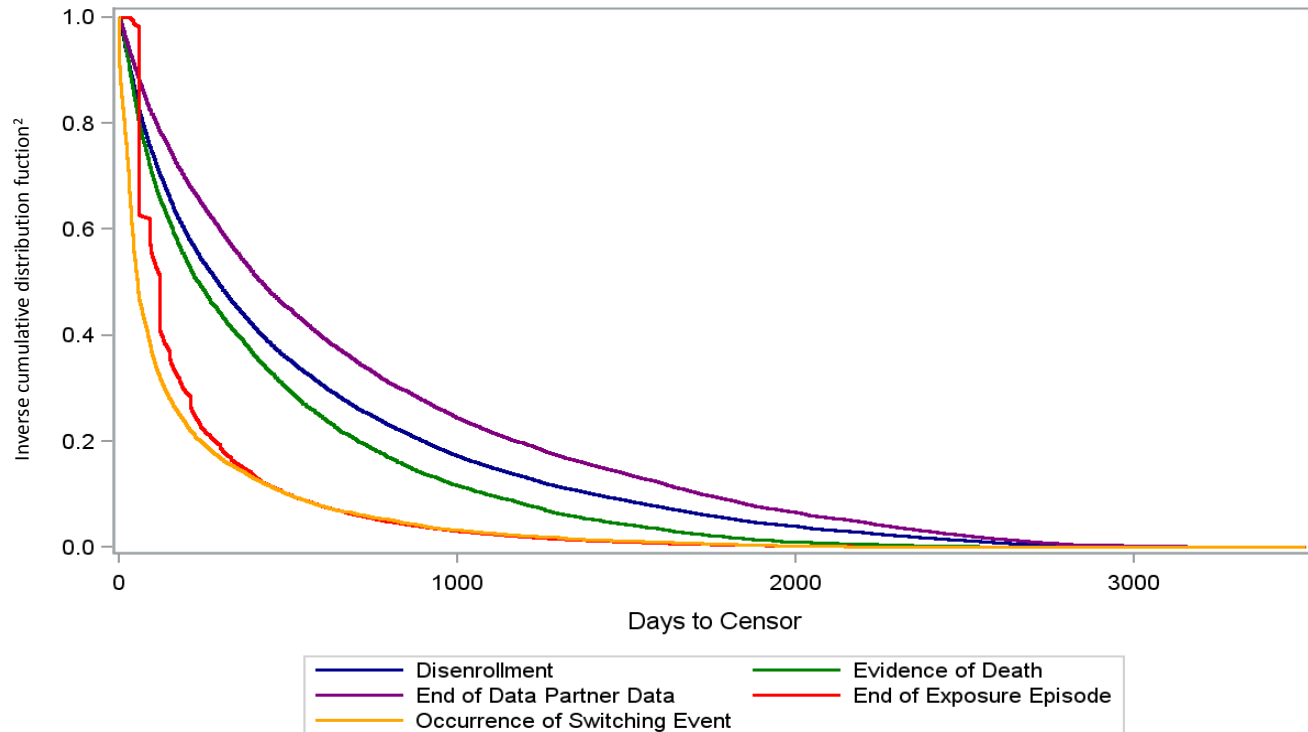


<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category



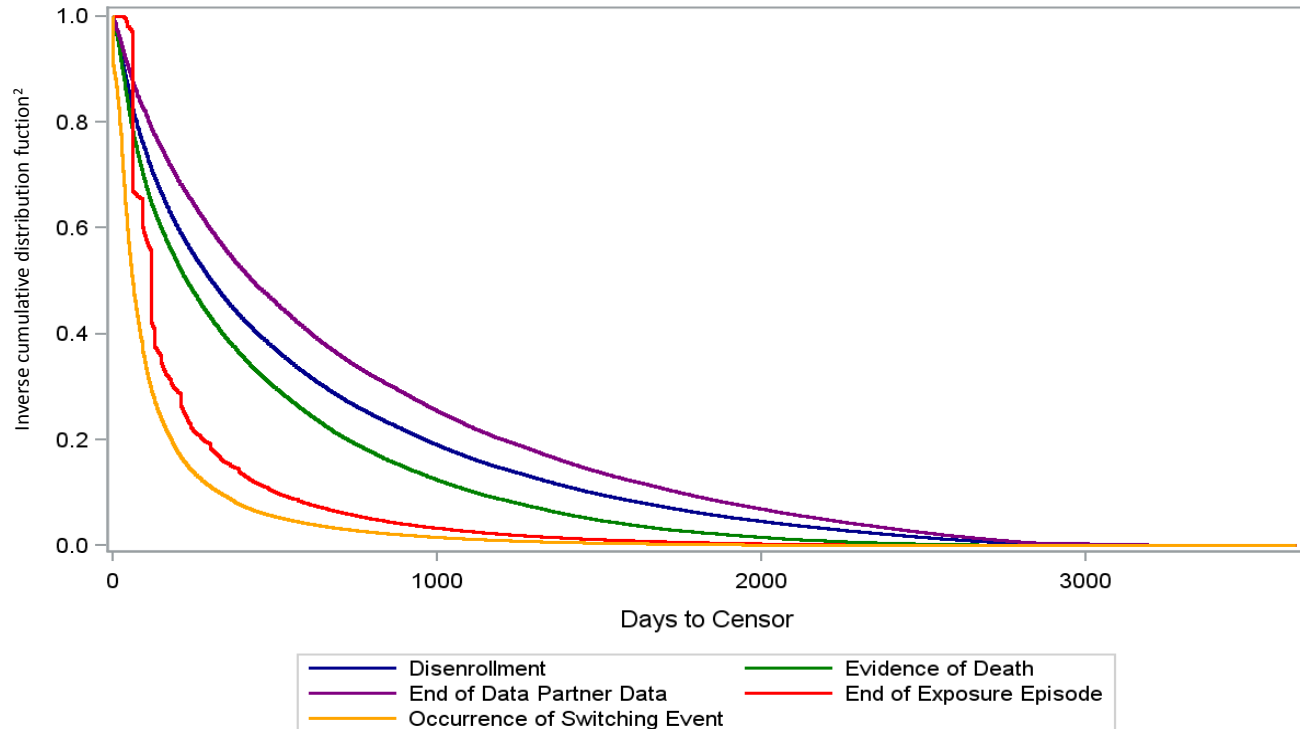
**Figure 1g. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Febuxostat (Any Strength) and Allopurinol (Any Strength) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

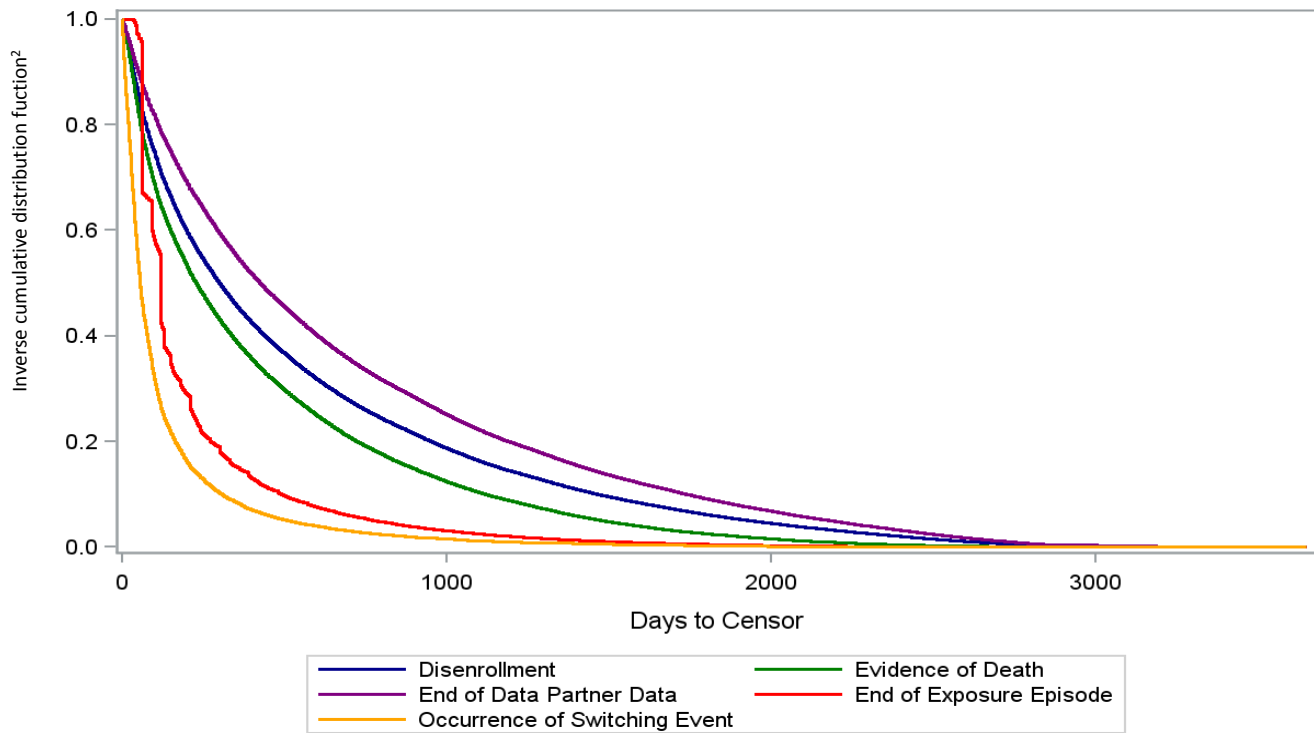
**Figure 1h. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (100 mg) and Allopurinol (300 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

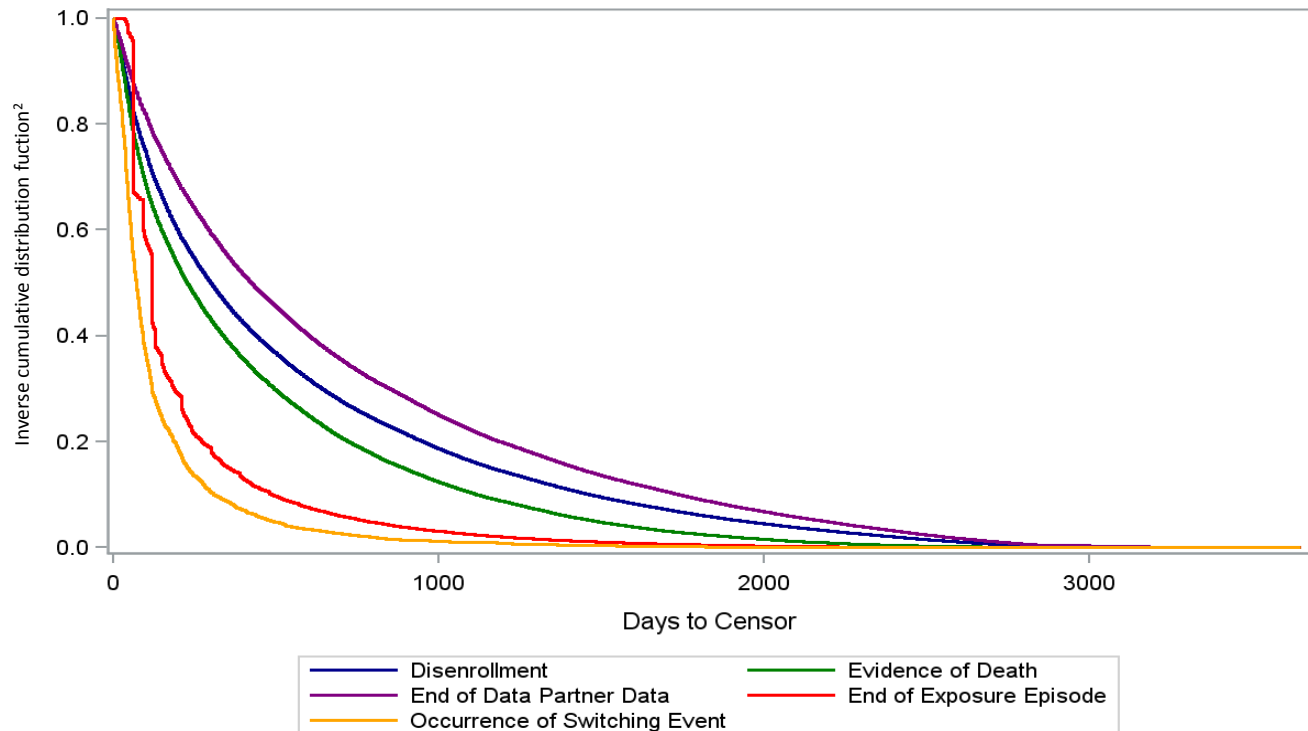
Figure 1i. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (100 mg) and Febuxostat (40 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

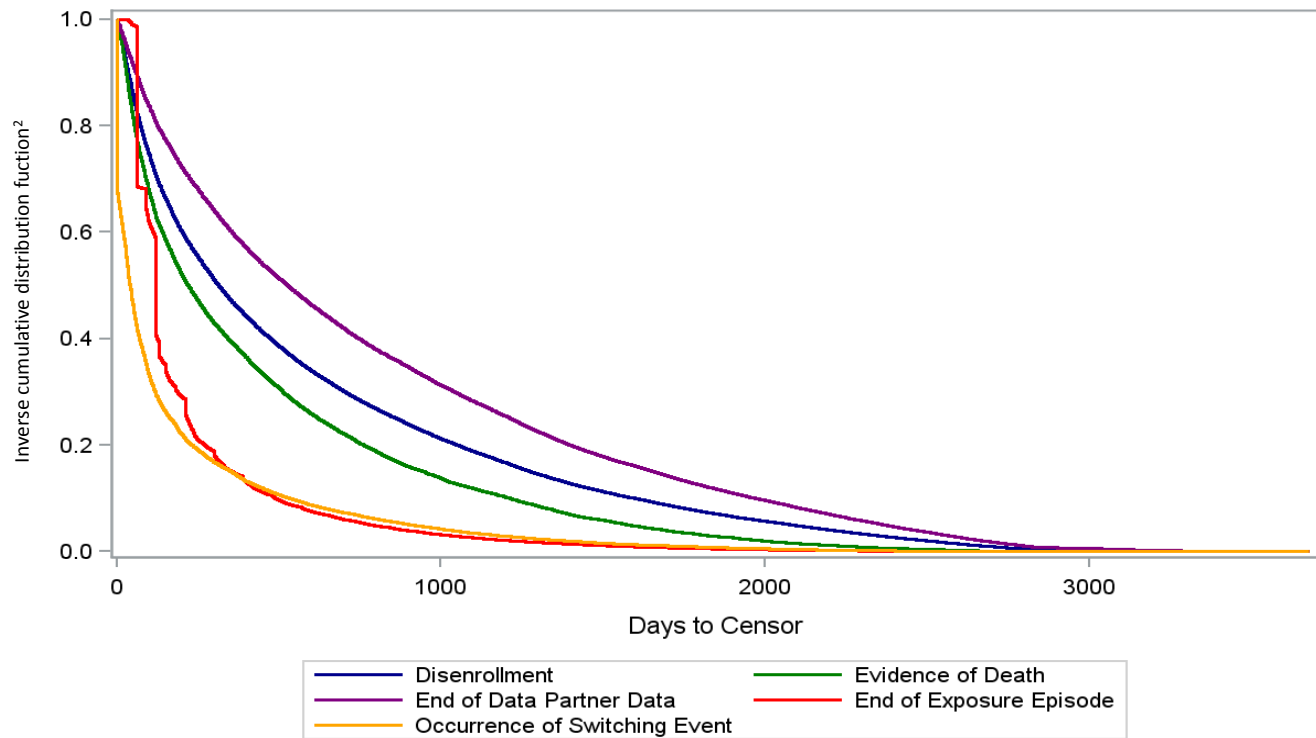
Figure 1j. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (100 mg) and Febuxostat (80 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

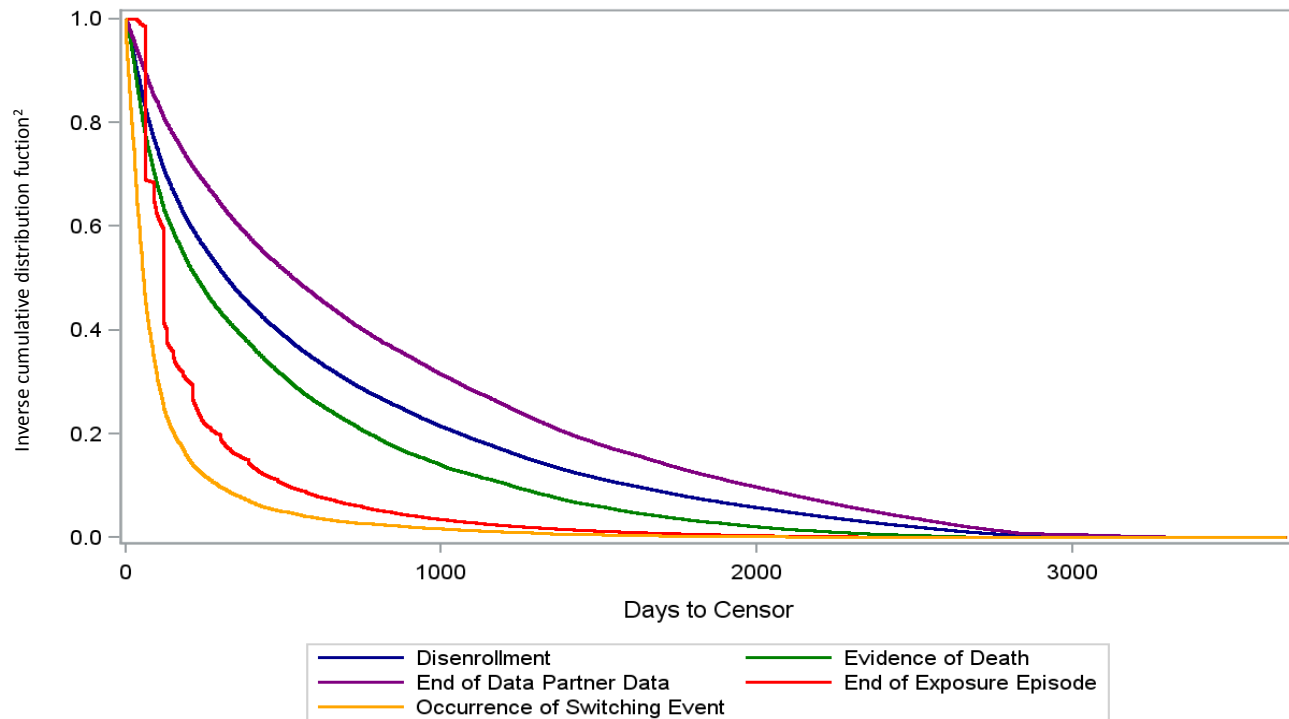
**Figure 1k. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (300 mg) and Allopurinol (100 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

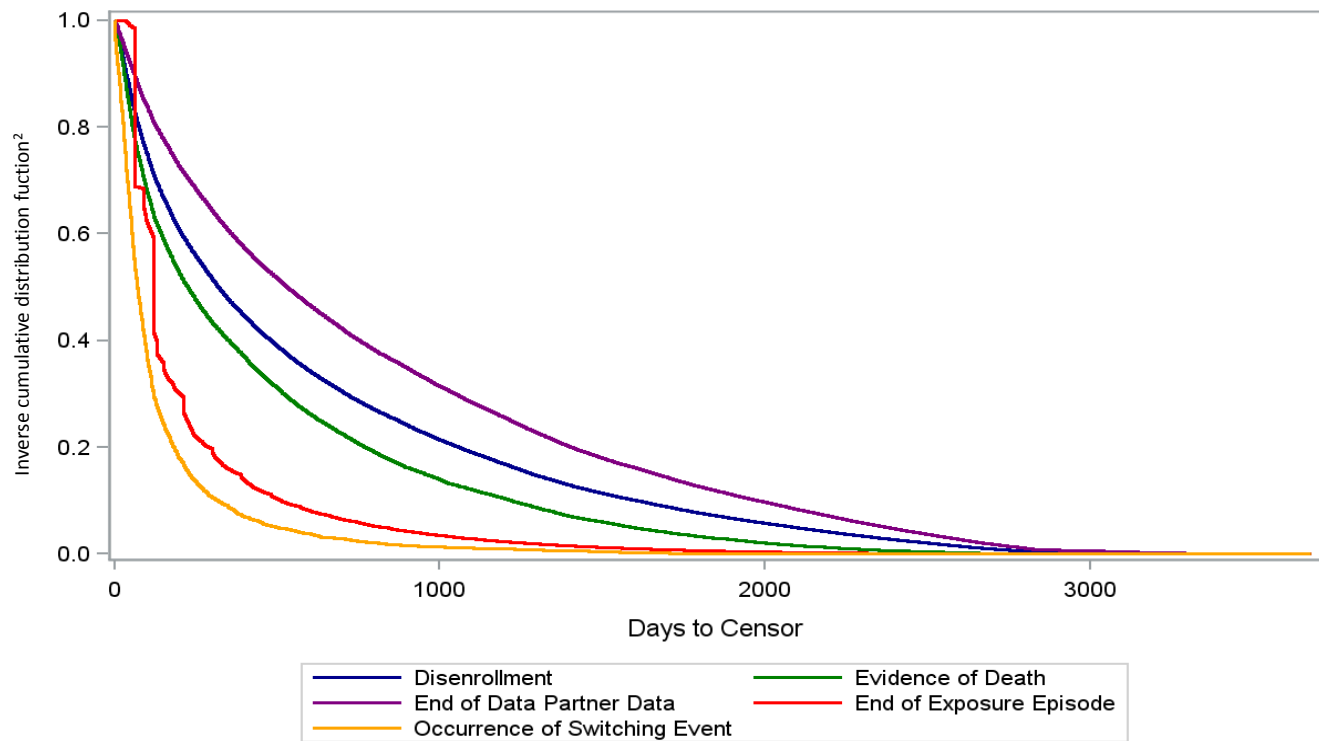
Figure 1I. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (300 mg) and Febuxostat (40 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

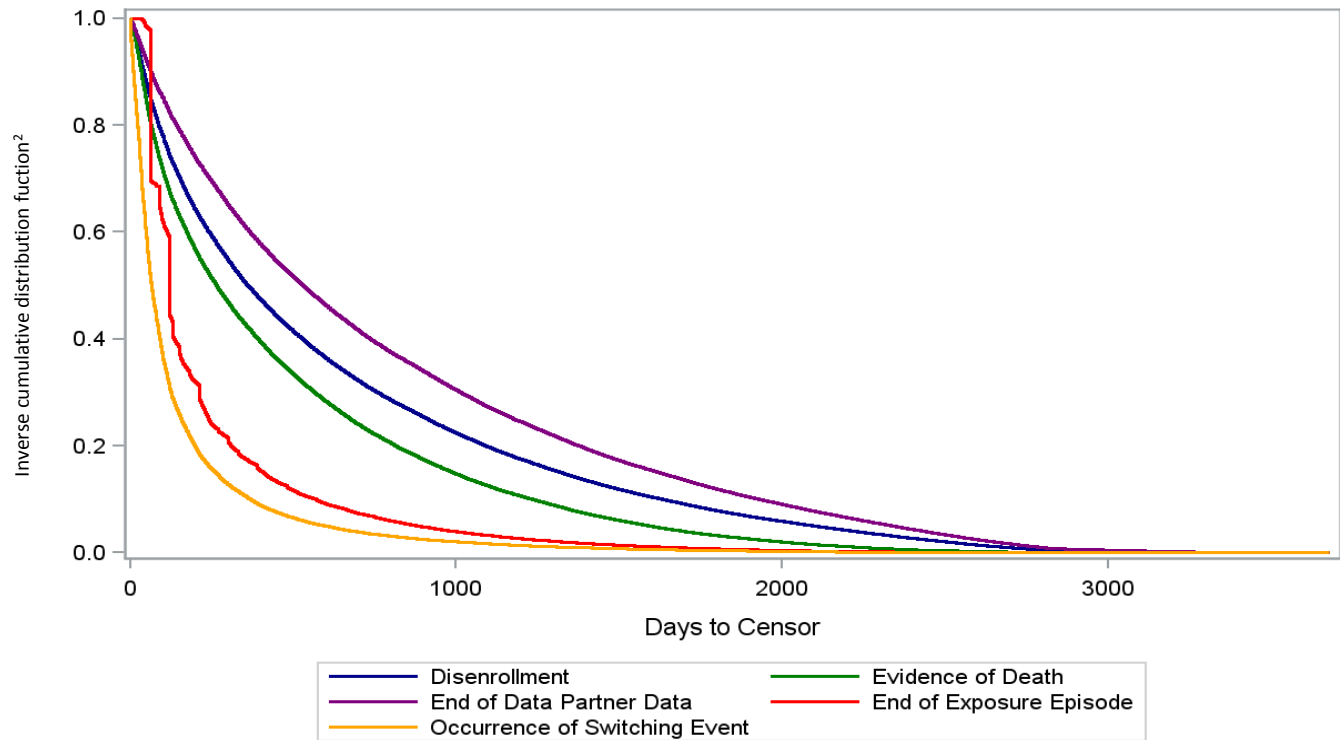
Figure 1m. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (300 mg) and Febuxostat (80 mg) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018



<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category

**Figure 1n. Time to Censor (days) for Episodes<sup>1</sup> that were Censored due to Disenrollment, Evidence of Death, End of Data Partner Data, End of Exposure Episode or the Occurrence of a Switching Event between Allopurinol (Any Strength) and Febuxostat (Any Strength) in Incident Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**

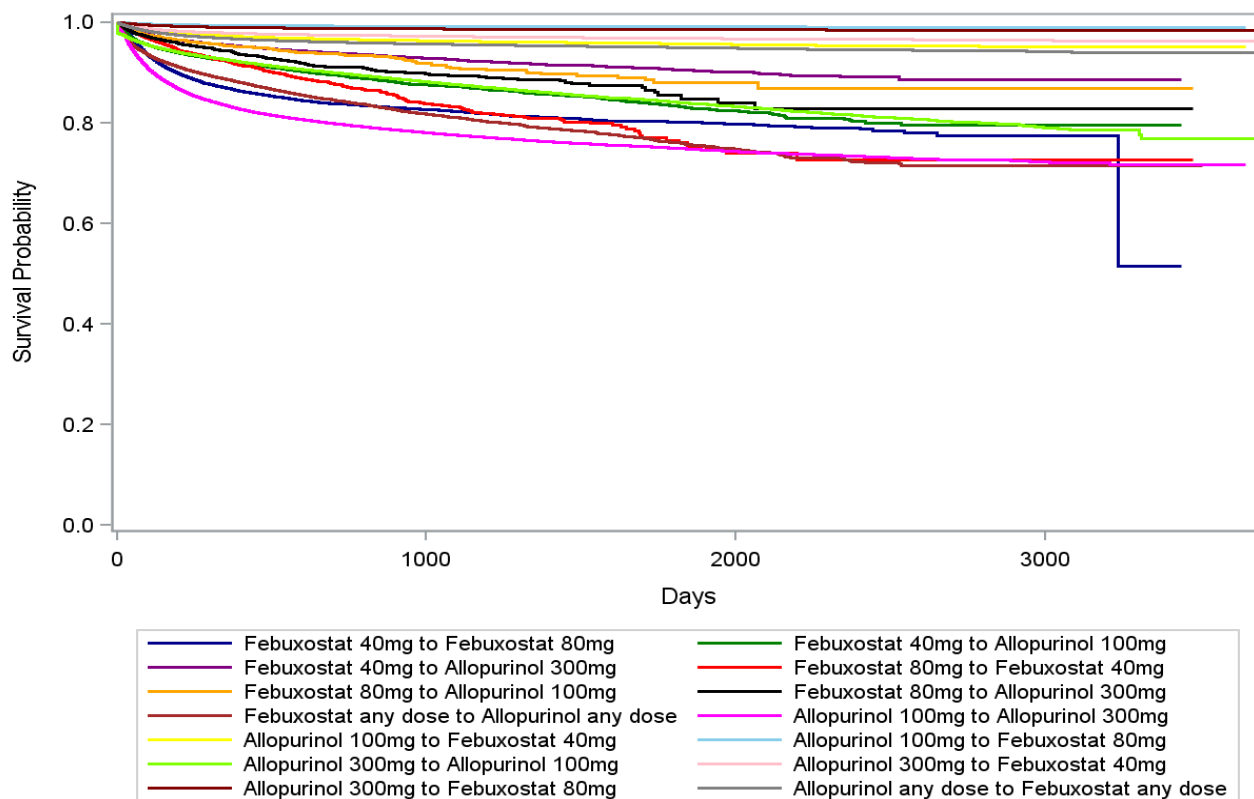


<sup>1</sup> A single episode may contribute to multiple categories if the member was censored due to multiple criteria on the same day

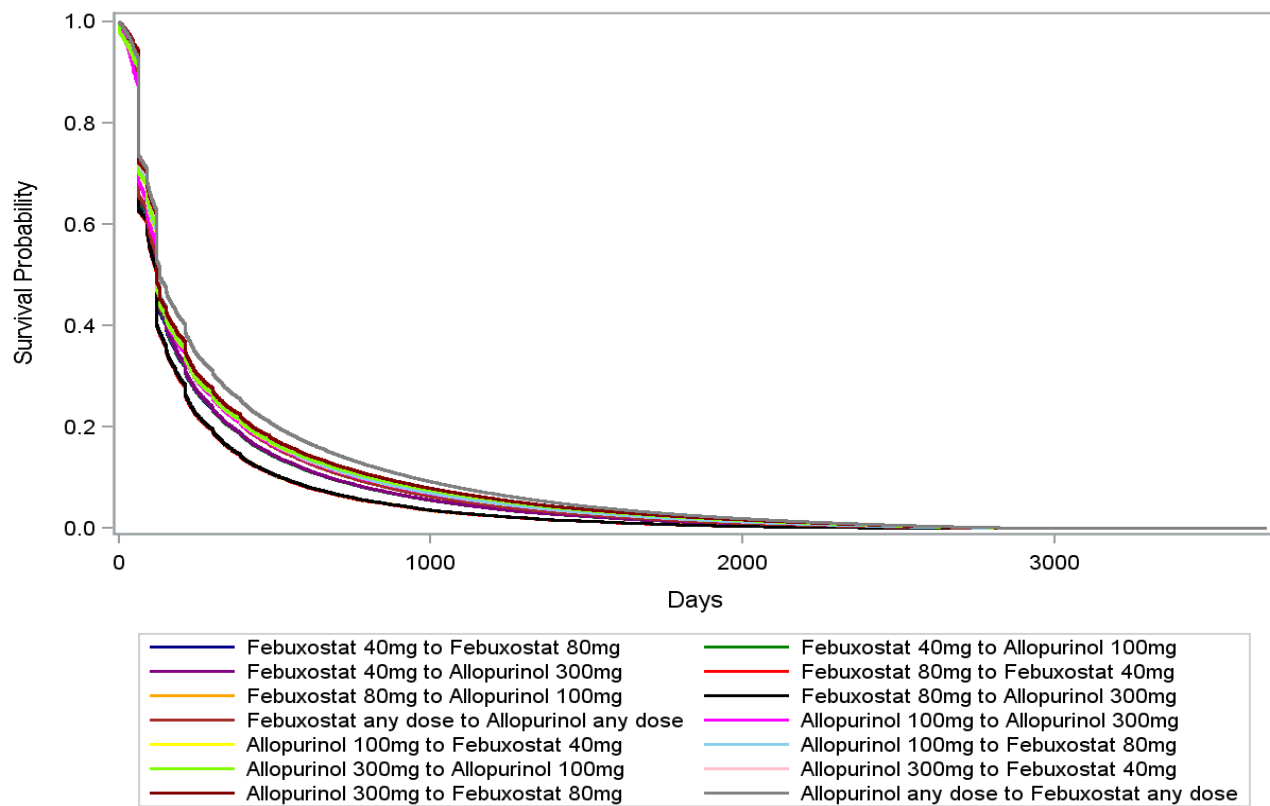
<sup>2</sup> Inverse Cumulative distribution function (CDF) gives the value associated with a specific cumulative probability, i.e. the cumulative probability of days to censor for each censoring category



**Figure 2. Survival Probability by Time to Switching Event Stratified by Switching Event For Incident Urate-Lowering Therapy Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**



**Figure 3. Survival Probability by Time to Censor Stratified by Switching Event For Incident Urate-Lowering Therapy Users in the Sentinel Distributed Database (SDD) between January 1, 2009 to March 31, 2018**



**Appendix A. Dates of Available Data for Each Data Partner (DP) as of Request Distribution Date (July 8, 2019)**

DP ID	Start Date <sup>1</sup>	End Date <sup>1</sup>
DP01	1/1/2000	7/31/2017
DP02	1/1/2000	1/31/2019
DP03	1/1/2004	8/31/2018
DP04	1/1/2008	11/30/2018
DP05	1/1/2006	5/31/2018
DP06	1/1/2000	12/31/2017
DP07	1/1/2010	3/31/2018
DP08	1/1/2000	12/31/2017
DP09	6/1/2007	7/31/2018
DP10	1/1/2000	3/31/2016
DP11	1/1/2005	9/30/2017
DP12	1/1/2000	6/30/2018
DP13	1/1/2000	6/30/2018
DP14	1/1/2008	12/31/2017
DP15	1/1/2000	3/31/2018
DP16	1/1/2012	6/30/2017

<sup>1</sup>The start and end dates are based on the minimum and maximum dates within each DP. The month with the maximum date must have at least 80% of the number of records in the previous month.

**Appendix B. List of Generic and Brand Medical Product Names Used to Define Urate-Lowering Therapies in this Request**

<b>Generic Name</b>	<b>Brand Name</b>
<b>Allopurinol (100 mg)</b>	
allopurinol	allopurinol
allopurinol	Zyloprim
<b>Allopurinol (300 mg)</b>	
allopurinol	allopurinol
allopurinol	Zyloprim
<b>Allopurinol (Other Dosages)</b>	
lesinurad/allopurinol	Duzallo
<b>Febuxostat (40 mg)</b>	
febuxostat	Uloric
<b>Febuxostat (80 mg)</b>	
febuxostat	Uloric

**Appendix C. List of International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes Used to Define Gout in this Request**

Code	Description	Code Type	Code Category
<b>Gout</b>			
274	Gout	ICD-9-CM	Diagnosis
274.0	Gouty arthropathy	ICD-9-CM	Diagnosis
274.00	Gouty arthropathy, unspecified	ICD-9-CM	Diagnosis
274.01	Acute gouty arthropathy	ICD-9-CM	Diagnosis
274.02	Chronic gouty arthropathy without mention of tophus (tophi)	ICD-9-CM	Diagnosis
274.03	Chronic gouty arthropathy with tophus (tophi)	ICD-9-CM	Diagnosis
274.1	Gouty nephropathy	ICD-9-CM	Diagnosis
274.10	Gouty nephropathy, unspecified	ICD-9-CM	Diagnosis
274.11	Uric acid nephrolithiasis	ICD-9-CM	Diagnosis
274.19	Other gouty nephropathy	ICD-9-CM	Diagnosis
274.8	Gout with other specified manifestations	ICD-9-CM	Diagnosis
274.81	Gouty tophi of ear	ICD-9-CM	Diagnosis
274.82	Gouty tophi of other sites	ICD-9-CM	Diagnosis
274.89	Gout with other specified manifestations	ICD-9-CM	Diagnosis
274.9	Gout, unspecified	ICD-9-CM	Diagnosis
M10.00	Idiopathic gout, unspecified site	ICD-10-CM	Diagnosis
M10.011	Idiopathic gout, right shoulder	ICD-10-CM	Diagnosis
M10.012	Idiopathic gout, left shoulder	ICD-10-CM	Diagnosis
M10.019	Idiopathic gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.021	Idiopathic gout, right elbow	ICD-10-CM	Diagnosis
M10.022	Idiopathic gout, left elbow	ICD-10-CM	Diagnosis
M10.029	Idiopathic gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.031	Idiopathic gout, right wrist	ICD-10-CM	Diagnosis
M10.032	Idiopathic gout, left wrist	ICD-10-CM	Diagnosis
M10.039	Idiopathic gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.041	Idiopathic gout, right hand	ICD-10-CM	Diagnosis
M10.042	Idiopathic gout, left hand	ICD-10-CM	Diagnosis
M10.049	Idiopathic gout, unspecified hand	ICD-10-CM	Diagnosis
M10.051	Idiopathic gout, right hip	ICD-10-CM	Diagnosis
M10.052	Idiopathic gout, left hip	ICD-10-CM	Diagnosis
M10.059	Idiopathic gout, unspecified hip	ICD-10-CM	Diagnosis
M10.061	Idiopathic gout, right knee	ICD-10-CM	Diagnosis
M10.062	Idiopathic gout, left knee	ICD-10-CM	Diagnosis
M10.069	Idiopathic gout, unspecified knee	ICD-10-CM	Diagnosis
M10.071	Idiopathic gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.072	Idiopathic gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.079	Idiopathic gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.08	Idiopathic gout, vertebrae	ICD-10-CM	Diagnosis
M10.09	Idiopathic gout, multiple sites	ICD-10-CM	Diagnosis
M10.10	Lead-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.111	Lead-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.112	Lead-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.119	Lead-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.121	Lead-induced gout, right elbow	ICD-10-CM	Diagnosis

**Appendix C. List of International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes Used to Define Gout in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M10.122	Lead-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.129	Lead-induced gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.131	Lead-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.132	Lead-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.139	Lead-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.141	Lead-induced gout, right hand	ICD-10-CM	Diagnosis
M10.142	Lead-induced gout, left hand	ICD-10-CM	Diagnosis
M10.149	Lead-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.151	Lead-induced gout, right hip	ICD-10-CM	Diagnosis
M10.152	Lead-induced gout, left hip	ICD-10-CM	Diagnosis
M10.159	Lead-induced gout, unspecified hip	ICD-10-CM	Diagnosis
M10.161	Lead-induced gout, right knee	ICD-10-CM	Diagnosis
M10.162	Lead-induced gout, left knee	ICD-10-CM	Diagnosis
M10.169	Lead-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.171	Lead-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.172	Lead-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.179	Lead-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.18	Lead-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.19	Lead-induced gout, multiple sites	ICD-10-CM	Diagnosis
M10.20	Drug-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.211	Drug-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.212	Drug-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.219	Drug-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.221	Drug-induced gout, right elbow	ICD-10-CM	Diagnosis
M10.222	Drug-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.229	Drug-induced gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.231	Drug-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.232	Drug-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.239	Drug-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.241	Drug-induced gout, right hand	ICD-10-CM	Diagnosis
M10.242	Drug-induced gout, left hand	ICD-10-CM	Diagnosis
M10.249	Drug-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.251	Drug-induced gout, right hip	ICD-10-CM	Diagnosis
M10.252	Drug-induced gout, left hip	ICD-10-CM	Diagnosis
M10.259	Drug-induced gout, unspecified hip	ICD-10-CM	Diagnosis
M10.261	Drug-induced gout, right knee	ICD-10-CM	Diagnosis
M10.262	Drug-induced gout, left knee	ICD-10-CM	Diagnosis
M10.269	Drug-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.271	Drug-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.272	Drug-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.279	Drug-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.28	Drug-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.29	Drug-induced gout, multiple sites	ICD-10-CM	Diagnosis
M10.30	Gout due to renal impairment, unspecified site	ICD-10-CM	Diagnosis
M10.311	Gout due to renal impairment, right shoulder	ICD-10-CM	Diagnosis

**Appendix C. List of International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes Used to Define Gout in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M10.312	Gout due to renal impairment, left shoulder	ICD-10-CM	Diagnosis
M10.319	Gout due to renal impairment, unspecified shoulder	ICD-10-CM	Diagnosis
M10.321	Gout due to renal impairment, right elbow	ICD-10-CM	Diagnosis
M10.322	Gout due to renal impairment, left elbow	ICD-10-CM	Diagnosis
M10.329	Gout due to renal impairment, unspecified elbow	ICD-10-CM	Diagnosis
M10.331	Gout due to renal impairment, right wrist	ICD-10-CM	Diagnosis
M10.332	Gout due to renal impairment, left wrist	ICD-10-CM	Diagnosis
M10.339	Gout due to renal impairment, unspecified wrist	ICD-10-CM	Diagnosis
M10.341	Gout due to renal impairment, right hand	ICD-10-CM	Diagnosis
M10.342	Gout due to renal impairment, left hand	ICD-10-CM	Diagnosis
M10.349	Gout due to renal impairment, unspecified hand	ICD-10-CM	Diagnosis
M10.351	Gout due to renal impairment, right hip	ICD-10-CM	Diagnosis
M10.352	Gout due to renal impairment, left hip	ICD-10-CM	Diagnosis
M10.359	Gout due to renal impairment, unspecified hip	ICD-10-CM	Diagnosis
M10.361	Gout due to renal impairment, right knee	ICD-10-CM	Diagnosis
M10.362	Gout due to renal impairment, left knee	ICD-10-CM	Diagnosis
M10.369	Gout due to renal impairment, unspecified knee	ICD-10-CM	Diagnosis
M10.371	Gout due to renal impairment, right ankle and foot	ICD-10-CM	Diagnosis
M10.372	Gout due to renal impairment, left ankle and foot	ICD-10-CM	Diagnosis
M10.379	Gout due to renal impairment, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.38	Gout due to renal impairment, vertebrae	ICD-10-CM	Diagnosis
M10.39	Gout due to renal impairment, multiple sites	ICD-10-CM	Diagnosis
M10.40	Other secondary gout, unspecified site	ICD-10-CM	Diagnosis
M10.411	Other secondary gout, right shoulder	ICD-10-CM	Diagnosis
M10.412	Other secondary gout, left shoulder	ICD-10-CM	Diagnosis
M10.419	Other secondary gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.421	Other secondary gout, right elbow	ICD-10-CM	Diagnosis
M10.422	Other secondary gout, left elbow	ICD-10-CM	Diagnosis
M10.429	Other secondary gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.431	Other secondary gout, right wrist	ICD-10-CM	Diagnosis
M10.432	Other secondary gout, left wrist	ICD-10-CM	Diagnosis
M10.439	Other secondary gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.441	Other secondary gout, right hand	ICD-10-CM	Diagnosis
M10.442	Other secondary gout, left hand	ICD-10-CM	Diagnosis
M10.449	Other secondary gout, unspecified hand	ICD-10-CM	Diagnosis
M10.451	Other secondary gout, right hip	ICD-10-CM	Diagnosis
M10.452	Other secondary gout, left hip	ICD-10-CM	Diagnosis
M10.459	Other secondary gout, unspecified hip	ICD-10-CM	Diagnosis
M10.461	Other secondary gout, right knee	ICD-10-CM	Diagnosis
M10.462	Other secondary gout, left knee	ICD-10-CM	Diagnosis
M10.469	Other secondary gout, unspecified knee	ICD-10-CM	Diagnosis
M10.471	Other secondary gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.472	Other secondary gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.479	Other secondary gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.48	Other secondary gout, vertebrae	ICD-10-CM	Diagnosis

**Appendix C. List of International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes Used to Define Gout in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M10.49	Other secondary gout, multiple sites	ICD-10-CM	Diagnosis
M10.9	Gout, unspecified	ICD-10-CM	Diagnosis
M1A.00X0	Idiopathic chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.00X1	Idiopathic chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0110	Idiopathic chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0111	Idiopathic chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0120	Idiopathic chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0121	Idiopathic chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0190	Idiopathic chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0191	Idiopathic chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0210	Idiopathic chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0211	Idiopathic chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0220	Idiopathic chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0221	Idiopathic chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0290	Idiopathic chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0291	Idiopathic chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0310	Idiopathic chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0311	Idiopathic chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0320	Idiopathic chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0321	Idiopathic chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0390	Idiopathic chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0391	Idiopathic chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0410	Idiopathic chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0411	Idiopathic chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0420	Idiopathic chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0421	Idiopathic chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0490	Idiopathic chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0491	Idiopathic chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0510	Idiopathic chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0511	Idiopathic chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0520	Idiopathic chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0521	Idiopathic chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0590	Idiopathic chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0591	Idiopathic chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0610	Idiopathic chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0611	Idiopathic chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0620	Idiopathic chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0621	Idiopathic chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0690	Idiopathic chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0691	Idiopathic chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0710	Idiopathic chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0711	Idiopathic chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0720	Idiopathic chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0721	Idiopathic chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0790	Idiopathic chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis



**Appendix C. List of International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes Used to Define Gout in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.0791	Idiopathic chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X0	Idiopathic chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X1	Idiopathic chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X0	Idiopathic chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X1	Idiopathic chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X0	Drug-induced chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X1	Drug-induced chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2110	Drug-induced chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2111	Drug-induced chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2120	Drug-induced chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2121	Drug-induced chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2190	Drug-induced chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2191	Drug-induced chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2210	Drug-induced chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2211	Drug-induced chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2220	Drug-induced chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2221	Drug-induced chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2290	Drug-induced chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2291	Drug-induced chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2310	Drug-induced chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2311	Drug-induced chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2320	Drug-induced chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2321	Drug-induced chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2390	Drug-induced chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2391	Drug-induced chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2410	Drug-induced chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2411	Drug-induced chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2420	Drug-induced chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2421	Drug-induced chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2490	Drug-induced chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2491	Drug-induced chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2510	Drug-induced chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2511	Drug-induced chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2520	Drug-induced chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2521	Drug-induced chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2590	Drug-induced chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2591	Drug-induced chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2610	Drug-induced chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2611	Drug-induced chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2620	Drug-induced chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2621	Drug-induced chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2690	Drug-induced chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2691	Drug-induced chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2710	Drug-induced chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2711	Drug-induced chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis

**Appendix C. List of International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes Used to Define Gout in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.2720	Drug-induced chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2721	Drug-induced chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2790	Drug-induced chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2791	Drug-induced chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X0	Drug-induced chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X1	Drug-induced chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29X0	Drug-induced chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29X1	Drug-induced chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X0	Chronic gout due to renal impairment, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X1	Chronic gout due to renal impairment, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3110	Chronic gout due to renal impairment, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3111	Chronic gout due to renal impairment, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3120	Chronic gout due to renal impairment, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3121	Chronic gout due to renal impairment, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3190	Chronic gout due to renal impairment, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3191	Chronic gout due to renal impairment, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3210	Chronic gout due to renal impairment, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3211	Chronic gout due to renal impairment, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3220	Chronic gout due to renal impairment, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3221	Chronic gout due to renal impairment, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3290	Chronic gout due to renal impairment, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3291	Chronic gout due to renal impairment, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3310	Chronic gout due to renal impairment, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3311	Chronic gout due to renal impairment, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3320	Chronic gout due to renal impairment, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3321	Chronic gout due to renal impairment, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3390	Chronic gout due to renal impairment, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3391	Chronic gout due to renal impairment, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3410	Chronic gout due to renal impairment, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3411	Chronic gout due to renal impairment, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3420	Chronic gout due to renal impairment, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3421	Chronic gout due to renal impairment, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3490	Chronic gout due to renal impairment, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3491	Chronic gout due to renal impairment, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3510	Chronic gout due to renal impairment, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3511	Chronic gout due to renal impairment, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3520	Chronic gout due to renal impairment, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3521	Chronic gout due to renal impairment, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3590	Chronic gout due to renal impairment, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3591	Chronic gout due to renal impairment, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3610	Chronic gout due to renal impairment, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3611	Chronic gout due to renal impairment, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3620	Chronic gout due to renal impairment, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis

**Appendix C. List of International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes Used to Define Gout in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.3621	Chronic gout due to renal impairment, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3690	Chronic gout due to renal impairment, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3691	Chronic gout due to renal impairment, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3710	Chronic gout due to renal impairment, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3711	Chronic gout due to renal impairment, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3720	Chronic gout due to renal impairment, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3721	Chronic gout due to renal impairment, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3790	Chronic gout due to renal impairment, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3791	Chronic gout due to renal impairment, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X0	Chronic gout due to renal impairment, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X1	Chronic gout due to renal impairment, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X0	Chronic gout due to renal impairment, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X1	Chronic gout due to renal impairment, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X0	Other secondary chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X1	Other secondary chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4110	Other secondary chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4111	Other secondary chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4120	Other secondary chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4121	Other secondary chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4190	Other secondary chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4191	Other secondary chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4210	Other secondary chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4211	Other secondary chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4220	Other secondary chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4221	Other secondary chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4290	Other secondary chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4291	Other secondary chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4310	Other secondary chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4311	Other secondary chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4320	Other secondary chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4321	Other secondary chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4390	Other secondary chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4391	Other secondary chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4410	Other secondary chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4411	Other secondary chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4420	Other secondary chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4421	Other secondary chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4490	Other secondary chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4491	Other secondary chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4510	Other secondary chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4511	Other secondary chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4520	Other secondary chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4521	Other secondary chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis

**Appendix C. List of International Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9-CM and ICD-10-CM) Diagnosis Codes Used to Define Gout in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.4590	Other secondary chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4591	Other secondary chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4610	Other secondary chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4611	Other secondary chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4620	Other secondary chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4621	Other secondary chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4690	Other secondary chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4691	Other secondary chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4710	Other secondary chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4711	Other secondary chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4720	Other secondary chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4721	Other secondary chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4790	Other secondary chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4791	Other secondary chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X0	Other secondary chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X1	Other secondary chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X0	Other secondary chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X1	Other secondary chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX0	Chronic gout, unspecified, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX1	Chronic gout, unspecified, with tophus (tophi)	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code Type	Code Category
<b>Cardiovascular Disease</b>			
<b>Myocardial Infarction</b>			
410	Acute myocardial infarction	ICD-9-CM	Diagnosis
410.0	Acute myocardial infarction of anterolateral wall	ICD-9-CM	Diagnosis
410.00	Acute myocardial infarction of anterolateral wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.01	Acute myocardial infarction of anterolateral wall, initial episode of care	ICD-9-CM	Diagnosis
410.02	Acute myocardial infarction of anterolateral wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.1	Acute myocardial infarction of other anterior wall	ICD-9-CM	Diagnosis
410.10	Acute myocardial infarction of other anterior wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.11	Acute myocardial infarction of other anterior wall, initial episode of care	ICD-9-CM	Diagnosis
410.12	Acute myocardial infarction of other anterior wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.2	Acute myocardial infarction of inferolateral wall	ICD-9-CM	Diagnosis
410.20	Acute myocardial infarction of inferolateral wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.21	Acute myocardial infarction of inferolateral wall, initial episode of care	ICD-9-CM	Diagnosis
410.22	Acute myocardial infarction of inferolateral wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.3	Acute myocardial infarction of inferoposterior wall	ICD-9-CM	Diagnosis
410.30	Acute myocardial infarction of inferoposterior wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.31	Acute myocardial infarction of inferoposterior wall, initial episode of care	ICD-9-CM	Diagnosis
410.32	Acute myocardial infarction of inferoposterior wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.4	Acute myocardial infarction of other inferior wall	ICD-9-CM	Diagnosis
410.40	Acute myocardial infarction of other inferior wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.41	Acute myocardial infarction of other inferior wall, initial episode of care	ICD-9-CM	Diagnosis
410.42	Acute myocardial infarction of other inferior wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.5	Acute myocardial infarction of other lateral wall	ICD-9-CM	Diagnosis
410.50	Acute myocardial infarction of other lateral wall, episode of care unspecified	ICD-9-CM	Diagnosis
410.51	Acute myocardial infarction of other lateral wall, initial episode of care	ICD-9-CM	Diagnosis
410.52	Acute myocardial infarction of other lateral wall, subsequent episode of care	ICD-9-CM	Diagnosis
410.6	Acute myocardial infarction, true posterior wall infarction	ICD-9-CM	Diagnosis
410.60	Acute myocardial infarction, true posterior wall infarction, episode of care unspecified	ICD-9-CM	Diagnosis
410.61	Acute myocardial infarction, true posterior wall infarction, initial episode of care	ICD-9-CM	Diagnosis
410.62	Acute myocardial infarction, true posterior wall infarction, subsequent episode of care	ICD-9-CM	Diagnosis
410.7	Acute myocardial infarction, subendocardial infarction	ICD-9-CM	Diagnosis
410.70	Acute myocardial infarction, subendocardial infarction, episode of care unspecified	ICD-9-CM	Diagnosis
410.71	Acute myocardial infarction, subendocardial infarction, initial episode of care	ICD-9-CM	Diagnosis
410.72	Acute myocardial infarction, subendocardial infarction, subsequent episode of care	ICD-9-CM	Diagnosis
410.8	Acute myocardial infarction of other specified sites	ICD-9-CM	Diagnosis
410.80	Acute myocardial infarction of other specified sites, episode of care unspecified	ICD-9-CM	Diagnosis
410.81	Acute myocardial infarction of other specified sites, initial episode of care	ICD-9-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
410.82	Acute myocardial infarction of other specified sites, subsequent episode of care	ICD-9-CM	Diagnosis
410.9	Acute myocardial infarction, unspecified site	ICD-9-CM	Diagnosis
410.90	Acute myocardial infarction, unspecified site, episode of care unspecified	ICD-9-CM	Diagnosis
410.91	Acute myocardial infarction, unspecified site, initial episode of care	ICD-9-CM	Diagnosis
410.92	Acute myocardial infarction, unspecified site, subsequent episode of care	ICD-9-CM	Diagnosis
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery	ICD-10-CM	Diagnosis
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	ICD-10-CM	Diagnosis
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	ICD-10-CM	Diagnosis
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	ICD-10-CM	Diagnosis
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	ICD-10-CM	Diagnosis
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	ICD-10-CM	Diagnosis
I21.29	ST elevation (STEMI) myocardial infarction involving other sites	ICD-10-CM	Diagnosis
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site	ICD-10-CM	Diagnosis
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	ICD-10-CM	Diagnosis
I21.9	Acute myocardial infarction, unspecified	ICD-10-CM	Diagnosis
I21.A1	Myocardial infarction type 2	ICD-10-CM	Diagnosis
I21.A9	Other myocardial infarction type	ICD-10-CM	Diagnosis
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	ICD-10-CM	Diagnosis
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	ICD-10-CM	Diagnosis
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction	ICD-10-CM	Diagnosis
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	ICD-10-CM	Diagnosis
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	ICD-10-CM	Diagnosis
<b>Unstable Angina</b>			
411.1	Intermediate coronary syndrome	ICD-9-CM	Diagnosis
413	Angina pectoris	ICD-9-CM	Diagnosis
413.0	Angina decubitus	ICD-9-CM	Diagnosis
413.1	Prinzmetal angina	ICD-9-CM	Diagnosis
413.9	Other and unspecified angina pectoris	ICD-9-CM	Diagnosis
I20.0	Unstable angina	ICD-10-CM	Diagnosis
I20.1	Angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I20.8	Other forms of angina pectoris	ICD-10-CM	Diagnosis
I20.9	Angina pectoris, unspecified	ICD-10-CM	Diagnosis
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
125.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
125.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
125.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
125.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
125.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
125.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
125.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
125.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
<b>Stroke (Hemorrhagic and Ischemic)</b>			
430	Subarachnoid hemorrhage	ICD-9-CM	Diagnosis
431	Intracerebral hemorrhage	ICD-9-CM	Diagnosis
432	Other and unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
432.9	Unspecified intracranial hemorrhage	ICD-9-CM	Diagnosis
433	Occlusion and stenosis of precerebral arteries	ICD-9-CM	Diagnosis
433.0	Occlusion and stenosis of basilar artery	ICD-9-CM	Diagnosis
433.00	Occlusion and stenosis of basilar artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.01	Occlusion and stenosis of basilar artery with cerebral infarction	ICD-9-CM	Diagnosis
433.1	Occlusion and stenosis of carotid artery	ICD-9-CM	Diagnosis
433.10	Occlusion and stenosis of carotid artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	ICD-9-CM	Diagnosis
433.2	Occlusion and stenosis of vertebral artery	ICD-9-CM	Diagnosis
433.20	Occlusion and stenosis of vertebral artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.21	Occlusion and stenosis of vertebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.3	Occlusion and stenosis of multiple and bilateral precerebral arteries	ICD-9-CM	Diagnosis
433.30	Occlusion and stenosis of multiple and bilateral precerebral arteries without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.31	Occlusion and stenosis of multiple and bilateral precerebral arteries with cerebral infarction	ICD-9-CM	Diagnosis
433.8	Occlusion and stenosis of other specified precerebral artery	ICD-9-CM	Diagnosis
433.80	Occlusion and stenosis of other specified precerebral artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.81	Occlusion and stenosis of other specified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
433.9	Occlusion and stenosis of unspecified precerebral artery	ICD-9-CM	Diagnosis



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
433.90	Occlusion and stenosis of unspecified precerebral artery without mention of cerebral infarction	ICD-9-CM	Diagnosis
433.91	Occlusion and stenosis of unspecified precerebral artery with cerebral infarction	ICD-9-CM	Diagnosis
434.0	Cerebral thrombosis	ICD-9-CM	Diagnosis
434.00	Cerebral thrombosis without mention of cerebral infarction	ICD-9-CM	Diagnosis
434.01	Cerebral thrombosis with cerebral infarction	ICD-9-CM	Diagnosis
434.1	Cerebral embolism	ICD-9-CM	Diagnosis
434.10	Cerebral embolism without mention of cerebral infarction	ICD-9-CM	Diagnosis
434.11	Cerebral embolism with cerebral infarction	ICD-9-CM	Diagnosis
434.9	Unspecified cerebral artery occlusion	ICD-9-CM	Diagnosis
434.90	Unspecified cerebral artery occlusion without mention of cerebral infarction	ICD-9-CM	Diagnosis
434.91	Unspecified cerebral artery occlusion with cerebral infarction	ICD-9-CM	Diagnosis
436	Acute, but ill-defined, cerebrovascular disease	ICD-9-CM	Diagnosis
438	Late effects of cerebrovascular disease	ICD-9-CM	Diagnosis
438.0	Cognitive deficits due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.1	Speech and language deficits due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.10	Unspecified speech and language deficit due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.11	Aphasia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.12	Dysphasia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.13	Late effects of cerebrovascular disease, speech and language deficits, dysarthria	ICD-9-CM	Diagnosis
438.14	Late effects of cerebrovascular disease, speech and language deficits, fluency disorder	ICD-9-CM	Diagnosis
438.19	Other speech and language deficits due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.2	Hemiplegia/hemiparesis due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.20	Hemiplegia affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.21	Hemiplegia affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.22	Hemiplegia affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.3	Monoplegia of upper limb due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.30	Monoplegia of upper limb affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.31	Monoplegia of upper limb affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.32	Monoplegia of upper limb affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.4	Monoplegia of lower limb due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.40	Monoplegia of lower limb affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.41	Monoplegia of lower limb affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.42	Monoplegia of lower limb affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.5	Other paralytic syndrome due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.50	Other paralytic syndrome affecting unspecified side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.51	Other paralytic syndrome affecting dominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
438.52	Other paralytic syndrome affecting nondominant side due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.6	Alteration of sensations as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.7	Disturbance of vision as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.8	Other late effects of cerebrovascular disease due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.81	Apraxia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.82	Dysphagia due to cerebrovascular disease	ICD-9-CM	Diagnosis
438.83	Facial weakness as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.84	Ataxia as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.85	Vertigo as late effect of cerebrovascular disease	ICD-9-CM	Diagnosis
438.89	Other late effects of cerebrovascular disease	ICD-9-CM	Diagnosis
438.9	Unspecified late effects of cerebrovascular disease due to cerebrovascular disease	ICD-9-CM	Diagnosis
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	ICD-10-CM	Diagnosis
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	ICD-10-CM	Diagnosis
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	ICD-10-CM	Diagnosis
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	ICD-10-CM	Diagnosis
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	ICD-10-CM	Diagnosis
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	ICD-10-CM	Diagnosis
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	ICD-10-CM	Diagnosis
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery	ICD-10-CM	Diagnosis
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	ICD-10-CM	Diagnosis
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery	ICD-10-CM	Diagnosis
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery	ICD-10-CM	Diagnosis
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	ICD-10-CM	Diagnosis
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	ICD-10-CM	Diagnosis
I60.8	Other nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified	ICD-10-CM	Diagnosis
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	ICD-10-CM	Diagnosis
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	ICD-10-CM	Diagnosis
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	ICD-10-CM	Diagnosis
I61.3	Nontraumatic intracerebral hemorrhage in brain stem	ICD-10-CM	Diagnosis
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum	ICD-10-CM	Diagnosis
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular	ICD-10-CM	Diagnosis
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized	ICD-10-CM	Diagnosis
I61.8	Other nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I61.9	Nontraumatic intracerebral hemorrhage, unspecified	ICD-10-CM	Diagnosis
I62.9	Nontraumatic intracranial hemorrhage, unspecified	ICD-10-CM	Diagnosis
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery	ICD-10-CM	Diagnosis
I63.011	Cerebral infarction due to thrombosis of right vertebral artery	ICD-10-CM	Diagnosis
I63.012	Cerebral infarction due to thrombosis of left vertebral artery	ICD-10-CM	Diagnosis
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.02	Cerebral infarction due to thrombosis of basilar artery	ICD-10-CM	Diagnosis
I63.031	Cerebral infarction due to thrombosis of right carotid artery	ICD-10-CM	Diagnosis
I63.032	Cerebral infarction due to thrombosis of left carotid artery	ICD-10-CM	Diagnosis
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.09	Cerebral infarction due to thrombosis of other precerebral artery	ICD-10-CM	Diagnosis
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	ICD-10-CM	Diagnosis
I63.111	Cerebral infarction due to embolism of right vertebral artery	ICD-10-CM	Diagnosis
I63.112	Cerebral infarction due to embolism of left vertebral artery	ICD-10-CM	Diagnosis
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.12	Cerebral infarction due to embolism of basilar artery	ICD-10-CM	Diagnosis
I63.131	Cerebral infarction due to embolism of right carotid artery	ICD-10-CM	Diagnosis
I63.132	Cerebral infarction due to embolism of left carotid artery	ICD-10-CM	Diagnosis
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.139	Cerebral infarction due to embolism of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.19	Cerebral infarction due to embolism of other precerebral artery	ICD-10-CM	Diagnosis
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	ICD-10-CM	Diagnosis
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	ICD-10-CM	Diagnosis
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	ICD-10-CM	Diagnosis
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	ICD-10-CM	Diagnosis
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	ICD-10-CM	Diagnosis
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	ICD-10-CM	Diagnosis
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	ICD-10-CM	Diagnosis
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.39	Cerebral infarction due to thrombosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.411	Cerebral infarction due to embolism of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.412	Cerebral infarction due to embolism of left middle cerebral artery	ICD-10-CM	Diagnosis
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.441	Cerebral infarction due to embolism of right cerebellar artery	ICD-10-CM	Diagnosis
I63.442	Cerebral infarction due to embolism of left cerebellar artery	ICD-10-CM	Diagnosis
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.49	Cerebral infarction due to embolism of other cerebral artery	ICD-10-CM	Diagnosis
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	ICD-10-CM	Diagnosis
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	ICD-10-CM	Diagnosis
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	ICD-10-CM	Diagnosis
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	ICD-10-CM	Diagnosis
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	ICD-10-CM	Diagnosis
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	ICD-10-CM	Diagnosis
I63.8	Other cerebral infarction	ICD-10-CM	Diagnosis
I63.9	Cerebral infarction, unspecified	ICD-10-CM	Diagnosis
I65.01	Occlusion and stenosis of right vertebral artery	ICD-10-CM	Diagnosis
I65.02	Occlusion and stenosis of left vertebral artery	ICD-10-CM	Diagnosis
I65.03	Occlusion and stenosis of bilateral vertebral arteries	ICD-10-CM	Diagnosis
I65.09	Occlusion and stenosis of unspecified vertebral artery	ICD-10-CM	Diagnosis
I65.1	Occlusion and stenosis of basilar artery	ICD-10-CM	Diagnosis
I65.21	Occlusion and stenosis of right carotid artery	ICD-10-CM	Diagnosis
I65.22	Occlusion and stenosis of left carotid artery	ICD-10-CM	Diagnosis
I65.23	Occlusion and stenosis of bilateral carotid arteries	ICD-10-CM	Diagnosis
I65.29	Occlusion and stenosis of unspecified carotid artery	ICD-10-CM	Diagnosis
I65.8	Occlusion and stenosis of other precerebral arteries	ICD-10-CM	Diagnosis
I65.9	Occlusion and stenosis of unspecified precerebral artery	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I66.01	Occlusion and stenosis of right middle cerebral artery	ICD-10-CM	Diagnosis
I66.02	Occlusion and stenosis of left middle cerebral artery	ICD-10-CM	Diagnosis
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	ICD-10-CM	Diagnosis
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	ICD-10-CM	Diagnosis
I66.11	Occlusion and stenosis of right anterior cerebral artery	ICD-10-CM	Diagnosis
I66.12	Occlusion and stenosis of left anterior cerebral artery	ICD-10-CM	Diagnosis
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries	ICD-10-CM	Diagnosis
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery	ICD-10-CM	Diagnosis
I66.21	Occlusion and stenosis of right posterior cerebral artery	ICD-10-CM	Diagnosis
I66.22	Occlusion and stenosis of left posterior cerebral artery	ICD-10-CM	Diagnosis
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries	ICD-10-CM	Diagnosis
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery	ICD-10-CM	Diagnosis
I66.3	Occlusion and stenosis of cerebellar arteries	ICD-10-CM	Diagnosis
I66.8	Occlusion and stenosis of other cerebral arteries	ICD-10-CM	Diagnosis
I66.9	Occlusion and stenosis of unspecified cerebral artery	ICD-10-CM	Diagnosis
I67.89	Other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage	ICD-10-CM	Diagnosis
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	ICD-10-CM	Diagnosis
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
169.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
169.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
169.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
169.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
169.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
169.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
169.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
169.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis
169.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	ICD-10-CM	Diagnosis
169.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	ICD-10-CM	Diagnosis
169.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	ICD-10-CM	Diagnosis
169.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	ICD-10-CM	Diagnosis
169.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I69.290	Apraxia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.293	Ataxia following other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage	ICD-10-CM	Diagnosis
I69.30	Unspecified sequelae of cerebral infarction	ICD-10-CM	Diagnosis
I69.310	Attention and concentration deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.311	Memory deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	ICD-10-CM	Diagnosis
I69.313	Psychomotor deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.314	Frontal lobe and executive function deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.315	Cognitive social or emotional deficit following cerebral infarction	ICD-10-CM	Diagnosis
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	ICD-10-CM	Diagnosis
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	ICD-10-CM	Diagnosis
I69.320	Aphasia following cerebral infarction	ICD-10-CM	Diagnosis
I69.321	Dysphasia following cerebral infarction	ICD-10-CM	Diagnosis
I69.322	Dysarthria following cerebral infarction	ICD-10-CM	Diagnosis
I69.323	Fluency disorder following cerebral infarction	ICD-10-CM	Diagnosis
I69.328	Other speech and language deficits following cerebral infarction	ICD-10-CM	Diagnosis
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	ICD-10-CM	Diagnosis
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	ICD-10-CM	Diagnosis
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	ICD-10-CM	Diagnosis
I69.390	Apraxia following cerebral infarction	ICD-10-CM	Diagnosis
I69.391	Dysphagia following cerebral infarction	ICD-10-CM	Diagnosis
I69.392	Facial weakness following cerebral infarction	ICD-10-CM	Diagnosis
I69.393	Ataxia following cerebral infarction	ICD-10-CM	Diagnosis
I69.398	Other sequelae of cerebral infarction	ICD-10-CM	Diagnosis
I69.80	Unspecified sequelae of other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.810	Attention and concentration deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.811	Memory deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.813	Psychomotor deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.820	Aphasia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.821	Dysphasia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.822	Dysarthria following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.823	Fluency disorder following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.828	Other speech and language deficits following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.890	Apraxia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.891	Dysphagia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.892	Facial weakness following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.893	Ataxia following other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.898	Other sequelae of other cerebrovascular disease	ICD-10-CM	Diagnosis
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.911	Memory deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.920	Aphasia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.921	Dysphasia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.922	Dysarthria following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.923	Fluency disorder following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side	ICD-10-CM	Diagnosis
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side	ICD-10-CM	Diagnosis
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side	ICD-10-CM	Diagnosis
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side	ICD-10-CM	Diagnosis
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side	ICD-10-CM	Diagnosis
I69.990	Apraxia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.991	Dysphagia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.992	Facial weakness following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.993	Ataxia following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
I69.998	Other sequelae following unspecified cerebrovascular disease	ICD-10-CM	Diagnosis
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	CPT-4	Procedure
<b>Transient Ischemic Attack</b>			
435	Transient cerebral ischemia	ICD-9-CM	Diagnosis
435.0	Basilar artery syndrome	ICD-9-CM	Diagnosis
435.1	Vertebral artery syndrome	ICD-9-CM	Diagnosis
435.2	Subclavian steal syndrome	ICD-9-CM	Diagnosis
435.3	Vertebrobasilar artery syndrome	ICD-9-CM	Diagnosis
435.8	Other specified transient cerebral ischemias	ICD-9-CM	Diagnosis
435.9	Unspecified transient cerebral ischemia	ICD-9-CM	Diagnosis
G45.0	Vertebro-basilar artery syndrome	ICD-10-CM	Diagnosis
G45.1	Carotid artery syndrome (hemispheric)	ICD-10-CM	Diagnosis
G45.2	Multiple and bilateral precerebral artery syndromes	ICD-10-CM	Diagnosis
G45.8	Other transient cerebral ischemic attacks and related syndromes	ICD-10-CM	Diagnosis
G45.9	Transient cerebral ischemic attack, unspecified	ICD-10-CM	Diagnosis
G46.0	Middle cerebral artery syndrome	ICD-10-CM	Diagnosis
G46.1	Anterior cerebral artery syndrome	ICD-10-CM	Diagnosis
G46.2	Posterior cerebral artery syndrome	ICD-10-CM	Diagnosis
I67.841	Reversible cerebrovascular vasoconstriction syndrome	ICD-10-CM	Diagnosis
I67.848	Other cerebrovascular vasospasm and vasoconstriction	ICD-10-CM	Diagnosis
<b>Peripheral Vascular Disease</b>			

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
249.7	Secondary diabetes mellitus with peripheral circulatory disorders	ICD-9-CM	Diagnosis
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	ICD-9-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
440	Atherosclerosis	ICD-9-CM	Diagnosis
440.0	Atherosclerosis of aorta	ICD-9-CM	Diagnosis
440.2	Atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.20	Atherosclerosis of native arteries of the extremities, unspecified	ICD-9-CM	Diagnosis
440.21	Atherosclerosis of native arteries of the extremities with intermittent claudication	ICD-9-CM	Diagnosis
440.22	Atherosclerosis of native arteries of the extremities with rest pain	ICD-9-CM	Diagnosis
440.23	Atherosclerosis of native arteries of the extremities with ulceration	ICD-9-CM	Diagnosis
440.24	Atherosclerosis of native arteries of the extremities with gangrene	ICD-9-CM	Diagnosis
440.29	Other atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.3	Atherosclerosis of bypass graft of extremities	ICD-9-CM	Diagnosis
440.30	Atherosclerosis of unspecified bypass graft of extremities	ICD-9-CM	Diagnosis
440.31	Atherosclerosis of autologous vein bypass graft of extremities	ICD-9-CM	Diagnosis
440.32	Atherosclerosis of nonautologous biological bypass graft of extremities	ICD-9-CM	Diagnosis
440.4	Chronic total occlusion of artery of the extremities	ICD-9-CM	Diagnosis
441.3	Abdominal aneurysm, ruptured	ICD-9-CM	Diagnosis
441.4	Abdominal aneurysm without mention of rupture	ICD-9-CM	Diagnosis
441.5	Aortic aneurysm of unspecified site, ruptured	ICD-9-CM	Diagnosis
443.8	Other specified peripheral vascular diseases	ICD-9-CM	Diagnosis
443.81	Peripheral angiopathy in diseases classified elsewhere	ICD-9-CM	Diagnosis
443.89	Other peripheral vascular disease	ICD-9-CM	Diagnosis
443.9	Unspecified peripheral vascular disease	ICD-9-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
444.2	Embolism and thrombosis of arteries of the extremities	ICD-9-CM	Diagnosis
444.21	Embolism and thrombosis of arteries of upper extremity	ICD-9-CM	Diagnosis
444.22	Embolism and thrombosis of arteries of lower extremity	ICD-9-CM	Diagnosis
444.81	Embolism and thrombosis of iliac artery	ICD-9-CM	Diagnosis
447.71	Thoracic aortic ectasia	ICD-9-CM	Diagnosis
557.0	Acute vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.1	Chronic vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.9	Unspecified vascular insufficiency of intestine	ICD-9-CM	Diagnosis
707.1	Ulcer of lower limbs, except pressure ulcer	ICD-9-CM	Diagnosis
707.10	Ulcer of lower limb, unspecified	ICD-9-CM	Diagnosis
707.11	Ulcer of thigh	ICD-9-CM	Diagnosis
707.12	Ulcer of calf	ICD-9-CM	Diagnosis
707.13	Ulcer of ankle	ICD-9-CM	Diagnosis
707.14	Ulcer of heel and midfoot	ICD-9-CM	Diagnosis
707.15	Ulcer of other part of foot	ICD-9-CM	Diagnosis
707.19	Ulcer of other part of lower limb	ICD-9-CM	Diagnosis
707.8	Chronic ulcer of other specified site	ICD-9-CM	Diagnosis
707.9	Chronic ulcer of unspecified site	ICD-9-CM	Diagnosis
V43.4	Blood vessel replaced by other means	ICD-9-CM	Diagnosis
V49.7	Lower limb amputation status	ICD-9-CM	Diagnosis
V49.70	Lower limb amputation, unspecified level	ICD-9-CM	Diagnosis
V49.71	Lower limb amputation, great toe	ICD-9-CM	Diagnosis
V49.72	Lower limb amputation, other toe(s)	ICD-9-CM	Diagnosis
V49.73	Lower limb amputation, foot	ICD-9-CM	Diagnosis
V49.74	Lower limb amputation, ankle	ICD-9-CM	Diagnosis
V49.75	Lower limb amputation, below knee	ICD-9-CM	Diagnosis
V49.76	Lower limb amputation, above knee	ICD-9-CM	Diagnosis
V49.77	Lower limb amputation, hip	ICD-9-CM	Diagnosis
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E10.621	Type 1 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E11.621	Type 2 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.621	Other specified diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg	ICD-10-CM	Diagnosis
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg	ICD-10-CM	Diagnosis
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	ICD-10-CM	Diagnosis
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.291	Other atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.292	Other atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.298	Other atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
170.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
170.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
170.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
170.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
170.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
170.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
170.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.92	Chronic total occlusion of artery of the extremities	ICD-10-CM	Diagnosis
I71.3	Abdominal aortic aneurysm, ruptured	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I71.4	Abdominal aortic aneurysm, without rupture	ICD-10-CM	Diagnosis
I71.8	Aortic aneurysm of unspecified site, ruptured	ICD-10-CM	Diagnosis
I73.89	Other specified peripheral vascular diseases	ICD-10-CM	Diagnosis
I73.9	Peripheral vascular disease, unspecified	ICD-10-CM	Diagnosis
I74.2	Embolism and thrombosis of arteries of the upper extremities	ICD-10-CM	Diagnosis
I74.3	Embolism and thrombosis of arteries of the lower extremities	ICD-10-CM	Diagnosis
I74.4	Embolism and thrombosis of arteries of extremities, unspecified	ICD-10-CM	Diagnosis
I74.5	Embolism and thrombosis of iliac artery	ICD-10-CM	Diagnosis
I77.810	Thoracic aortic ectasia	ICD-10-CM	Diagnosis
L97.101	Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.105	Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.106	Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.108	Non-pressure chronic ulcer of unspecified thigh with other specified severity	ICD-10-CM	Diagnosis
L97.109	Non-pressure chronic ulcer of unspecified thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity	ICD-10-CM	Diagnosis
L97.119	Non-pressure chronic ulcer of right thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity	ICD-10-CM	Diagnosis
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.208	Non-pressure chronic ulcer of unspecified calf with other specified severity	ICD-10-CM	Diagnosis
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity	ICD-10-CM	Diagnosis
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.218	Non-pressure chronic ulcer of right calf with other specified severity	ICD-10-CM	Diagnosis
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity	ICD-10-CM	Diagnosis
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity	ICD-10-CM	Diagnosis
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity	ICD-10-CM	Diagnosis
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.305	Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.306	Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.308	Non-pressure chronic ulcer of unspecified ankle with other specified severity	ICD-10-CM	Diagnosis
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity	ICD-10-CM	Diagnosis
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity	ICD-10-CM	Diagnosis
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.408	Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.508	Non-pressure chronic ulcer of other part of unspecified foot with other specified severity	ICD-10-CM	Diagnosis
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity	ICD-10-CM	Diagnosis
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity	ICD-10-CM	Diagnosis
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity	ICD-10-CM	Diagnosis
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity	ICD-10-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity	ICD-10-CM	Diagnosis
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.808	Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.908	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity	ICD-10-CM	Diagnosis
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin	ICD-10-CM	Diagnosis
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed	ICD-10-CM	Diagnosis
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle	ICD-10-CM	Diagnosis
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone	ICD-10-CM	Diagnosis
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L98.418	Non-pressure chronic ulcer of buttock with other specified severity	ICD-10-CM	Diagnosis
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity	ICD-10-CM	Diagnosis
Z89.411	Acquired absence of right great toe	ICD-10-CM	Diagnosis
Z89.412	Acquired absence of left great toe	ICD-10-CM	Diagnosis
Z89.419	Acquired absence of unspecified great toe	ICD-10-CM	Diagnosis
Z89.421	Acquired absence of other right toe(s)	ICD-10-CM	Diagnosis
Z89.422	Acquired absence of other left toe(s)	ICD-10-CM	Diagnosis
Z89.429	Acquired absence of other toe(s), unspecified side	ICD-10-CM	Diagnosis
Z89.431	Acquired absence of right foot	ICD-10-CM	Diagnosis
Z89.432	Acquired absence of left foot	ICD-10-CM	Diagnosis
Z89.439	Acquired absence of unspecified foot	ICD-10-CM	Diagnosis
Z89.441	Acquired absence of right ankle	ICD-10-CM	Diagnosis
Z89.442	Acquired absence of left ankle	ICD-10-CM	Diagnosis
Z89.449	Acquired absence of unspecified ankle	ICD-10-CM	Diagnosis
Z89.511	Acquired absence of right leg below knee	ICD-10-CM	Diagnosis
Z89.512	Acquired absence of left leg below knee	ICD-10-CM	Diagnosis
Z89.519	Acquired absence of unspecified leg below knee	ICD-10-CM	Diagnosis
Z89.611	Acquired absence of right leg above knee	ICD-10-CM	Diagnosis
Z89.612	Acquired absence of left leg above knee	ICD-10-CM	Diagnosis
Z89.619	Acquired absence of unspecified leg above knee	ICD-10-CM	Diagnosis
Z89.621	Acquired absence of right hip joint	ICD-10-CM	Diagnosis
Z89.622	Acquired absence of left hip joint	ICD-10-CM	Diagnosis
Z89.629	Acquired absence of unspecified hip joint	ICD-10-CM	Diagnosis
Z89.9	Acquired absence of limb, unspecified	ICD-10-CM	Diagnosis
Z95.820	Peripheral vascular angioplasty status with implants and grafts	ICD-10-CM	Diagnosis
00.55	Insertion of drug-eluting stent(s) of other peripheral vessel(s)	ICD-9-CM	Procedure
00.60	Insertion of drug-eluting stent(s) of superficial femoral artery	ICD-9-CM	Procedure
17.56	Atherectomy of other non-coronary vessel(s)	ICD-9-CM	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
38.14	Endarterectomy, aorta	ICD-9-CM	Procedure
38.16	Endarterectomy, abdominal arteries	ICD-9-CM	Procedure
38.18	Endarterectomy of lower limb arteries	ICD-9-CM	Procedure
38.34	Resection of vessel with anastomosis, aorta	ICD-9-CM	Procedure
38.44	Resection of vessel with replacement, aorta, abdominal	ICD-9-CM	Procedure
39.25	Aorta-iliac-femoral bypass	ICD-9-CM	Procedure
39.29	Other (peripheral) vascular shunt or bypass	ICD-9-CM	Procedure
39.50	Angioplasty of other non-coronary vessel(s)	ICD-9-CM	Procedure
39.5	Other repair of vessels	ICD-9-CM	Procedure
39.52	Other repair of aneurysm	ICD-9-CM	Procedure
39.71	Endovascular implantation of other graft in abdominal aorta	ICD-9-CM	Procedure
39.71	Endovascular implantation of other graft in abdominal aorta	ICD-9-CM	Procedure
39.90	Insertion of non-drug-eluting peripheral (non-coronary) vessel stent(s)	ICD-9-CM	Procedure
84.10	Lower limb amputation, not otherwise specified	ICD-9-CM	Procedure
84.11	Amputation of toe	ICD-9-CM	Procedure
84.12	Amputation through foot	ICD-9-CM	Procedure
84.13	Disarticulation of ankle	ICD-9-CM	Procedure
84.14	Amputation of ankle through malleoli of tibia and fibula	ICD-9-CM	Procedure
84.15	Other amputation below knee	ICD-9-CM	Procedure
84.16	Disarticulation of knee	ICD-9-CM	Procedure
84.17	Amputation above knee	ICD-9-CM	Procedure
0312090	Bypass Innominate Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312091	Bypass Innominate Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312092	Bypass Innominate Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312093	Bypass Innominate Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312094	Bypass Innominate Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312095	Bypass Innominate Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312096	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312097	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312098	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312099	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0313090	Bypass Right Subclavian Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313091	Bypass Right Subclavian Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313092	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313093	Bypass Right Subclavian Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313094	Bypass Right Subclavian Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313095	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313096	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313097	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313098	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313099	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314090	Bypass Left Subclavian Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314091	Bypass Left Subclavian Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314092	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314093	Bypass Left Subclavian Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314094	Bypass Left Subclavian Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314095	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314096	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314097	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314098	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314099	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315090	Bypass Right Axillary Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0315091	Bypass Right Axillary Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315092	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315093	Bypass Right Axillary Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315094	Bypass Right Axillary Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315095	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315096	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315097	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315098	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315099	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316090	Bypass Left Axillary Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316091	Bypass Left Axillary Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316092	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316093	Bypass Left Axillary Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316094	Bypass Left Axillary Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316095	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316096	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316097	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316098	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316099	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0317090	Bypass Right Brachial Artery to Right Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0317093	Bypass Right Brachial Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0318091	Bypass Left Brachial Artery to Left Upper Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0318094	Bypass Left Brachial Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0319093	Bypass Right Ulnar Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0373046	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0373056	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373066	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373076	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373346	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0373356	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373366	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373376	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373446	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373456	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373466	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373476	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374046	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0374056	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374066	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374076	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374346	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0374356	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0374366	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374376	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374446	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374456	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374466	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374476	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375046	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0375056	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375066	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375076	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375346	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0375356	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375366	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375376	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375446	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375456	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375466	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375476	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376046	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0376056	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376066	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0376076	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376346	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0376356	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376366	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376376	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376446	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376456	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376466	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376476	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377046	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0377056	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0377066	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0377076	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0377346	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0377356	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0377366	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0377376	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0377446	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377456	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377466	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0377476	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0378046	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0378056	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0378066	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0378076	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0378346	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0378356	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0378366	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0378376	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0378446	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378456	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378466	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0378476	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379046	Dilation of Right Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0379056	Dilation of Right Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0379066	Dilation of Right Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0379076	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0379346	Dilation of Right Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0379356	Dilation of Right Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0379366	Dilation of Right Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0379376	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0379446	Dilation of Right Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0379456	Dilation of Right Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379466	Dilation of Right Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0379476	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410096	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410097	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410098	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410099	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410496	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410497	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410498	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410499	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470046	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0470056	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470066	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470076	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470346	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0470356	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470366	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470376	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470446	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470456	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0470466	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470476	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03730E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03733E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03734E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03740E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03743E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03744E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03750E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03753E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03754E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03760E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03763E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03764E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03770E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03773E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03774E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03780E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03783E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03784E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03790E6	Dilation of Right Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03793E6	Dilation of Right Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03794E6	Dilation of Right Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04700E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04703E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04704E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E041	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E046	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E056	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E066	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E076	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
031209B	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209C	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03120A0	Bypass Innominate Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A1	Bypass Innominate Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A2	Bypass Innominate Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A3	Bypass Innominate Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A4	Bypass Innominate Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A5	Bypass Innominate Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A6	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A7	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03120A9	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AB	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120J0	Bypass Innominate Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J1	Bypass Innominate Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J2	Bypass Innominate Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J3	Bypass Innominate Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J4	Bypass Innominate Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J5	Bypass Innominate Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J6	Bypass Innominate Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J7	Bypass Innominate Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J9	Bypass Innominate Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JB	Bypass Innominate Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120K0	Bypass Innominate Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K1	Bypass Innominate Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K2	Bypass Innominate Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K3	Bypass Innominate Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K4	Bypass Innominate Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K5	Bypass Innominate Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03120K6	Bypass Innominate Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K7	Bypass Innominate Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K9	Bypass Innominate Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KB	Bypass Innominate Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120Z0	Bypass Innominate Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z1	Bypass Innominate Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z2	Bypass Innominate Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z3	Bypass Innominate Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z4	Bypass Innominate Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z5	Bypass Innominate Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03120Z6	Bypass Innominate Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z7	Bypass Innominate Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z8	Bypass Innominate Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z9	Bypass Innominate Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZB	Bypass Innominate Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZC	Bypass Innominate Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031309B	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031309C	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03130A0	Bypass Right Subclavian Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A1	Bypass Right Subclavian Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A3	Bypass Right Subclavian Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A4	Bypass Right Subclavian Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03130A7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130J0	Bypass Right Subclavian Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J1	Bypass Right Subclavian Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J3	Bypass Right Subclavian Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J4	Bypass Right Subclavian Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130K0	Bypass Right Subclavian Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K1	Bypass Right Subclavian Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K3	Bypass Right Subclavian Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03130K4	Bypass Right Subclavian Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130Z0	Bypass Right Subclavian Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z1	Bypass Right Subclavian Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z2	Bypass Right Subclavian Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z3	Bypass Right Subclavian Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z4	Bypass Right Subclavian Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z5	Bypass Right Subclavian Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03130Z6	Bypass Right Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z7	Bypass Right Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z9	Bypass Right Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZB	Bypass Right Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031409B	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409C	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03140A0	Bypass Left Subclavian Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A1	Bypass Left Subclavian Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A3	Bypass Left Subclavian Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A4	Bypass Left Subclavian Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03140A5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140J0	Bypass Left Subclavian Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J1	Bypass Left Subclavian Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J3	Bypass Left Subclavian Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J4	Bypass Left Subclavian Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140K0	Bypass Left Subclavian Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K1	Bypass Left Subclavian Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03140K2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K3	Bypass Left Subclavian Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K4	Bypass Left Subclavian Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140Z0	Bypass Left Subclavian Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z1	Bypass Left Subclavian Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z2	Bypass Left Subclavian Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z3	Bypass Left Subclavian Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z4	Bypass Left Subclavian Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z5	Bypass Left Subclavian Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03140Z6	Bypass Left Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z7	Bypass Left Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z9	Bypass Left Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZB	Bypass Left Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031509B	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031509C	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03150A0	Bypass Right Axillary Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A1	Bypass Right Axillary Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03150A3	Bypass Right Axillary Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A4	Bypass Right Axillary Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A6	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A7	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A9	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AB	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150J0	Bypass Right Axillary Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J1	Bypass Right Axillary Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J3	Bypass Right Axillary Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J4	Bypass Right Axillary Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J6	Bypass Right Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J7	Bypass Right Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J9	Bypass Right Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JB	Bypass Right Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03150K0	Bypass Right Axillary Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K1	Bypass Right Axillary Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K3	Bypass Right Axillary Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K4	Bypass Right Axillary Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K6	Bypass Right Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K7	Bypass Right Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K9	Bypass Right Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KB	Bypass Right Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150Z0	Bypass Right Axillary Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z1	Bypass Right Axillary Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z2	Bypass Right Axillary Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z3	Bypass Right Axillary Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z4	Bypass Right Axillary Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z5	Bypass Right Axillary Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03150Z6	Bypass Right Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z7	Bypass Right Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z9	Bypass Right Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZB	Bypass Right Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031609B	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609C	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03160A0	Bypass Left Axillary Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03160A1	Bypass Left Axillary Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A3	Bypass Left Axillary Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A4	Bypass Left Axillary Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A6	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A7	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A9	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AB	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160J0	Bypass Left Axillary Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J1	Bypass Left Axillary Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J3	Bypass Left Axillary Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J4	Bypass Left Axillary Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J6	Bypass Left Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J7	Bypass Left Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J9	Bypass Left Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03160JB	Bypass Left Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160K0	Bypass Left Axillary Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K1	Bypass Left Axillary Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K3	Bypass Left Axillary Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K4	Bypass Left Axillary Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K6	Bypass Left Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K7	Bypass Left Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K9	Bypass Left Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KB	Bypass Left Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160Z0	Bypass Left Axillary Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z1	Bypass Left Axillary Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z2	Bypass Left Axillary Artery to Bilateral Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z3	Bypass Left Axillary Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z4	Bypass Left Axillary Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z5	Bypass Left Axillary Artery to Bilateral Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03160Z6	Bypass Left Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z7	Bypass Left Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z9	Bypass Left Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZB	Bypass Left Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03170A0	Bypass Right Brachial Artery to Right Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03170A3	Bypass Right Brachial Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03170J0	Bypass Right Brachial Artery to Right Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03170J3	Bypass Right Brachial Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03170K0	Bypass Right Brachial Artery to Right Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03170K3	Bypass Right Brachial Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03170Z0	Bypass Right Brachial Artery to Right Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03170Z3	Bypass Right Brachial Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03180A1	Bypass Left Brachial Artery to Left Upper Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03180A4	Bypass Left Brachial Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03180J1	Bypass Left Brachial Artery to Left Upper Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03180J4	Bypass Left Brachial Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03180K1	Bypass Left Brachial Artery to Left Upper Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03180K4	Bypass Left Brachial Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03180Z1	Bypass Left Brachial Artery to Left Upper Arm Artery, Open Approach	ICD-10-PCS	Procedure
03180Z4	Bypass Left Brachial Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
03190A3	Bypass Right Ulnar Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03190J3	Bypass Right Ulnar Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03190K3	Bypass Right Ulnar Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03190Z3	Bypass Right Ulnar Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
031A094	Bypass Left Ulnar Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031A0A4	Bypass Left Ulnar Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031A0J4	Bypass Left Ulnar Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031A0K4	Bypass Left Ulnar Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031A0Z4	Bypass Left Ulnar Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
031B093	Bypass Right Radial Artery to Right Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031B0A3	Bypass Right Radial Artery to Right Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031B0J3	Bypass Right Radial Artery to Right Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031B0K3	Bypass Right Radial Artery to Right Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031B0Z3	Bypass Right Radial Artery to Right Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
031C094	Bypass Left Radial Artery to Left Lower Arm Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031C0A4	Bypass Left Radial Artery to Left Lower Arm Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031C0J4	Bypass Left Radial Artery to Left Lower Arm Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031C0K4	Bypass Left Radial Artery to Left Lower Arm Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031C0Z4	Bypass Left Radial Artery to Left Lower Arm Artery, Open Approach	ICD-10-PCS	Procedure
037304Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037305Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037306Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037307Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730Z6	Dilation of Right Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03730ZZ	Dilation of Right Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
037334Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037335Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037336Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037337Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03733ZZ	Dilation of Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037344Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037345Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037346Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037347Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03734GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734ZZ	Dilation of Right Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037404Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037405Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037406Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037407Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740Z6	Dilation of Left Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03740ZZ	Dilation of Left Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
037434Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037435Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037436Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037437Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03743G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03743ZZ	Dilation of Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037444Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037445Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037446Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037447Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744ZZ	Dilation of Left Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037504Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037505Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037506Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037507Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03750DZ	Dilation of Right Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03750EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03750F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750Z6	Dilation of Right Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03750ZZ	Dilation of Right Axillary Artery, Open Approach	ICD-10-PCS	Procedure
037534Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037535Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037536Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037537Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03753ZZ	Dilation of Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037544Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037545Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037546Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037547Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03754DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754ZZ	Dilation of Right Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037604Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037605Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037606Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037607Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760DZ	Dilation of Left Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760Z6	Dilation of Left Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03760ZZ	Dilation of Left Axillary Artery, Open Approach	ICD-10-PCS	Procedure
037634Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037635Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037636Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037637Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03763DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03763EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03763ZZ	Dilation of Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037644Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037645Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037646Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037647Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764ZZ	Dilation of Left Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037704Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037705Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037706Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037707Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03770DZ	Dilation of Right Brachial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03770EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03770Z6	Dilation of Right Brachial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03770ZZ	Dilation of Right Brachial Artery, Open Approach	ICD-10-PCS	Procedure
037734Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037735Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037736Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037737Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03773DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03773EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03773GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03773Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037744Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037745Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037746Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037747Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774D6	Dilation of Right Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03774ZZ	Dilation of Right Brachial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037804Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037805Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037806Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037807Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03780DZ	Dilation of Left Brachial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03780EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03780G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03780Z6	Dilation of Left Brachial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03780ZZ	Dilation of Left Brachial Artery, Open Approach	ICD-10-PCS	Procedure
037834Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037835Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037836Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037837Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03783DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03783EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03783Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037844Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037845Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037846Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037847Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03784EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03784ZZ	Dilation of Left Brachial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037904Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037905Z	Dilation of Right Ulnar Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037906Z	Dilation of Right Ulnar Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037907Z	Dilation of Right Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790D6	Dilation of Right Ulnar Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03790DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03790EZ	Dilation of Right Ulnar Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790F6	Dilation of Right Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790FZ	Dilation of Right Ulnar Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790G6	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790GZ	Dilation of Right Ulnar Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03790Z6	Dilation of Right Ulnar Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03790ZZ	Dilation of Right Ulnar Artery, Open Approach	ICD-10-PCS	Procedure
037934Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037935Z	Dilation of Right Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037936Z	Dilation of Right Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037937Z	Dilation of Right Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03793D6	Dilation of Right Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03793DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03793EZ	Dilation of Right Ulnar Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793F6	Dilation of Right Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793FZ	Dilation of Right Ulnar Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793G6	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793GZ	Dilation of Right Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03793Z6	Dilation of Right Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03793ZZ	Dilation of Right Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037944Z	Dilation of Right Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037945Z	Dilation of Right Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037946Z	Dilation of Right Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037947Z	Dilation of Right Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794D6	Dilation of Right Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794DZ	Dilation of Right Ulnar Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794EZ	Dilation of Right Ulnar Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794F6	Dilation of Right Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794FZ	Dilation of Right Ulnar Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794G6	Dilation of Right Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794GZ	Dilation of Right Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794Z6	Dilation of Right Ulnar Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03794ZZ	Dilation of Right Ulnar Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A046	Dilation of Left Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A04Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037A056	Dilation of Left Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A05Z	Dilation of Left Ulnar Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A066	Dilation of Left Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A06Z	Dilation of Left Ulnar Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A076	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A07Z	Dilation of Left Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0D6	Dilation of Left Ulnar Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A0DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037A0E6	Dilation of Left Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0EZ	Dilation of Left Ulnar Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0F6	Dilation of Left Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0FZ	Dilation of Left Ulnar Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0G6	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0GZ	Dilation of Left Ulnar Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037A0Z6	Dilation of Left Ulnar Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037A0ZZ	Dilation of Left Ulnar Artery, Open Approach	ICD-10-PCS	Procedure
037A346	Dilation of Left Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A34Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A356	Dilation of Left Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A35Z	Dilation of Left Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A366	Dilation of Left Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A36Z	Dilation of Left Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A376	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A37Z	Dilation of Left Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037A3D6	Dilation of Left Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A3DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037A3E6	Dilation of Left Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3EZ	Dilation of Left Ulnar Artery with Two Intraluminal Devices, Percutaneous	ICD-10-PCS	Procedure
037A3F6	Dilation of Left Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3FZ	Dilation of Left Ulnar Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3G6	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3GZ	Dilation of Left Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037A3Z6	Dilation of Left Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037A3ZZ	Dilation of Left Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037A446	Dilation of Left Ulnar Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A44Z	Dilation of Left Ulnar Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A456	Dilation of Left Ulnar Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A45Z	Dilation of Left Ulnar Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A466	Dilation of Left Ulnar Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A46Z	Dilation of Left Ulnar Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A476	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A47Z	Dilation of Left Ulnar Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4D6	Dilation of Left Ulnar Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4DZ	Dilation of Left Ulnar Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4E6	Dilation of Left Ulnar Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4EZ	Dilation of Left Ulnar Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4F6	Dilation of Left Ulnar Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037A4FZ	Dilation of Left Ulnar Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4G6	Dilation of Left Ulnar Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4GZ	Dilation of Left Ulnar Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4Z6	Dilation of Left Ulnar Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037A4ZZ	Dilation of Left Ulnar Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B046	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B04Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B056	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B05Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B066	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B06Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B076	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B07Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B0DZ	Dilation of Right Radial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037B0E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037B0Z6	Dilation of Right Radial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037B0ZZ	Dilation of Right Radial Artery, Open Approach	ICD-10-PCS	Procedure
037B346	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037B34Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B356	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B35Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B366	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B36Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B376	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B37Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B3DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037B3E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037B3Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037B446	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B44Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B456	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B45Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B466	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037B46Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B476	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B47Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037B4ZZ	Dilation of Right Radial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C046	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C04Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C056	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C05Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C066	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C06Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C076	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C07Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037C0DZ	Dilation of Left Radial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037C0E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037C0Z6	Dilation of Left Radial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037C0ZZ	Dilation of Left Radial Artery, Open Approach	ICD-10-PCS	Procedure
037C346	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C34Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C356	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C35Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C366	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C36Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C376	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C37Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C3DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037C3E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037C3GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037C3Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037C3ZZ	Dilation of Left Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037C446	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C44Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C456	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C45Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C466	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C46Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C476	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C47Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037C4ZZ	Dilation of Left Radial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D046	Dilation of Right Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D04Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037D056	Dilation of Right Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D05Z	Dilation of Right Hand Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D066	Dilation of Right Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D06Z	Dilation of Right Hand Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D076	Dilation of Right Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D07Z	Dilation of Right Hand Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0D6	Dilation of Right Hand Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D0DZ	Dilation of Right Hand Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037D0E6	Dilation of Right Hand Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0EZ	Dilation of Right Hand Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0F6	Dilation of Right Hand Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0FZ	Dilation of Right Hand Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0G6	Dilation of Right Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0GZ	Dilation of Right Hand Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037D0Z6	Dilation of Right Hand Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037D0ZZ	Dilation of Right Hand Artery, Open Approach	ICD-10-PCS	Procedure
037D346	Dilation of Right Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D34Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D356	Dilation of Right Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D35Z	Dilation of Right Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D366	Dilation of Right Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D36Z	Dilation of Right Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D376	Dilation of Right Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D37Z	Dilation of Right Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037D3D6	Dilation of Right Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D3DZ	Dilation of Right Hand Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037D3E6	Dilation of Right Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3EZ	Dilation of Right Hand Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3F6	Dilation of Right Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3FZ	Dilation of Right Hand Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3G6	Dilation of Right Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3GZ	Dilation of Right Hand Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037D3Z6	Dilation of Right Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037D3ZZ	Dilation of Right Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037D446	Dilation of Right Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D44Z	Dilation of Right Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D456	Dilation of Right Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D45Z	Dilation of Right Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D466	Dilation of Right Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D46Z	Dilation of Right Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D476	Dilation of Right Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D47Z	Dilation of Right Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4D6	Dilation of Right Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4DZ	Dilation of Right Hand Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4E6	Dilation of Right Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4EZ	Dilation of Right Hand Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037D4F6	Dilation of Right Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4FZ	Dilation of Right Hand Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4G6	Dilation of Right Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4GZ	Dilation of Right Hand Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4Z6	Dilation of Right Hand Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037D4ZZ	Dilation of Right Hand Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F046	Dilation of Left Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F04Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F056	Dilation of Left Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F05Z	Dilation of Left Hand Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F066	Dilation of Left Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F06Z	Dilation of Left Hand Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F076	Dilation of Left Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F07Z	Dilation of Left Hand Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0D6	Dilation of Left Hand Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F0DZ	Dilation of Left Hand Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037F0E6	Dilation of Left Hand Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0EZ	Dilation of Left Hand Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0F6	Dilation of Left Hand Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0FZ	Dilation of Left Hand Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0G6	Dilation of Left Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0GZ	Dilation of Left Hand Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037F0Z6	Dilation of Left Hand Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
037F0ZZ	Dilation of Left Hand Artery, Open Approach	ICD-10-PCS	Procedure
037F346	Dilation of Left Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037F34Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F356	Dilation of Left Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F35Z	Dilation of Left Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F366	Dilation of Left Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F36Z	Dilation of Left Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F376	Dilation of Left Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F37Z	Dilation of Left Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3D6	Dilation of Left Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F3DZ	Dilation of Left Hand Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037F3E6	Dilation of Left Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3EZ	Dilation of Left Hand Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3F6	Dilation of Left Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3FZ	Dilation of Left Hand Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3G6	Dilation of Left Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3GZ	Dilation of Left Hand Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037F3Z6	Dilation of Left Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037F3ZZ	Dilation of Left Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037F446	Dilation of Left Hand Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F44Z	Dilation of Left Hand Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F456	Dilation of Left Hand Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F45Z	Dilation of Left Hand Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F466	Dilation of Left Hand Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F46Z	Dilation of Left Hand Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037F476	Dilation of Left Hand Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F47Z	Dilation of Left Hand Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4D6	Dilation of Left Hand Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4DZ	Dilation of Left Hand Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4E6	Dilation of Left Hand Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4EZ	Dilation of Left Hand Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4F6	Dilation of Left Hand Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4FZ	Dilation of Left Hand Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4G6	Dilation of Left Hand Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4GZ	Dilation of Left Hand Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4Z6	Dilation of Left Hand Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037F4ZZ	Dilation of Left Hand Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C33Z6	Extirpation of Matter from Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C33ZZ	Extirpation of Matter from Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C43Z6	Extirpation of Matter from Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C43ZZ	Extirpation of Matter from Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C53Z6	Extirpation of Matter from Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C53ZZ	Extirpation of Matter from Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C63Z6	Extirpation of Matter from Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C63ZZ	Extirpation of Matter from Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C73Z6	Extirpation of Matter from Right Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C73ZZ	Extirpation of Matter from Right Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C83Z6	Extirpation of Matter from Left Brachial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C83ZZ	Extirpation of Matter from Left Brachial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C93Z6	Extirpation of Matter from Right Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C93ZZ	Extirpation of Matter from Right Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CA3Z6	Extirpation of Matter from Left Ulnar Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03CA3ZZ	Extirpation of Matter from Left Ulnar Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CB3Z6	Extirpation of Matter from Right Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CB3ZZ	Extirpation of Matter from Right Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CC3Z6	Extirpation of Matter from Left Radial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CC3ZZ	Extirpation of Matter from Left Radial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CD3Z6	Extirpation of Matter from Right Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CD3ZZ	Extirpation of Matter from Right Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CF3Z6	Extirpation of Matter from Left Hand Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CF3ZZ	Extirpation of Matter from Left Hand Artery, Percutaneous Approach	ICD-10-PCS	Procedure
041009B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
04100A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04100AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AR	Bypass Abdominal Aorta to Lower Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04100K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KR	Bypass Abdominal Aorta to Lower Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZH	Bypass Abdominal Aorta to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041049B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041049C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04104J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04104KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZH	Bypass Abdominal Aorta to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C09H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041C0AH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0AJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0AK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041C49H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041C4KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D09H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041D49H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041D49K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E09H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041E0JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041E49H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041F09H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0JH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041F49H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041F4JJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H09H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041H0ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041H49H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J09H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041J0AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041J49H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041J4ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K09H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041K0JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0ZH	Bypass Right Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041K0ZL	Bypass Right Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZM	Bypass Right Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041K0ZP	Bypass Right Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041K49H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041K4JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZH	Bypass Right Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZL	Bypass Right Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041K4ZM	Bypass Right Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZP	Bypass Right Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L09H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041LOAQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041LOAS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041LOJH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOZH	Bypass Left Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041LOZJ	Bypass Left Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041L0ZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041L0ZL	Bypass Left Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZM	Bypass Left Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZP	Bypass Left Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZS	Bypass Left Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041L49H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041L4AS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZH	Bypass Left Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZJ	Bypass Left Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041L4ZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZL	Bypass Left Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZM	Bypass Left Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZP	Bypass Left Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZS	Bypass Left Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M09L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041M0KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0ZL	Bypass Right Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZM	Bypass Right Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZP	Bypass Right Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041M49L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041M4JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZL	Bypass Right Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZM	Bypass Right Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZP	Bypass Right Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N09L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041N0AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0ZL	Bypass Left Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZM	Bypass Left Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZP	Bypass Left Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041N49L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041N4AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZL	Bypass Left Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZM	Bypass Left Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZP	Bypass Left Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T09P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041T0AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0ZP	Bypass Right Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041T49P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041T4KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZP	Bypass Right Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U09P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0ZP	Bypass Left Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041U49P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041U4AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZP	Bypass Left Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V09P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041V0KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0ZP	Bypass Right Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041V0ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041V0ZS	Bypass Right Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041V49P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZP	Bypass Right Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZS	Bypass Right Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W09P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W09Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W09S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041W0AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0ZP	Bypass Left Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZS	Bypass Left Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041W49P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041W4ZP	Bypass Left Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZS	Bypass Left Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04700D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04700F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700Z6	Dilation of Abdominal Aorta, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04703D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04703F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04704D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C041	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C046	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C04Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C056	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C05Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C066	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C06Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C076	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047C07Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C0D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C0Z6	Dilation of Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047C0ZZ	Dilation of Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047C341	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C346	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C356	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C35Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C366	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C36Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C376	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C37Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047C3D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C3E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047C441	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C446	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C44Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C456	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C45Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C466	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C46Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C476	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C47Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047C4DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D041	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D046	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D04Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D056	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D05Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D066	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D06Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D076	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D07Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D0DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047D0E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0Z6	Dilation of Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047D0ZZ	Dilation of Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047D341	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D346	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D356	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D35Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D366	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D36Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D376	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D37Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047D3F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047D441	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D446	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D44Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D456	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D45Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D466	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D46Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D476	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D47Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047D4FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4ZZ	Dilation of Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E04Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E05Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E06Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E07Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047E0ZZ	Dilation of Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047E341	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E346	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E356	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E35Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E366	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E36Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E376	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E37Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047E441	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E446	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E44Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047E456	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E45Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E466	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E46Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E476	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E47Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F041	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F046	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F04Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047F056	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F05Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F066	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F06Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F076	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F07Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047F0ZZ	Dilation of Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047F341	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F346	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F356	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F35Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047F366	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F36Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F376	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F37Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047F441	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F446	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F44Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F456	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F45Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F466	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047F46Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F476	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F47Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H041	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H046	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H04Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H056	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H05Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H066	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047H06Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H076	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H07Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0Z6	Dilation of Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047H0ZZ	Dilation of Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047H341	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H346	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H34Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H356	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H35Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H366	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H36Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H376	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047H37Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047H3ZZ	Dilation of Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047H441	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H446	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H44Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H456	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H45Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H466	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H46Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H476	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H47Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047H4D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4ZZ	Dilation of Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J041	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J046	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J04Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J056	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J05Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J066	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J06Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J076	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J07Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047J0D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J0D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J0Z6	Dilation of Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047J0ZZ	Dilation of Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047J341	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J346	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J34Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J356	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J35Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J366	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J36Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J376	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J37Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047J3DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J3E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047J3ZZ	Dilation of Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047J441	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J446	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J44Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J456	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J45Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J466	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J46Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J476	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J47Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047J4E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4ZZ	Dilation of Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K041	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K046	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K04Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K056	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K05Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K066	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K06Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K076	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K07Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0DZ	Dilation of Right Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047K0EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0Z6	Dilation of Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047K0ZZ	Dilation of Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
047K341	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K346	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K356	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K35Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K366	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K36Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K376	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K37Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047K3FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047K441	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K446	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K44Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K456	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K45Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K466	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K46Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K476	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K47Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047K4G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4ZZ	Dilation of Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L041	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L046	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L04Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L056	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L05Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L066	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L06Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L076	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L07Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L0D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0DZ	Dilation of Left Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047L0Z6	Dilation of Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047L0ZZ	Dilation of Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
047L341	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L346	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L356	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L35Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L366	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L36Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L376	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L37Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047L3ZZ	Dilation of Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047L441	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047L446	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L44Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L456	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L45Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L466	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L46Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L476	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L47Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4ZZ	Dilation of Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M041	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M046	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047M04Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M056	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M05Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M066	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M06Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M076	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M07Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0Z6	Dilation of Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047M0ZZ	Dilation of Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047M341	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M346	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M34Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M356	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M35Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047M366	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M36Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M376	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M37Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M3D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047M3ZZ	Dilation of Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047M441	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M446	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M44Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M456	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M45Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M466	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047M46Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M476	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M47Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4ZZ	Dilation of Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N041	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N046	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N04Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N056	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N05Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N066	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N06Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047N076	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N07Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0Z6	Dilation of Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047N0ZZ	Dilation of Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047N341	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N346	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N34Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N356	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N35Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N366	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N36Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N376	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N37Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047N3D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N3E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047N3ZZ	Dilation of Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047N441	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N446	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N44Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N456	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N45Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N466	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N46Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N476	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N47Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047N4E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4ZZ	Dilation of Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P041	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P046	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P04Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P056	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P05Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P066	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P06Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P076	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P07Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047P0EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047P0ZZ	Dilation of Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047P341	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P346	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P356	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P35Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P366	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P36Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P376	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P37Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047P3F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047P441	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P446	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P44Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P456	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P45Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P466	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P46Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P476	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P47Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047P4FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q041	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q046	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q04Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q056	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q05Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q066	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q06Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q076	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q07Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047Q0G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047Q0ZZ	Dilation of Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047Q341	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q346	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q356	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q35Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q366	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q36Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q376	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q37Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047Q3GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047Q441	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q446	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q44Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q456	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q45Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q466	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q46Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q476	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q47Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047Q4Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R041	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R046	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R04Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R056	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R05Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R066	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R06Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R076	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R07Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047R0ZZ	Dilation of Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047R341	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R346	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R356	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R35Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R366	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R36Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R376	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R37Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047R3ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047R441	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R446	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R44Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R456	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R45Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R466	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R46Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R476	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R47Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047S041	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S046	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S04Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S056	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S05Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S066	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S06Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S076	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S07Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047S0ZZ	Dilation of Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047S341	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S346	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047S34Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S356	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S35Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S366	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S36Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S376	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S37Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047S3ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047S441	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S446	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S44Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047S456	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S45Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S466	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S46Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S476	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S47Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T041	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T046	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T04Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047T056	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T05Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T066	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T06Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T076	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T07Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T0DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T0E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0Z6	Dilation of Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047T0ZZ	Dilation of Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047T341	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T346	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T34Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T356	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T35Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T366	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047T36Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T376	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T37Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047T441	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T446	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T44Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T456	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T45Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T466	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T46Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047T476	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T47Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4ZZ	Dilation of Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U041	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U046	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U04Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U056	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U05Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U066	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U06Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U076	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047U07Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0Z6	Dilation of Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047U0ZZ	Dilation of Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047U341	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U346	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U34Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U356	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U35Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U366	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U36Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U376	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U37Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047U3DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U3E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047U3ZZ	Dilation of Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047U441	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U446	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U44Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U456	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U45Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U466	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U46Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U476	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U47Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047U4EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4ZZ	Dilation of Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V041	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V046	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V04Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V056	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V05Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V066	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V06Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V076	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V07Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0DZ	Dilation of Right Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047V0G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0Z6	Dilation of Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047V0ZZ	Dilation of Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
047V341	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V346	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V34Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V356	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V35Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V366	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V36Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V376	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V37Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047V3Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047V3ZZ	Dilation of Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047V441	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V446	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V44Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V456	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V45Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V466	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V46Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V476	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V47Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047V4ZZ	Dilation of Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W041	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W046	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W04Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W056	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W05Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W066	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W06Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W076	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W07Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0DZ	Dilation of Left Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0Z6	Dilation of Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047W0ZZ	Dilation of Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
047W341	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W346	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W34Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W356	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047W35Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W366	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W36Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W376	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W37Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047W3ZZ	Dilation of Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047W441	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W446	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W44Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W456	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W45Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W466	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047W46Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W476	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W47Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4ZZ	Dilation of Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C00Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C03Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C04Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC0Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CC0ZZ	Extirpation of Matter from Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CC3Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CC3ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CC4Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC4ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04CD0Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CD0ZZ	Extirpation of Matter from Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CD3Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CD3ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CD4Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CD4ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE0Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CE0ZZ	Extirpation of Matter from Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CE3Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CE3ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CE4Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE4ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF0Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CF0ZZ	Extirpation of Matter from Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CF3Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CF3ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CF4Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF4ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH0Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CH0ZZ	Extirpation of Matter from Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CH3Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CH3ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CH4Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH4ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ0Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CJ0ZZ	Extirpation of Matter from Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CJ3Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CJ3ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04CJ4Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ4ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK0Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CK0ZZ	Extirpation of Matter from Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CK3Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CK4Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK4ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL0Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CL0ZZ	Extirpation of Matter from Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CL3Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CL4Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL4ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM0Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CM0ZZ	Extirpation of Matter from Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CM3Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CM4Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM4ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN0Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CN0ZZ	Extirpation of Matter from Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CN3Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CN3ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CN4Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN4ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP0Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CP0ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04CP3Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CP4Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP4ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ0Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CQ0ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CQ3Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ4Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ4ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR0Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CR0ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CR3Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CR4Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR4ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS0Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CS0ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CS3Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CS4Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS4ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT0Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CT0ZZ	Extirpation of Matter from Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CT3Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04CT4Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT4ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU0Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CU0ZZ	Extirpation of Matter from Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CU3Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CU4Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU4ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV0Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CV0ZZ	Extirpation of Matter from Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CV3Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CV3ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CV4Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV4ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW0Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CW0ZZ	Extirpation of Matter from Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CW3Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CW3ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CW4Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW4ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0Y6C0Z1	Detachment at Right Upper Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6C0Z2	Detachment at Right Upper Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6C0Z3	Detachment at Right Upper Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z1	Detachment at Left Upper Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z2	Detachment at Left Upper Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z3	Detachment at Left Upper Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6F0ZZ	Detachment at Right Knee Region, Open Approach	ICD-10-PCS	Procedure
0Y6G0ZZ	Detachment at Left Knee Region, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z1	Detachment at Right Lower Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z2	Detachment at Right Lower Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z3	Detachment at Right Lower Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z1	Detachment at Left Lower Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z2	Detachment at Left Lower Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z3	Detachment at Left Lower Leg, Low, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0Y6M0Z0	Detachment at Right Foot, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z4	Detachment at Right Foot, Complete 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z5	Detachment at Right Foot, Complete 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z6	Detachment at Right Foot, Complete 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z7	Detachment at Right Foot, Complete 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z8	Detachment at Right Foot, Complete 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z9	Detachment at Right Foot, Partial 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZB	Detachment at Right Foot, Partial 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZC	Detachment at Right Foot, Partial 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZD	Detachment at Right Foot, Partial 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZF	Detachment at Right Foot, Partial 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z0	Detachment at Left Foot, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z4	Detachment at Left Foot, Complete 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z5	Detachment at Left Foot, Complete 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z6	Detachment at Left Foot, Complete 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z7	Detachment at Left Foot, Complete 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z8	Detachment at Left Foot, Complete 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z9	Detachment at Left Foot, Partial 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZB	Detachment at Left Foot, Partial 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZC	Detachment at Left Foot, Partial 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZD	Detachment at Left Foot, Partial 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZF	Detachment at Left Foot, Partial 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z0	Detachment at Right 1st Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z1	Detachment at Right 1st Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z2	Detachment at Right 1st Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z3	Detachment at Right 1st Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z0	Detachment at Left 1st Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z1	Detachment at Left 1st Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z2	Detachment at Left 1st Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z3	Detachment at Left 1st Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z0	Detachment at Right 2nd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z1	Detachment at Right 2nd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z2	Detachment at Right 2nd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z3	Detachment at Right 2nd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z0	Detachment at Left 2nd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z1	Detachment at Left 2nd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z2	Detachment at Left 2nd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z3	Detachment at Left 2nd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z0	Detachment at Right 3rd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z1	Detachment at Right 3rd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z2	Detachment at Right 3rd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z3	Detachment at Right 3rd Toe, Low, Open Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0Y6U0Z0	Detachment at Left 3rd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z1	Detachment at Left 3rd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z2	Detachment at Left 3rd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z3	Detachment at Left 3rd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z0	Detachment at Right 4th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z1	Detachment at Right 4th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z2	Detachment at Right 4th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z3	Detachment at Right 4th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z0	Detachment at Left 4th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z1	Detachment at Left 4th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z2	Detachment at Left 4th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z3	Detachment at Left 4th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z0	Detachment at Right 5th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z1	Detachment at Right 5th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z2	Detachment at Right 5th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z3	Detachment at Right 5th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z0	Detachment at Left 5th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z1	Detachment at Left 5th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z2	Detachment at Left 5th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z3	Detachment at Left 5th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	CPT Category III	Procedure
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	CPT Category III	Procedure
27295	Disarticulation of hip	CPT-4	Procedure
27295	Disarticulation of hip	CPT-4	Procedure
27590	Amputation, thigh, through femur, any level;	CPT-4	Procedure
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	CPT-4	Procedure
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	CPT-4	Procedure
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	CPT-4	Procedure
27596	Amputation, thigh, through femur, any level; re-amputation	CPT-4	Procedure
27598	Disarticulation at knee	CPT-4	Procedure
27880	Amputation, leg, through tibia and fibula;	CPT-4	Procedure
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	CPT-4	Procedure
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	CPT-4	Procedure
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	CPT-4	Procedure
27886	Amputation, leg, through tibia and fibula; re-amputation	CPT-4	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	CPT-4	Procedure
27889	Ankle disarticulation	CPT-4	Procedure
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27899	Unlisted procedure, leg or ankle	CPT-4	Procedure
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	CPT-4	Procedure
28805	Amputation, foot; transmetatarsal	CPT-4	Procedure
28810	Amputation, metatarsal, with toe, single	CPT-4	Procedure
28820	Amputation, toe; metatarsophalangeal joint	CPT-4	Procedure
28825	Amputation, toe; interphalangeal joint	CPT-4	Procedure
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	CPT-4	Procedure
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	CPT-4	Procedure
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)	CPT-4	Procedure
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)	CPT-4	Procedure
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	CPT-4	Procedure
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis	CPT-4	Procedure
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	CPT-4	Procedure
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	CPT-4	Procedure
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	CPT-4	Procedure
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	CPT-4	Procedure
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	CPT-4	Procedure
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	CPT-4	Procedure
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	CPT-4	Procedure
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	CPT-4	Procedure
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	CPT-4	Procedure
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	CPT-4	Procedure
35351	Thromboendarterectomy, including patch graft, if performed; iliac	CPT-4	Procedure
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	CPT-4	Procedure
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	CPT-4	Procedure
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	CPT-4	Procedure
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	CPT-4	Procedure
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	CPT-4	Procedure
35454	Transluminal balloon angioplasty, open; iliac	CPT-4	Procedure
35456	Transluminal balloon angioplasty, open; femoral-popliteal	CPT-4	Procedure
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	CPT-4	Procedure
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	CPT-4	Procedure
35473	Transluminal balloon angioplasty, percutaneous; iliac	CPT-4	Procedure
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	CPT-4	Procedure
35482	Transluminal peripheral atherectomy, open; iliac	CPT-4	Procedure
35483	Transluminal peripheral atherectomy, open; femoral-popliteal	CPT-4	Procedure
35491	Transluminal peripheral atherectomy, percutaneous; aortic	CPT-4	Procedure
35492	Transluminal peripheral atherectomy, percutaneous; iliac	CPT-4	Procedure
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	CPT-4	Procedure
35494	Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel	CPT-4	Procedure
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	CPT-4	Procedure
35521	Bypass graft, with vein; axillary-femoral	CPT-4	Procedure
35533	Bypass graft, with vein; axillary-femoral-femoral	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
35541	Bypass graft, with vein; aortoiliac or bi-iliac	CPT-4	Procedure
35546	Bypass graft, with vein; aortofemoral or bifemoral	CPT-4	Procedure
35548	Bypass graft, with vein; aortoiliofemoral, unilateral	CPT-4	Procedure
35549	Bypass graft, with vein; aortoiliofemoral, bilateral	CPT-4	Procedure
35551	Bypass graft, with vein; aortofemoral-popliteal	CPT-4	Procedure
35556	Bypass graft, with vein; femoral-popliteal	CPT-4	Procedure
35558	Bypass graft, with vein; femoral-femoral	CPT-4	Procedure
35563	Bypass graft, with vein; ilioiliac	CPT-4	Procedure
35565	Bypass graft, with vein; iliofemoral	CPT-4	Procedure
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	CPT-4	Procedure
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	CPT-4	Procedure
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	CPT-4	Procedure
35583	In-situ vein bypass; femoral-popliteal	CPT-4	Procedure
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	CPT-4	Procedure
35587	In-situ vein bypass; popliteal-tibial, peroneal	CPT-4	Procedure
35621	Bypass graft, with other than vein; axillary-femoral	CPT-4	Procedure
35646	Bypass graft, with other than vein; aortobifemoral	CPT-4	Procedure
35651	Bypass graft, with other than vein; aortofemoral-popliteal	CPT-4	Procedure
35654	Bypass graft, with other than vein; axillary-femoral-femoral	CPT-4	Procedure
35656	Bypass graft, with other than vein; femoral-popliteal	CPT-4	Procedure
35661	Bypass graft, with other than vein; femoral-femoral	CPT-4	Procedure
35665	Bypass graft, with other than vein; iliofemoral	CPT-4	Procedure
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	CPT-4	Procedure
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	CPT-4	Procedure
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	CPT-4	Procedure
37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	CPT-4	Procedure
37207	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	CPT-4	Procedure
37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	CPT-4	Procedure
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
<b>Diabetes Mellitus with Evidence of Microvascular Disease or Macrovascular Disease</b>			
249.4	Secondary diabetes mellitus with renal manifestations	ICD-9-CM	Diagnosis
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.5	Secondary diabetes mellitus with ophthalmic manifestations	ICD-9-CM	Diagnosis
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.51	Secondary diabetes mellitus with ophthalmic manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.6	Secondary diabetes mellitus with neurological manifestations	ICD-9-CM	Diagnosis
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.61	Secondary diabetes mellitus with neurological manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.7	Secondary diabetes mellitus with peripheral circulatory disorders	ICD-9-CM	Diagnosis
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	ICD-9-CM	Diagnosis
250.4	Diabetes with renal manifestations	ICD-9-CM	Diagnosis
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.5	Diabetes with ophthalmic manifestations	ICD-9-CM	Diagnosis
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.6	Diabetes with neurological manifestations	ICD-9-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.8	Diabetes with other specified manifestations	ICD-9-CM	Diagnosis
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.9	Diabetes with unspecified complication	ICD-9-CM	Diagnosis
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
357.2	Polyneuropathy in diabetes	ICD-9-CM	Diagnosis
362.0	Diabetic retinopathy	ICD-9-CM	Diagnosis
362.01	Background diabetic retinopathy	ICD-9-CM	Diagnosis
362.02	Proliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.03	Nonproliferative diabetic retinopathy NOS	ICD-9-CM	Diagnosis
362.04	Mild nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.05	Moderate nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.06	Severe nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.07	Diabetic macular edema	ICD-9-CM	Diagnosis
362.17	Other intraretinal microvascular abnormalities	ICD-9-CM	Diagnosis
443.81	Peripheral angiopathy in diseases classified elsewhere	ICD-9-CM	Diagnosis
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	ICD-10-CM	Diagnosis
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract	ICD-10-CM	Diagnosis
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy	ICD-10-CM	Diagnosis
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication	ICD-10-CM	Diagnosis
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	ICD-10-CM	Diagnosis
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	ICD-10-CM	Diagnosis
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy	ICD-10-CM	Diagnosis
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.36	Type 1 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E10.59	Type 1 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E10.621	Type 1 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E10.622	Type 1 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E10.628	Type 1 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E10.630	Type 1 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E10.638	Type 1 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E10.69	Type 1 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E10.8	Type 1 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.36	Type 2 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E11.59	Type 2 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E11.621	Type 2 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E11.622	Type 2 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E11.628	Type 2 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E11.630	Type 2 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E11.638	Type 2 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E11.69	Type 2 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E11.8	Type 2 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E13.21	Other specified diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.36	Other specified diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.59	Other specified diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E13.620	Other specified diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E13.621	Other specified diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E13.622	Other specified diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E13.628	Other specified diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E13.630	Other specified diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E13.638	Other specified diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E13.69	Other specified diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E13.8	Other specified diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
H35.09	Other intraretinal microvascular abnormalities	ICD-10-CM	Diagnosis
I79.1	Aortitis in diseases classified elsewhere	ICD-10-CM	Diagnosis
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere	ICD-10-CM	Diagnosis
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education	HCPCS	Procedure
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	HCPCS	Procedure
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	HCPCS	Procedure

**Diabetes Mellitus with Evidence of Microvascular Disease or Macrovascular Disease**

**Diabetes Mellitus**

249	Secondary diabetes mellitus	ICD-9-CM	Diagnosis
249.0	Secondary diabetes mellitus without mention of complication	ICD-9-CM	Diagnosis
249.00	Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.01	Secondary diabetes mellitus without mention of complication, uncontrolled	ICD-9-CM	Diagnosis
249.1	Secondary diabetes mellitus with ketoacidosis	ICD-9-CM	Diagnosis
249.10	Secondary diabetes mellitus with ketoacidosis, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
249.11	Secondary diabetes mellitus with ketoacidosis, uncontrolled	ICD-9-CM	Diagnosis
249.2	Secondary diabetes mellitus with hyperosmolarity	ICD-9-CM	Diagnosis
249.20	Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.21	Secondary diabetes mellitus with hyperosmolarity, uncontrolled	ICD-9-CM	Diagnosis
249.3	Secondary diabetes mellitus with other coma	ICD-9-CM	Diagnosis
249.30	Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.31	Secondary diabetes mellitus with other coma, uncontrolled	ICD-9-CM	Diagnosis
249.4	Secondary diabetes mellitus with renal manifestations	ICD-9-CM	Diagnosis
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.5	Secondary diabetes mellitus with ophthalmic manifestations	ICD-9-CM	Diagnosis
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.51	Secondary diabetes mellitus with ophthalmic manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.6	Secondary diabetes mellitus with neurological manifestations	ICD-9-CM	Diagnosis
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.61	Secondary diabetes mellitus with neurological manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.7	Secondary diabetes mellitus with peripheral circulatory disorders	ICD-9-CM	Diagnosis
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	ICD-9-CM	Diagnosis
249.8	Secondary diabetes mellitus with other specified manifestations	ICD-9-CM	Diagnosis
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.81	Secondary diabetes mellitus with other specified manifestations, uncontrolled	ICD-9-CM	Diagnosis
249.9	Secondary diabetes mellitus with unspecified complication	ICD-9-CM	Diagnosis
249.90	Secondary diabetes mellitus with unspecified complication, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.91	Secondary diabetes mellitus with unspecified complication, uncontrolled	ICD-9-CM	Diagnosis
250	Diabetes mellitus	ICD-9-CM	Diagnosis
250.0	Diabetes mellitus without mention of complication	ICD-9-CM	Diagnosis
250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.02	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.1	Diabetes with ketoacidosis	ICD-9-CM	Diagnosis
250.10	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.11	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.12	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.2	Diabetes with hyperosmolarity	ICD-9-CM	Diagnosis
250.20	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.21	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.22	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.3	Diabetes with other coma	ICD-9-CM	Diagnosis
250.30	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.32	Diabetes with other coma, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.33	Diabetes with other coma, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.4	Diabetes with renal manifestations	ICD-9-CM	Diagnosis
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.5	Diabetes with ophthalmic manifestations	ICD-9-CM	Diagnosis
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.51	Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.6	Diabetes with neurological manifestations	ICD-9-CM	Diagnosis
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.61	Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.7	Diabetes with peripheral circulatory disorders	ICD-9-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.71	Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.8	Diabetes with other specified manifestations	ICD-9-CM	Diagnosis
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.81	Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.83	Diabetes with other specified manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
250.9	Diabetes with unspecified complication	ICD-9-CM	Diagnosis
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
357.2	Polyneuropathy in diabetes	ICD-9-CM	Diagnosis
362.0	Diabetic retinopathy	ICD-9-CM	Diagnosis
362.01	Background diabetic retinopathy	ICD-9-CM	Diagnosis
362.02	Proliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.03	Nonproliferative diabetic retinopathy NOS	ICD-9-CM	Diagnosis
362.04	Mild nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.05	Moderate nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.06	Severe nonproliferative diabetic retinopathy	ICD-9-CM	Diagnosis
362.07	Diabetic macular edema	ICD-9-CM	Diagnosis
362.17	Other intraretinal microvascular abnormalities	ICD-9-CM	Diagnosis
366.41	Diabetic cataract	ICD-9-CM	Diagnosis
443.81	Peripheral angiopathy in diseases classified elsewhere	ICD-9-CM	Diagnosis
790.2	Abnormal glucose	ICD-9-CM	Diagnosis
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma	ICD-10-CM	Diagnosis
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma	ICD-10-CM	Diagnosis
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	ICD-10-CM	Diagnosis
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract	ICD-10-CM	Diagnosis
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy	ICD-10-CM	Diagnosis
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication	ICD-10-CM	Diagnosis
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	ICD-10-CM	Diagnosis
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy	ICD-10-CM	Diagnosis
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis	ICD-10-CM	Diagnosis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer	ICD-10-CM	Diagnosis
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer	ICD-10-CM	Diagnosis
E08.628	Diabetes mellitus due to underlying condition with other skin complications	ICD-10-CM	Diagnosis
E08.630	Diabetes mellitus due to underlying condition with periodontal disease	ICD-10-CM	Diagnosis
E08.638	Diabetes mellitus due to underlying condition with other oral complications	ICD-10-CM	Diagnosis
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma	ICD-10-CM	Diagnosis
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma	ICD-10-CM	Diagnosis
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	ICD-10-CM	Diagnosis
E08.69	Diabetes mellitus due to underlying condition with other specified complication	ICD-10-CM	Diagnosis
E08.8	Diabetes mellitus due to underlying condition with unspecified complications	ICD-10-CM	Diagnosis
E08.9	Diabetes mellitus due to underlying condition without complications	ICD-10-CM	Diagnosis
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy	ICD-10-CM	Diagnosis
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication	ICD-10-CM	Diagnosis
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E09.628	Drug or chemical induced diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E09.638	Drug or chemical induced diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E09.69	Drug or chemical induced diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E09.9	Drug or chemical induced diabetes mellitus without complications	ICD-10-CM	Diagnosis
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E10.36	Type 1 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E10.59	Type 1 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E10.620	Type 1 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E10.621	Type 1 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E10.622	Type 1 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E10.628	Type 1 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E10.630	Type 1 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E10.638	Type 1 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E10.65	Type 1 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E10.69	Type 1 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E10.8	Type 1 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E10.9	Type 1 diabetes mellitus without complications	ICD-10-CM	Diagnosis
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E11.36	Type 2 diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E11.59	Type 2 diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E11.621	Type 2 diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E11.622	Type 2 diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E11.628	Type 2 diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E11.630	Type 2 diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E11.638	Type 2 diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E11.65	Type 2 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E11.69	Type 2 diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E11.8	Type 2 diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E11.9	Type 2 diabetes mellitus without complications	ICD-10-CM	Diagnosis
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	ICD-10-CM	Diagnosis
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	ICD-10-CM	Diagnosis
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	ICD-10-CM	Diagnosis
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	ICD-10-CM	Diagnosis
E13.21	Other specified diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	ICD-10-CM	Diagnosis
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	ICD-10-CM	Diagnosis
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	ICD-10-CM	Diagnosis
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	ICD-10-CM	Diagnosis
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	ICD-10-CM	Diagnosis
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	ICD-10-CM	Diagnosis
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	ICD-10-CM	Diagnosis
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	ICD-10-CM	Diagnosis
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	ICD-10-CM	Diagnosis
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	ICD-10-CM	Diagnosis
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	ICD-10-CM	Diagnosis
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	ICD-10-CM	Diagnosis
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	ICD-10-CM	Diagnosis
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	ICD-10-CM	Diagnosis
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	ICD-10-CM	Diagnosis
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	ICD-10-CM	Diagnosis
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	ICD-10-CM	Diagnosis
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	ICD-10-CM	Diagnosis
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	ICD-10-CM	Diagnosis
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	ICD-10-CM	Diagnosis
E13.36	Other specified diabetes mellitus with diabetic cataract	ICD-10-CM	Diagnosis
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	ICD-10-CM	Diagnosis
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	ICD-10-CM	Diagnosis
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	ICD-10-CM	Diagnosis
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	ICD-10-CM	Diagnosis
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication	ICD-10-CM	Diagnosis
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	ICD-10-CM	Diagnosis
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	ICD-10-CM	Diagnosis
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	ICD-10-CM	Diagnosis
E13.44	Other specified diabetes mellitus with diabetic amyotrophy	ICD-10-CM	Diagnosis
E13.49	Other specified diabetes mellitus with other diabetic neurological complication	ICD-10-CM	Diagnosis
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	ICD-10-CM	Diagnosis
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	ICD-10-CM	Diagnosis
E13.59	Other specified diabetes mellitus with other circulatory complications	ICD-10-CM	Diagnosis
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	ICD-10-CM	Diagnosis
E13.618	Other specified diabetes mellitus with other diabetic arthropathy	ICD-10-CM	Diagnosis
E13.620	Other specified diabetes mellitus with diabetic dermatitis	ICD-10-CM	Diagnosis
E13.621	Other specified diabetes mellitus with foot ulcer	ICD-10-CM	Diagnosis
E13.622	Other specified diabetes mellitus with other skin ulcer	ICD-10-CM	Diagnosis
E13.628	Other specified diabetes mellitus with other skin complications	ICD-10-CM	Diagnosis
E13.630	Other specified diabetes mellitus with periodontal disease	ICD-10-CM	Diagnosis
E13.638	Other specified diabetes mellitus with other oral complications	ICD-10-CM	Diagnosis
E13.641	Other specified diabetes mellitus with hypoglycemia with coma	ICD-10-CM	Diagnosis
E13.649	Other specified diabetes mellitus with hypoglycemia without coma	ICD-10-CM	Diagnosis
E13.65	Other specified diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E13.69	Other specified diabetes mellitus with other specified complication	ICD-10-CM	Diagnosis
E13.8	Other specified diabetes mellitus with unspecified complications	ICD-10-CM	Diagnosis
E13.9	Other specified diabetes mellitus without complications	ICD-10-CM	Diagnosis
H35.09	Other intraretinal microvascular abnormalities	ICD-10-CM	Diagnosis
I79.1	Aortitis in diseases classified elsewhere	ICD-10-CM	Diagnosis
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere	ICD-10-CM	Diagnosis
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	HCPCS	Procedure
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	HCPCS	Procedure
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	HCPCS	Procedure
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	HCPCS	Procedure
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	HCPCS	Procedure
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	HCPCS	Procedure
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	HCPCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	HCPCS	Procedure
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	HCPCS	Procedure
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	HCPCS	Procedure
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher), includes arch filler and other shaping material, custom fabricated, each	HCPCS	Procedure
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	HCPCS	Procedure
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	HCPCS	Procedure
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education	HCPCS	Procedure
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	HCPCS	Procedure
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	HCPCS	Procedure
G8015	Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as greater than 9%	HCPCS	Procedure
G8016	Diabetic patient with most recent hemoglobin A1c level (within the last 6 months) documented as less than or equal to 9%	HCPCS	Procedure
G8017	Clinician documented that diabetic patient was not eligible candidate for hemoglobin A1c measure	HCPCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
G8018	Clinician has not provided care for the diabetic patient for the required time for hemoglobin A1c measure (6 months)	HCPCS	Procedure
G8019	Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as greater than or equal to 100 mg/dl	HCPCS	Procedure
G8020	Diabetic patient with most recent low-density lipoprotein (within the last 12 months) documented as less than 100 mg/dl	HCPCS	Procedure
G8021	Clinician documented that diabetic patient was not eligible candidate for low-density lipoprotein measure	HCPCS	Procedure
G8022	Clinician has not provided care for the diabetic patient for the required time for low-density lipoprotein measure (12 months)	HCPCS	Procedure
G8023	Diabetic patient with most recent blood pressure (within the last 6 months) documented as equal to or greater than 140 systolic or equal to or greater than 80 mm Hg diastolic	HCPCS	Procedure
G8024	Diabetic patient with most recent blood pressure (within the last 6 months) documented as less than 140 systolic and less than 80 diastolic	HCPCS	Procedure
G8025	Clinician documented that the diabetic patient was not eligible candidate for blood pressure measure	HCPCS	Procedure
G8026	Clinician has not provided care for the diabetic patient for the required time for blood pressure measure (within the last 6 months)	HCPCS	Procedure
G8332	Clinician has not provided care for the diabetic retinopathy patient for the required time for macular edema and retinopathy measurement	HCPCS	Procedure
G8333	Patient documented to have had findings of macular or fundus exam communicated to the physician managing the diabetes care	HCPCS	Procedure
G8334	Documentation of findings of macular or fundus exam not communicated to the physician managing the patient's ongoing diabetes care	HCPCS	Procedure
G8335	Clinician documentation that patient was not an eligible candidate for the findings of their macular or fundus exam being communicated to the physician managing their diabetes care during the reporting year	HCPCS	Procedure
G8336	Clinician has not provided care for the diabetic retinopathy patient for the required time for physician communication measurement	HCPCS	Procedure
G8385	Diabetic patients with no documentation of hemoglobin A1c level (within the last 12 months)	HCPCS	Procedure
G8386	Diabetic patients with no documentation of low-density lipoprotein (within the last 12 months)	HCPCS	Procedure
G8390	Diabetic patients with no documentation of blood pressure measurement (within the last 12 months)	HCPCS	Procedure
<b>Cardiovascular Disease</b>			
402.01	Malignant hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.11	Benign hypertensive heart disease with heart failure	ICD-9-CM	Diagnosis
402.91	Hypertensive heart disease, unspecified, with heart failure	ICD-9-CM	Diagnosis
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
411	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.0	Postmyocardial infarction syndrome	ICD-9-CM	Diagnosis
411	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.0	Postmyocardial infarction syndrome	ICD-9-CM	Diagnosis
411.1	Intermediate coronary syndrome	ICD-9-CM	Diagnosis
411.8	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.8	Other acute and subacute forms of ischemic heart disease	ICD-9-CM	Diagnosis
411.81	Acute coronary occlusion without myocardial infarction	ICD-9-CM	Diagnosis
411.81	Acute coronary occlusion without myocardial infarction	ICD-9-CM	Diagnosis
411.89	Other acute and subacute form of ischemic heart disease	ICD-9-CM	Diagnosis
411.89	Other acute and subacute form of ischemic heart disease	ICD-9-CM	Diagnosis
414	Other forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.0	Coronary atherosclerosis	ICD-9-CM	Diagnosis
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	ICD-9-CM	Diagnosis
414	Other forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.0	Coronary atherosclerosis	ICD-9-CM	Diagnosis
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	ICD-9-CM	Diagnosis
414.01	Coronary atherosclerosis of native coronary artery	ICD-9-CM	Diagnosis
414.01	Coronary atherosclerosis of native coronary artery	ICD-9-CM	Diagnosis
414.02	Coronary atherosclerosis of autologous vein bypass graft	ICD-9-CM	Diagnosis
414.02	Coronary atherosclerosis of autologous vein bypass graft	ICD-9-CM	Diagnosis
414.03	Coronary atherosclerosis of nonautologous biological bypass graft	ICD-9-CM	Diagnosis
414.03	Coronary atherosclerosis of nonautologous biological bypass graft	ICD-9-CM	Diagnosis
414.04	Coronary atherosclerosis of artery bypass graft	ICD-9-CM	Diagnosis
414.04	Coronary atherosclerosis of artery bypass graft	ICD-9-CM	Diagnosis
414.05	Coronary atherosclerosis of unspecified type of bypass graft	ICD-9-CM	Diagnosis
414.05	Coronary atherosclerosis of unspecified type of bypass graft	ICD-9-CM	Diagnosis
414.06	Coronary atherosclerosis, of native coronary artery of transplanted heart	ICD-9-CM	Diagnosis
414.06	Coronary atherosclerosis, of native coronary artery of transplanted heart	ICD-9-CM	Diagnosis
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart	ICD-9-CM	Diagnosis
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart	ICD-9-CM	Diagnosis
414.1	Aneurysm and dissection of heart	ICD-9-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
414.10	Aneurysm of heart	ICD-9-CM	Diagnosis
414.1	Aneurysm and dissection of heart	ICD-9-CM	Diagnosis
414.10	Aneurysm of heart	ICD-9-CM	Diagnosis
414.11	Aneurysm of coronary vessels	ICD-9-CM	Diagnosis
414.11	Aneurysm of coronary vessels	ICD-9-CM	Diagnosis
414.12	Dissection of coronary artery	ICD-9-CM	Diagnosis
414.12	Dissection of coronary artery	ICD-9-CM	Diagnosis
414.19	Other aneurysm of heart	ICD-9-CM	Diagnosis
414.19	Other aneurysm of heart	ICD-9-CM	Diagnosis
414.2	Chronic total occlusion of coronary artery	ICD-9-CM	Diagnosis
414.2	Chronic total occlusion of coronary artery	ICD-9-CM	Diagnosis
414.3	Coronary atherosclerosis due to lipid rich plaque	ICD-9-CM	Diagnosis
414.3	Coronary atherosclerosis due to lipid rich plaque	ICD-9-CM	Diagnosis
414.4	Coronary atherosclerosis due to calcified coronary lesion	ICD-9-CM	Diagnosis
414.4	Coronary atherosclerosis due to calcified coronary lesion	ICD-9-CM	Diagnosis
414.8	Other specified forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.8	Other specified forms of chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.9	Unspecified chronic ischemic heart disease	ICD-9-CM	Diagnosis
414.9	Unspecified chronic ischemic heart disease	ICD-9-CM	Diagnosis
428	Heart failure	ICD-9-CM	Diagnosis
428.0	Congestive heart failure, unspecified	ICD-9-CM	Diagnosis
428.1	Left heart failure	ICD-9-CM	Diagnosis
428.2	Systolic heart failure	ICD-9-CM	Diagnosis
428.20	Unspecified systolic heart failure	ICD-9-CM	Diagnosis
428.21	Acute systolic heart failure	ICD-9-CM	Diagnosis
428.22	Chronic systolic heart failure	ICD-9-CM	Diagnosis
428.23	Acute on chronic systolic heart failure	ICD-9-CM	Diagnosis
428.3	Diastolic heart failure	ICD-9-CM	Diagnosis
428.30	Unspecified diastolic heart failure	ICD-9-CM	Diagnosis
428.31	Acute diastolic heart failure	ICD-9-CM	Diagnosis
428.32	Chronic diastolic heart failure	ICD-9-CM	Diagnosis
428.33	Acute on chronic diastolic heart failure	ICD-9-CM	Diagnosis
428.4	Combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.40	Unspecified combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.41	Acute combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.42	Chronic combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.43	Acute on chronic combined systolic and diastolic heart failure	ICD-9-CM	Diagnosis
428.9	Unspecified heart failure	ICD-9-CM	Diagnosis
996.03	Mechanical complication due to coronary bypass graft	ICD-9-CM	Diagnosis
V45.81	Postprocedural aortocoronary bypass status	ICD-9-CM	Diagnosis
V45.82	Postprocedural percutaneous transluminal coronary angioplasty status	ICD-9-CM	Diagnosis
V45.82	Postprocedural percutaneous transluminal coronary angioplasty status	ICD-9-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
V45.88	Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility	ICD-9-CM	Diagnosis
I11.0	Hypertensive heart disease with heart failure	ICD-10-CM	Diagnosis
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	ICD-10-CM	Diagnosis
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis
I20.0	Unstable angina	ICD-10-CM	Diagnosis
I24.0	Acute coronary thrombosis not resulting in myocardial infarction	ICD-10-CM	Diagnosis
I24.1	Dressler's syndrome	ICD-10-CM	Diagnosis
I24.8	Other forms of acute ischemic heart disease	ICD-10-CM	Diagnosis
I24.9	Acute ischemic heart disease, unspecified	ICD-10-CM	Diagnosis
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	ICD-10-CM	Diagnosis
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.3	Aneurysm of heart	ICD-10-CM	Diagnosis
I25.41	Coronary artery aneurysm	ICD-10-CM	Diagnosis
I25.42	Coronary artery dissection	ICD-10-CM	Diagnosis
I25.5	Ischemic cardiomyopathy	ICD-10-CM	Diagnosis
I25.6	Silent myocardial ischemia	ICD-10-CM	Diagnosis
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	ICD-10-CM	Diagnosis
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris	ICD-10-CM	Diagnosis
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm	ICD-10-CM	Diagnosis
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris	ICD-10-CM	Diagnosis
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris	ICD-10-CM	Diagnosis
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	ICD-10-CM	Diagnosis
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	ICD-10-CM	Diagnosis
I25.82	Chronic total occlusion of coronary artery	ICD-10-CM	Diagnosis
I25.83	Coronary atherosclerosis due to lipid rich plaque	ICD-10-CM	Diagnosis
I25.84	Coronary atherosclerosis due to calcified coronary lesion	ICD-10-CM	Diagnosis
I25.89	Other forms of chronic ischemic heart disease	ICD-10-CM	Diagnosis
I25.9	Chronic ischemic heart disease, unspecified	ICD-10-CM	Diagnosis
I50.1	Left ventricular failure, unspecified	ICD-10-CM	Diagnosis
I50.20	Unspecified systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.21	Acute systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.22	Chronic systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.23	Acute on chronic systolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.30	Unspecified diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.31	Acute diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.32	Chronic diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.33	Acute on chronic diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	ICD-10-CM	Diagnosis
I50.810	Right heart failure, unspecified	ICD-10-CM	Diagnosis
I50.811	Acute right heart failure	ICD-10-CM	Diagnosis
I50.812	Chronic right heart failure	ICD-10-CM	Diagnosis
I50.813	Acute on chronic right heart failure	ICD-10-CM	Diagnosis
I50.814	Right heart failure due to left heart failure	ICD-10-CM	Diagnosis
I50.82	Biventricular heart failure	ICD-10-CM	Diagnosis
I50.83	High output heart failure	ICD-10-CM	Diagnosis
I50.84	End stage heart failure	ICD-10-CM	Diagnosis
I50.89	Other heart failure	ICD-10-CM	Diagnosis
I50.9	Heart failure, unspecified	ICD-10-CM	Diagnosis
T82.211A	Breakdown (mechanical) of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
T82.212A	Displacement of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
T82.213A	Leakage of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
T82.218A	Other mechanical complication of coronary artery bypass graft, initial encounter	ICD-10-CM	Diagnosis
Z92.82	Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility	ICD-10-CM	Diagnosis
Z95.1	Presence of aortocoronary bypass graft	ICD-10-CM	Diagnosis
Z95.5	Presence of coronary angioplasty implant and graft	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
Z95.5	Presence of coronary angioplasty implant and graft	ICD-10-CM	Diagnosis
Z98.61	Coronary angioplasty status	ICD-10-CM	Diagnosis
Z98.61	Coronary angioplasty status	ICD-10-CM	Diagnosis
00.66	Percutaneous transluminal coronary angioplasty [PTCA]	ICD-9-CM	Procedure
17.55	Transluminal coronary atherectomy	ICD-9-CM	Procedure
36.01	Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy without mention of thrombolytic agent	ICD-9-CM	Procedure
36.02	Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy with thrombolytic agent	ICD-9-CM	Procedure
36.03	Open chest coronary artery angioplasty	ICD-9-CM	Procedure
36.04	Intracoronary artery thrombolytic infusion	ICD-9-CM	Procedure
36.05	Multiple vessel (percutaneous) transluminal coronary angioplasty [PTCA] or coronary atherectomy performed during the same operation, with or without mention of thrombolytic agent	ICD-9-CM	Procedure
36.06	Insertion of non-drug-eluting coronary artery stent(s)	ICD-9-CM	Procedure
36.07	Insertion of drug-eluting coronary artery stent(s)	ICD-9-CM	Procedure
36.09	Other removal of coronary artery obstruction	ICD-9-CM	Procedure
36.1	Bypass anastomosis for heart revascularization	ICD-9-CM	Procedure
36.10	Aortocoronary bypass for heart revascularization, not otherwise specified	ICD-9-CM	Procedure
36.11	(Aorto)coronary bypass of one coronary artery	ICD-9-CM	Procedure
36.12	(Aorto)coronary bypass of two coronary arteries	ICD-9-CM	Procedure
36.13	(Aorto)coronary bypass of three coronary arteries	ICD-9-CM	Procedure
36.14	(Aorto)coronary bypass of four or more coronary arteries	ICD-9-CM	Procedure
36.15	Single internal mammary-coronary artery bypass	ICD-9-CM	Procedure
36.16	Double internal mammary-coronary artery bypass	ICD-9-CM	Procedure
36.17	Abdominal-coronary artery bypass	ICD-9-CM	Procedure
36.19	Other bypass anastomosis for heart revascularization	ICD-9-CM	Procedure
36.2	Heart revascularization by arterial implant	ICD-9-CM	Procedure
36.3	Other heart revascularization	ICD-9-CM	Procedure
36.31	Open chest transmyocardial revascularization	ICD-9-CM	Procedure
36.32	Other transmyocardial revascularization	ICD-9-CM	Procedure
36.33	Endoscopic transmyocardial revascularization	ICD-9-CM	Procedure
36.34	Percutaneous transmyocardial revascularization	ICD-9-CM	Procedure
36.39	Other heart revascularization	ICD-9-CM	Procedure
37.22	Left heart cardiac catheterization	ICD-9-CM	Procedure
37.23	Combined right and left heart cardiac catheterization	ICD-9-CM	Procedure
37.66	Insertion of implantable heart assist system	ICD-9-CM	Procedure
88.50	Angiocardiology, not otherwise specified	ICD-9-CM	Procedure
88.53	Angiocardiology of left heart structures	ICD-9-CM	Procedure
88.54	Combined right and left heart angiocardiology	ICD-9-CM	Procedure
88.55	Coronary arteriography using single catheter	ICD-9-CM	Procedure
88.56	Coronary arteriography using two catheters	ICD-9-CM	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
88.57	Other and unspecified coronary arteriography	ICD-9-CM	Procedure
88.58	Negative-contrast cardiac roentgenography	ICD-9-CM	Procedure
88.59	Intra-operative coronary fluorescence vascular angiography	ICD-9-CM	Procedure
0210083	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0210088	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0210089	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0210093	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0210098	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0210099	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0210344	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0210444	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210483	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210488	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210489	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210493	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210498	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0210499	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211083	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0211088	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0211089	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0211093	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0211098	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0211099	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0211344	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0211444	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211483	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211488	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211489	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211493	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211498	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0211499	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212083	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0212088	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0212089	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0212093	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0212098	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0212099	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0212344	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0212444	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212483	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212488	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212489	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212493	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0212498	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0212499	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213083	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0213088	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0213089	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
0213093	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0213098	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0213099	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0213344	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0213444	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213483	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213488	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213489	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213493	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213498	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0213499	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270046	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0270056	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0270066	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0270076	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0270356	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0270366	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0270376	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0270446	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270456	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270466	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0270476	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271046	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0271056	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0271066	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0271076	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0271346	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0271366	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0271376	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0271446	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271456	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271466	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0271476	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272046	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0272056	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0272066	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0272076	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0272346	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0272356	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0272376	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0272446	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272456	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272466	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0272476	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273046	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0273056	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0273066	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0273076	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0273346	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0273356	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0273366	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0273446	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273456	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0273466	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02700E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02703E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02704E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02710E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02714E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02720E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02723E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02724E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02730E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02733E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021008C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021008F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021008W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021009C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021009F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021009W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02100A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02100A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02100J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02100K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02100Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02100Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02100Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02100ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02100ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
02103D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
021048C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
021048F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021048W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021049C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021049F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021049W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02104KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02104ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021108C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021108F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021108W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021109C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021109F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021109W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02110A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02110J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02110J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02110K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02110Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02110Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02110Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02110ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02110ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
02113D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
021148C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021148F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021148W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021149C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021149F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021149W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02114A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02114Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02114ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021208C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021208F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021208W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021209C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021209F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021209W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02120A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02120J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02120JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02120K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02120Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02120Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02120Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02120ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02120ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
02123D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
021248C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021248F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021248W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021249C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021249F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021249W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02124AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02124ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021308C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
021308F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021308W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021309C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021309F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021309W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
02130A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
02130J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
02130K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02130KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
02130Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Open Approach	ICD-10-PCS	Procedure
02130Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02130Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
02130ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
02130ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
02133D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
021348C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021348F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021348W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021349C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021349F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021349W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02134J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02134ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K0Z5	Bypass Right Ventricle to Coronary Circulation, Open Approach	ICD-10-PCS	Procedure
021K0Z8	Bypass Right Ventricle to Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021K0Z9	Bypass Right Ventricle to Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021K0ZC	Bypass Right Ventricle to Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
021K0ZF	Bypass Right Ventricle to Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
021K0ZW	Bypass Right Ventricle to Aorta, Open Approach	ICD-10-PCS	Procedure
021K4Z5	Bypass Right Ventricle to Coronary Circulation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
021K4Z8	Bypass Right Ventricle to Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4Z9	Bypass Right Ventricle to Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4ZC	Bypass Right Ventricle to Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4ZF	Bypass Right Ventricle to Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021K4ZW	Bypass Right Ventricle to Aorta, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L08P	Bypass Left Ventricle to Pulmonary Trunk with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021L08Q	Bypass Left Ventricle to Right Pulmonary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021L08R	Bypass Left Ventricle to Left Pulmonary Artery with Zooplastic Tissue, Open Approach	ICD-10-PCS	Procedure
021L09P	Bypass Left Ventricle to Pulmonary Trunk with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021L09Q	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021L09R	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
021L0AP	Bypass Left Ventricle to Pulmonary Trunk with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021L0AQ	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021L0AR	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
021L0JP	Bypass Left Ventricle to Pulmonary Trunk with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021L0JQ	Bypass Left Ventricle to Right Pulmonary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021L0JR	Bypass Left Ventricle to Left Pulmonary Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
021L0KP	Bypass Left Ventricle to Pulmonary Trunk with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021L0KQ	Bypass Left Ventricle to Right Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021L0KR	Bypass Left Ventricle to Left Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
021L0Z5	Bypass Left Ventricle to Coronary Circulation, Open Approach	ICD-10-PCS	Procedure
021L0Z8	Bypass Left Ventricle to Right Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021L0Z9	Bypass Left Ventricle to Left Internal Mammary, Open Approach	ICD-10-PCS	Procedure
021L0ZC	Bypass Left Ventricle to Thoracic Artery, Open Approach	ICD-10-PCS	Procedure
021L0ZF	Bypass Left Ventricle to Abdominal Artery, Open Approach	ICD-10-PCS	Procedure
021L0ZP	Bypass Left Ventricle to Pulmonary Trunk, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
021L0ZQ	Bypass Left Ventricle to Right Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
021L0ZR	Bypass Left Ventricle to Left Pulmonary Artery, Open Approach	ICD-10-PCS	Procedure
021L48P	Bypass Left Ventricle to Pulmonary Trunk with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L48Q	Bypass Left Ventricle to Right Pulmonary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L48R	Bypass Left Ventricle to Left Pulmonary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L49P	Bypass Left Ventricle to Pulmonary Trunk with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L49Q	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L49R	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4AP	Bypass Left Ventricle to Pulmonary Trunk with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4AQ	Bypass Left Ventricle to Right Pulmonary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4AR	Bypass Left Ventricle to Left Pulmonary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4JP	Bypass Left Ventricle to Pulmonary Trunk with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4JQ	Bypass Left Ventricle to Right Pulmonary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4JR	Bypass Left Ventricle to Left Pulmonary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4KP	Bypass Left Ventricle to Pulmonary Trunk with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4KQ	Bypass Left Ventricle to Right Pulmonary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4KR	Bypass Left Ventricle to Left Pulmonary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4Z5	Bypass Left Ventricle to Coronary Circulation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4Z8	Bypass Left Ventricle to Right Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4Z9	Bypass Left Ventricle to Left Internal Mammary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZC	Bypass Left Ventricle to Thoracic Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZF	Bypass Left Ventricle to Abdominal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZP	Bypass Left Ventricle to Pulmonary Trunk, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
021L4ZQ	Bypass Left Ventricle to Right Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
021L4ZR	Bypass Left Ventricle to Left Pulmonary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027004Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027005Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027006Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027007Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02700T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02700Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02700ZZ	Dilation of Coronary Artery, One Artery, Open Approach	ICD-10-PCS	Procedure
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027035Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027036Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027037Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02703F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02703T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02703Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach	ICD-10-PCS	Procedure
027044Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027045Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027046Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027047Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02704Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02704ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027104Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027105Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027106Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027107Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02710T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02710Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02710ZZ	Dilation of Coronary Artery, Two Arteries, Open Approach	ICD-10-PCS	Procedure
027134Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027135Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027136Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027137Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02713F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02713T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02713Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
027144Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027145Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027146Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027147Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02714Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02714ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027204Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027205Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027206Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027207Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02720T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02720Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02720ZZ	Dilation of Coronary Artery, Three Arteries, Open Approach	ICD-10-PCS	Procedure
027234Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027235Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027236Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027237Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02723DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02723EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02723T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02723TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02723Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02723ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
027244Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027245Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027246Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027247Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02724Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02724ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027304Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
027305Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027306Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
027307Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
02730T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02730Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02730ZZ	Dilation of Coronary Artery, Four or More Arteries, Open Approach	ICD-10-PCS	Procedure
027334Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
027335Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027336Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
027337Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02733DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
02733T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02733Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
027344Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027345Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02734T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02734ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C00Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C00ZZ	Extirpation of Matter from Coronary Artery, One Artery, Open Approach	ICD-10-PCS	Procedure
02C03Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach	ICD-10-PCS	Procedure
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C10Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C10ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Open Approach	ICD-10-PCS	Procedure
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C20Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C20ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Open Approach	ICD-10-PCS	Procedure
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C30Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	ICD-10-PCS	Procedure
02C30ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02HA0QZ	Insertion of Implantable Heart Assist System into Heart, Open Approach	ICD-10-PCS	Procedure
02HA3QZ	Insertion of Implantable Heart Assist System into Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02HA4QZ	Insertion of Implantable Heart Assist System into Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02QA0ZZ	Repair Heart, Open Approach	ICD-10-PCS	Procedure
02QA3ZZ	Repair Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02QA4ZZ	Repair Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02QB0ZZ	Repair Right Heart, Open Approach	ICD-10-PCS	Procedure
02QB3ZZ	Repair Right Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02QB4ZZ	Repair Right Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02QC0ZZ	Repair Left Heart, Open Approach	ICD-10-PCS	Procedure
02QC3ZZ	Repair Left Heart, Percutaneous Approach	ICD-10-PCS	Procedure
02QC4ZZ	Repair Left Heart, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
3E07017	Introduction of Other Thrombolytic into Coronary Artery, Open Approach	ICD-10-PCS	Procedure
3E070PZ	Introduction of Platelet Inhibitor into Coronary Artery, Open Approach	ICD-10-PCS	Procedure
3E07317	Introduction of Other Thrombolytic into Coronary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
3E073PZ	Introduction of Platelet Inhibitor into Coronary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
4A020N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Open Approach	ICD-10-PCS	Procedure
4A020N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Open Approach	ICD-10-PCS	Procedure
4A023N7	Measurement of Cardiac Sampling and Pressure, Left Heart, Percutaneous Approach	ICD-10-PCS	Procedure
4A023N8	Measurement of Cardiac Sampling and Pressure, Bilateral, Percutaneous Approach	ICD-10-PCS	Procedure
4A12XSH	Monitoring of Cardiac Vascular Perfusion using Indocyanine Green Dye, External Approach	ICD-10-PCS	Procedure
B2000ZZ	Plain Radiography of Single Coronary Artery using High Osmolar Contrast	ICD-10-PCS	Procedure
B2001ZZ	Plain Radiography of Single Coronary Artery using Low Osmolar Contrast	ICD-10-PCS	Procedure
B200YZZ	Plain Radiography of Single Coronary Artery using Other Contrast	ICD-10-PCS	Procedure
B2010ZZ	Plain Radiography of Multiple Coronary Arteries using High Osmolar Contrast	ICD-10-PCS	Procedure
B2011ZZ	Plain Radiography of Multiple Coronary Arteries using Low Osmolar Contrast	ICD-10-PCS	Procedure
B201YZZ	Plain Radiography of Multiple Coronary Arteries using Other Contrast	ICD-10-PCS	Procedure
B2020ZZ	Plain Radiography of Single Coronary Artery Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
B2021ZZ	Plain Radiography of Single Coronary Artery Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B202YZZ	Plain Radiography of Single Coronary Artery Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B2030ZZ	Plain Radiography of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast	ICD-10-PCS	Procedure
B2031ZZ	Plain Radiography of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast	ICD-10-PCS	Procedure
B203YZZ	Plain Radiography of Multiple Coronary Artery Bypass Grafts using Other Contrast	ICD-10-PCS	Procedure
B2050ZZ	Plain Radiography of Left Heart using High Osmolar Contrast	ICD-10-PCS	Procedure
B2051ZZ	Plain Radiography of Left Heart using Low Osmolar Contrast	ICD-10-PCS	Procedure
B205YZZ	Plain Radiography of Left Heart using Other Contrast	ICD-10-PCS	Procedure
B2060ZZ	Plain Radiography of Right and Left Heart using High Osmolar Contrast	ICD-10-PCS	Procedure
B2061ZZ	Plain Radiography of Right and Left Heart using Low Osmolar Contrast	ICD-10-PCS	Procedure
B206YZZ	Plain Radiography of Right and Left Heart using Other Contrast	ICD-10-PCS	Procedure
B2070ZZ	Plain Radiography of Right Internal Mammary Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B2071ZZ	Plain Radiography of Right Internal Mammary Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B207YZZ	Plain Radiography of Right Internal Mammary Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B2080ZZ	Plain Radiography of Left Internal Mammary Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B2081ZZ	Plain Radiography of Left Internal Mammary Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B208YZZ	Plain Radiography of Left Internal Mammary Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B20F0ZZ	Plain Radiography of Other Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B20F1ZZ	Plain Radiography of Other Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B20FYZZ	Plain Radiography of Other Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B210010	Fluoroscopy of Single Coronary Artery using High Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2100ZZ	Fluoroscopy of Single Coronary Artery using High Osmolar Contrast	ICD-10-PCS	Procedure
B210110	Fluoroscopy of Single Coronary Artery using Low Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2101ZZ	Fluoroscopy of Single Coronary Artery using Low Osmolar Contrast	ICD-10-PCS	Procedure
B210Y10	Fluoroscopy of Single Coronary Artery using Other Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B210YZZ	Fluoroscopy of Single Coronary Artery using Other Contrast	ICD-10-PCS	Procedure
B211010	Fluoroscopy of Multiple Coronary Arteries using High Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2110ZZ	Fluoroscopy of Multiple Coronary Arteries using High Osmolar Contrast	ICD-10-PCS	Procedure
B211110	Fluoroscopy of Multiple Coronary Arteries using Low Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2111ZZ	Fluoroscopy of Multiple Coronary Arteries using Low Osmolar Contrast	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
B211Y10	Fluoroscopy of Multiple Coronary Arteries using Other Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B211YZZ	Fluoroscopy of Multiple Coronary Arteries using Other Contrast	ICD-10-PCS	Procedure
B212010	Fluoroscopy of Single Coronary Artery Bypass Graft using High Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2120ZZ	Fluoroscopy of Single Coronary Artery Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B212110	Fluoroscopy of Single Coronary Artery Bypass Graft using Low Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2121ZZ	Fluoroscopy of Single Coronary Artery Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B212Y10	Fluoroscopy of Single Coronary Artery Bypass Graft using Other Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B212YZZ	Fluoroscopy of Single Coronary Artery Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B213010	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2130ZZ	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using High Osmolar Contrast	ICD-10-PCS	Procedure
B213110	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B2131ZZ	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Low Osmolar Contrast	ICD-10-PCS	Procedure
B213Y10	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Other Contrast, Laser Intraoperative	ICD-10-PCS	Procedure
B213YZZ	Fluoroscopy of Multiple Coronary Artery Bypass Grafts using Other Contrast	ICD-10-PCS	Procedure
B2150ZZ	Fluoroscopy of Left Heart using High Osmolar Contrast	ICD-10-PCS	Procedure
B2151ZZ	Fluoroscopy of Left Heart using Low Osmolar Contrast	ICD-10-PCS	Procedure
B215YZZ	Fluoroscopy of Left Heart using Other Contrast	ICD-10-PCS	Procedure
B2160ZZ	Fluoroscopy of Right and Left Heart using High Osmolar Contrast	ICD-10-PCS	Procedure
B2161ZZ	Fluoroscopy of Right and Left Heart using Low Osmolar Contrast	ICD-10-PCS	Procedure
B216YZZ	Fluoroscopy of Right and Left Heart using Other Contrast	ICD-10-PCS	Procedure
B2170ZZ	Fluoroscopy of Right Internal Mammary Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B2171ZZ	Fluoroscopy of Right Internal Mammary Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B217YZZ	Fluoroscopy of Right Internal Mammary Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B2180ZZ	Fluoroscopy of Left Internal Mammary Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B2181ZZ	Fluoroscopy of Left Internal Mammary Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B218YZZ	Fluoroscopy of Left Internal Mammary Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
B21F0ZZ	Fluoroscopy of Other Bypass Graft using High Osmolar Contrast	ICD-10-PCS	Procedure
B21F1ZZ	Fluoroscopy of Other Bypass Graft using Low Osmolar Contrast	ICD-10-PCS	Procedure
B21FYZZ	Fluoroscopy of Other Bypass Graft using Other Contrast	ICD-10-PCS	Procedure
X2C0361	Extirpation of Matter from Coronary Artery, One Artery using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure
X2C1361	Extirpation of Matter from Coronary Artery, Two Arteries using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
X2C2361	Extirpation of Matter from Coronary Artery, Three Arteries using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure
X2C3361	Extirpation of Matter from Coronary Artery, Four or More Arteries using Orbital Atherectomy Technology, Percutaneous Approach, New Technology Group 1	ICD-10-PCS	Procedure
33510	Coronary artery bypass, vein only; single coronary venous graft	CPT-4	Procedure
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	CPT-4	Procedure
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	CPT-4	Procedure
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	CPT-4	Procedure
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	CPT-4	Procedure
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	CPT-4	Procedure
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	CPT-4	Procedure
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33520	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Single Graft	CPT-4	Procedure
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	CPT-4	Procedure
33525	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Two Coronary Grafts	CPT-4	Procedure
33528	Coronary Artery Bypass, Nonautogenous Graft (eg, Synthetic Or Cadaver); Three Or More Coronary Grafts	CPT-4	Procedure
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	CPT-4	Procedure
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	CPT-4	Procedure
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	CPT-4	Procedure
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	CPT-4	Procedure
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	CPT-4	Procedure
33560	Myocardial Operation Combined With Coronary Bypass Procedure	CPT-4	Procedure
33570	CORONARY ANGIOPLASTY W/BYPASS	CPT-4	Procedure
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	CPT-4	Procedure
33575	CORON ANGIOPLSTY W/BYPASS; COMBO W/VASCULARIZAT	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	CPT-4	Procedure
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	CPT-4	Procedure
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	CPT-4	Procedure
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	CPT-4	Procedure
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	CPT-4	Procedure
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	CPT-4	Procedure
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	CPT-4	Procedure
92970	Cardioassist-method of circulatory assist; internal	CPT-4	Procedure
92971	Cardioassist-method of circulatory assist; external	CPT-4	Procedure
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	CPT-4	Procedure
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	CPT-4	Procedure
92977	Thrombolysis, coronary; by intravenous infusion	CPT-4	Procedure
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	CPT-4	Procedure
92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	CPT-4	Procedure
92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	HCPCS	Procedure
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	HCPCS	Procedure
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	HCPCS	Procedure
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	HCPCS	Procedure
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	HCPCS	Procedure
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	HCPCS	Procedure
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	HCPCS	Procedure
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	HCPCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	HCPCS	Procedure
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	HCPCS	Procedure
G0291	Transcatheter placement of a drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel	HCPCS	Procedure
G8027	Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	HCPCS	Procedure
G8028	Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy	HCPCS	Procedure
G8029	Clinician documented that heart failure patient was not an eligible candidate for either angiotensin-converting enzyme-inhibitor or angiotensin-receptor blocker (ACE-1 or ARB) therapy measure	HCPCS	Procedure
G8030	Heart failure patient with left ventricular systolic dysfunction (LVSD) documented to be on beta-blocker therapy	HCPCS	Procedure
G8031	Heart failure patient with left ventricular systolic dysfunction (LVSD) not documented to be on beta-blocker therapy	HCPCS	Procedure
G8032	Clinician documented that heart failure patient was not eligible candidate for beta-blocker therapy measure	HCPCS	Procedure
G8158	Patient documented to have received coronary artery bypass graft with use of internal mammary artery	HCPCS	Procedure
G8159	Patient documented to have received coronary artery bypass graft without use of internal mammary artery	HCPCS	Procedure
G8161	Patient with isolated coronary artery bypass graft documented to have received pre-operative beta-blockade	HCPCS	Procedure
G8162	Patient with isolated coronary artery bypass graft not documented to have received preoperative beta-blockade	HCPCS	Procedure
G8163	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for pre-operative beta-blockade measure	HCPCS	Procedure
G8164	Patient with isolated coronary artery bypass graft documented to have prolonged intubation	HCPCS	Procedure
G8165	Patient with isolated coronary artery bypass graft not documented to have prolonged intubation	HCPCS	Procedure
G8166	Patient with isolated coronary artery bypass graft documented to have required surgical re-exploration	HCPCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
G8167	Patient with isolated coronary artery bypass graft did not require surgical re-exploration	HCPCS	Procedure
G8170	Patient with isolated coronary artery bypass graft documented to have been discharged on aspirin or clopidogrel	HCPCS	Procedure
G8171	Patient with isolated coronary artery bypass graft not documented to have been discharged on aspirin or clopidogrel	HCPCS	Procedure
G8172	Clinician documented that patient with isolated coronary artery bypass graft was not an eligible candidate for antiplatelet therapy at discharge measure	HCPCS	Procedure
G8183	Patient with heart failure and atrial fibrillation documented to be on warfarin therapy	HCPCS	Procedure
G8184	Clinician documented that patient with heart failure and atrial fibrillation was not an eligible candidate for warfarin therapy measure	HCPCS	Procedure
G8681	Patient hospitalized with principal diagnosis of heart failure during the measurement period	HCPCS	Procedure
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	HCPCS	Procedure
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), 2 coronary arterial grafts	HCPCS	Procedure
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	HCPCS	Procedure
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	HCPCS	Procedure
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using 2 arterial grafts and single venous graft	HCPCS	Procedure
<b>Cerebrovascular Disease</b>			
437.0	Cerebral atherosclerosis	ICD-9-CM	Diagnosis
437.1	Other generalized ischemic cerebrovascular disease	ICD-9-CM	Diagnosis
437.2	Hypertensive encephalopathy	ICD-9-CM	Diagnosis
437.3	Cerebral aneurysm, nonruptured	ICD-9-CM	Diagnosis
437.4	Cerebral arteritis	ICD-9-CM	Diagnosis
437.5	Moyamoya disease	ICD-9-CM	Diagnosis
437.6	Nonpyogenic thrombosis of intracranial venous sinus	ICD-9-CM	Diagnosis
437.7	Transient global amnesia	ICD-9-CM	Diagnosis
437.8	Other ill-defined cerebrovascular disease	ICD-9-CM	Diagnosis
437.9	Unspecified cerebrovascular disease	ICD-9-CM	Diagnosis
G45.4	Transient global amnesia	ICD-10-CM	Diagnosis
G46.3	Brain stem stroke syndrome	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
G46.4	Cerebellar stroke syndrome	ICD-10-CM	Diagnosis
G46.5	Pure motor lacunar syndrome	ICD-10-CM	Diagnosis
G46.6	Pure sensory lacunar syndrome	ICD-10-CM	Diagnosis
G46.7	Other lacunar syndromes	ICD-10-CM	Diagnosis
G46.8	Other vascular syndromes of brain in cerebrovascular diseases	ICD-10-CM	Diagnosis
I67.1	Cerebral aneurysm, nonruptured	ICD-10-CM	Diagnosis
I67.2	Cerebral atherosclerosis	ICD-10-CM	Diagnosis
I67.4	Hypertensive encephalopathy	ICD-10-CM	Diagnosis
I67.5	Moyamoya disease	ICD-10-CM	Diagnosis
I67.6	Nonpyogenic thrombosis of intracranial venous system	ICD-10-CM	Diagnosis
I67.7	Cerebral arteritis, not elsewhere classified	ICD-10-CM	Diagnosis
I67.81	Acute cerebrovascular insufficiency	ICD-10-CM	Diagnosis
I67.82	Cerebral ischemia	ICD-10-CM	Diagnosis
I67.89	Other cerebrovascular disease	ICD-10-CM	Diagnosis
I67.9	Cerebrovascular disease, unspecified	ICD-10-CM	Diagnosis
I68.0	Cerebral amyloid angiopathy	ICD-10-CM	Diagnosis
I68.2	Cerebral arteritis in other diseases classified elsewhere	ICD-10-CM	Diagnosis
I68.8	Other cerebrovascular disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis
00.61	Percutaneous angioplasty of extracranial vessel(s)	ICD-9-CM	Procedure
00.62	Percutaneous angioplasty of intracranial vessel(s)	ICD-9-CM	Procedure
00.63	Percutaneous insertion of carotid artery stent(s)	ICD-9-CM	Procedure
00.64	Percutaneous insertion of other extracranial artery stent(s)	ICD-9-CM	Procedure
00.65	Percutaneous insertion of intracranial vascular stent(s)	ICD-9-CM	Procedure
38.11	Endarterectomy of intracranial vessels	ICD-9-CM	Procedure
38.12	Endarterectomy of other vessels of head and neck	ICD-9-CM	Procedure
39.28	Extracranial-intracranial (EC-IC) vascular bypass	ICD-9-CM	Procedure
39.7	Endovascular procedures on vessel(s)	ICD-9-CM	Procedure
39.72	Endovascular (total) embolization or occlusion of head and neck vessels	ICD-9-CM	Procedure
39.73	Endovascular implantation of graft in thoracic aorta	ICD-9-CM	Procedure
39.74	Endovascular removal of obstruction from head and neck vessel(s)	ICD-9-CM	Procedure
39.75	Endovascular embolization or occlusion of vessel(s) of head or neck using bare coils	ICD-9-CM	Procedure
39.76	Endovascular embolization or occlusion of vessel(s) of head or neck using bioactive coils	ICD-9-CM	Procedure
39.77	Temporary (partial) therapeutic endovascular occlusion of vessel	ICD-9-CM	Procedure
39.78	Endovascular implantation of branching or fenestrated graft(s) in aorta	ICD-9-CM	Procedure
39.79	Other endovascular procedures on other vessels	ICD-9-CM	Procedure
02UW3JZ	Supplement Thoracic Aorta, Descending with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
02UW4JZ	Supplement Thoracic Aorta, Descending with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02UX3JZ	Supplement Thoracic Aorta, Ascending/Arch with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
02UX4JZ	Supplement Thoracic Aorta, Ascending/Arch with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VW0DZ	Restriction of Thoracic Aorta, Descending with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02VW0EZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach	ICD-10-PCS	Procedure
02VW0FZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach	ICD-10-PCS	Procedure
02VW3DZ	Restriction of Thoracic Aorta, Descending with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02VW3EZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02VW3FZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02VW4DZ	Restriction of Thoracic Aorta, Descending with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VW4EZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VW4FZ	Restriction of Thoracic Aorta, Descending with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VX0DZ	Restriction of Thoracic Aorta, Ascending/Arch with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
02VX0EZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach	ICD-10-PCS	Procedure
02VX0FZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach	ICD-10-PCS	Procedure
02VX3DZ	Restriction of Thoracic Aorta, Ascending/Arch with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
02VX3EZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02VX3FZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
02VX4DZ	Restriction of Thoracic Aorta, Ascending/Arch with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VX4EZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
02VX4FZ	Restriction of Thoracic Aorta, Ascending/Arch with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
031H09G	Bypass Right Common Carotid Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
031H0AG	Bypass Right Common Carotid Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031H0JG	Bypass Right Common Carotid Artery to Intracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031H0KG	Bypass Right Common Carotid Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031H0ZG	Bypass Right Common Carotid Artery to Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
031J09G	Bypass Left Common Carotid Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031J0AG	Bypass Left Common Carotid Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031J0JG	Bypass Left Common Carotid Artery to Intracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031J0KG	Bypass Left Common Carotid Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031J0ZG	Bypass Left Common Carotid Artery to Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
031S09G	Bypass Right Temporal Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031S0AG	Bypass Right Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031S0JG	Bypass Right Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031S0KG	Bypass Right Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031S0ZG	Bypass Right Temporal Artery to Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
031T09G	Bypass Left Temporal Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031T0AG	Bypass Left Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
031T0JG	Bypass Left Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
031T0KG	Bypass Left Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
031T0ZG	Bypass Left Temporal Artery to Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
037G346	Dilation of Intracranial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G34Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G356	Dilation of Intracranial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G35Z	Dilation of Intracranial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037G366	Dilation of Intracranial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G36Z	Dilation of Intracranial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G376	Dilation of Intracranial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G37Z	Dilation of Intracranial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3D6	Dilation of Intracranial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G3DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037G3E6	Dilation of Intracranial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3EZ	Dilation of Intracranial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3F6	Dilation of Intracranial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3FZ	Dilation of Intracranial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3G6	Dilation of Intracranial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3GZ	Dilation of Intracranial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037G3Z6	Dilation of Intracranial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037G3ZZ	Dilation of Intracranial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037G446	Dilation of Intracranial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G44Z	Dilation of Intracranial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G456	Dilation of Intracranial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G45Z	Dilation of Intracranial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G466	Dilation of Intracranial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G46Z	Dilation of Intracranial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G476	Dilation of Intracranial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G47Z	Dilation of Intracranial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037G4D6	Dilation of Intracranial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4DZ	Dilation of Intracranial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4E6	Dilation of Intracranial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4EZ	Dilation of Intracranial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4F6	Dilation of Intracranial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4FZ	Dilation of Intracranial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4G6	Dilation of Intracranial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4GZ	Dilation of Intracranial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4Z6	Dilation of Intracranial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037G4ZZ	Dilation of Intracranial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H346	Dilation of Right Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H34Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H356	Dilation of Right Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H35Z	Dilation of Right Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H366	Dilation of Right Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H36Z	Dilation of Right Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H376	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H37Z	Dilation of Right Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3D6	Dilation of Right Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H3DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037H3E6	Dilation of Right Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3EZ	Dilation of Right Common Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037H3F6	Dilation of Right Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3FZ	Dilation of Right Common Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3G6	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3GZ	Dilation of Right Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037H3Z6	Dilation of Right Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037H3ZZ	Dilation of Right Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037H446	Dilation of Right Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H44Z	Dilation of Right Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H456	Dilation of Right Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H45Z	Dilation of Right Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H466	Dilation of Right Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H46Z	Dilation of Right Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H476	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H47Z	Dilation of Right Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4D6	Dilation of Right Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4DZ	Dilation of Right Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4E6	Dilation of Right Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4EZ	Dilation of Right Common Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4F6	Dilation of Right Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4FZ	Dilation of Right Common Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4G6	Dilation of Right Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4GZ	Dilation of Right Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037H4Z6	Dilation of Right Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037H4ZZ	Dilation of Right Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J346	Dilation of Left Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J34Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J356	Dilation of Left Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J35Z	Dilation of Left Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J366	Dilation of Left Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J36Z	Dilation of Left Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J376	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J37Z	Dilation of Left Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3D6	Dilation of Left Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J3DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037J3E6	Dilation of Left Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3EZ	Dilation of Left Common Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3F6	Dilation of Left Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3FZ	Dilation of Left Common Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3G6	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3GZ	Dilation of Left Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037J3Z6	Dilation of Left Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037J3ZZ	Dilation of Left Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037J446	Dilation of Left Common Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J44Z	Dilation of Left Common Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037J456	Dilation of Left Common Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J45Z	Dilation of Left Common Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J466	Dilation of Left Common Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J46Z	Dilation of Left Common Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J476	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J47Z	Dilation of Left Common Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4D6	Dilation of Left Common Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4DZ	Dilation of Left Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4E6	Dilation of Left Common Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4EZ	Dilation of Left Common Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4F6	Dilation of Left Common Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4FZ	Dilation of Left Common Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4G6	Dilation of Left Common Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4GZ	Dilation of Left Common Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4Z6	Dilation of Left Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037J4ZZ	Dilation of Left Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K346	Dilation of Right Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K34Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K356	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K35Z	Dilation of Right Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K366	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037K36Z	Dilation of Right Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K376	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K37Z	Dilation of Right Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3D6	Dilation of Right Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K3DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037K3E6	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3EZ	Dilation of Right Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3F6	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3FZ	Dilation of Right Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3G6	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3GZ	Dilation of Right Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037K3Z6	Dilation of Right Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037K3ZZ	Dilation of Right Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037K446	Dilation of Right Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K44Z	Dilation of Right Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K456	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K45Z	Dilation of Right Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K466	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K46Z	Dilation of Right Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K476	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K47Z	Dilation of Right Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4D6	Dilation of Right Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037K4DZ	Dilation of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4E6	Dilation of Right Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4EZ	Dilation of Right Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4F6	Dilation of Right Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4FZ	Dilation of Right Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4G6	Dilation of Right Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4GZ	Dilation of Right Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4Z6	Dilation of Right Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037K4ZZ	Dilation of Right Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L346	Dilation of Left Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L34Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L356	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L35Z	Dilation of Left Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L366	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L36Z	Dilation of Left Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L376	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L37Z	Dilation of Left Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3D6	Dilation of Left Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L3DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037L3E6	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3EZ	Dilation of Left Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037L3F6	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3FZ	Dilation of Left Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3G6	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3GZ	Dilation of Left Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037L3Z6	Dilation of Left Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037L3ZZ	Dilation of Left Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037L446	Dilation of Left Internal Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L44Z	Dilation of Left Internal Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L456	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L45Z	Dilation of Left Internal Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L466	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L46Z	Dilation of Left Internal Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L476	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L47Z	Dilation of Left Internal Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4D6	Dilation of Left Internal Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4DZ	Dilation of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4E6	Dilation of Left Internal Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4EZ	Dilation of Left Internal Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4F6	Dilation of Left Internal Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4FZ	Dilation of Left Internal Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4G6	Dilation of Left Internal Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4GZ	Dilation of Left Internal Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037L4Z6	Dilation of Left Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037L4ZZ	Dilation of Left Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M346	Dilation of Right External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M34Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M356	Dilation of Right External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M35Z	Dilation of Right External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M366	Dilation of Right External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M36Z	Dilation of Right External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M376	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M37Z	Dilation of Right External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3D6	Dilation of Right External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M3DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037M3E6	Dilation of Right External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3EZ	Dilation of Right External Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3F6	Dilation of Right External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3FZ	Dilation of Right External Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3G6	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3GZ	Dilation of Right External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037M3Z6	Dilation of Right External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037M3ZZ	Dilation of Right External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037M446	Dilation of Right External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M44Z	Dilation of Right External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037M456	Dilation of Right External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M45Z	Dilation of Right External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M466	Dilation of Right External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M46Z	Dilation of Right External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M476	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M47Z	Dilation of Right External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4D6	Dilation of Right External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4DZ	Dilation of Right External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4E6	Dilation of Right External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4EZ	Dilation of Right External Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4F6	Dilation of Right External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4FZ	Dilation of Right External Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4G6	Dilation of Right External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4GZ	Dilation of Right External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4Z6	Dilation of Right External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037M4ZZ	Dilation of Right External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N346	Dilation of Left External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N34Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N356	Dilation of Left External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N35Z	Dilation of Left External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N366	Dilation of Left External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037N36Z	Dilation of Left External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N376	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N37Z	Dilation of Left External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3D6	Dilation of Left External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N3DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037N3E6	Dilation of Left External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3EZ	Dilation of Left External Carotid Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3F6	Dilation of Left External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3FZ	Dilation of Left External Carotid Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3G6	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3GZ	Dilation of Left External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037N3Z6	Dilation of Left External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037N3ZZ	Dilation of Left External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037N446	Dilation of Left External Carotid Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N44Z	Dilation of Left External Carotid Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N456	Dilation of Left External Carotid Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N45Z	Dilation of Left External Carotid Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N466	Dilation of Left External Carotid Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N46Z	Dilation of Left External Carotid Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N476	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N47Z	Dilation of Left External Carotid Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4D6	Dilation of Left External Carotid Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037N4DZ	Dilation of Left External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4E6	Dilation of Left External Carotid Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4EZ	Dilation of Left External Carotid Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4F6	Dilation of Left External Carotid Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4FZ	Dilation of Left External Carotid Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4G6	Dilation of Left External Carotid Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4GZ	Dilation of Left External Carotid Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4Z6	Dilation of Left External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037N4ZZ	Dilation of Left External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P346	Dilation of Right Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P34Z	Dilation of Right Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P356	Dilation of Right Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P35Z	Dilation of Right Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P366	Dilation of Right Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P36Z	Dilation of Right Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P376	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P37Z	Dilation of Right Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3D6	Dilation of Right Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P3DZ	Dilation of Right Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037P3E6	Dilation of Right Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3EZ	Dilation of Right Vertebral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3F6	Dilation of Right Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037P3FZ	Dilation of Right Vertebral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3G6	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3GZ	Dilation of Right Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037P3Z6	Dilation of Right Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037P3ZZ	Dilation of Right Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037P446	Dilation of Right Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P44Z	Dilation of Right Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P456	Dilation of Right Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P45Z	Dilation of Right Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P466	Dilation of Right Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P46Z	Dilation of Right Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P476	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P47Z	Dilation of Right Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4D6	Dilation of Right Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4DZ	Dilation of Right Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4E6	Dilation of Right Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4EZ	Dilation of Right Vertebral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4F6	Dilation of Right Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4FZ	Dilation of Right Vertebral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4G6	Dilation of Right Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4GZ	Dilation of Right Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4Z6	Dilation of Right Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037P4ZZ	Dilation of Right Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037Q346	Dilation of Left Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q34Z	Dilation of Left Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q356	Dilation of Left Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q35Z	Dilation of Left Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q366	Dilation of Left Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q36Z	Dilation of Left Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q376	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q37Z	Dilation of Left Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3D6	Dilation of Left Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3DZ	Dilation of Left Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3E6	Dilation of Left Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3EZ	Dilation of Left Vertebral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3F6	Dilation of Left Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3FZ	Dilation of Left Vertebral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3G6	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3GZ	Dilation of Left Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3Z6	Dilation of Left Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
037Q3ZZ	Dilation of Left Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037Q446	Dilation of Left Vertebral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q44Z	Dilation of Left Vertebral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q456	Dilation of Left Vertebral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q45Z	Dilation of Left Vertebral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037Q466	Dilation of Left Vertebral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q46Z	Dilation of Left Vertebral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q476	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q47Z	Dilation of Left Vertebral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4D6	Dilation of Left Vertebral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4DZ	Dilation of Left Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4E6	Dilation of Left Vertebral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4EZ	Dilation of Left Vertebral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4F6	Dilation of Left Vertebral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4FZ	Dilation of Left Vertebral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4G6	Dilation of Left Vertebral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4GZ	Dilation of Left Vertebral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4Z6	Dilation of Left Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037Q4ZZ	Dilation of Left Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R3D6	Dilation of Face Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R3DZ	Dilation of Face Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037R3E6	Dilation of Face Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3EZ	Dilation of Face Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3F6	Dilation of Face Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3FZ	Dilation of Face Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3G6	Dilation of Face Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R3GZ	Dilation of Face Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037R4D6	Dilation of Face Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037R4DZ	Dilation of Face Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4E6	Dilation of Face Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4EZ	Dilation of Face Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4F6	Dilation of Face Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4FZ	Dilation of Face Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4G6	Dilation of Face Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037R4GZ	Dilation of Face Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S3D6	Dilation of Right Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S3DZ	Dilation of Right Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037S3E6	Dilation of Right Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3EZ	Dilation of Right Temporal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3F6	Dilation of Right Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3FZ	Dilation of Right Temporal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3G6	Dilation of Right Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S3GZ	Dilation of Right Temporal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037S4D6	Dilation of Right Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4DZ	Dilation of Right Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4E6	Dilation of Right Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4EZ	Dilation of Right Temporal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4F6	Dilation of Right Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4FZ	Dilation of Right Temporal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037S4G6	Dilation of Right Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037S4GZ	Dilation of Right Temporal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T3D6	Dilation of Left Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T3DZ	Dilation of Left Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037T3E6	Dilation of Left Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3EZ	Dilation of Left Temporal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3F6	Dilation of Left Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3FZ	Dilation of Left Temporal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3G6	Dilation of Left Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T3GZ	Dilation of Left Temporal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037T4D6	Dilation of Left Temporal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4DZ	Dilation of Left Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4E6	Dilation of Left Temporal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4EZ	Dilation of Left Temporal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4F6	Dilation of Left Temporal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4FZ	Dilation of Left Temporal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4G6	Dilation of Left Temporal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037T4GZ	Dilation of Left Temporal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CG0Z6	Extirpation of Matter from Intracranial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CG0ZZ	Extirpation of Matter from Intracranial Artery, Open Approach	ICD-10-PCS	Procedure
03CG3Z6	Extirpation of Matter from Intracranial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CG3ZZ	Extirpation of Matter from Intracranial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CG4Z6	Extirpation of Matter from Intracranial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CG4ZZ	Extirpation of Matter from Intracranial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03CH0Z6	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CH0ZZ	Extirpation of Matter from Right Common Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CH3Z6	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CH3ZZ	Extirpation of Matter from Right Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CH4Z6	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CH4ZZ	Extirpation of Matter from Right Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CJ0Z6	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CJ0ZZ	Extirpation of Matter from Left Common Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CJ3Z6	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CJ3ZZ	Extirpation of Matter from Left Common Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CJ4Z6	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CJ4ZZ	Extirpation of Matter from Left Common Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CK0Z6	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CK0ZZ	Extirpation of Matter from Right Internal Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CK3Z6	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CK3ZZ	Extirpation of Matter from Right Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CK4Z6	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CK4ZZ	Extirpation of Matter from Right Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CL0Z6	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CL0ZZ	Extirpation of Matter from Left Internal Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CL3Z6	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CL3ZZ	Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CL4Z6	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CL4ZZ	Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CM0Z6	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CM0ZZ	Extirpation of Matter from Right External Carotid Artery, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03CM3Z6	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CM3ZZ	Extirpation of Matter from Right External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CM4Z6	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CM4ZZ	Extirpation of Matter from Right External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CN0Z6	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Open	ICD-10-PCS	Procedure
03CN0ZZ	Extirpation of Matter from Left External Carotid Artery, Open Approach	ICD-10-PCS	Procedure
03CN3Z6	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CN3ZZ	Extirpation of Matter from Left External Carotid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CN4Z6	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CN4ZZ	Extirpation of Matter from Left External Carotid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CP0Z6	Extirpation of Matter from Right Vertebral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CP0ZZ	Extirpation of Matter from Right Vertebral Artery, Open Approach	ICD-10-PCS	Procedure
03CP3Z6	Extirpation of Matter from Right Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CP3ZZ	Extirpation of Matter from Right Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CP4Z6	Extirpation of Matter from Right Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CP4ZZ	Extirpation of Matter from Right Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CQ0Z6	Extirpation of Matter from Left Vertebral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CQ0ZZ	Extirpation of Matter from Left Vertebral Artery, Open Approach	ICD-10-PCS	Procedure
03CQ3Z6	Extirpation of Matter from Left Vertebral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CQ3ZZ	Extirpation of Matter from Left Vertebral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CQ4Z6	Extirpation of Matter from Left Vertebral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CQ4ZZ	Extirpation of Matter from Left Vertebral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CR0Z6	Extirpation of Matter from Face Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CR0ZZ	Extirpation of Matter from Face Artery, Open Approach	ICD-10-PCS	Procedure
03CR3Z6	Extirpation of Matter from Face Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CR3ZZ	Extirpation of Matter from Face Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CR4Z6	Extirpation of Matter from Face Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CR4ZZ	Extirpation of Matter from Face Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03CS0Z6	Extirpation of Matter from Right Temporal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CS0ZZ	Extirpation of Matter from Right Temporal Artery, Open Approach	ICD-10-PCS	Procedure
03CS3Z6	Extirpation of Matter from Right Temporal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CS3ZZ	Extirpation of Matter from Right Temporal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CS4Z6	Extirpation of Matter from Right Temporal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CS4ZZ	Extirpation of Matter from Right Temporal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CT0Z6	Extirpation of Matter from Left Temporal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CT0ZZ	Extirpation of Matter from Left Temporal Artery, Open Approach	ICD-10-PCS	Procedure
03CT3Z6	Extirpation of Matter from Left Temporal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CT3ZZ	Extirpation of Matter from Left Temporal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CT4Z6	Extirpation of Matter from Left Temporal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CT4ZZ	Extirpation of Matter from Left Temporal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CU0Z6	Extirpation of Matter from Right Thyroid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CU0ZZ	Extirpation of Matter from Right Thyroid Artery, Open Approach	ICD-10-PCS	Procedure
03CU3Z6	Extirpation of Matter from Right Thyroid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CU3ZZ	Extirpation of Matter from Right Thyroid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CU4Z6	Extirpation of Matter from Right Thyroid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CU4ZZ	Extirpation of Matter from Right Thyroid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CV0Z6	Extirpation of Matter from Left Thyroid Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03CV0ZZ	Extirpation of Matter from Left Thyroid Artery, Open Approach	ICD-10-PCS	Procedure
03CV3Z6	Extirpation of Matter from Left Thyroid Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03CV3ZZ	Extirpation of Matter from Left Thyroid Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03CV4Z6	Extirpation of Matter from Left Thyroid Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03CV4ZZ	Extirpation of Matter from Left Thyroid Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LG0BZ	Occlusion of Intracranial Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LG0DZ	Occlusion of Intracranial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LG3BZ	Occlusion of Intracranial Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LG3DZ	Occlusion of Intracranial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LG4BZ	Occlusion of Intracranial Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03LG4DZ	Occlusion of Intracranial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LH0BZ	Occlusion of Right Common Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LH0DZ	Occlusion of Right Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LH3BZ	Occlusion of Right Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LH3DZ	Occlusion of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LH4BZ	Occlusion of Right Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LH4DZ	Occlusion of Right Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LJ0BZ	Occlusion of Left Common Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LJ0DZ	Occlusion of Left Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LJ3BZ	Occlusion of Left Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LJ3DZ	Occlusion of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LJ4BZ	Occlusion of Left Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LJ4DZ	Occlusion of Left Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LK0BZ	Occlusion of Right Internal Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LK0DZ	Occlusion of Right Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LK3BZ	Occlusion of Right Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LK3DZ	Occlusion of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LK4BZ	Occlusion of Right Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LK4DZ	Occlusion of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LL0BZ	Occlusion of Left Internal Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LL0DZ	Occlusion of Left Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LL3BZ	Occlusion of Left Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03LL3DZ	Occlusion of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LL4BZ	Occlusion of Left Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LL4DZ	Occlusion of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LM0BZ	Occlusion of Right External Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LM0DZ	Occlusion of Right External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LM3BZ	Occlusion of Right External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LM3DZ	Occlusion of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LM4BZ	Occlusion of Right External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LM4DZ	Occlusion of Right External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LN0BZ	Occlusion of Left External Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LN0DZ	Occlusion of Left External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LN3BZ	Occlusion of Left External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LN3DZ	Occlusion of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LN4BZ	Occlusion of Left External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LN4DZ	Occlusion of Left External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LP0BZ	Occlusion of Right Vertebral Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LP0DZ	Occlusion of Right Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LP3BZ	Occlusion of Right Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LP3DZ	Occlusion of Right Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LP4BZ	Occlusion of Right Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LP4DZ	Occlusion of Right Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LQ0BZ	Occlusion of Left Vertebral Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LQ0DZ	Occlusion of Left Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03LQ3BZ	Occlusion of Left Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LQ3DZ	Occlusion of Left Vertebral Artery with Intraluminal Device, Percutaneous	ICD-10-PCS	Procedure
03LQ4BZ	Occlusion of Left Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LQ4DZ	Occlusion of Left Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LR0DZ	Occlusion of Face Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LR3DZ	Occlusion of Face Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LR4DZ	Occlusion of Face Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LS0DZ	Occlusion of Right Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LS3DZ	Occlusion of Right Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LS4DZ	Occlusion of Right Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03LT0DZ	Occlusion of Left Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03LT3DZ	Occlusion of Left Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03LT4DZ	Occlusion of Left Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VG0BZ	Restriction of Intracranial Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VG0DZ	Restriction of Intracranial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VG3BZ	Restriction of Intracranial Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VG3DZ	Restriction of Intracranial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VG4BZ	Restriction of Intracranial Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VG4DZ	Restriction of Intracranial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VH0BZ	Restriction of Right Common Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VH0DZ	Restriction of Right Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VH3BZ	Restriction of Right Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VH3DZ	Restriction of Right Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VH4BZ	Restriction of Right Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03VH4DZ	Restriction of Right Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VJ0BZ	Restriction of Left Common Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VJ0DZ	Restriction of Left Common Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VJ3BZ	Restriction of Left Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VJ3DZ	Restriction of Left Common Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VJ4BZ	Restriction of Left Common Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VJ4DZ	Restriction of Left Common Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VK0BZ	Restriction of Right Internal Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VK0DZ	Restriction of Right Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VK3BZ	Restriction of Right Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VK3DZ	Restriction of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VK4BZ	Restriction of Right Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VK4DZ	Restriction of Right Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VL0BZ	Restriction of Left Internal Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VL0DZ	Restriction of Left Internal Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VL3BZ	Restriction of Left Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VL3DZ	Restriction of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VL4BZ	Restriction of Left Internal Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VL4DZ	Restriction of Left Internal Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VM0BZ	Restriction of Right External Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VM0DZ	Restriction of Right External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03VM3BZ	Restriction of Right External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VM3DZ	Restriction of Right External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VM4BZ	Restriction of Right External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VM4DZ	Restriction of Right External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VN0BZ	Restriction of Left External Carotid Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VN0DZ	Restriction of Left External Carotid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VN3BZ	Restriction of Left External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VN3DZ	Restriction of Left External Carotid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VN4BZ	Restriction of Left External Carotid Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VN4DZ	Restriction of Left External Carotid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VP0BZ	Restriction of Right Vertebral Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VP0DZ	Restriction of Right Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VP3BZ	Restriction of Right Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VP3DZ	Restriction of Right Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VP4BZ	Restriction of Right Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VP4DZ	Restriction of Right Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VQ0BZ	Restriction of Left Vertebral Artery with Bioactive Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VQ0DZ	Restriction of Left Vertebral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VQ3BZ	Restriction of Left Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VQ3DZ	Restriction of Left Vertebral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VQ4BZ	Restriction of Left Vertebral Artery with Bioactive Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VQ4DZ	Restriction of Left Vertebral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VR0DZ	Restriction of Face Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03VR3DZ	Restriction of Face Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VR4DZ	Restriction of Face Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VS0DZ	Restriction of Right Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VS3DZ	Restriction of Right Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VS4DZ	Restriction of Right Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VT0DZ	Restriction of Left Temporal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VT3DZ	Restriction of Left Temporal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VT4DZ	Restriction of Left Temporal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VU0DZ	Restriction of Right Thyroid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VU3DZ	Restriction of Right Thyroid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VU4DZ	Restriction of Right Thyroid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03VV0DZ	Restriction of Left Thyroid Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03VV3DZ	Restriction of Left Thyroid Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03VV4DZ	Restriction of Left Thyroid Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04U03JZ	Supplement Abdominal Aorta with Synthetic Substitute, Percutaneous Approach	ICD-10-PCS	Procedure
04U04JZ	Supplement Abdominal Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V00DJ	Restriction of Abdominal Aorta with Intraluminal Device, Temporary, Open Approach	ICD-10-PCS	Procedure
04V00E6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach	ICD-10-PCS	Procedure
04V00EZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Open Approach	ICD-10-PCS	Procedure
04V00F6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach	ICD-10-PCS	Procedure
04V00FZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Open Approach	ICD-10-PCS	Procedure
04V03DJ	Restriction of Abdominal Aorta with Intraluminal Device, Temporary, Percutaneous Approach	ICD-10-PCS	Procedure
04V03E6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
04V03EZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04V03F6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
04V03FZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Approach	ICD-10-PCS	Procedure
04V04DJ	Restriction of Abdominal Aorta with Intraluminal Device, Temporary, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V04E6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V04EZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, One or Two Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V04F6	Restriction of Abdominal Aorta, Bifurcation, with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04V04FZ	Restriction of Abdominal Aorta with Branched or Fenestrated Intraluminal Device, Three or More Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057L3DZ	Dilation of Intracranial Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057L4DZ	Dilation of Intracranial Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057M3DZ	Dilation of Right Internal Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057M4DZ	Dilation of Right Internal Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057N3DZ	Dilation of Left Internal Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057N4DZ	Dilation of Left Internal Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057P3DZ	Dilation of Right External Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057P4DZ	Dilation of Right External Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057Q3DZ	Dilation of Left External Jugular Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057Q4DZ	Dilation of Left External Jugular Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057R3DZ	Dilation of Right Vertebral Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057R4DZ	Dilation of Right Vertebral Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057S3DZ	Dilation of Left Vertebral Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
057S4DZ	Dilation of Left Vertebral Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
057T3DZ	Dilation of Right Face Vein with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
057T4DZ	Dilation of Right Face Vein with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
05CL3ZZ	Extirpation of Matter from Intracranial Vein, Percutaneous Approach	ICD-10-PCS	Procedure
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	CPT Category III	Procedure
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	CPT Category III	Procedure
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	CPT-4	Procedure
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	CPT-4	Procedure
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	CPT-4	Procedure
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	CPT-4	Procedure
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	CPT-4	Procedure
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	CPT-4	Procedure
35606	Bypass graft, with other than vein; carotid-subclavian	CPT-4	Procedure
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	CPT-4	Procedure
35642	Bypass graft, with other than vein; carotid-vertebral	CPT-4	Procedure
35901	Excision of infected graft; neck	CPT-4	Procedure
36100	Introduction of needle or intracatheter, carotid or vertebral artery	CPT-4	Procedure
37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	CPT-4	Procedure
37206	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	CPT-4	Procedure
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	CPT-4	Procedure
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	CPT-4	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection without distal embolic protection	CPT-4	Procedure
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	CPT-4	Procedure
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	CPT-4	Procedure
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	CPT-4	Procedure
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	CPT-4	Procedure
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	CPT-4	Procedure
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	CPT-4	Procedure
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	CPT-4	Procedure
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	CPT-4	Procedure
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	CPT-4	Procedure
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	CPT-4	Procedure
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	CPT-4	Procedure
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	CPT-4	Procedure
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	CPT-4	Procedure
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	CPT-4	Procedure
61690	Surgery of intracranial arteriovenous malformation; dural, simple	CPT-4	Procedure
61692	Surgery of intracranial arteriovenous malformation; dural, complex	CPT-4	Procedure
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	CPT-4	Procedure
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	CPT-4	Procedure
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	CPT-4	Procedure
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	CPT-4	Procedure
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	CPT-4	Procedure
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	CPT-4	Procedure
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	CPT-4	Procedure
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	CPT-4	Procedure
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	CPT-4	Procedure
S2211	Transcatheter placement of intravascular stent(s), carotid artery, percutaneous, unilateral (if performed bilaterally, use-50 modifier)	HCPCS	Procedure
<b>Retinal Microvascular Disease</b>			
362.1	Other background retinopathy and retinal vascular changes	ICD-9-CM	Diagnosis
362.10	Unspecified background retinopathy	ICD-9-CM	Diagnosis
362.11	Hypertensive retinopathy	ICD-9-CM	Diagnosis
362.12	Exudative retinopathy	ICD-9-CM	Diagnosis
362.13	Changes in vascular appearance of retina	ICD-9-CM	Diagnosis
362.14	Retinal microaneurysms NOS	ICD-9-CM	Diagnosis
362.15	Retinal telangiectasia	ICD-9-CM	Diagnosis
362.16	Retinal neovascularization NOS	ICD-9-CM	Diagnosis
362.18	Retinal vasculitis	ICD-9-CM	Diagnosis
362.2	Other proliferative retinopathy	ICD-9-CM	Diagnosis
362.29	Other nondiabetic proliferative retinopathy	ICD-9-CM	Diagnosis
362.3	Retinal Vascular occlusion	ICD-9-CM	Diagnosis
362.30	Unspecified retinal Vascular occlusion	ICD-9-CM	Diagnosis
362.31	Central artery occlusion of retina	ICD-9-CM	Diagnosis
362.32	Arterial branch occlusion of retina	ICD-9-CM	Diagnosis
362.33	Partial Arterial occlusion of retina	ICD-9-CM	Diagnosis
362.34	Transient Arterial occlusion of retina	ICD-9-CM	Diagnosis
362.8	Other retinal disorders	ICD-9-CM	Diagnosis
362.81	Retinal hemorrhage	ICD-9-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
362.82	Retinal exudates and deposits	ICD-9-CM	Diagnosis
362.83	Retinal edema	ICD-9-CM	Diagnosis
362.84	Retinal ischemia	ICD-9-CM	Diagnosis
362.89	Other retinal disorders	ICD-9-CM	Diagnosis
362.9	Unspecified retinal disorder	ICD-9-CM	Diagnosis
G45.3	Amaurosis fugax	ICD-10-CM	Diagnosis
H34.00	Transient retinal artery occlusion, unspecified eye	ICD-10-CM	Diagnosis
H34.01	Transient retinal artery occlusion, right eye	ICD-10-CM	Diagnosis
H34.02	Transient retinal artery occlusion, left eye	ICD-10-CM	Diagnosis
H34.03	Transient retinal artery occlusion, bilateral	ICD-10-CM	Diagnosis
H34.10	Central retinal artery occlusion, unspecified eye	ICD-10-CM	Diagnosis
H34.11	Central retinal artery occlusion, right eye	ICD-10-CM	Diagnosis
H34.12	Central retinal artery occlusion, left eye	ICD-10-CM	Diagnosis
H34.13	Central retinal artery occlusion, bilateral	ICD-10-CM	Diagnosis
H34.211	Partial retinal artery occlusion, right eye	ICD-10-CM	Diagnosis
H34.212	Partial retinal artery occlusion, left eye	ICD-10-CM	Diagnosis
H34.213	Partial retinal artery occlusion, bilateral	ICD-10-CM	Diagnosis
H34.219	Partial retinal artery occlusion, unspecified eye	ICD-10-CM	Diagnosis
H34.231	Retinal artery branch occlusion, right eye	ICD-10-CM	Diagnosis
H34.232	Retinal artery branch occlusion, left eye	ICD-10-CM	Diagnosis
H34.233	Retinal artery branch occlusion, bilateral	ICD-10-CM	Diagnosis
H34.239	Retinal artery branch occlusion, unspecified eye	ICD-10-CM	Diagnosis
H34.9	Unspecified retinal vascular occlusion	ICD-10-CM	Diagnosis
H35.00	Unspecified background retinopathy	ICD-10-CM	Diagnosis
H35.011	Changes in retinal vascular appearance, right eye	ICD-10-CM	Diagnosis
H35.012	Changes in retinal vascular appearance, left eye	ICD-10-CM	Diagnosis
H35.013	Changes in retinal vascular appearance, bilateral	ICD-10-CM	Diagnosis
H35.019	Changes in retinal vascular appearance, unspecified eye	ICD-10-CM	Diagnosis
H35.021	Exudative retinopathy, right eye	ICD-10-CM	Diagnosis
H35.022	Exudative retinopathy, left eye	ICD-10-CM	Diagnosis
H35.023	Exudative retinopathy, bilateral	ICD-10-CM	Diagnosis
H35.029	Exudative retinopathy, unspecified eye	ICD-10-CM	Diagnosis
H35.031	Hypertensive retinopathy, right eye	ICD-10-CM	Diagnosis
H35.032	Hypertensive retinopathy, left eye	ICD-10-CM	Diagnosis
H35.033	Hypertensive retinopathy, bilateral	ICD-10-CM	Diagnosis
H35.039	Hypertensive retinopathy, unspecified eye	ICD-10-CM	Diagnosis
H35.041	Retinal micro-aneurysms, unspecified, right eye	ICD-10-CM	Diagnosis
H35.042	Retinal micro-aneurysms, unspecified, left eye	ICD-10-CM	Diagnosis
H35.043	Retinal micro-aneurysms, unspecified, bilateral	ICD-10-CM	Diagnosis
H35.049	Retinal micro-aneurysms, unspecified, unspecified eye	ICD-10-CM	Diagnosis
H35.051	Retinal neovascularization, unspecified, right eye	ICD-10-CM	Diagnosis
H35.052	Retinal neovascularization, unspecified, left eye	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
H35.053	Retinal neovascularization, unspecified, bilateral	ICD-10-CM	Diagnosis
H35.059	Retinal neovascularization, unspecified, unspecified eye	ICD-10-CM	Diagnosis
H35.061	Retinal vasculitis, right eye	ICD-10-CM	Diagnosis
H35.062	Retinal vasculitis, left eye	ICD-10-CM	Diagnosis
H35.063	Retinal vasculitis, bilateral	ICD-10-CM	Diagnosis
H35.069	Retinal vasculitis, unspecified eye	ICD-10-CM	Diagnosis
H35.071	Retinal telangiectasis, right eye	ICD-10-CM	Diagnosis
H35.072	Retinal telangiectasis, left eye	ICD-10-CM	Diagnosis
H35.073	Retinal telangiectasis, bilateral	ICD-10-CM	Diagnosis
H35.079	Retinal telangiectasis, unspecified eye	ICD-10-CM	Diagnosis
H35.20	Other non-diabetic proliferative retinopathy, unspecified eye	ICD-10-CM	Diagnosis
H35.21	Other non-diabetic proliferative retinopathy, right eye	ICD-10-CM	Diagnosis
H35.22	Other non-diabetic proliferative retinopathy, left eye	ICD-10-CM	Diagnosis
H35.23	Other non-diabetic proliferative retinopathy, bilateral	ICD-10-CM	Diagnosis
H35.60	Retinal hemorrhage, unspecified eye	ICD-10-CM	Diagnosis
H35.61	Retinal hemorrhage, right eye	ICD-10-CM	Diagnosis
H35.62	Retinal hemorrhage, left eye	ICD-10-CM	Diagnosis
H35.63	Retinal hemorrhage, bilateral	ICD-10-CM	Diagnosis
H35.81	Retinal edema	ICD-10-CM	Diagnosis
H35.82	Retinal ischemia	ICD-10-CM	Diagnosis
H35.89	Other specified retinal disorders	ICD-10-CM	Diagnosis
H35.9	Unspecified retinal disorder	ICD-10-CM	Diagnosis
<b>Renovascular Disease</b>			
440.1	Atherosclerosis of renal artery	ICD-9-CM	Diagnosis
442.1	Aneurysm of renal artery	ICD-9-CM	Diagnosis
447.8	Other specified disorders of arteries and arterioles	ICD-9-CM	Diagnosis
593.81	Vascular disorders of kidney	ICD-9-CM	Diagnosis
I70.1	Atherosclerosis of renal artery	ICD-10-CM	Diagnosis
I72.2	Aneurysm of renal artery	ICD-10-CM	Diagnosis
I77.3	Arterial fibromuscular dysplasia	ICD-10-CM	Diagnosis
I77.89	Other specified disorders of arteries and arterioles	ICD-10-CM	Diagnosis
N28.0	Ischemia and infarction of kidney	ICD-10-CM	Diagnosis
39.24	Aorta-renal bypass	ICD-9-CM	Procedure
0410093	Bypass Abdominal Aorta to Right Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410094	Bypass Abdominal Aorta to Left Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410095	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410493	Bypass Abdominal Aorta to Right Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0410494	Bypass Abdominal Aorta to Left Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410495	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04100A3	Bypass Abdominal Aorta to Right Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A4	Bypass Abdominal Aorta to Left Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A5	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100J3	Bypass Abdominal Aorta to Right Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J4	Bypass Abdominal Aorta to Left Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J5	Bypass Abdominal Aorta to Bilateral Renal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100K3	Bypass Abdominal Aorta to Right Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K4	Bypass Abdominal Aorta to Left Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K5	Bypass Abdominal Aorta to Bilateral Renal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100Z3	Bypass Abdominal Aorta to Right Renal Artery, Open Approach	ICD-10-PCS	Procedure
04100Z4	Bypass Abdominal Aorta to Left Renal Artery, Open Approach	ICD-10-PCS	Procedure
04100Z5	Bypass Abdominal Aorta to Bilateral Renal Artery, Open Approach	ICD-10-PCS	Procedure
04104A3	Bypass Abdominal Aorta to Right Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A4	Bypass Abdominal Aorta to Left Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A5	Bypass Abdominal Aorta to Bilateral Renal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J3	Bypass Abdominal Aorta to Right Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J4	Bypass Abdominal Aorta to Left Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J5	Bypass Abdominal Aorta to Bilateral Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K3	Bypass Abdominal Aorta to Right Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K4	Bypass Abdominal Aorta to Left Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04104K5	Bypass Abdominal Aorta to Bilateral Renal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z3	Bypass Abdominal Aorta to Right Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z4	Bypass Abdominal Aorta to Left Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z5	Bypass Abdominal Aorta to Bilateral Renal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	CPT-4	Procedure
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	CPT-4	Procedure
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	CPT-4	Procedure
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	CPT-4	Procedure
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	CPT-4	Procedure
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	CPT-4	Procedure
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	CPT-4	Procedure
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	CPT-4	Procedure
35450	Transluminal balloon angioplasty, open; renal or other visceral artery	CPT-4	Procedure
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	CPT-4	Procedure
35536	Bypass graft, with vein; splenorenal	CPT-4	Procedure
35560	Bypass graft, with vein; aortorenal	CPT-4	Procedure
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	CPT-4	Procedure
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	CPT-4	Procedure
75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation	CPT-4	Procedure
75724	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	CPT-4	Procedure
<b>Lower Extremity Vascular Disease</b>			
440	Atherosclerosis	ICD-9-CM	Diagnosis
440.0	Atherosclerosis of aorta	ICD-9-CM	Diagnosis
440.2	Atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.20	Atherosclerosis of native arteries of the extremities, unspecified	ICD-9-CM	Diagnosis
440.21	Atherosclerosis of native arteries of the extremities with intermittent claudication	ICD-9-CM	Diagnosis
440.22	Atherosclerosis of native arteries of the extremities with rest pain	ICD-9-CM	Diagnosis
440.23	Atherosclerosis of native arteries of the extremities with ulceration	ICD-9-CM	Diagnosis
440.24	Atherosclerosis of native arteries of the extremities with gangrene	ICD-9-CM	Diagnosis
440.29	Other atherosclerosis of native arteries of the extremities	ICD-9-CM	Diagnosis
440.3	Atherosclerosis of bypass graft of extremities	ICD-9-CM	Diagnosis
440.30	Atherosclerosis of unspecified bypass graft of extremities	ICD-9-CM	Diagnosis
440.31	Atherosclerosis of autologous vein bypass graft of extremities	ICD-9-CM	Diagnosis
440.32	Atherosclerosis of nonautologous biological bypass graft of extremities	ICD-9-CM	Diagnosis
440.4	Chronic total occlusion of artery of the extremities	ICD-9-CM	Diagnosis
443.8	Other specified peripheral vascular diseases	ICD-9-CM	Diagnosis
443.81	Peripheral angiopathy in diseases classified elsewhere	ICD-9-CM	Diagnosis
443.89	Other peripheral vascular disease	ICD-9-CM	Diagnosis
443.9	Unspecified peripheral vascular disease	ICD-9-CM	Diagnosis
444.2	Embolism and thrombosis of arteries of the extremities	ICD-9-CM	Diagnosis
444.21	Embolism and thrombosis of arteries of upper extremity	ICD-9-CM	Diagnosis
444.22	Embolism and thrombosis of arteries of lower extremity	ICD-9-CM	Diagnosis
444.81	Embolism and thrombosis of iliac artery	ICD-9-CM	Diagnosis
557.0	Acute vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.0	Acute vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.0	Acute vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.1	Chronic vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.1	Chronic vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.9	Unspecified vascular insufficiency of intestine	ICD-9-CM	Diagnosis
557.9	Unspecified vascular insufficiency of intestine	ICD-9-CM	Diagnosis
707.1	Ulcer of lower limbs, except pressure ulcer	ICD-9-CM	Diagnosis
707.10	Ulcer of lower limb, unspecified	ICD-9-CM	Diagnosis
707.11	Ulcer of thigh	ICD-9-CM	Diagnosis
707.12	Ulcer of calf	ICD-9-CM	Diagnosis
707.13	Ulcer of ankle	ICD-9-CM	Diagnosis
707.14	Ulcer of heel and midfoot	ICD-9-CM	Diagnosis
707.15	Ulcer of other part of foot	ICD-9-CM	Diagnosis
707.19	Ulcer of other part of lower limb	ICD-9-CM	Diagnosis
707.8	Chronic ulcer of other specified site	ICD-9-CM	Diagnosis
707.9	Chronic ulcer of unspecified site	ICD-9-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
V43.4	Blood vessel replaced by other means	ICD-9-CM	Diagnosis
V49.7	Lower limb amputation status	ICD-9-CM	Diagnosis
V49.70	Lower limb amputation, unspecified level	ICD-9-CM	Diagnosis
V49.71	Lower limb amputation, great toe	ICD-9-CM	Diagnosis
V49.72	Lower limb amputation, other toe(s)	ICD-9-CM	Diagnosis
V49.73	Lower limb amputation, foot	ICD-9-CM	Diagnosis
V49.74	Lower limb amputation, ankle	ICD-9-CM	Diagnosis
V49.75	Lower limb amputation, below knee	ICD-9-CM	Diagnosis
V49.76	Lower limb amputation, above knee	ICD-9-CM	Diagnosis
V49.77	Lower limb amputation, hip	ICD-9-CM	Diagnosis
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg	ICD-10-CM	Diagnosis
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg	ICD-10-CM	Diagnosis
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	ICD-10-CM	Diagnosis
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg	ICD-10-CM	Diagnosis
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.25	Atherosclerosis of native arteries of other extremities with ulceration	ICD-10-CM	Diagnosis
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.291	Other atherosclerosis of native arteries of extremities, right leg	ICD-10-CM	Diagnosis
I70.292	Other atherosclerosis of native arteries of extremities, left leg	ICD-10-CM	Diagnosis
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.298	Other atherosclerosis of native arteries of extremities, other extremity	ICD-10-CM	Diagnosis
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
170.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
170.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
170.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
170.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
170.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
170.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
170.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
170.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
170.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
170.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
170.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
170.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
170.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
170.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
170.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
170.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
170.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
170.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
170.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
170.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
170.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
170.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
170.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
170.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
170.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
170.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
170.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
170.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
170.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
170.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
170.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
170.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg	ICD-10-CM	Diagnosis
170.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg	ICD-10-CM	Diagnosis
170.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs	ICD-10-CM	Diagnosis
170.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity	ICD-10-CM	Diagnosis
170.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity	ICD-10-CM	Diagnosis
170.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg	ICD-10-CM	Diagnosis
170.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg	ICD-10-CM	Diagnosis
170.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs	ICD-10-CM	Diagnosis
170.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity	ICD-10-CM	Diagnosis
170.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity	ICD-10-CM	Diagnosis
170.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh	ICD-10-CM	Diagnosis
170.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf	ICD-10-CM	Diagnosis
170.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle	ICD-10-CM	Diagnosis
170.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
170.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
170.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
170.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
170.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf	ICD-10-CM	Diagnosis
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle	ICD-10-CM	Diagnosis
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot	ICD-10-CM	Diagnosis
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot	ICD-10-CM	Diagnosis
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg	ICD-10-CM	Diagnosis
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site	ICD-10-CM	Diagnosis
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration	ICD-10-CM	Diagnosis
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg	ICD-10-CM	Diagnosis
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg	ICD-10-CM	Diagnosis
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs	ICD-10-CM	Diagnosis
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity	ICD-10-CM	Diagnosis
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity	ICD-10-CM	Diagnosis
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg	ICD-10-CM	Diagnosis
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg	ICD-10-CM	Diagnosis
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs	ICD-10-CM	Diagnosis
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity	ICD-10-CM	Diagnosis
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity	ICD-10-CM	Diagnosis
I70.92	Chronic total occlusion of artery of the extremities	ICD-10-CM	Diagnosis
I73.89	Other specified peripheral vascular diseases	ICD-10-CM	Diagnosis
I73.9	Peripheral vascular disease, unspecified	ICD-10-CM	Diagnosis
I74.3	Embolism and thrombosis of arteries of the lower extremities	ICD-10-CM	Diagnosis
I74.4	Embolism and thrombosis of arteries of extremities, unspecified	ICD-10-CM	Diagnosis
I74.5	Embolism and thrombosis of iliac artery	ICD-10-CM	Diagnosis
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine	ICD-10-CM	Diagnosis
K55.012	Diffuse acute (reversible) ischemia of small intestine	ICD-10-CM	Diagnosis
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified	ICD-10-CM	Diagnosis
K55.021	Focal (segmental) acute infarction of small intestine	ICD-10-CM	Diagnosis
K55.022	Diffuse acute infarction of small intestine	ICD-10-CM	Diagnosis
K55.029	Acute infarction of small intestine, extent unspecified	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine	ICD-10-CM	Diagnosis
K55.032	Diffuse acute (reversible) ischemia of large intestine	ICD-10-CM	Diagnosis
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified	ICD-10-CM	Diagnosis
K55.041	Focal (segmental) acute infarction of large intestine	ICD-10-CM	Diagnosis
K55.042	Diffuse acute infarction of large intestine	ICD-10-CM	Diagnosis
K55.049	Acute infarction of large intestine, extent unspecified	ICD-10-CM	Diagnosis
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified	ICD-10-CM	Diagnosis
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified	ICD-10-CM	Diagnosis
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified	ICD-10-CM	Diagnosis
K55.061	Focal (segmental) acute infarction of intestine, part unspecified	ICD-10-CM	Diagnosis
K55.062	Diffuse acute infarction of intestine, part unspecified	ICD-10-CM	Diagnosis
K55.069	Acute infarction of intestine, part and extent unspecified	ICD-10-CM	Diagnosis
K55.30	Necrotizing enterocolitis, unspecified	ICD-10-CM	Diagnosis
K55.31	Stage 1 necrotizing enterocolitis	ICD-10-CM	Diagnosis
K55.32	Stage 2 necrotizing enterocolitis	ICD-10-CM	Diagnosis
K55.33	Stage 3 necrotizing enterocolitis	ICD-10-CM	Diagnosis
L97.101	Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.105	Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.106	Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.108	Non-pressure chronic ulcer of unspecified thigh with other specified severity	ICD-10-CM	Diagnosis
L97.109	Non-pressure chronic ulcer of unspecified thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity	ICD-10-CM	Diagnosis
L97.119	Non-pressure chronic ulcer of right thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed	ICD-10-CM	Diagnosis
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle	ICD-10-CM	Diagnosis
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone	ICD-10-CM	Diagnosis
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity	ICD-10-CM	Diagnosis
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity	ICD-10-CM	Diagnosis
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.208	Non-pressure chronic ulcer of unspecified calf with other specified severity	ICD-10-CM	Diagnosis
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity	ICD-10-CM	Diagnosis
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.218	Non-pressure chronic ulcer of right calf with other specified severity	ICD-10-CM	Diagnosis
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity	ICD-10-CM	Diagnosis
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed	ICD-10-CM	Diagnosis
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle	ICD-10-CM	Diagnosis
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone	ICD-10-CM	Diagnosis
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity	ICD-10-CM	Diagnosis
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity	ICD-10-CM	Diagnosis
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.305	Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.306	Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.308	Non-pressure chronic ulcer of unspecified ankle with other specified severity	ICD-10-CM	Diagnosis
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity	ICD-10-CM	Diagnosis
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed	ICD-10-CM	Diagnosis
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle	ICD-10-CM	Diagnosis
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone	ICD-10-CM	Diagnosis
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity	ICD-10-CM	Diagnosis
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity	ICD-10-CM	Diagnosis
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.408	Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed	ICD-10-CM	Diagnosis
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone	ICD-10-CM	Diagnosis
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity	ICD-10-CM	Diagnosis
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity	ICD-10-CM	Diagnosis
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.508	Non-pressure chronic ulcer of other part of unspecified foot with other specified severity	ICD-10-CM	Diagnosis
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity	ICD-10-CM	Diagnosis
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity	ICD-10-CM	Diagnosis
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity	ICD-10-CM	Diagnosis
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed	ICD-10-CM	Diagnosis
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle	ICD-10-CM	Diagnosis
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone	ICD-10-CM	Diagnosis
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity	ICD-10-CM	Diagnosis
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity	ICD-10-CM	Diagnosis
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.808	Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle	ICD-10-CM	Diagnosis



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.908	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity	ICD-10-CM	Diagnosis
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed	ICD-10-CM	Diagnosis
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle	ICD-10-CM	Diagnosis
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone	ICD-10-CM	Diagnosis
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity	ICD-10-CM	Diagnosis
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity	ICD-10-CM	Diagnosis
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin	ICD-10-CM	Diagnosis
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed	ICD-10-CM	Diagnosis
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle	ICD-10-CM	Diagnosis
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone	ICD-10-CM	Diagnosis
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis	ICD-10-CM	Diagnosis
L98.418	Non-pressure chronic ulcer of buttock with other specified severity	ICD-10-CM	Diagnosis
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity	ICD-10-CM	Diagnosis
Z89.411	Acquired absence of right great toe	ICD-10-CM	Diagnosis
Z89.412	Acquired absence of left great toe	ICD-10-CM	Diagnosis
Z89.419	Acquired absence of unspecified great toe	ICD-10-CM	Diagnosis
Z89.421	Acquired absence of other right toe(s)	ICD-10-CM	Diagnosis
Z89.422	Acquired absence of other left toe(s)	ICD-10-CM	Diagnosis
Z89.429	Acquired absence of other toe(s), unspecified side	ICD-10-CM	Diagnosis
Z89.431	Acquired absence of right foot	ICD-10-CM	Diagnosis
Z89.432	Acquired absence of left foot	ICD-10-CM	Diagnosis
Z89.439	Acquired absence of unspecified foot	ICD-10-CM	Diagnosis
Z89.441	Acquired absence of right ankle	ICD-10-CM	Diagnosis
Z89.442	Acquired absence of left ankle	ICD-10-CM	Diagnosis
Z89.449	Acquired absence of unspecified ankle	ICD-10-CM	Diagnosis
Z89.511	Acquired absence of right leg below knee	ICD-10-CM	Diagnosis
Z89.512	Acquired absence of left leg below knee	ICD-10-CM	Diagnosis
Z89.519	Acquired absence of unspecified leg below knee	ICD-10-CM	Diagnosis
Z89.611	Acquired absence of right leg above knee	ICD-10-CM	Diagnosis
Z89.612	Acquired absence of left leg above knee	ICD-10-CM	Diagnosis
Z89.619	Acquired absence of unspecified leg above knee	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
Z89.621	Acquired absence of right hip joint	ICD-10-CM	Diagnosis
Z89.622	Acquired absence of left hip joint	ICD-10-CM	Diagnosis
Z89.629	Acquired absence of unspecified hip joint	ICD-10-CM	Diagnosis
Z89.9	Acquired absence of limb, unspecified	ICD-10-CM	Diagnosis
Z95.820	Peripheral vascular angioplasty status with implants and grafts	ICD-10-CM	Diagnosis
00.55	Insertion of drug-eluting stent(s) of other peripheral vessel(s)	ICD-9-CM	Procedure
00.60	Insertion of drug-eluting stent(s) of superficial femoral artery	ICD-9-CM	Procedure
17.56	Atherectomy of other non-coronary vessel(s)	ICD-9-CM	Procedure
38.14	Endarterectomy, aorta	ICD-9-CM	Procedure
38.16	Endarterectomy, abdominal arteries	ICD-9-CM	Procedure
38.18	Endarterectomy of lower limb arteries	ICD-9-CM	Procedure
38.34	Resection of vessel with anastomosis, aorta	ICD-9-CM	Procedure
38.44	Resection of vessel with replacement, aorta, abdominal	ICD-9-CM	Procedure
39.25	Aorta-iliac-femoral bypass	ICD-9-CM	Procedure
39.29	Other (peripheral) vascular shunt or bypass	ICD-9-CM	Procedure
39.50	Angioplasty of other non-coronary vessel(s)	ICD-9-CM	Procedure
39.52	Other repair of aneurysm	ICD-9-CM	Procedure
39.71	Endovascular implantation of other graft in abdominal aorta	ICD-9-CM	Procedure
39.90	Insertion of non-drug-eluting peripheral (non-coronary) vessel stent(s)	ICD-9-CM	Procedure
84.10	Lower limb amputation, not otherwise specified	ICD-9-CM	Procedure
84.11	Amputation of toe	ICD-9-CM	Procedure
84.12	Amputation through foot	ICD-9-CM	Procedure
84.13	Disarticulation of ankle	ICD-9-CM	Procedure
84.14	Amputation of ankle through malleoli of tibia and fibula	ICD-9-CM	Procedure
84.15	Other amputation below knee	ICD-9-CM	Procedure
84.16	Disarticulation of knee	ICD-9-CM	Procedure
84.17	Amputation above knee	ICD-9-CM	Procedure
0312096	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312097	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312098	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0312099	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313096	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313097	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0313098	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0313099	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314096	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314097	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314098	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0314099	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315096	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315097	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315098	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0315099	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316096	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316097	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316098	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0316099	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0373046	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0373056	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373066	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373076	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0373346	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0373356	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373366	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0373376	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0373446	Dilation of Right Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373456	Dilation of Right Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373466	Dilation of Right Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0373476	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374046	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0374056	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374066	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374076	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0374346	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0374356	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374366	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374376	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0374446	Dilation of Left Subclavian Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374456	Dilation of Left Subclavian Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374466	Dilation of Left Subclavian Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0374476	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375046	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0375056	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375066	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375076	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0375346	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0375356	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375366	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375376	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0375446	Dilation of Right Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375456	Dilation of Right Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375466	Dilation of Right Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0375476	Dilation of Right Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376046	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0376056	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376066	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376076	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0376346	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0376356	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376366	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376376	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0376446	Dilation of Left Axillary Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376456	Dilation of Left Axillary Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376466	Dilation of Left Axillary Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0376476	Dilation of Left Axillary Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410096	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410097	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0410098	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410099	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
0410496	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410497	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410498	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0410499	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470046	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
0470056	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470066	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470076	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
0470346	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
0470356	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470366	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470376	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
0470446	Dilation of Abdominal Aorta, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470456	Dilation of Abdominal Aorta, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470466	Dilation of Abdominal Aorta, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0470476	Dilation of Abdominal Aorta, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03730E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03733E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03734E6	Dilation of Right Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03740E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03743E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03744E6	Dilation of Left Subclavian Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03750E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03753E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03754E6	Dilation of Right Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03760E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03763E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03764E6	Dilation of Left Axillary Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04700E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04703E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04704E6	Dilation of Abdominal Aorta, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E041	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E046	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E056	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E066	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E076	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
031209B	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031209C	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03120A6	Bypass Innominate Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A7	Bypass Innominate Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03120A8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120A9	Bypass Innominate Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AB	Bypass Innominate Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120AC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03120J6	Bypass Innominate Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J7	Bypass Innominate Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120J9	Bypass Innominate Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JB	Bypass Innominate Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120JC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03120K6	Bypass Innominate Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K7	Bypass Innominate Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K8	Bypass Innominate Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120K9	Bypass Innominate Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KB	Bypass Innominate Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120KC	Bypass Innominate Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03120Z6	Bypass Innominate Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z7	Bypass Innominate Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z8	Bypass Innominate Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120Z9	Bypass Innominate Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZB	Bypass Innominate Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03120ZC	Bypass Innominate Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031309B	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031309C	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03130A6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130A9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130AC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03130J6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130J9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130JC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03130K6	Bypass Right Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K7	Bypass Right Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130K9	Bypass Right Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KB	Bypass Right Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130KC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03130Z6	Bypass Right Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z7	Bypass Right Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z8	Bypass Right Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130Z9	Bypass Right Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZB	Bypass Right Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03130ZC	Bypass Right Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
031409B	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031409C	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03140A6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140A9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140AC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03140J6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140J9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140JC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03140K6	Bypass Left Subclavian Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K7	Bypass Left Subclavian Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140K9	Bypass Left Subclavian Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KB	Bypass Left Subclavian Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140KC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03140Z6	Bypass Left Subclavian Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z7	Bypass Left Subclavian Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03140Z8	Bypass Left Subclavian Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140Z9	Bypass Left Subclavian Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZB	Bypass Left Subclavian Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03140ZC	Bypass Left Subclavian Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031509B	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031509C	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03150A6	Bypass Right Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A7	Bypass Right Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150A9	Bypass Right Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AB	Bypass Right Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150AC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03150J6	Bypass Right Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J7	Bypass Right Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150J9	Bypass Right Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JB	Bypass Right Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150JC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03150K6	Bypass Right Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K7	Bypass Right Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150K9	Bypass Right Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150KB	Bypass Right Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03150KC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03150Z6	Bypass Right Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z7	Bypass Right Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z8	Bypass Right Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150Z9	Bypass Right Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZB	Bypass Right Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03150ZC	Bypass Right Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
031609B	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
031609C	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
03160A6	Bypass Left Axillary Artery to Right Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A7	Bypass Left Axillary Artery to Left Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160A9	Bypass Left Axillary Artery to Right Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AB	Bypass Left Axillary Artery to Left Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160AC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
03160J6	Bypass Left Axillary Artery to Right Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J7	Bypass Left Axillary Artery to Left Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160J9	Bypass Left Axillary Artery to Right Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JB	Bypass Left Axillary Artery to Left Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160JC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
03160K6	Bypass Left Axillary Artery to Right Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K7	Bypass Left Axillary Artery to Left Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160K8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03160K9	Bypass Left Axillary Artery to Right Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KB	Bypass Left Axillary Artery to Left Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160KC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
03160Z6	Bypass Left Axillary Artery to Right Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z7	Bypass Left Axillary Artery to Left Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z8	Bypass Left Axillary Artery to Bilateral Upper Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160Z9	Bypass Left Axillary Artery to Right Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZB	Bypass Left Axillary Artery to Left Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
03160ZC	Bypass Left Axillary Artery to Bilateral Lower Leg Artery, Open Approach	ICD-10-PCS	Procedure
037304Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037305Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037306Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037307Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03730EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03730Z6	Dilation of Right Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03730ZZ	Dilation of Right Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
037334Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037335Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037336Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037337Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03733D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03733EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03733Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03733ZZ	Dilation of Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037344Z	Dilation of Right Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037345Z	Dilation of Right Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037346Z	Dilation of Right Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037347Z	Dilation of Right Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734D6	Dilation of Right Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734DZ	Dilation of Right Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734EZ	Dilation of Right Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734F6	Dilation of Right Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734FZ	Dilation of Right Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734G6	Dilation of Right Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734GZ	Dilation of Right Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734Z6	Dilation of Right Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03734ZZ	Dilation of Right Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037404Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037405Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037406Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037407Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03740EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03740Z6	Dilation of Left Subclavian Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03740ZZ	Dilation of Left Subclavian Artery, Open Approach	ICD-10-PCS	Procedure
037434Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037435Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037436Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037437Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03743EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03743Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03743ZZ	Dilation of Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
037444Z	Dilation of Left Subclavian Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037445Z	Dilation of Left Subclavian Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037446Z	Dilation of Left Subclavian Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037447Z	Dilation of Left Subclavian Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744D6	Dilation of Left Subclavian Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744DZ	Dilation of Left Subclavian Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744EZ	Dilation of Left Subclavian Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744F6	Dilation of Left Subclavian Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744FZ	Dilation of Left Subclavian Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744G6	Dilation of Left Subclavian Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744GZ	Dilation of Left Subclavian Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744Z6	Dilation of Left Subclavian Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03744ZZ	Dilation of Left Subclavian Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037504Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037505Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037506Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037507Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03750DZ	Dilation of Right Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03750EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03750GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03750Z6	Dilation of Right Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03750ZZ	Dilation of Right Axillary Artery, Open Approach	ICD-10-PCS	Procedure
037534Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037535Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037536Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037537Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03753EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03753Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03753ZZ	Dilation of Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037544Z	Dilation of Right Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037545Z	Dilation of Right Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037546Z	Dilation of Right Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037547Z	Dilation of Right Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754D6	Dilation of Right Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754DZ	Dilation of Right Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754EZ	Dilation of Right Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03754F6	Dilation of Right Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754FZ	Dilation of Right Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754G6	Dilation of Right Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754GZ	Dilation of Right Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754Z6	Dilation of Right Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03754ZZ	Dilation of Right Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037604Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
037605Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037606Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
037607Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760DZ	Dilation of Left Axillary Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
03760EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
03760Z6	Dilation of Left Axillary Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
03760ZZ	Dilation of Left Axillary Artery, Open Approach	ICD-10-PCS	Procedure
037634Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
037635Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037636Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
037637Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
03763DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03763EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
03763Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03763ZZ	Dilation of Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
037644Z	Dilation of Left Axillary Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037645Z	Dilation of Left Axillary Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037646Z	Dilation of Left Axillary Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
037647Z	Dilation of Left Axillary Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764D6	Dilation of Left Axillary Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764DZ	Dilation of Left Axillary Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764EZ	Dilation of Left Axillary Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764F6	Dilation of Left Axillary Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764FZ	Dilation of Left Axillary Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764G6	Dilation of Left Axillary Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764GZ	Dilation of Left Axillary Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764Z6	Dilation of Left Axillary Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03764ZZ	Dilation of Left Axillary Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
03C33Z6	Extirpation of Matter from Right Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C33ZZ	Extirpation of Matter from Right Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C43Z6	Extirpation of Matter from Left Subclavian Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C43ZZ	Extirpation of Matter from Left Subclavian Artery, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
03C53Z6	Extirpation of Matter from Right Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C53ZZ	Extirpation of Matter from Right Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
03C63Z6	Extirpation of Matter from Left Axillary Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
03C63ZZ	Extirpation of Matter from Left Axillary Artery, Percutaneous Approach	ICD-10-PCS	Procedure
041009B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041009Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
04100A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04100AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100AR	Bypass Abdominal Aorta to Lower Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
04100J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
04100K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04100K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100KR	Bypass Abdominal Aorta to Lower Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
04100Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04100ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZH	Bypass Abdominal Aorta to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04100ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
04100ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041049B	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049C	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049D	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041049F	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049G	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049H	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049J	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049K	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041049Q	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A6	Bypass Abdominal Aorta to Right Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A7	Bypass Abdominal Aorta to Left Common Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104A9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AD	Bypass Abdominal Aorta to Right External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AF	Bypass Abdominal Aorta to Left External Iliac Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AH	Bypass Abdominal Aorta to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AJ	Bypass Abdominal Aorta to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104AQ	Bypass Abdominal Aorta to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J6	Bypass Abdominal Aorta to Right Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J7	Bypass Abdominal Aorta to Left Common Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04104J8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104J9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JD	Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JF	Bypass Abdominal Aorta to Left External Iliac Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JH	Bypass Abdominal Aorta to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JJ	Bypass Abdominal Aorta to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104JQ	Bypass Abdominal Aorta to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K6	Bypass Abdominal Aorta to Right Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K7	Bypass Abdominal Aorta to Left Common Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104K9	Bypass Abdominal Aorta to Right Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KB	Bypass Abdominal Aorta to Left Internal Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KD	Bypass Abdominal Aorta to Right External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KF	Bypass Abdominal Aorta to Left External Iliac Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KH	Bypass Abdominal Aorta to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04104KJ	Bypass Abdominal Aorta to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KK	Bypass Abdominal Aorta to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104KQ	Bypass Abdominal Aorta to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z6	Bypass Abdominal Aorta to Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z7	Bypass Abdominal Aorta to Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z8	Bypass Abdominal Aorta to Bilateral Common Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104Z9	Bypass Abdominal Aorta to Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZB	Bypass Abdominal Aorta to Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZC	Bypass Abdominal Aorta to Bilateral Internal Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZD	Bypass Abdominal Aorta to Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZF	Bypass Abdominal Aorta to Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZG	Bypass Abdominal Aorta to Bilateral External Iliac Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZH	Bypass Abdominal Aorta to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZJ	Bypass Abdominal Aorta to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZK	Bypass Abdominal Aorta to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04104ZQ	Bypass Abdominal Aorta to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C09H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C09K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041C0AH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0AJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041C0AK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041C0JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041C0ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041C0ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041C49H	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49J	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C49K	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AH	Bypass Right Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4AK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JH	Bypass Right Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4JK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KH	Bypass Right Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KJ	Bypass Right Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4KK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041C4ZH	Bypass Right Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZJ	Bypass Right Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041C4ZK	Bypass Right Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D09H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D09K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041D0JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041D0ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041D0ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041D49H	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49J	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D49K	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AH	Bypass Left Common Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041D4AJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4AK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JH	Bypass Left Common Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4JK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KH	Bypass Left Common Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KJ	Bypass Left Common Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4KK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZH	Bypass Left Common Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZJ	Bypass Left Common Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041D4ZK	Bypass Left Common Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E09H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E09K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041E0JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041E0KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041E0ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041E0ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041E49H	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49J	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E49K	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4AK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4JK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KH	Bypass Right Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KJ	Bypass Right Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4KK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZH	Bypass Right Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZJ	Bypass Right Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041E4ZK	Bypass Right Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F09H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F09J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041F09K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041F0JH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0JK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0KK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041F0ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041F0ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041F49H	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49J	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F49K	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4AK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4JK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041F4KH	Bypass Left Internal Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KJ	Bypass Left Internal Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4KK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZH	Bypass Left Internal Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZJ	Bypass Left Internal Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041F4ZK	Bypass Left Internal Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H09H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H09K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041H0JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041H0ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041H0ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041H49H	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041H49J	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H49K	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AH	Bypass Right External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AJ	Bypass Right External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4AK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JH	Bypass Right External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JJ	Bypass Right External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4JK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KH	Bypass Right External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KJ	Bypass Right External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4KK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZH	Bypass Right External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZJ	Bypass Right External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041H4ZK	Bypass Right External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J09H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J09K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041J0JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041J0JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041J0ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041J0ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041J49H	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49J	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J49K	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AH	Bypass Left External Iliac Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AJ	Bypass Left External Iliac Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4AK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JH	Bypass Left External Iliac Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JJ	Bypass Left External Iliac Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4JK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KH	Bypass Left External Iliac Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KJ	Bypass Left External Iliac Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4KK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZH	Bypass Left External Iliac Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041J4ZJ	Bypass Left External Iliac Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041J4ZK	Bypass Left External Iliac Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K09H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K09S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041K0JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041K0JK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0JS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0KS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041K0ZH	Bypass Right Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041K0ZL	Bypass Right Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZM	Bypass Right Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZP	Bypass Right Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041K0ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041K49H	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49J	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49K	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49L	Bypass Right Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49M	Bypass Right Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49N	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49P	Bypass Right Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49Q	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K49S	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AH	Bypass Right Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AJ	Bypass Right Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AL	Bypass Right Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AM	Bypass Right Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AN	Bypass Right Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AP	Bypass Right Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AQ	Bypass Right Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4AS	Bypass Right Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JH	Bypass Right Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JJ	Bypass Right Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041K4JL	Bypass Right Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JM	Bypass Right Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JN	Bypass Right Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JP	Bypass Right Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JQ	Bypass Right Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4JS	Bypass Right Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KH	Bypass Right Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KJ	Bypass Right Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KK	Bypass Right Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KL	Bypass Right Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KM	Bypass Right Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KN	Bypass Right Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KP	Bypass Right Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KQ	Bypass Right Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4KS	Bypass Right Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZH	Bypass Right Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZJ	Bypass Right Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZK	Bypass Right Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZL	Bypass Right Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZM	Bypass Right Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZN	Bypass Right Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041K4ZP	Bypass Right Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZQ	Bypass Right Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041K4ZS	Bypass Right Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L09H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L09S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041L0AS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041LOJH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOJS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOKS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041LOZH	Bypass Left Femoral Artery to Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041LOZJ	Bypass Left Femoral Artery to Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
041LOZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Open Approach	ICD-10-PCS	Procedure
041LOZL	Bypass Left Femoral Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041LOZM	Bypass Left Femoral Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041LOZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041L0ZP	Bypass Left Femoral Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041L0ZS	Bypass Left Femoral Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041L49H	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49J	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49K	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49L	Bypass Left Femoral Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49M	Bypass Left Femoral Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49N	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49P	Bypass Left Femoral Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49Q	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L49S	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AH	Bypass Left Femoral Artery to Right Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AJ	Bypass Left Femoral Artery to Left Femoral Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AL	Bypass Left Femoral Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AM	Bypass Left Femoral Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AN	Bypass Left Femoral Artery to Posterior Tibial Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AP	Bypass Left Femoral Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AQ	Bypass Left Femoral Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4AS	Bypass Left Femoral Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JH	Bypass Left Femoral Artery to Right Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041L4JJ	Bypass Left Femoral Artery to Left Femoral Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JL	Bypass Left Femoral Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JM	Bypass Left Femoral Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JN	Bypass Left Femoral Artery to Posterior Tibial Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JP	Bypass Left Femoral Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JQ	Bypass Left Femoral Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4JS	Bypass Left Femoral Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KH	Bypass Left Femoral Artery to Right Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KJ	Bypass Left Femoral Artery to Left Femoral Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KK	Bypass Left Femoral Artery to Bilateral Femoral Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KL	Bypass Left Femoral Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KM	Bypass Left Femoral Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KN	Bypass Left Femoral Artery to Posterior Tibial Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KP	Bypass Left Femoral Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KQ	Bypass Left Femoral Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4KS	Bypass Left Femoral Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZH	Bypass Left Femoral Artery to Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZJ	Bypass Left Femoral Artery to Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZK	Bypass Left Femoral Artery to Bilateral Femoral Arteries, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZL	Bypass Left Femoral Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZM	Bypass Left Femoral Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041L4ZN	Bypass Left Femoral Artery to Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZP	Bypass Left Femoral Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZQ	Bypass Left Femoral Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041L4ZS	Bypass Left Femoral Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M09L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M09S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041M0JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041M0KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041M0ZL	Bypass Right Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZM	Bypass Right Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZP	Bypass Right Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041M0ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041M49L	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49M	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49P	Bypass Right Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49Q	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M49S	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AL	Bypass Right Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AM	Bypass Right Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AP	Bypass Right Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4AS	Bypass Right Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JL	Bypass Right Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JM	Bypass Right Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JP	Bypass Right Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4JS	Bypass Right Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041M4KL	Bypass Right Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KM	Bypass Right Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KP	Bypass Right Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KQ	Bypass Right Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4KS	Bypass Right Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZL	Bypass Right Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZM	Bypass Right Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZP	Bypass Right Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZQ	Bypass Right Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041M4ZS	Bypass Right Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N09L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N09S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041N0JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041N0JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041N0ZL	Bypass Left Popliteal Artery to Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZM	Bypass Left Popliteal Artery to Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZP	Bypass Left Popliteal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041N0ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041N49L	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49M	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49P	Bypass Left Popliteal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49Q	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N49S	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AL	Bypass Left Popliteal Artery to Popliteal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AM	Bypass Left Popliteal Artery to Peroneal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AP	Bypass Left Popliteal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4AQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041N4AS	Bypass Left Popliteal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JL	Bypass Left Popliteal Artery to Popliteal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JM	Bypass Left Popliteal Artery to Peroneal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JP	Bypass Left Popliteal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4JS	Bypass Left Popliteal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KL	Bypass Left Popliteal Artery to Popliteal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KM	Bypass Left Popliteal Artery to Peroneal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KP	Bypass Left Popliteal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KQ	Bypass Left Popliteal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4KS	Bypass Left Popliteal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZL	Bypass Left Popliteal Artery to Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZM	Bypass Left Popliteal Artery to Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZP	Bypass Left Popliteal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZQ	Bypass Left Popliteal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041N4ZS	Bypass Left Popliteal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T09P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T09S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041T0AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041T0JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041T0ZP	Bypass Right Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041T0ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041T49P	Bypass Right Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49Q	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T49S	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AP	Bypass Right Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4AS	Bypass Right Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JP	Bypass Right Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4JS	Bypass Right Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KP	Bypass Right Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KQ	Bypass Right Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4KS	Bypass Right Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZP	Bypass Right Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041T4ZQ	Bypass Right Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041T4ZS	Bypass Right Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U09P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U09S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041U0JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041U0ZP	Bypass Left Peroneal Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041U0ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041U49P	Bypass Left Peroneal Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49Q	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U49S	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AP	Bypass Left Peroneal Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4AS	Bypass Left Peroneal Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041U4JP	Bypass Left Peroneal Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4JS	Bypass Left Peroneal Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KP	Bypass Left Peroneal Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KQ	Bypass Left Peroneal Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4KS	Bypass Left Peroneal Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZP	Bypass Left Peroneal Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZQ	Bypass Left Peroneal Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041U4ZS	Bypass Left Peroneal Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V09P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V09S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041V0JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041V0ZP	Bypass Right Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041V0ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041V0ZS	Bypass Right Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041V49P	Bypass Right Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49Q	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V49S	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AP	Bypass Right Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AQ	Bypass Right Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4AS	Bypass Right Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JP	Bypass Right Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JQ	Bypass Right Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4JS	Bypass Right Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KP	Bypass Right Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KQ	Bypass Right Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4KS	Bypass Right Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZP	Bypass Right Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZQ	Bypass Right Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041V4ZS	Bypass Right Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W09P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W09Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W09S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure
041W0AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041W0JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach	ICD-10-PCS	Procedure
041W0ZP	Bypass Left Foot Artery to Foot Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Open Approach	ICD-10-PCS	Procedure
041W0ZS	Bypass Left Foot Artery to Lower Extremity Vein, Open Approach	ICD-10-PCS	Procedure
041W49P	Bypass Left Foot Artery to Foot Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49Q	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W49S	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Venous Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AP	Bypass Left Foot Artery to Foot Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AQ	Bypass Left Foot Artery to Lower Extremity Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4AS	Bypass Left Foot Artery to Lower Extremity Vein with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JP	Bypass Left Foot Artery to Foot Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JQ	Bypass Left Foot Artery to Lower Extremity Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4JS	Bypass Left Foot Artery to Lower Extremity Vein with Synthetic Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KP	Bypass Left Foot Artery to Foot Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KQ	Bypass Left Foot Artery to Lower Extremity Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4KS	Bypass Left Foot Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZP	Bypass Left Foot Artery to Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
041W4ZQ	Bypass Left Foot Artery to Lower Extremity Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
041W4ZS	Bypass Left Foot Artery to Lower Extremity Vein, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04700D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
04700F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
04700Z6	Dilation of Abdominal Aorta, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04703D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
04703F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
04703Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04704D6	Dilation of Abdominal Aorta, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704F6	Dilation of Abdominal Aorta, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704G6	Dilation of Abdominal Aorta, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04704Z6	Dilation of Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C041	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C046	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C04Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C056	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C05Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C066	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C06Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C076	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C07Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047C0D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047C0E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047C0Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047C0Z6	Dilation of Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047C0ZZ	Dilation of Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047C341	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C346	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C34Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C356	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C35Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C366	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C36Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C376	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C37Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C3D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047C3DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047C3E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047C3Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047C3ZZ	Dilation of Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047C441	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C446	Dilation of Right Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C44Z	Dilation of Right Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C456	Dilation of Right Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C45Z	Dilation of Right Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C466	Dilation of Right Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C46Z	Dilation of Right Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C476	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C47Z	Dilation of Right Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D1	Dilation of Right Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4D6	Dilation of Right Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4DZ	Dilation of Right Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4E6	Dilation of Right Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047C4EZ	Dilation of Right Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4F6	Dilation of Right Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4FZ	Dilation of Right Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4G6	Dilation of Right Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4GZ	Dilation of Right Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z1	Dilation of Right Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4Z6	Dilation of Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047C4ZZ	Dilation of Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D041	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D046	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D04Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D056	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D05Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D066	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D06Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D076	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D07Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D0DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047D0E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047D0F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047D0Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047D0Z6	Dilation of Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047D0ZZ	Dilation of Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047D341	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D346	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D34Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D356	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D35Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D366	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D36Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D376	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D37Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047D3E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047D3FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047D3Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047D3ZZ	Dilation of Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047D441	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D446	Dilation of Left Common Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D44Z	Dilation of Left Common Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D456	Dilation of Left Common Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D45Z	Dilation of Left Common Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D466	Dilation of Left Common Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D46Z	Dilation of Left Common Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D476	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D47Z	Dilation of Left Common Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D1	Dilation of Left Common Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4D6	Dilation of Left Common Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4DZ	Dilation of Left Common Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4E6	Dilation of Left Common Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4EZ	Dilation of Left Common Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4F6	Dilation of Left Common Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4FZ	Dilation of Left Common Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047D4G6	Dilation of Left Common Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4GZ	Dilation of Left Common Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4Z1	Dilation of Left Common Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4Z6	Dilation of Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047D4ZZ	Dilation of Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E04Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E05Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E06Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E07Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047E0E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Open	ICD-10-PCS	Procedure
047E0F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047E0Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047E0Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047E0ZZ	Dilation of Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047E341	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E346	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E34Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047E356	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E35Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E366	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E36Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E376	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E37Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047E3E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047E3Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047E3ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047E441	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E446	Dilation of Right Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E44Z	Dilation of Right Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E456	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047E45Z	Dilation of Right Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E466	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E46Z	Dilation of Right Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E476	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E47Z	Dilation of Right Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D1	Dilation of Right Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4D6	Dilation of Right Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4DZ	Dilation of Right Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4E6	Dilation of Right Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4EZ	Dilation of Right Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4F6	Dilation of Right Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4FZ	Dilation of Right Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4G6	Dilation of Right Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4GZ	Dilation of Right Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z1	Dilation of Right Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4Z6	Dilation of Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047E4ZZ	Dilation of Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F041	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F046	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F04Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F056	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047F05Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F066	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F06Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F076	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F07Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047F0E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047F0Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047F0Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047F0ZZ	Dilation of Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047F341	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F346	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F34Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F356	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F35Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F366	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047F36Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F376	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F37Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047F3E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047F3Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047F3ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047F441	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F446	Dilation of Left Internal Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F44Z	Dilation of Left Internal Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F456	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F45Z	Dilation of Left Internal Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F466	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F46Z	Dilation of Left Internal Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047F476	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F47Z	Dilation of Left Internal Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D1	Dilation of Left Internal Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4D6	Dilation of Left Internal Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4DZ	Dilation of Left Internal Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4E6	Dilation of Left Internal Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4EZ	Dilation of Left Internal Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4F6	Dilation of Left Internal Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4FZ	Dilation of Left Internal Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4G6	Dilation of Left Internal Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4GZ	Dilation of Left Internal Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z1	Dilation of Left Internal Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4Z6	Dilation of Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047F4ZZ	Dilation of Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H041	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H046	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H04Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H056	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H05Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H066	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H06Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047H076	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H07Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047H0E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047H0Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047H0Z6	Dilation of Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047H0ZZ	Dilation of Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047H341	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H346	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H34Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H356	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H35Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H366	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H36Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H376	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H37Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047H3D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047H3E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047H3Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047H3ZZ	Dilation of Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047H441	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H446	Dilation of Right External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H44Z	Dilation of Right External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H456	Dilation of Right External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H45Z	Dilation of Right External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H466	Dilation of Right External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H46Z	Dilation of Right External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H476	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H47Z	Dilation of Right External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4D1	Dilation of Right External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047H4D6	Dilation of Right External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4DZ	Dilation of Right External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4E6	Dilation of Right External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4EZ	Dilation of Right External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4F6	Dilation of Right External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4FZ	Dilation of Right External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4G6	Dilation of Right External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4GZ	Dilation of Right External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z1	Dilation of Right External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4Z6	Dilation of Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047H4ZZ	Dilation of Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J041	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J046	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J04Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J056	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J05Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J066	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J06Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J076	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J07Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047J0D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047J0E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047J0Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047J0Z6	Dilation of Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047J0ZZ	Dilation of Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
047J341	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J346	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J34Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J356	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J35Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J366	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J36Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J376	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J37Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047J3DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047J3E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047J3Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047J3ZZ	Dilation of Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047J441	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J446	Dilation of Left External Iliac Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J44Z	Dilation of Left External Iliac Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J456	Dilation of Left External Iliac Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J45Z	Dilation of Left External Iliac Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J466	Dilation of Left External Iliac Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J46Z	Dilation of Left External Iliac Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J476	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J47Z	Dilation of Left External Iliac Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D1	Dilation of Left External Iliac Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4D6	Dilation of Left External Iliac Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4DZ	Dilation of Left External Iliac Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4E6	Dilation of Left External Iliac Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047J4EZ	Dilation of Left External Iliac Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4F6	Dilation of Left External Iliac Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4FZ	Dilation of Left External Iliac Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4G6	Dilation of Left External Iliac Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4GZ	Dilation of Left External Iliac Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z1	Dilation of Left External Iliac Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4Z6	Dilation of Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047J4ZZ	Dilation of Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K041	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K046	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K04Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K056	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K05Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K066	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K06Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K076	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K07Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0DZ	Dilation of Right Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047K0E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047K0F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047K0Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047K0Z6	Dilation of Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047K0ZZ	Dilation of Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
047K341	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K346	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K34Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K356	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K35Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K366	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K36Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K376	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K37Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047K3E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047K3G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047K3Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047K3ZZ	Dilation of Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047K441	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K446	Dilation of Right Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K44Z	Dilation of Right Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K456	Dilation of Right Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K45Z	Dilation of Right Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K466	Dilation of Right Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K46Z	Dilation of Right Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K476	Dilation of Right Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K47Z	Dilation of Right Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D1	Dilation of Right Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4D6	Dilation of Right Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4DZ	Dilation of Right Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4E6	Dilation of Right Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4EZ	Dilation of Right Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4F6	Dilation of Right Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4FZ	Dilation of Right Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4G6	Dilation of Right Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047K4GZ	Dilation of Right Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z1	Dilation of Right Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4Z6	Dilation of Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047K4ZZ	Dilation of Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L041	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L046	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L04Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L056	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L05Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L066	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L06Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L076	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L07Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L0D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0DZ	Dilation of Left Femoral Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047L0E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047L0Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047L0Z6	Dilation of Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047L0ZZ	Dilation of Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047L341	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L346	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L34Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L356	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L35Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L366	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L36Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L376	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L37Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047L3E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047L3Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047L3ZZ	Dilation of Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047L441	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L446	Dilation of Left Femoral Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047L44Z	Dilation of Left Femoral Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L456	Dilation of Left Femoral Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L45Z	Dilation of Left Femoral Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L466	Dilation of Left Femoral Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L46Z	Dilation of Left Femoral Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L476	Dilation of Left Femoral Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L47Z	Dilation of Left Femoral Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D1	Dilation of Left Femoral Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4D6	Dilation of Left Femoral Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4DZ	Dilation of Left Femoral Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4E6	Dilation of Left Femoral Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4EZ	Dilation of Left Femoral Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4F6	Dilation of Left Femoral Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4FZ	Dilation of Left Femoral Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4G6	Dilation of Left Femoral Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4GZ	Dilation of Left Femoral Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z1	Dilation of Left Femoral Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4Z6	Dilation of Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047L4ZZ	Dilation of Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M041	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M046	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M04Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047M056	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M05Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M066	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M06Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M076	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M07Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047M0E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047M0Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047M0Z6	Dilation of Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047M0ZZ	Dilation of Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047M341	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M346	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M34Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M356	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M35Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M366	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047M36Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M376	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M37Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M3D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047M3E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047M3Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047M3ZZ	Dilation of Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047M441	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M446	Dilation of Right Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M44Z	Dilation of Right Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M456	Dilation of Right Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M45Z	Dilation of Right Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M466	Dilation of Right Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M46Z	Dilation of Right Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047M476	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M47Z	Dilation of Right Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D1	Dilation of Right Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4D6	Dilation of Right Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4DZ	Dilation of Right Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4E6	Dilation of Right Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4EZ	Dilation of Right Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4F6	Dilation of Right Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4FZ	Dilation of Right Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4G6	Dilation of Right Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4GZ	Dilation of Right Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z1	Dilation of Right Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4Z6	Dilation of Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047M4ZZ	Dilation of Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N041	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N046	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N04Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N056	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N05Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N066	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N06Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N076	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047N07Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047N0E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047N0Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047N0Z6	Dilation of Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047N0ZZ	Dilation of Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
047N341	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N346	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N34Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N356	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N35Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N366	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N36Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N376	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N37Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N3D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047N3DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047N3E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047N3Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047N3ZZ	Dilation of Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047N441	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N446	Dilation of Left Popliteal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N44Z	Dilation of Left Popliteal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N456	Dilation of Left Popliteal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N45Z	Dilation of Left Popliteal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N466	Dilation of Left Popliteal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N46Z	Dilation of Left Popliteal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N476	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N47Z	Dilation of Left Popliteal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D1	Dilation of Left Popliteal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4D6	Dilation of Left Popliteal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4DZ	Dilation of Left Popliteal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4E6	Dilation of Left Popliteal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047N4EZ	Dilation of Left Popliteal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4F6	Dilation of Left Popliteal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4FZ	Dilation of Left Popliteal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4G6	Dilation of Left Popliteal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4GZ	Dilation of Left Popliteal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4Z1	Dilation of Left Popliteal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4Z6	Dilation of Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047N4ZZ	Dilation of Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P041	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P046	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P04Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P056	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P05Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P066	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P06Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P076	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P07Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047P0E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047P0F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047P0Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047P0Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047P0ZZ	Dilation of Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047P341	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P346	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P34Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P356	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P35Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P366	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P36Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P376	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P37Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047P3E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047P3FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047P3Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047P3ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047P441	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P446	Dilation of Right Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P44Z	Dilation of Right Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P456	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P45Z	Dilation of Right Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P466	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P46Z	Dilation of Right Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P476	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P47Z	Dilation of Right Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D1	Dilation of Right Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4D6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4DZ	Dilation of Right Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4E6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4EZ	Dilation of Right Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4F6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4FZ	Dilation of Right Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047P4G6	Dilation of Right Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4GZ	Dilation of Right Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z1	Dilation of Right Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4Z6	Dilation of Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047P4ZZ	Dilation of Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q041	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q046	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q04Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q056	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q05Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q066	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q06Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q076	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q07Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047Q0E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047Q0GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047Q0Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047Q0Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047Q0ZZ	Dilation of Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047Q341	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q346	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q34Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q356	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q35Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q366	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q36Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q376	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q37Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047Q3Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047Q3ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047Q441	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q446	Dilation of Left Anterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q44Z	Dilation of Left Anterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q456	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q45Z	Dilation of Left Anterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q466	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q46Z	Dilation of Left Anterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q476	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q47Z	Dilation of Left Anterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D1	Dilation of Left Anterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4D6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4DZ	Dilation of Left Anterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4E6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4EZ	Dilation of Left Anterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4F6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4FZ	Dilation of Left Anterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4G6	Dilation of Left Anterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4GZ	Dilation of Left Anterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4Z1	Dilation of Left Anterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047Q4Z6	Dilation of Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047Q4ZZ	Dilation of Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R041	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R046	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R04Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R056	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R05Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R066	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R06Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R076	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R07Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047R0E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047R0Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047R0Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047R0ZZ	Dilation of Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047R341	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R346	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R34Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R356	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R35Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R366	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R36Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R376	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R37Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047R3E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047R3Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047R3ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047R441	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047R446	Dilation of Right Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R44Z	Dilation of Right Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R456	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R45Z	Dilation of Right Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R466	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R46Z	Dilation of Right Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R476	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R47Z	Dilation of Right Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D1	Dilation of Right Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4D6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4DZ	Dilation of Right Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4E6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4EZ	Dilation of Right Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4F6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4FZ	Dilation of Right Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4G6	Dilation of Right Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4GZ	Dilation of Right Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z1	Dilation of Right Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4Z6	Dilation of Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047R4ZZ	Dilation of Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S041	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047S046	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S04Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S056	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S05Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S066	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S06Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S076	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S07Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047S0E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047S0Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047S0Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047S0ZZ	Dilation of Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
047S341	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S346	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S34Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047S356	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S35Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S366	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S36Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S376	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S37Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047S3E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047S3Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047S3ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047S441	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S446	Dilation of Left Posterior Tibial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S44Z	Dilation of Left Posterior Tibial Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S456	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047S45Z	Dilation of Left Posterior Tibial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S466	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S46Z	Dilation of Left Posterior Tibial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S476	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S47Z	Dilation of Left Posterior Tibial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4D1	Dilation of Left Posterior Tibial Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4D6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4DZ	Dilation of Left Posterior Tibial Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4E6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4EZ	Dilation of Left Posterior Tibial Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4F6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4FZ	Dilation of Left Posterior Tibial Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4G6	Dilation of Left Posterior Tibial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4GZ	Dilation of Left Posterior Tibial Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z1	Dilation of Left Posterior Tibial Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4Z6	Dilation of Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047S4ZZ	Dilation of Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T041	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T046	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T04Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T056	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047T05Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T066	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T06Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T076	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T07Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T0DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047T0E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047T0Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047T0Z6	Dilation of Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047T0ZZ	Dilation of Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047T341	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T346	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T34Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T356	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T35Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T366	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T36Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047T376	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T37Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047T3E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047T3Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047T3ZZ	Dilation of Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047T441	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T446	Dilation of Right Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T44Z	Dilation of Right Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T456	Dilation of Right Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T45Z	Dilation of Right Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T466	Dilation of Right Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T46Z	Dilation of Right Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T476	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047T47Z	Dilation of Right Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D1	Dilation of Right Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4D6	Dilation of Right Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4DZ	Dilation of Right Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4E6	Dilation of Right Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4EZ	Dilation of Right Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4F6	Dilation of Right Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4FZ	Dilation of Right Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4G6	Dilation of Right Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4GZ	Dilation of Right Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z1	Dilation of Right Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4Z6	Dilation of Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047T4ZZ	Dilation of Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U041	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U046	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U04Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U056	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U05Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U066	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U06Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U076	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U07Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047U0D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047U0E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047U0Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047U0Z6	Dilation of Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047U0ZZ	Dilation of Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
047U341	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U346	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U34Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U356	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U35Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U366	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U36Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U376	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U37Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047U3DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047U3E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047U3Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047U3ZZ	Dilation of Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047U441	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U446	Dilation of Left Peroneal Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U44Z	Dilation of Left Peroneal Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U456	Dilation of Left Peroneal Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U45Z	Dilation of Left Peroneal Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U466	Dilation of Left Peroneal Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U46Z	Dilation of Left Peroneal Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U476	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U47Z	Dilation of Left Peroneal Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D1	Dilation of Left Peroneal Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4D6	Dilation of Left Peroneal Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4DZ	Dilation of Left Peroneal Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4E6	Dilation of Left Peroneal Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047U4EZ	Dilation of Left Peroneal Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4F6	Dilation of Left Peroneal Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4FZ	Dilation of Left Peroneal Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4G6	Dilation of Left Peroneal Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4GZ	Dilation of Left Peroneal Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z1	Dilation of Left Peroneal Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4Z6	Dilation of Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047U4ZZ	Dilation of Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V041	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V046	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V04Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V056	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V05Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V066	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V06Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V076	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V07Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0DZ	Dilation of Right Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047V0E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047V0G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047V0Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047V0Z6	Dilation of Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047V0ZZ	Dilation of Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
047V341	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V346	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V34Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V356	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V35Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V366	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V36Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V376	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V37Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047V3E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047V3GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047V3Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047V3Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047V3ZZ	Dilation of Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047V441	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V446	Dilation of Right Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V44Z	Dilation of Right Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V456	Dilation of Right Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V45Z	Dilation of Right Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V466	Dilation of Right Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V46Z	Dilation of Right Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V476	Dilation of Right Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V47Z	Dilation of Right Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D1	Dilation of Right Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4D6	Dilation of Right Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4DZ	Dilation of Right Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4E6	Dilation of Right Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4EZ	Dilation of Right Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4F6	Dilation of Right Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4FZ	Dilation of Right Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4G6	Dilation of Right Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4GZ	Dilation of Right Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z1	Dilation of Right Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047V4Z6	Dilation of Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047V4ZZ	Dilation of Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W041	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W046	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W04Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W056	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W05Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W066	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W06Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W076	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W07Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0DZ	Dilation of Left Foot Artery with Intraluminal Device, Open Approach	ICD-10-PCS	Procedure
047W0E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Open Approach	ICD-10-PCS	Procedure
047W0Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Open Approach	ICD-10-PCS	Procedure
047W0Z6	Dilation of Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
047W0ZZ	Dilation of Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
047W341	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W346	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W34Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W356	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047W35Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W366	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W36Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W376	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W37Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Approach	ICD-10-PCS	Procedure
047W3E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Approach	ICD-10-PCS	Procedure
047W3Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
047W3ZZ	Dilation of Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
047W441	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W446	Dilation of Left Foot Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W44Z	Dilation of Left Foot Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W456	Dilation of Left Foot Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W45Z	Dilation of Left Foot Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W466	Dilation of Left Foot Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
047W46Z	Dilation of Left Foot Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W476	Dilation of Left Foot Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W47Z	Dilation of Left Foot Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D1	Dilation of Left Foot Artery with Intraluminal Device, using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4D6	Dilation of Left Foot Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4DZ	Dilation of Left Foot Artery with Intraluminal Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4E6	Dilation of Left Foot Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4EZ	Dilation of Left Foot Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4F6	Dilation of Left Foot Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4FZ	Dilation of Left Foot Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4G6	Dilation of Left Foot Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4GZ	Dilation of Left Foot Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z1	Dilation of Left Foot Artery using Drug-Coated Balloon, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4Z6	Dilation of Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
047W4ZZ	Dilation of Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04C00Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04C03Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04C04Z6	Extirpation of Matter from Abdominal Aorta, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC0Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CC0ZZ	Extirpation of Matter from Right Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CC3Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CC3ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CC4Z6	Extirpation of Matter from Right Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CC4ZZ	Extirpation of Matter from Right Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CD0Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04CD0ZZ	Extirpation of Matter from Left Common Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CD3Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CD3ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CD4Z6	Extirpation of Matter from Left Common Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CD4ZZ	Extirpation of Matter from Left Common Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE0Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CE0ZZ	Extirpation of Matter from Right Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CE3Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CE3ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CE4Z6	Extirpation of Matter from Right Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CE4ZZ	Extirpation of Matter from Right Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF0Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CF0ZZ	Extirpation of Matter from Left Internal Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CF3Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CF3ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CF4Z6	Extirpation of Matter from Left Internal Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CF4ZZ	Extirpation of Matter from Left Internal Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH0Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CH0ZZ	Extirpation of Matter from Right External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CH3Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CH3ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CH4Z6	Extirpation of Matter from Right External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CH4ZZ	Extirpation of Matter from Right External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ0Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CJ0ZZ	Extirpation of Matter from Left External Iliac Artery, Open Approach	ICD-10-PCS	Procedure
04CJ3Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CJ3ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Approach	ICD-10-PCS	Procedure



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04CJ4Z6	Extirpation of Matter from Left External Iliac Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CJ4ZZ	Extirpation of Matter from Left External Iliac Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK0Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CK0ZZ	Extirpation of Matter from Right Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CK3Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CK3ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CK4Z6	Extirpation of Matter from Right Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CK4ZZ	Extirpation of Matter from Right Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL0Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CL0ZZ	Extirpation of Matter from Left Femoral Artery, Open Approach	ICD-10-PCS	Procedure
04CL3Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CL3ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CL4Z6	Extirpation of Matter from Left Femoral Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CL4ZZ	Extirpation of Matter from Left Femoral Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM0Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CM0ZZ	Extirpation of Matter from Right Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CM3Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CM3ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CM4Z6	Extirpation of Matter from Right Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CM4ZZ	Extirpation of Matter from Right Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN0Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CN0ZZ	Extirpation of Matter from Left Popliteal Artery, Open Approach	ICD-10-PCS	Procedure
04CN3Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CN3ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CN4Z6	Extirpation of Matter from Left Popliteal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CN4ZZ	Extirpation of Matter from Left Popliteal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP0Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CP0ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04CP3Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CP3ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CP4Z6	Extirpation of Matter from Right Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CP4ZZ	Extirpation of Matter from Right Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ0Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CQ0ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CQ3Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ3ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CQ4Z6	Extirpation of Matter from Left Anterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CQ4ZZ	Extirpation of Matter from Left Anterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR0Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CR0ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CR3Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CR3ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CR4Z6	Extirpation of Matter from Right Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CR4ZZ	Extirpation of Matter from Right Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS0Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CS0ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Open Approach	ICD-10-PCS	Procedure
04CS3Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CS3ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CS4Z6	Extirpation of Matter from Left Posterior Tibial Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CS4ZZ	Extirpation of Matter from Left Posterior Tibial Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT0Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CT0ZZ	Extirpation of Matter from Right Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CT3Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CT3ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
04CT4Z6	Extirpation of Matter from Right Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CT4ZZ	Extirpation of Matter from Right Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU0Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CU0ZZ	Extirpation of Matter from Left Peroneal Artery, Open Approach	ICD-10-PCS	Procedure
04CU3Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CU3ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CU4Z6	Extirpation of Matter from Left Peroneal Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CU4ZZ	Extirpation of Matter from Left Peroneal Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV0Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CV0ZZ	Extirpation of Matter from Right Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CV3Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CV3ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CV4Z6	Extirpation of Matter from Right Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CV4ZZ	Extirpation of Matter from Right Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW0Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Open Approach	ICD-10-PCS	Procedure
04CW0ZZ	Extirpation of Matter from Left Foot Artery, Open Approach	ICD-10-PCS	Procedure
04CW3Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Approach	ICD-10-PCS	Procedure
04CW3ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Approach	ICD-10-PCS	Procedure
04CW4Z6	Extirpation of Matter from Left Foot Artery, Bifurcation, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
04CW4ZZ	Extirpation of Matter from Left Foot Artery, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0Y6C0Z1	Detachment at Right Upper Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6C0Z2	Detachment at Right Upper Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6C0Z3	Detachment at Right Upper Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z1	Detachment at Left Upper Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z2	Detachment at Left Upper Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6D0Z3	Detachment at Left Upper Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6F0ZZ	Detachment at Right Knee Region, Open Approach	ICD-10-PCS	Procedure
0Y6G0ZZ	Detachment at Left Knee Region, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z1	Detachment at Right Lower Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z2	Detachment at Right Lower Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6H0Z3	Detachment at Right Lower Leg, Low, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z1	Detachment at Left Lower Leg, High, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z2	Detachment at Left Lower Leg, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6J0Z3	Detachment at Left Lower Leg, Low, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0Y6M0Z0	Detachment at Right Foot, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z4	Detachment at Right Foot, Complete 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z5	Detachment at Right Foot, Complete 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z6	Detachment at Right Foot, Complete 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z7	Detachment at Right Foot, Complete 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z8	Detachment at Right Foot, Complete 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0Z9	Detachment at Right Foot, Partial 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZB	Detachment at Right Foot, Partial 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZC	Detachment at Right Foot, Partial 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZD	Detachment at Right Foot, Partial 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6M0ZF	Detachment at Right Foot, Partial 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z0	Detachment at Left Foot, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z4	Detachment at Left Foot, Complete 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z5	Detachment at Left Foot, Complete 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z6	Detachment at Left Foot, Complete 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z7	Detachment at Left Foot, Complete 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z8	Detachment at Left Foot, Complete 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0Z9	Detachment at Left Foot, Partial 1st Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZB	Detachment at Left Foot, Partial 2nd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZC	Detachment at Left Foot, Partial 3rd Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZD	Detachment at Left Foot, Partial 4th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6N0ZF	Detachment at Left Foot, Partial 5th Ray, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z0	Detachment at Right 1st Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z1	Detachment at Right 1st Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z2	Detachment at Right 1st Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6P0Z3	Detachment at Right 1st Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z0	Detachment at Left 1st Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z1	Detachment at Left 1st Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z2	Detachment at Left 1st Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6Q0Z3	Detachment at Left 1st Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z0	Detachment at Right 2nd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z1	Detachment at Right 2nd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z2	Detachment at Right 2nd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6R0Z3	Detachment at Right 2nd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z0	Detachment at Left 2nd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z1	Detachment at Left 2nd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z2	Detachment at Left 2nd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6S0Z3	Detachment at Left 2nd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z0	Detachment at Right 3rd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z1	Detachment at Right 3rd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z2	Detachment at Right 3rd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6T0Z3	Detachment at Right 3rd Toe, Low, Open Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0Y6U0Z0	Detachment at Left 3rd Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z1	Detachment at Left 3rd Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z2	Detachment at Left 3rd Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6U0Z3	Detachment at Left 3rd Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z0	Detachment at Right 4th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z1	Detachment at Right 4th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z2	Detachment at Right 4th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6V0Z3	Detachment at Right 4th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z0	Detachment at Left 4th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z1	Detachment at Left 4th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z2	Detachment at Left 4th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6W0Z3	Detachment at Left 4th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z0	Detachment at Right 5th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z1	Detachment at Right 5th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z2	Detachment at Right 5th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6X0Z3	Detachment at Right 5th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z0	Detachment at Left 5th Toe, Complete, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z1	Detachment at Left 5th Toe, High, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z2	Detachment at Left 5th Toe, Mid, Open Approach	ICD-10-PCS	Procedure
0Y6Y0Z3	Detachment at Left 5th Toe, Low, Open Approach	ICD-10-PCS	Procedure
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	CPT Category III	Procedure
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	CPT Category III	Procedure
27295	Disarticulation of hip	CPT-4	Procedure
27295	Disarticulation of hip	CPT-4	Procedure
27590	Amputation, thigh, through femur, any level;	CPT-4	Procedure
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	CPT-4	Procedure
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	CPT-4	Procedure
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	CPT-4	Procedure
27596	Amputation, thigh, through femur, any level; re-amputation	CPT-4	Procedure
27598	Disarticulation at knee	CPT-4	Procedure
27880	Amputation, leg, through tibia and fibula;	CPT-4	Procedure
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	CPT-4	Procedure
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	CPT-4	Procedure
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	CPT-4	Procedure
27886	Amputation, leg, through tibia and fibula; re-amputation	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	CPT-4	Procedure
27889	Ankle disarticulation	CPT-4	Procedure
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	CPT-4	Procedure
27899	Unlisted procedure, leg or ankle	CPT-4	Procedure
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	CPT-4	Procedure
28805	Amputation, foot; transmetatarsal	CPT-4	Procedure
28810	Amputation, metatarsal, with toe, single	CPT-4	Procedure
28820	Amputation, toe; metatarsophalangeal joint	CPT-4	Procedure
28825	Amputation, toe; interphalangeal joint	CPT-4	Procedure
35351	Thromboendarterectomy, including patch graft, if performed; iliac	CPT-4	Procedure
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	CPT-4	Procedure
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	CPT-4	Procedure
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	CPT-4	Procedure
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	CPT-4	Procedure
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	CPT-4	Procedure
35454	Transluminal balloon angioplasty, open; iliac	CPT-4	Procedure
35456	Transluminal balloon angioplasty, open; femoral-popliteal	CPT-4	Procedure
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	CPT-4	Procedure
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	CPT-4	Procedure
35473	Transluminal balloon angioplasty, percutaneous; iliac	CPT-4	Procedure
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	CPT-4	Procedure
35482	Transluminal peripheral atherectomy, open; iliac	CPT-4	Procedure
35483	Transluminal peripheral atherectomy, open; femoral-popliteal	CPT-4	Procedure
35492	Transluminal peripheral atherectomy, percutaneous; iliac	CPT-4	Procedure
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	CPT-4	Procedure
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	CPT-4	Procedure
35521	Bypass graft, with vein; axillary-femoral	CPT-4	Procedure
35533	Bypass graft, with vein; axillary-femoral-femoral	CPT-4	Procedure
35541	Bypass graft, with vein; aortoiliac or bi-iliac	CPT-4	Procedure
35546	Bypass graft, with vein; aortofemoral or bifemoral	CPT-4	Procedure
35548	Bypass graft, with vein; aortoiliofemoral, unilateral	CPT-4	Procedure
35549	Bypass graft, with vein; aortoiliofemoral, bilateral	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
35551	Bypass graft, with vein; aortofemoral-popliteal	CPT-4	Procedure
35556	Bypass graft, with vein; femoral-popliteal	CPT-4	Procedure
35558	Bypass graft, with vein; femoral-femoral	CPT-4	Procedure
35563	Bypass graft, with vein; ilioiliac	CPT-4	Procedure
35565	Bypass graft, with vein; iliofemoral	CPT-4	Procedure
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	CPT-4	Procedure
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	CPT-4	Procedure
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	CPT-4	Procedure
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	CPT-4	Procedure
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	CPT-4	Procedure
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	CPT-4	Procedure
37207	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	CPT-4	Procedure
37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	CPT-4	Procedure
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	CPT-4	Procedure
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	CPT-4	Procedure
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	CPT-4	Procedure
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	CPT-4	Procedure
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	CPT-4	Procedure

**Chronic Kidney Disease**

249.4	Secondary diabetes mellitus with renal manifestations	ICD-9-CM	Diagnosis
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	ICD-9-CM	Diagnosis
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	ICD-9-CM	Diagnosis
250.4	Diabetes with renal manifestations	ICD-9-CM	Diagnosis
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	ICD-9-CM	Diagnosis
250.41	Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled	ICD-9-CM	Diagnosis
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	ICD-9-CM	Diagnosis
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	ICD-9-CM	Diagnosis
274.1	Gouty nephropathy	ICD-9-CM	Diagnosis



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
274.10	Gouty nephropathy, unspecified	ICD-9-CM	Diagnosis
274.19	Other gouty nephropathy	ICD-9-CM	Diagnosis
403.0	Hypertensive chronic kidney disease, malignant	ICD-9-CM	Diagnosis
403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
403.9	Hypertensive chronic kidney disease, unspecified	ICD-9-CM	Diagnosis
403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified	ICD-9-CM	Diagnosis
403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.02	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease	ICD-9-CM	Diagnosis
446.21	Goodpasture's syndrome	ICD-9-CM	Diagnosis
453.3	Embolism and thrombosis of renal vein	ICD-9-CM	Diagnosis
572.4	Hepatorenal syndrome	ICD-9-CM	Diagnosis
581	Nephrotic syndrome	ICD-9-CM	Diagnosis
581.0	Nephrotic syndrome with lesion of proliferative glomerulonephritis	ICD-9-CM	Diagnosis
581.1	Nephrotic syndrome with lesion of membranous glomerulonephritis	ICD-9-CM	Diagnosis
581.2	Nephrotic syndrome with lesion of membranoproliferative glomerulonephritis	ICD-9-CM	Diagnosis
581.3	Nephrotic syndrome with lesion of minimal change glomerulonephritis	ICD-9-CM	Diagnosis
581.8	Nephrotic syndrome with other specified pathological lesion in kidney	ICD-9-CM	Diagnosis
581.81	Nephrotic syndrome with other specified pathological lesion in kidney in diseases classified elsewhere	ICD-9-CM	Diagnosis
581.89	Other nephrotic syndrome with specified pathological lesion in kidney	ICD-9-CM	Diagnosis
581.9	Nephrotic syndrome with unspecified pathological lesion in kidney	ICD-9-CM	Diagnosis
582	Chronic glomerulonephritis	ICD-9-CM	Diagnosis
582.0	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis	ICD-9-CM	Diagnosis
582.1	Chronic glomerulonephritis with lesion of membranous glomerulonephritis	ICD-9-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
582.2	Chronic glomerulonephritis with lesion of membranoproliferative glomerulonephritis	ICD-9-CM	Diagnosis
582.4	Chronic glomerulonephritis with lesion of rapidly progressive glomerulonephritis	ICD-9-CM	Diagnosis
582.8	Chronic glomerulonephritis with other specified pathological lesion in kidney	ICD-9-CM	Diagnosis
582.81	Chronic glomerulonephritis with other specified pathological lesion in kidney in diseases classified elsewhere	ICD-9-CM	Diagnosis
582.89	Other chronic glomerulonephritis with specified pathological lesion in kidney	ICD-9-CM	Diagnosis
582.9	Chronic glomerulonephritis with unspecified pathological lesion in kidney	ICD-9-CM	Diagnosis
583	Nephritis and nephropathy, not specified as acute or chronic	ICD-9-CM	Diagnosis
583.0	Nephritis and nephropathy, not specified as acute or chronic, with lesion of proliferative glomerulonephritis	ICD-9-CM	Diagnosis
583.1	Nephritis and nephropathy, not specified as acute or chronic, with lesion of membranous glomerulonephritis	ICD-9-CM	Diagnosis
583.2	Nephritis and nephropathy, not specified as acute or chronic, with lesion of membranoproliferative glomerulonephritis	ICD-9-CM	Diagnosis
583.4	Nephritis and nephropathy, not specified as acute or chronic, with lesion of rapidly progressive glomerulonephritis	ICD-9-CM	Diagnosis
583.6	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal cortical necrosis	ICD-9-CM	Diagnosis
583.7	Nephritis and nephropathy, not specified as acute or chronic, with lesion of renal medullary necrosis	ICD-9-CM	Diagnosis
583.8	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney	ICD-9-CM	Diagnosis
583.81	Nephritis and nephropathy, not specified as acute or chronic, with other specified pathological lesion in kidney, in diseases classified elsewhere	ICD-9-CM	Diagnosis
583.89	Other nephritis and nephropathy, not specified as acute or chronic, with specified pathological lesion in kidney	ICD-9-CM	Diagnosis
583.9	Nephritis and nephropathy, not specified as acute or chronic, with unspecified pathological lesion in kidney	ICD-9-CM	Diagnosis
585	Chronic kidney disease (CKD)	ICD-9-CM	Diagnosis
585.1	Chronic kidney disease, Stage I	ICD-9-CM	Diagnosis
585.2	Chronic kidney disease, Stage II (mild)	ICD-9-CM	Diagnosis
585.3	Chronic kidney disease, Stage III (moderate)	ICD-9-CM	Diagnosis
585.4	Chronic kidney disease, Stage IV (severe)	ICD-9-CM	Diagnosis
585.5	Chronic kidney disease, Stage V	ICD-9-CM	Diagnosis
585.9	Chronic kidney disease, unspecified	ICD-9-CM	Diagnosis
586	Unspecified renal failure	ICD-9-CM	Diagnosis
587	Unspecified renal sclerosis	ICD-9-CM	Diagnosis
593	Other disorders of kidney and ureter	ICD-9-CM	Diagnosis
593.89	Other specified disorder of kidney and ureter	ICD-9-CM	Diagnosis
593.9	Unspecified disorder of kidney and ureter	ICD-9-CM	Diagnosis
753.0	Congenital renal agenesis and dysgenesis	ICD-9-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
753.1	Congenital cystic kidney disease	ICD-9-CM	Diagnosis
753.10	Unspecified congenital cystic kidney disease	ICD-9-CM	Diagnosis
753.11	Congenital single renal cyst	ICD-9-CM	Diagnosis
753.12	Congenital polycystic kidney, unspecified type	ICD-9-CM	Diagnosis
753.13	Congenital polycystic kidney, autosomal dominant	ICD-9-CM	Diagnosis
753.14	Congenital polycystic kidney, autosomal recessive	ICD-9-CM	Diagnosis
753.15	Congenital renal dysplasia	ICD-9-CM	Diagnosis
753.16	Congenital medullary cystic kidney	ICD-9-CM	Diagnosis
753.17	Congenital medullary sponge kidney	ICD-9-CM	Diagnosis
753.19	Other specified congenital cystic kidney disease	ICD-9-CM	Diagnosis
753.20	Unspecified obstructive defect of renal pelvis and ureter	ICD-9-CM	Diagnosis
753.21	Congenital obstruction of ureteropelvic junction	ICD-9-CM	Diagnosis
753.22	Congenital obstruction of ureterovesical junction	ICD-9-CM	Diagnosis
753.23	Congenital ureterocele	ICD-9-CM	Diagnosis
753.29	Other obstructive defect of renal pelvis and ureter	ICD-9-CM	Diagnosis
753.3	Other specified congenital anomalies of kidney	ICD-9-CM	Diagnosis
791.0	Proteinuria	ICD-9-CM	Diagnosis
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy	ICD-10-CM	Diagnosis
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication	ICD-10-CM	Diagnosis
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	ICD-10-CM	Diagnosis
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E10.65	Type 1 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E11.21	Type 2 diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
E11.65	Type 2 diabetes mellitus with hyperglycemia	ICD-10-CM	Diagnosis
E13.21	Other specified diabetes mellitus with diabetic nephropathy	ICD-10-CM	Diagnosis
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	ICD-10-CM	Diagnosis
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	ICD-10-CM	Diagnosis
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	ICD-10-CM	Diagnosis
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	ICD-10-CM	Diagnosis
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	ICD-10-CM	Diagnosis
I82.3	Embolism and thrombosis of renal vein	ICD-10-CM	Diagnosis
K76.7	Hepatorenal syndrome	ICD-10-CM	Diagnosis
M10.30	Gout due to renal impairment, unspecified site	ICD-10-CM	Diagnosis
M10.311	Gout due to renal impairment, right shoulder	ICD-10-CM	Diagnosis
M10.312	Gout due to renal impairment, left shoulder	ICD-10-CM	Diagnosis
M10.319	Gout due to renal impairment, unspecified shoulder	ICD-10-CM	Diagnosis
M10.321	Gout due to renal impairment, right elbow	ICD-10-CM	Diagnosis
M10.322	Gout due to renal impairment, left elbow	ICD-10-CM	Diagnosis
M10.329	Gout due to renal impairment, unspecified elbow	ICD-10-CM	Diagnosis
M10.331	Gout due to renal impairment, right wrist	ICD-10-CM	Diagnosis
M10.332	Gout due to renal impairment, left wrist	ICD-10-CM	Diagnosis
M10.339	Gout due to renal impairment, unspecified wrist	ICD-10-CM	Diagnosis
M10.341	Gout due to renal impairment, right hand	ICD-10-CM	Diagnosis
M10.342	Gout due to renal impairment, left hand	ICD-10-CM	Diagnosis
M10.349	Gout due to renal impairment, unspecified hand	ICD-10-CM	Diagnosis
M10.351	Gout due to renal impairment, right hip	ICD-10-CM	Diagnosis
M10.352	Gout due to renal impairment, left hip	ICD-10-CM	Diagnosis
M10.359	Gout due to renal impairment, unspecified hip	ICD-10-CM	Diagnosis
M10.361	Gout due to renal impairment, right knee	ICD-10-CM	Diagnosis
M10.362	Gout due to renal impairment, left knee	ICD-10-CM	Diagnosis
M10.369	Gout due to renal impairment, unspecified knee	ICD-10-CM	Diagnosis
M10.371	Gout due to renal impairment, right ankle and foot	ICD-10-CM	Diagnosis
M10.372	Gout due to renal impairment, left ankle and foot	ICD-10-CM	Diagnosis
M10.379	Gout due to renal impairment, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.38	Gout due to renal impairment, vertebrae	ICD-10-CM	Diagnosis
M10.39	Gout due to renal impairment, multiple sites	ICD-10-CM	Diagnosis
M31.0	Hypersensitivity angiitis	ICD-10-CM	Diagnosis
M32.14	Glomerular disease in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus	ICD-10-CM	Diagnosis
M35.04	Sicca syndrome with tubulo-interstitial nephropathy	ICD-10-CM	Diagnosis
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality	ICD-10-CM	Diagnosis
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N02.6	Recurrent and persistent hematuria with dense deposit disease	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N02.8	Recurrent and persistent hematuria with other morphologic changes	ICD-10-CM	Diagnosis
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes	ICD-10-CM	Diagnosis
N03.0	Chronic nephritic syndrome with minor glomerular abnormality	ICD-10-CM	Diagnosis
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N03.6	Chronic nephritic syndrome with dense deposit disease	ICD-10-CM	Diagnosis
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N03.8	Chronic nephritic syndrome with other morphologic changes	ICD-10-CM	Diagnosis
N03.9	Chronic nephritic syndrome with unspecified morphologic changes	ICD-10-CM	Diagnosis
N04.0	Nephrotic syndrome with minor glomerular abnormality	ICD-10-CM	Diagnosis
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N04.6	Nephrotic syndrome with dense deposit disease	ICD-10-CM	Diagnosis
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N04.8	Nephrotic syndrome with other morphologic changes	ICD-10-CM	Diagnosis
N04.9	Nephrotic syndrome with unspecified morphologic changes	ICD-10-CM	Diagnosis
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality	ICD-10-CM	Diagnosis
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N05.6	Unspecified nephritic syndrome with dense deposit disease	ICD-10-CM	Diagnosis
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N05.8	Unspecified nephritic syndrome with other morphologic changes	ICD-10-CM	Diagnosis
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes	ICD-10-CM	Diagnosis
N06.0	Isolated proteinuria with minor glomerular abnormality	ICD-10-CM	Diagnosis
N06.1	Isolated proteinuria with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N06.6	Isolated proteinuria with dense deposit disease	ICD-10-CM	Diagnosis
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N06.8	Isolated proteinuria with other morphologic lesion	ICD-10-CM	Diagnosis
N06.9	Isolated proteinuria with unspecified morphologic lesion	ICD-10-CM	Diagnosis
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	ICD-10-CM	Diagnosis
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	ICD-10-CM	Diagnosis
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	ICD-10-CM	Diagnosis
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	ICD-10-CM	Diagnosis
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	ICD-10-CM	Diagnosis
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease	ICD-10-CM	Diagnosis
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	ICD-10-CM	Diagnosis
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	ICD-10-CM	Diagnosis
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	ICD-10-CM	Diagnosis
N08	Glomerular disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis
N14.0	Analgesic nephropathy	ICD-10-CM	Diagnosis
N14.1	Nephropathy induced by other drugs, medicaments and biological substances	ICD-10-CM	Diagnosis
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance	ICD-10-CM	Diagnosis
N14.3	Nephropathy induced by heavy metals	ICD-10-CM	Diagnosis
N14.4	Toxic nephropathy, not elsewhere classified	ICD-10-CM	Diagnosis
N15.0	Balkan nephropathy	ICD-10-CM	Diagnosis
N15.8	Other specified renal tubulo-interstitial diseases	ICD-10-CM	Diagnosis
N15.9	Renal tubulo-interstitial disease, unspecified	ICD-10-CM	Diagnosis
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	ICD-10-CM	Diagnosis
N17.1	Acute kidney failure with acute cortical necrosis	ICD-10-CM	Diagnosis
N17.2	Acute kidney failure with medullary necrosis	ICD-10-CM	Diagnosis
N18.1	Chronic kidney disease, stage 1	ICD-10-CM	Diagnosis
N18.2	Chronic kidney disease, stage 2 (mild)	ICD-10-CM	Diagnosis
N18.3	Chronic kidney disease, stage 3 (moderate)	ICD-10-CM	Diagnosis
N18.4	Chronic kidney disease, stage 4 (severe)	ICD-10-CM	Diagnosis
N18.5	Chronic kidney disease, stage 5	ICD-10-CM	Diagnosis
N18.9	Chronic kidney disease, unspecified	ICD-10-CM	Diagnosis
N19	Unspecified kidney failure	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
N26.1	Atrophy of kidney (terminal)	ICD-10-CM	Diagnosis
N26.9	Renal sclerosis, unspecified	ICD-10-CM	Diagnosis
N28.82	Megaloureter	ICD-10-CM	Diagnosis
N28.89	Other specified disorders of kidney and ureter	ICD-10-CM	Diagnosis
N28.9	Disorder of kidney and ureter, unspecified	ICD-10-CM	Diagnosis
N29	Other disorders of kidney and ureter in diseases classified elsewhere	ICD-10-CM	Diagnosis
Q60.0	Renal agenesis, unilateral	ICD-10-CM	Diagnosis
Q60.1	Renal agenesis, bilateral	ICD-10-CM	Diagnosis
Q60.2	Renal agenesis, unspecified	ICD-10-CM	Diagnosis
Q60.3	Renal hypoplasia, unilateral	ICD-10-CM	Diagnosis
Q60.4	Renal hypoplasia, bilateral	ICD-10-CM	Diagnosis
Q60.5	Renal hypoplasia, unspecified	ICD-10-CM	Diagnosis
Q60.6	Potter's syndrome	ICD-10-CM	Diagnosis
Q61.00	Congenital renal cyst, unspecified	ICD-10-CM	Diagnosis
Q61.01	Congenital single renal cyst	ICD-10-CM	Diagnosis
Q61.02	Congenital multiple renal cysts	ICD-10-CM	Diagnosis
Q61.11	Cystic dilatation of collecting ducts	ICD-10-CM	Diagnosis
Q61.19	Other polycystic kidney, infantile type	ICD-10-CM	Diagnosis
Q61.2	Polycystic kidney, adult type	ICD-10-CM	Diagnosis
Q61.3	Polycystic kidney, unspecified	ICD-10-CM	Diagnosis
Q61.4	Renal dysplasia	ICD-10-CM	Diagnosis
Q61.5	Medullary cystic kidney	ICD-10-CM	Diagnosis
Q61.8	Other cystic kidney diseases	ICD-10-CM	Diagnosis
Q61.9	Cystic kidney disease, unspecified	ICD-10-CM	Diagnosis
Q62.0	Congenital hydronephrosis	ICD-10-CM	Diagnosis
Q62.10	Congenital occlusion of ureter, unspecified	ICD-10-CM	Diagnosis
Q62.11	Congenital occlusion of ureteropelvic junction	ICD-10-CM	Diagnosis
Q62.12	Congenital occlusion of ureterovesical orifice	ICD-10-CM	Diagnosis
Q62.2	Congenital megaureter	ICD-10-CM	Diagnosis
Q62.31	Congenital ureterocele, orthotopic	ICD-10-CM	Diagnosis
Q62.32	Cecoureterocele	ICD-10-CM	Diagnosis
Q62.39	Other obstructive defects of renal pelvis and ureter	ICD-10-CM	Diagnosis
Q63.0	Accessory kidney	ICD-10-CM	Diagnosis
Q63.1	Lobulated, fused and horseshoe kidney	ICD-10-CM	Diagnosis
Q63.2	Ectopic kidney	ICD-10-CM	Diagnosis
Q63.3	Hyperplastic and giant kidney	ICD-10-CM	Diagnosis
Q63.8	Other specified congenital malformations of kidney	ICD-10-CM	Diagnosis
Q63.9	Congenital malformation of kidney, unspecified	ICD-10-CM	Diagnosis
R80.0	Isolated proteinuria	ICD-10-CM	Diagnosis
R80.1	Persistent proteinuria, unspecified	ICD-10-CM	Diagnosis
R80.3	Bence Jones proteinuria	ICD-10-CM	Diagnosis
R80.8	Other proteinuria	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code Type	Code Category
R80.9	Proteinuria, unspecified	ICD-10-CM	Diagnosis
<b>Gout Severity Measures</b>			
<b>Tophus</b>			
274.03	Chronic gouty arthropathy with tophus (tophi)	ICD-9-CM	Diagnosis
274.8	Gout with other specified manifestations	ICD-9-CM	Diagnosis
274.81	Gouty tophi of ear	ICD-9-CM	Diagnosis
274.82	Gouty tophi of other sites	ICD-9-CM	Diagnosis
274.89	Gout with other specified manifestations	ICD-9-CM	Diagnosis
M1A.00X1	Idiopathic chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0111	Idiopathic chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0121	Idiopathic chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0191	Idiopathic chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0211	Idiopathic chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0221	Idiopathic chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0291	Idiopathic chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0311	Idiopathic chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0321	Idiopathic chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0391	Idiopathic chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0411	Idiopathic chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0421	Idiopathic chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0491	Idiopathic chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0511	Idiopathic chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0521	Idiopathic chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0591	Idiopathic chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0611	Idiopathic chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0621	Idiopathic chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0691	Idiopathic chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0711	Idiopathic chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0721	Idiopathic chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0791	Idiopathic chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X1	Idiopathic chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X1	Idiopathic chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X1	Drug-induced chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2111	Drug-induced chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2121	Drug-induced chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2191	Drug-induced chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2211	Drug-induced chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2221	Drug-induced chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2291	Drug-induced chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2311	Drug-induced chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2321	Drug-induced chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2391	Drug-induced chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.2411	Drug-induced chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2421	Drug-induced chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2491	Drug-induced chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2511	Drug-induced chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2521	Drug-induced chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2591	Drug-induced chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2611	Drug-induced chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2621	Drug-induced chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2691	Drug-induced chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2711	Drug-induced chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2721	Drug-induced chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2791	Drug-induced chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X1	Drug-induced chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29X1	Drug-induced chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X1	Chronic gout due to renal impairment, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3111	Chronic gout due to renal impairment, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3121	Chronic gout due to renal impairment, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3191	Chronic gout due to renal impairment, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3211	Chronic gout due to renal impairment, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3221	Chronic gout due to renal impairment, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3291	Chronic gout due to renal impairment, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3311	Chronic gout due to renal impairment, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3321	Chronic gout due to renal impairment, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3391	Chronic gout due to renal impairment, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3411	Chronic gout due to renal impairment, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3421	Chronic gout due to renal impairment, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3491	Chronic gout due to renal impairment, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3511	Chronic gout due to renal impairment, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3521	Chronic gout due to renal impairment, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3591	Chronic gout due to renal impairment, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3611	Chronic gout due to renal impairment, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3621	Chronic gout due to renal impairment, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3691	Chronic gout due to renal impairment, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3711	Chronic gout due to renal impairment, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3721	Chronic gout due to renal impairment, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3791	Chronic gout due to renal impairment, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X1	Chronic gout due to renal impairment, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X1	Chronic gout due to renal impairment, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X1	Other secondary chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4111	Other secondary chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4121	Other secondary chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.4191	Other secondary chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4211	Other secondary chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4221	Other secondary chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4291	Other secondary chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4311	Other secondary chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4321	Other secondary chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4391	Other secondary chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4411	Other secondary chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4421	Other secondary chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4491	Other secondary chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4511	Other secondary chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4521	Other secondary chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4591	Other secondary chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4611	Other secondary chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4621	Other secondary chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4691	Other secondary chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4711	Other secondary chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4721	Other secondary chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4791	Other secondary chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X1	Other secondary chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X1	Other secondary chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX1	Chronic gout, unspecified, with tophus (tophi)	ICD-10-CM	Diagnosis
79.60	Debridement of open fracture, unspecified site	ICD-9-CM	Procedure
79.61	Debridement of open fracture of humerus	ICD-9-CM	Procedure
79.62	Debridement of open fracture of radius and ulna	ICD-9-CM	Procedure
79.63	Debridement of open fracture of carpals and metacarpals	ICD-9-CM	Procedure
79.64	Debridement of open fracture of phalanges of hand	ICD-9-CM	Procedure
79.65	Debridement of open fracture of femur	ICD-9-CM	Procedure
79.66	Debridement of open fracture of tibia and fibula	ICD-9-CM	Procedure
79.67	Debridement of open fracture of tarsals and metatarsals	ICD-9-CM	Procedure
79.68	Debridement of open fracture of phalanges of foot	ICD-9-CM	Procedure
80.14	Other arthrotomy of hand and finger	ICD-9-CM	Procedure
80.16	Other arthrotomy of knee	ICD-9-CM	Procedure
80.18	Other arthrotomy of foot and toe	ICD-9-CM	Procedure
0M9700Z	Drainage of Right Hand Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M970ZZ	Drainage of Right Hand Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9800Z	Drainage of Left Hand Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M980ZZ	Drainage of Left Hand Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9N00Z	Drainage of Right Knee Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M9N0ZZ	Drainage of Right Knee Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9N40Z	Drainage of Right Knee Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0M9P00Z	Drainage of Left Knee Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M9P0ZZ	Drainage of Left Knee Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9P40Z	Drainage of Left Knee Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0M9S00Z	Drainage of Right Foot Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M9S0ZZ	Drainage of Right Foot Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9S40Z	Drainage of Right Foot Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0M9T00Z	Drainage of Left Foot Bursa and Ligament with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0M9T0ZZ	Drainage of Left Foot Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0M9T40Z	Drainage of Left Foot Bursa and Ligament with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MC70ZZ	Extirpation of Matter from Right Hand Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MC73ZZ	Extirpation of Matter from Right Hand Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MC74ZZ	Extirpation of Matter from Right Hand Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MC80ZZ	Extirpation of Matter from Left Hand Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MC83ZZ	Extirpation of Matter from Left Hand Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MC84ZZ	Extirpation of Matter from Left Hand Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MCN0ZZ	Extirpation of Matter from Right Knee Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MCN3ZZ	Extirpation of Matter from Right Knee Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MCN4ZZ	Extirpation of Matter from Right Knee Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MCP0ZZ	Extirpation of Matter from Left Knee Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MCP3ZZ	Extirpation of Matter from Left Knee Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MCP4ZZ	Extirpation of Matter from Left Knee Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MCS0ZZ	Extirpation of Matter from Right Foot Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MCS3ZZ	Extirpation of Matter from Right Foot Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MCS4ZZ	Extirpation of Matter from Right Foot Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0MCT0ZZ	Extirpation of Matter from Left Foot Bursa and Ligament, Open Approach	ICD-10-PCS	Procedure
0MCT3ZZ	Extirpation of Matter from Left Foot Bursa and Ligament, Percutaneous Approach	ICD-10-PCS	Procedure
0MCT4ZZ	Extirpation of Matter from Left Foot Bursa and Ligament, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0R9Q00Z	Drainage of Right Carpal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9Q0ZZ	Drainage of Right Carpal Joint, Open Approach	ICD-10-PCS	Procedure
0R9R00Z	Drainage of Left Carpal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9R0ZZ	Drainage of Left Carpal Joint, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0R9S00Z	Drainage of Right Carpometacarpal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9S0ZZ	Drainage of Right Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
0R9T00Z	Drainage of Left Carpometacarpal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9T0ZZ	Drainage of Left Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
0R9U00Z	Drainage of Right Metacarpophalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9U0ZZ	Drainage of Right Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0R9V00Z	Drainage of Left Metacarpophalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9V0ZZ	Drainage of Left Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0R9W00Z	Drainage of Right Finger Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9W0ZZ	Drainage of Right Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0R9X00Z	Drainage of Left Finger Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
0R9X0ZZ	Drainage of Left Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0RCQ0ZZ	Extirpation of Matter from Right Carpal Joint, Open Approach	ICD-10-PCS	Procedure
0RCQ3ZZ	Extirpation of Matter from Right Carpal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCQ4ZZ	Extirpation of Matter from Right Carpal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCR0ZZ	Extirpation of Matter from Left Carpal Joint, Open Approach	ICD-10-PCS	Procedure
0RCR3ZZ	Extirpation of Matter from Left Carpal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCR4ZZ	Extirpation of Matter from Left Carpal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCS0ZZ	Extirpation of Matter from Right Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
0RCS3ZZ	Extirpation of Matter from Right Carpometacarpal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCS4ZZ	Extirpation of Matter from Right Carpometacarpal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCT0ZZ	Extirpation of Matter from Left Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
0RCT3ZZ	Extirpation of Matter from Left Carpometacarpal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCT4ZZ	Extirpation of Matter from Left Carpometacarpal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCU0ZZ	Extirpation of Matter from Right Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0RCU3ZZ	Extirpation of Matter from Right Metacarpophalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCU4ZZ	Extirpation of Matter from Right Metacarpophalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCV0ZZ	Extirpation of Matter from Left Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0RCV3ZZ	Extirpation of Matter from Left Metacarpophalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCV4ZZ	Extirpation of Matter from Left Metacarpophalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0RCW0ZZ	Extirpation of Matter from Right Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0RCW3ZZ	Extirpation of Matter from Right Finger Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0RCW4ZZ	Extirpation of Matter from Right Finger Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
ORCX0ZZ	Extirpation of Matter from Left Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
ORCX3ZZ	Extirpation of Matter from Left Finger Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
ORCX4ZZ	Extirpation of Matter from Left Finger Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
ORJQ0ZZ	Inspection of Right Carpal Joint, Open Approach	ICD-10-PCS	Procedure
ORJR0ZZ	Inspection of Left Carpal Joint, Open Approach	ICD-10-PCS	Procedure
ORJS0ZZ	Inspection of Right Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
ORJT0ZZ	Inspection of Left Carpometacarpal Joint, Open Approach	ICD-10-PCS	Procedure
ORJU0ZZ	Inspection of Right Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
ORJV0ZZ	Inspection of Left Metacarpophalangeal Joint, Open Approach	ICD-10-PCS	Procedure
ORJW0ZZ	Inspection of Right Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
ORJX0ZZ	Inspection of Left Finger Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OS9C00Z	Drainage of Right Knee Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9C0ZZ	Drainage of Right Knee Joint, Open Approach	ICD-10-PCS	Procedure
OS9D00Z	Drainage of Left Knee Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9D0ZZ	Drainage of Left Knee Joint, Open Approach	ICD-10-PCS	Procedure
OS9H00Z	Drainage of Right Tarsal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9H0ZZ	Drainage of Right Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OS9J00Z	Drainage of Left Tarsal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9J0ZZ	Drainage of Left Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OS9K00Z	Drainage of Right Tarsometatarsal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9K0ZZ	Drainage of Right Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
OS9L00Z	Drainage of Left Tarsometatarsal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9L0ZZ	Drainage of Left Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
OS9M00Z	Drainage of Right Metatarsal-Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9M0ZZ	Drainage of Right Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OS9N00Z	Drainage of Left Metatarsal-Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9N0ZZ	Drainage of Left Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OS9P00Z	Drainage of Right Toe Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9P0ZZ	Drainage of Right Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OS9Q00Z	Drainage of Left Toe Phalangeal Joint with Drainage Device, Open Approach	ICD-10-PCS	Procedure
OS9Q0ZZ	Drainage of Left Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
OSCC0ZZ	Extirpation of Matter from Right Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSCC3ZZ	Extirpation of Matter from Right Knee Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCC4ZZ	Extirpation of Matter from Right Knee Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCD0ZZ	Extirpation of Matter from Left Knee Joint, Open Approach	ICD-10-PCS	Procedure
OSCD3ZZ	Extirpation of Matter from Left Knee Joint, Percutaneous Approach	ICD-10-PCS	Procedure
OSCD4ZZ	Extirpation of Matter from Left Knee Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
OSCH0ZZ	Extirpation of Matter from Right Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
OSCH3ZZ	Extirpation of Matter from Right Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
0SCH4ZZ	Extirpation of Matter from Right Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0SCJ0ZZ	Extirpation of Matter from Left Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
0SCJ3ZZ	Extirpation of Matter from Left Tarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0SCJ4ZZ	Extirpation of Matter from Left Tarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0SCK0ZZ	Extirpation of Matter from Right Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
0SCK3ZZ	Extirpation of Matter from Right Tarsometatarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0SCK4ZZ	Extirpation of Matter from Right Tarsometatarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0SCL0ZZ	Extirpation of Matter from Left Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
0SCL3ZZ	Extirpation of Matter from Left Tarsometatarsal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0SCL4ZZ	Extirpation of Matter from Left Tarsometatarsal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0SCM0ZZ	Extirpation of Matter from Right Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0SCM3ZZ	Extirpation of Matter from Right Metatarsal-Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0SCM4ZZ	Extirpation of Matter from Right Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0SCN0ZZ	Extirpation of Matter from Left Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0SCN3ZZ	Extirpation of Matter from Left Metatarsal-Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0SCN4ZZ	Extirpation of Matter from Left Metatarsal-Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0SCP0ZZ	Extirpation of Matter from Right Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0SCP3ZZ	Extirpation of Matter from Right Toe Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0SCP4ZZ	Extirpation of Matter from Right Toe Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0SCQ0ZZ	Extirpation of Matter from Left Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0SCQ3ZZ	Extirpation of Matter from Left Toe Phalangeal Joint, Percutaneous Approach	ICD-10-PCS	Procedure
0SCQ4ZZ	Extirpation of Matter from Left Toe Phalangeal Joint, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0SJC0ZZ	Inspection of Right Knee Joint, Open Approach	ICD-10-PCS	Procedure
0SJD0ZZ	Inspection of Left Knee Joint, Open Approach	ICD-10-PCS	Procedure
0SJH0ZZ	Inspection of Right Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
0SJJ0ZZ	Inspection of Left Tarsal Joint, Open Approach	ICD-10-PCS	Procedure
0SJK0ZZ	Inspection of Right Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
0S JL0ZZ	Inspection of Left Tarsometatarsal Joint, Open Approach	ICD-10-PCS	Procedure
0SJM0ZZ	Inspection of Right Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0SJN0ZZ	Inspection of Left Metatarsal-Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0SJP0ZZ	Inspection of Right Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure
0S JQ0ZZ	Inspection of Left Toe Phalangeal Joint, Open Approach	ICD-10-PCS	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	CPT-4	Procedure
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	CPT-4	Procedure
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	CPT-4	Procedure
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	CPT-4	Procedure
23931	Incision and drainage, upper arm or elbow area; bursa	CPT-4	Procedure
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	CPT-4	Procedure
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	CPT-4	Procedure
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	CPT-4	Procedure
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	CPT-4	Procedure
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	CPT-4	Procedure
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	CPT-4	Procedure
24155	Resection of elbow joint (arthrectomy)	CPT-4	Procedure
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	CPT-4	Procedure
25031	Incision and drainage, forearm and/or wrist; bursa	CPT-4	Procedure
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	CPT-4	Procedure
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	CPT-4	Procedure
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	CPT-4	Procedure
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	CPT-4	Procedure
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	CPT-4	Procedure
25100	Arthrotomy, wrist joint; with biopsy	CPT-4	Procedure
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	CPT-4	Procedure
25105	Arthrotomy, wrist joint; with synovectomy	CPT-4	Procedure
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	CPT-4	Procedure
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	CPT-4	Procedure
25110	Excision, lesion of tendon sheath, forearm and/or wrist	CPT-4	Procedure
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	CPT-4	Procedure
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	CPT-4	Procedure
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	CPT-4	Procedure

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	CPT-4	Procedure
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	CPT-4	Procedure
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	CPT-4	Procedure
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	CPT-4	Procedure
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	CPT-4	Procedure
26010	Drainage of finger abscess; simple	CPT-4	Procedure
26011	Drainage of finger abscess; complicated (eg, felon)	CPT-4	Procedure
26020	Drainage of tendon sheath, digit and/or palm, each	CPT-4	Procedure
26025	Drainage of palmar bursa; single, bursa	CPT-4	Procedure
26030	Drainage of palmar bursa; multiple bursa	CPT-4	Procedure
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	CPT-4	Procedure
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	CPT-4	Procedure
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	CPT-4	Procedure
26100	Arthrotomy with biopsy; carpometacarpal joint, each	CPT-4	Procedure
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	CPT-4	Procedure
26110	Arthrotomy with biopsy; interphalangeal joint, each	CPT-4	Procedure
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	CPT-4	Procedure
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	CPT-4	Procedure
26130	Synovectomy, carpometacarpal joint	CPT-4	Procedure
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	CPT-4	Procedure
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	CPT-4	Procedure
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	CPT-4	Procedure
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	CPT-4	Procedure
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	CPT-4	Procedure
26180	Excision of tendon, finger, flexor or extensor, each tendon	CPT-4	Procedure
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	CPT-4	Procedure
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	CPT-4	Procedure



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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	CPT-4	Procedure
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	CPT-4	Procedure
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	CPT-4	Procedure
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	CPT-4	Procedure
27323	Biopsy, soft tissue of thigh or knee area; superficial	CPT-4	Procedure
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	CPT-4	Procedure
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	CPT-4	Procedure
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	CPT-4	Procedure
27330	Arthrotomy, knee; with synovial biopsy only	CPT-4	Procedure
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	CPT-4	Procedure
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	CPT-4	Procedure
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	CPT-4	Procedure
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	CPT-4	Procedure
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	CPT-4	Procedure
27340	Excision, prepatellar bursa	CPT-4	Procedure
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	CPT-4	Procedure
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	CPT-4	Procedure
27355	Excision or curettage of bone cyst or benign tumor of femur;	CPT-4	Procedure
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	CPT-4	Procedure
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	CPT-4	Procedure
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	CPT-4	Procedure
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	CPT-4	Procedure
27604	Incision and drainage, leg or ankle; infected bursa	CPT-4	Procedure
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	CPT-4	Procedure
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	CPT-4	Procedure
27613	Biopsy, soft tissue of leg or ankle area; superficial	CPT-4	Procedure
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	CPT-4	Procedure
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	CPT-4	Procedure
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	CPT-4	Procedure
28001	Incision and drainage, bursa, foot	CPT-4	Procedure

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	CPT-4	Procedure
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	CPT-4	Procedure
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	CPT-4	Procedure
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	CPT-4	Procedure
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	CPT-4	Procedure
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	CPT-4	Procedure
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	CPT-4	Procedure
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	CPT-4	Procedure
28052	Arthrotomy with biopsy; metatarsophalangeal joint	CPT-4	Procedure
28054	Arthrotomy with biopsy; interphalangeal joint	CPT-4	Procedure
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	CPT-4	Procedure
28072	Synovectomy; metatarsophalangeal joint, each	CPT-4	Procedure
28086	Synovectomy, tendon sheath, foot; flexor	CPT-4	Procedure
28088	Synovectomy, tendon sheath, foot; extensor	CPT-4	Procedure
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	CPT-4	Procedure
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	CPT-4	Procedure
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	CPT-4	Procedure
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	CPT-4	Procedure
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	CPT-4	Procedure
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	CPT-4	Procedure
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	CPT-4	Procedure
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	CPT-4	Procedure
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	CPT-4	Procedure
28126	Resection, partial or complete, phalangeal base, each toe	CPT-4	Procedure
28153	Resection, condyle(s), distal end of phalanx, each toe	CPT-4	Procedure

**Gouty Arthritis**

274.0	Gouty arthropathy	ICD-9-CM	Diagnosis
274.00	Gouty arthropathy, unspecified	ICD-9-CM	Diagnosis
274.01	Acute gouty arthropathy	ICD-9-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
274.02	Chronic gouty arthropathy without mention of tophus (tophi)	ICD-9-CM	Diagnosis
274.03	Chronic gouty arthropathy with tophus (tophi)	ICD-9-CM	Diagnosis
M10.00	Idiopathic gout, unspecified site	ICD-10-CM	Diagnosis
M10.011	Idiopathic gout, right shoulder	ICD-10-CM	Diagnosis
M10.012	Idiopathic gout, left shoulder	ICD-10-CM	Diagnosis
M10.019	Idiopathic gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.021	Idiopathic gout, right elbow	ICD-10-CM	Diagnosis
M10.022	Idiopathic gout, left elbow	ICD-10-CM	Diagnosis
M10.029	Idiopathic gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.031	Idiopathic gout, right wrist	ICD-10-CM	Diagnosis
M10.032	Idiopathic gout, left wrist	ICD-10-CM	Diagnosis
M10.039	Idiopathic gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.041	Idiopathic gout, right hand	ICD-10-CM	Diagnosis
M10.042	Idiopathic gout, left hand	ICD-10-CM	Diagnosis
M10.049	Idiopathic gout, unspecified hand	ICD-10-CM	Diagnosis
M10.051	Idiopathic gout, right hip	ICD-10-CM	Diagnosis
M10.052	Idiopathic gout, left hip	ICD-10-CM	Diagnosis
M10.059	Idiopathic gout, unspecified hip	ICD-10-CM	Diagnosis
M10.061	Idiopathic gout, right knee	ICD-10-CM	Diagnosis
M10.062	Idiopathic gout, left knee	ICD-10-CM	Diagnosis
M10.069	Idiopathic gout, unspecified knee	ICD-10-CM	Diagnosis
M10.071	Idiopathic gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.072	Idiopathic gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.079	Idiopathic gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.08	Idiopathic gout, vertebrae	ICD-10-CM	Diagnosis
M10.09	Idiopathic gout, multiple sites	ICD-10-CM	Diagnosis
M10.10	Lead-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.111	Lead-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.112	Lead-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.119	Lead-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.121	Lead-induced gout, right elbow	ICD-10-CM	Diagnosis
M10.122	Lead-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.129	Lead-induced gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.131	Lead-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.132	Lead-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.139	Lead-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.141	Lead-induced gout, right hand	ICD-10-CM	Diagnosis
M10.142	Lead-induced gout, left hand	ICD-10-CM	Diagnosis
M10.149	Lead-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.151	Lead-induced gout, right hip	ICD-10-CM	Diagnosis
M10.152	Lead-induced gout, left hip	ICD-10-CM	Diagnosis
M10.159	Lead-induced gout, unspecified hip	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M10.161	Lead-induced gout, right knee	ICD-10-CM	Diagnosis
M10.162	Lead-induced gout, left knee	ICD-10-CM	Diagnosis
M10.169	Lead-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.171	Lead-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.172	Lead-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.179	Lead-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.18	Lead-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.19	Lead-induced gout, multiple sites	ICD-10-CM	Diagnosis
M10.20	Drug-induced gout, unspecified site	ICD-10-CM	Diagnosis
M10.211	Drug-induced gout, right shoulder	ICD-10-CM	Diagnosis
M10.212	Drug-induced gout, left shoulder	ICD-10-CM	Diagnosis
M10.219	Drug-induced gout, unspecified shoulder	ICD-10-CM	Diagnosis
M10.221	Drug-induced gout, right elbow	ICD-10-CM	Diagnosis
M10.222	Drug-induced gout, left elbow	ICD-10-CM	Diagnosis
M10.229	Drug-induced gout, unspecified elbow	ICD-10-CM	Diagnosis
M10.231	Drug-induced gout, right wrist	ICD-10-CM	Diagnosis
M10.232	Drug-induced gout, left wrist	ICD-10-CM	Diagnosis
M10.239	Drug-induced gout, unspecified wrist	ICD-10-CM	Diagnosis
M10.241	Drug-induced gout, right hand	ICD-10-CM	Diagnosis
M10.242	Drug-induced gout, left hand	ICD-10-CM	Diagnosis
M10.249	Drug-induced gout, unspecified hand	ICD-10-CM	Diagnosis
M10.251	Drug-induced gout, right hip	ICD-10-CM	Diagnosis
M10.252	Drug-induced gout, left hip	ICD-10-CM	Diagnosis
M10.259	Drug-induced gout, unspecified hip	ICD-10-CM	Diagnosis
M10.261	Drug-induced gout, right knee	ICD-10-CM	Diagnosis
M10.262	Drug-induced gout, left knee	ICD-10-CM	Diagnosis
M10.269	Drug-induced gout, unspecified knee	ICD-10-CM	Diagnosis
M10.271	Drug-induced gout, right ankle and foot	ICD-10-CM	Diagnosis
M10.272	Drug-induced gout, left ankle and foot	ICD-10-CM	Diagnosis
M10.279	Drug-induced gout, unspecified ankle and foot	ICD-10-CM	Diagnosis
M10.28	Drug-induced gout, vertebrae	ICD-10-CM	Diagnosis
M10.29	Drug-induced gout, multiple sites	ICD-10-CM	Diagnosis
M1A.00X0	Idiopathic chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.00X1	Idiopathic chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0110	Idiopathic chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0111	Idiopathic chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0120	Idiopathic chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0121	Idiopathic chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0190	Idiopathic chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0191	Idiopathic chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0210	Idiopathic chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0211	Idiopathic chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.0220	Idiopathic chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0221	Idiopathic chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0290	Idiopathic chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0291	Idiopathic chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0310	Idiopathic chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0311	Idiopathic chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0320	Idiopathic chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0321	Idiopathic chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0390	Idiopathic chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0391	Idiopathic chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0410	Idiopathic chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0411	Idiopathic chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0420	Idiopathic chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0421	Idiopathic chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0490	Idiopathic chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0491	Idiopathic chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0510	Idiopathic chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0511	Idiopathic chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0520	Idiopathic chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0521	Idiopathic chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0590	Idiopathic chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0591	Idiopathic chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0610	Idiopathic chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0611	Idiopathic chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0620	Idiopathic chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0621	Idiopathic chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0690	Idiopathic chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0691	Idiopathic chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0710	Idiopathic chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0711	Idiopathic chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0720	Idiopathic chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0721	Idiopathic chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0790	Idiopathic chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.0791	Idiopathic chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X0	Idiopathic chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.08X1	Idiopathic chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X0	Idiopathic chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.09X1	Idiopathic chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X0	Drug-induced chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.20X1	Drug-induced chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2110	Drug-induced chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2111	Drug-induced chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.2120	Drug-induced chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2121	Drug-induced chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2190	Drug-induced chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2191	Drug-induced chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2210	Drug-induced chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2211	Drug-induced chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2220	Drug-induced chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2221	Drug-induced chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2290	Drug-induced chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2291	Drug-induced chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2310	Drug-induced chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2311	Drug-induced chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2320	Drug-induced chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2321	Drug-induced chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2390	Drug-induced chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2391	Drug-induced chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2410	Drug-induced chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2411	Drug-induced chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2420	Drug-induced chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2421	Drug-induced chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2490	Drug-induced chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2491	Drug-induced chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2510	Drug-induced chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2511	Drug-induced chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2520	Drug-induced chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2521	Drug-induced chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2590	Drug-induced chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2591	Drug-induced chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2610	Drug-induced chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2611	Drug-induced chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2620	Drug-induced chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2621	Drug-induced chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2690	Drug-induced chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2691	Drug-induced chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2710	Drug-induced chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2711	Drug-induced chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2720	Drug-induced chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2721	Drug-induced chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2790	Drug-induced chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.2791	Drug-induced chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X0	Drug-induced chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.28X1	Drug-induced chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.29X0	Drug-induced chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.29X1	Drug-induced chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X0	Chronic gout due to renal impairment, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.30X1	Chronic gout due to renal impairment, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3110	Chronic gout due to renal impairment, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3111	Chronic gout due to renal impairment, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3120	Chronic gout due to renal impairment, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3121	Chronic gout due to renal impairment, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3190	Chronic gout due to renal impairment, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3191	Chronic gout due to renal impairment, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3210	Chronic gout due to renal impairment, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3211	Chronic gout due to renal impairment, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3220	Chronic gout due to renal impairment, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3221	Chronic gout due to renal impairment, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3290	Chronic gout due to renal impairment, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3291	Chronic gout due to renal impairment, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3310	Chronic gout due to renal impairment, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3311	Chronic gout due to renal impairment, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3320	Chronic gout due to renal impairment, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3321	Chronic gout due to renal impairment, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3390	Chronic gout due to renal impairment, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3391	Chronic gout due to renal impairment, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3410	Chronic gout due to renal impairment, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3411	Chronic gout due to renal impairment, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3420	Chronic gout due to renal impairment, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3421	Chronic gout due to renal impairment, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3490	Chronic gout due to renal impairment, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3491	Chronic gout due to renal impairment, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3510	Chronic gout due to renal impairment, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3511	Chronic gout due to renal impairment, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3520	Chronic gout due to renal impairment, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3521	Chronic gout due to renal impairment, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3590	Chronic gout due to renal impairment, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3591	Chronic gout due to renal impairment, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3610	Chronic gout due to renal impairment, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3611	Chronic gout due to renal impairment, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3620	Chronic gout due to renal impairment, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3621	Chronic gout due to renal impairment, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3690	Chronic gout due to renal impairment, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3691	Chronic gout due to renal impairment, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis

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<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.3710	Chronic gout due to renal impairment, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3711	Chronic gout due to renal impairment, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3720	Chronic gout due to renal impairment, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3721	Chronic gout due to renal impairment, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3790	Chronic gout due to renal impairment, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.3791	Chronic gout due to renal impairment, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X0	Chronic gout due to renal impairment, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.38X1	Chronic gout due to renal impairment, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X0	Chronic gout due to renal impairment, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.39X1	Chronic gout due to renal impairment, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X0	Other secondary chronic gout, unspecified site, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.40X1	Other secondary chronic gout, unspecified site, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4110	Other secondary chronic gout, right shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4111	Other secondary chronic gout, right shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4120	Other secondary chronic gout, left shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4121	Other secondary chronic gout, left shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4190	Other secondary chronic gout, unspecified shoulder, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4191	Other secondary chronic gout, unspecified shoulder, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4210	Other secondary chronic gout, right elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4211	Other secondary chronic gout, right elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4220	Other secondary chronic gout, left elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4221	Other secondary chronic gout, left elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4290	Other secondary chronic gout, unspecified elbow, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4291	Other secondary chronic gout, unspecified elbow, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4310	Other secondary chronic gout, right wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4311	Other secondary chronic gout, right wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4320	Other secondary chronic gout, left wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4321	Other secondary chronic gout, left wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4390	Other secondary chronic gout, unspecified wrist, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4391	Other secondary chronic gout, unspecified wrist, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4410	Other secondary chronic gout, right hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4411	Other secondary chronic gout, right hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4420	Other secondary chronic gout, left hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4421	Other secondary chronic gout, left hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4490	Other secondary chronic gout, unspecified hand, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4491	Other secondary chronic gout, unspecified hand, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4510	Other secondary chronic gout, right hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4511	Other secondary chronic gout, right hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4520	Other secondary chronic gout, left hip, without tophus (tophi)	ICD-10-CM	Diagnosis



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
M1A.4521	Other secondary chronic gout, left hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4590	Other secondary chronic gout, unspecified hip, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4591	Other secondary chronic gout, unspecified hip, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4610	Other secondary chronic gout, right knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4611	Other secondary chronic gout, right knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4620	Other secondary chronic gout, left knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4621	Other secondary chronic gout, left knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4690	Other secondary chronic gout, unspecified knee, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4691	Other secondary chronic gout, unspecified knee, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4710	Other secondary chronic gout, right ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4711	Other secondary chronic gout, right ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4720	Other secondary chronic gout, left ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4721	Other secondary chronic gout, left ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4790	Other secondary chronic gout, unspecified ankle and foot, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.4791	Other secondary chronic gout, unspecified ankle and foot, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X0	Other secondary chronic gout, vertebrae, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.48X1	Other secondary chronic gout, vertebrae, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X0	Other secondary chronic gout, multiple sites, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.49X1	Other secondary chronic gout, multiple sites, with tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX0	Chronic gout, unspecified, without tophus (tophi)	ICD-10-CM	Diagnosis
M1A.9XX1	Chronic gout, unspecified, with tophus (tophi)	ICD-10-CM	Diagnosis
<b>Kidney Stones</b>			
274.11	Uric acid nephrolithiasis	ICD-9-CM	Diagnosis
592	Calculus of kidney and ureter	ICD-9-CM	Diagnosis
592.0	Calculus of kidney	ICD-9-CM	Diagnosis
592.1	Calculus of ureter	ICD-9-CM	Diagnosis
592.9	Unspecified urinary calculus	ICD-9-CM	Diagnosis
594	Calculus of lower urinary tract	ICD-9-CM	Diagnosis
594.0	Calculus in diverticulum of bladder	ICD-9-CM	Diagnosis
594.1	Other calculus in bladder	ICD-9-CM	Diagnosis
594.2	Calculus in urethra	ICD-9-CM	Diagnosis
594.8	Other lower urinary tract calculus	ICD-9-CM	Diagnosis
594.9	Unspecified calculus of lower urinary tract	ICD-9-CM	Diagnosis
N13.2	Hydronephrosis with renal and ureteral calculus obstruction	ICD-10-CM	Diagnosis
N13.9	Obstructive and reflux uropathy, unspecified	ICD-10-CM	Diagnosis
N20.0	Calculus of kidney	ICD-10-CM	Diagnosis
N20.1	Calculus of ureter	ICD-10-CM	Diagnosis
N20.2	Calculus of kidney with calculus of ureter	ICD-10-CM	Diagnosis
N20.9	Urinary calculus, unspecified	ICD-10-CM	Diagnosis
N21.0	Calculus in bladder	ICD-10-CM	Diagnosis
N21.1	Calculus in urethra	ICD-10-CM	Diagnosis
N21.8	Other lower urinary tract calculus	ICD-10-CM	Diagnosis

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Type</b>	<b>Code Category</b>
N21.9	Calculus of lower urinary tract, unspecified	ICD-10-CM	Diagnosis
N22	Calculus of urinary tract in diseases classified elsewhere	ICD-10-CM	Diagnosis
55.03	Percutaneous nephrostomy without fragmentation	ICD-9-CM	Procedure
98.5	Extracorporeal shockwave lithotripsy (ESWL)	ICD-9-CM	Procedure
98.51	Extracorporeal shockwave lithotripsy (ESWL) of the kidney, ureter and/or bladder	ICD-9-CM	Procedure
0T9040Z	Drainage of Right Kidney with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0T9140Z	Drainage of Left Kidney with Drainage Device, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TC03ZZ	Extirpation of Matter from Right Kidney, Percutaneous Approach	ICD-10-PCS	Procedure
0TC04ZZ	Extirpation of Matter from Right Kidney, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TC13ZZ	Extirpation of Matter from Left Kidney, Percutaneous Approach	ICD-10-PCS	Procedure
0TC14ZZ	Extirpation of Matter from Left Kidney, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TC33ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Approach	ICD-10-PCS	Procedure
0TC34ZZ	Extirpation of Matter from Right Kidney Pelvis, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TC43ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Approach	ICD-10-PCS	Procedure
0TC44ZZ	Extirpation of Matter from Left Kidney Pelvis, Percutaneous Endoscopic Approach	ICD-10-PCS	Procedure
0TF3XZZ	Fragmentation in Right Kidney Pelvis, External Approach	ICD-10-PCS	Procedure
0TF4XZZ	Fragmentation in Left Kidney Pelvis, External Approach	ICD-10-PCS	Procedure
0TF6XZZ	Fragmentation in Right Ureter, External Approach	ICD-10-PCS	Procedure
0TF7XZZ	Fragmentation in Left Ureter, External Approach	ICD-10-PCS	Procedure
0TFBXZZ	Fragmentation in Bladder, External Approach	ICD-10-PCS	Procedure
0TFCXZZ	Fragmentation in Bladder Neck, External Approach	ICD-10-PCS	Procedure
0WFRXZZ	Fragmentation in Genitourinary Tract, External Approach	ICD-10-PCS	Procedure
50060	Nephrolithotomy; removal of calculus	CPT-4	Procedure
50065	Nephrolithotomy; secondary surgical operation for calculus	CPT-4	Procedure
50070	Nephrolithotomy; complicated by congenital kidney abnormality	CPT-4	Procedure
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)	CPT-4	Procedure
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	CPT-4	Procedure
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	CPT-4	Procedure
50590	Lithotripsy, extracorporeal shock wave	CPT-4	Procedure
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	CPT-4	Procedure
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	CPT-4	Procedure
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)	HCPCS	Procedure

**Appendix E. List of Generic and Brand Medical Products Names Used to Define Baseline Characteristics in this Request**

Generic Name	Brand Name
<b>Gout Severity Agents</b>	
<b>Corticosteroids</b>	
Betamethasone acetate/betamethasone sodium phosphate	Pod-Care 100C
Betamethasone acetate/betamethasone sodium phosphate	ReadySharp Betamethasone
Betamethasone acetate/betamethasone sodium phosphate	Beta-1
Dexamethasone sodium phosphate	ReadySharp dexamethasone
Dexamethasone sodium phosphate/PF	Active Injection Kit D (PF)
Dexamethasone sodium phosphate/PF	MAS Care-Pak (PF)
Dexamethasone sodium phosphate/PF	DoubleDex (PF)
Methylprednisolone acetate	P-Care D40
Methylprednisolone acetate	P-Care D80
Methylprednisolone acetate	ReadySharp Methylprednisolone
Methylprednisolone acetate/bupivacaine HCl	Physicians EZ Use M-Pred
Triamcinolone acetonide	P-Care K40
Triamcinolone acetonide	P-Care K80
Triamcinolone acetonide	Pod-Care 100K
Triamcinolone acetonide	ReadySharp Triamcinolone
Triamcinolone acetonide	Arze-Ject-A
Triamcinolone acetonide	Pro-C-Dure 5
Triamcinolone acetonide	Pro-C-Dure 6
Triamcinolone acetonide/lidocaine HCl	EZ Use Joint-Tunnel-Trigger
Hydrocortisone sod succinate	Solu-Cortef
Hydrocortisone sod succinate	A-Hydrocort
Hydrocortisone sodium succinate/PF	Solu-Cortef (PF)
Methylprednisolone sodium succinate	Solu-Medrol
Methylprednisolone sodium succinate	A-Methapred
Methylprednisolone sodium succinate	Methylprednisolone Sodium Succ
Methylprednisolone sodium succinate/PF	Solu-Medrol (PF)
Betamethasone sodium phosph in sterile water for injection	Betamethasone Sod Phosph-Water
Dexamethasone sodium phosphate	Dexamethasone Sodium Phosphate
Dexamethasone sodium phosphate/lidocaine HCl	Lidocidex-I
Dexamethasone sodium phosphate/PF	Dexamethasone Sodium Phos (PF)
Betamethasone acetate and sodium phos in sterile water/PF	Betameth ac,sod Phos(PF)-Water
Betamethasone acetate/betamethasone sodium phosphate	Celestone Soluspan
Betamethasone acetate/betamethasone sodium phosphate	Betamethasone Acet,sod Phos
Betamethasone acetate/betamethasone sodium phosphate/water	Betamethasone Ace,sod Phos-wtr
Dexamethasone acetate and sodium phosphate in sterile water	Dexamethasone ac, Sod ph-Water
Dexamethasone acetate in sodium chloride, iso-osmotic	Dexamethasone ace-NaCl,iso-osm
Methylprednisolone acetate	Depo-Medrol
Methylprednisolone acetate	Methylprednisolone Acetate
Methylprednisolone acetate in sodium chloride,iso-osmotic/PF	Methylpred ac(PF)-NaCl,iso-osm
Methylprednisolone acetate in sterile water for injection	Methylprednisolone Acet-water
Methylprednisolone acetate/bupivacaine HCl in sterile water	Methylprednisol Ac-bupivac-wat
Triamcinolone acetonide	Kenalog
Triamcinolone acetonide	Triamcinolone Acetonide
Triamcinolone acetonide in 0.9 % sodium chloride	Riamcinolone Aceton-0.9% NaCl
Triamcinolone acetonide/0.9% sodium chloride/PF	Triamcinol ac (PF) in 0.9%NaCl

**Appendix E. List of Generic and Brand Medical Products Names Used to Define Baseline Characteristics in this Request**

<b>Generic Name</b>	<b>Brand Name</b>
Triamcinolone acetonide/bupivacaine/in 0.9% sodium chloride	Triamcinol ace-bupiv-0.9% NaCl
Triamcinolone acetonide/lidocaine HCl	Lidocilone I
Triamcinolone diacetate in 0.9 % sodium chloride	Triamcinolone diacet-0.9% NaCl
Triamcinolone diacetate in 0.9 % sodium chloride/PF	Triamcinolone dia(PF)-0.9%NaCl
Triamcinolone hexacetonide	Aristospan Intralesional
Triamcinolone hexacetonide	Aristospan Intra-Articular
Triamcinolone acetonide	Zilretta
Dexamethasone sodium phosphate in 0.9 % sodium chloride	Dexamethasone in 0.9 % sod chl
Dexamethasone sodium phosphate	Dexonto
Betamethasone acetate and sodium phosph/norflurane/HFC 245fa	Pod-Care 100CG
Betamethasone acetate and sodium phosph/norflurane/HFC 245fa	Betaloan SUIK
Dexamethasone/PF/norflurane/pentafluoropropane (HFC 245fa)	DMT SUIK
Methylprednisolone acetate/norflurane/HFC 245fa	P-Care D40G
Methylprednisolone acetate/norflurane/HFC 245fa	P-Care D80G
Methylprednisolone acetate/norflurane/HFC 245fa	Medroloan SUIK
Methylprednisolone acetate/norflurane/HFC 245fa	Medroloan II SUIK
Triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	P-Care K40G
Triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	P-Care K80G
Triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	Pod-Care 100KG
Triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	Triloan SUIK
Triamcinolone/norflurane and pentafluoropropane (HFC 245fa)	Triloan II SUIK
Triamcinolone acetonide/lidocaine/prilocaine	DermacinRx Cinlone-I CPI
Prednisone	Prednisone Intensol
Dexamethasone	Dexamethasone Intensol
Dexamethasone	dexamethasone
Dexamethasone	Decadron
Dexamethasone	Baycadron
Betamethasone	Celestone
Prednisolone	prednisolone
Prednisolone	Prelone
Prednisolone sod phosphate	Prednisolone sodium phosphate
Prednisolone sod phosphate	Millipred
Prednisolone sod phosphate	Orapred
Prednisolone sod phosphate	Veripred 20
Prednisolone sod phosphate	Pediapred
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred Plus
Prednisolone Sodium Phosphate/Peak Flow Meter	Asmalpred
Prednisone	Prednisone
Deflazacort	Emflaza
Prednisolone acetate	Flo-Pred
Cortisone acetate	cortisone
Fludrocortisone acetate	Fludrocortisone
Hydrocortisone	Cortef
Hydrocortisone	Hydrocortisone
Methylprednisolone	Medrol
Methylprednisolone	Methylprednisolone

**Appendix E. List of Generic and Brand Medical Products Names Used to Define Baseline Characteristics in this Request**

<b>Generic Name</b>	<b>Brand Name</b>
Prednisolone	Millipred
Prednisone	Deltasone
Prednisone	Rayos
Prednisolone sod phosphate	Orapred ODT
Dexamethasone	DexPak 10 day
Dexamethasone	DexPak 13 Day
Dexamethasone	DexPak 6 Day
Dexamethasone	TaperDex
Dexamethasone	ZoDex
Dexamethasone	Zema-Pak
Dexamethasone	ZonaCort
Dexamethasone	LoCort
Methylprednisolone	Medrol (Pak)
Methylprednisolone	Meprozone Unipak
Prednisolone	Millipred DP
Prednisone	Sterapred
Prednisone	Sterapred DS
<b>Colchicine</b>	
Colchicine	Colchicine
Colchicine	Mitigare
Colchicine	Colcrys
Probenecid/colchicine	Probenecid-Colchicine
<b>Prescription Nonsteroidal Anti-Inflammatory Drugs</b>	
Celecoxib	Celebrex
Celecoxib	celecoxib
Diclofenac potassium	Zipsor
Diclofenac submicronized	Zorvolex
Etodolac	Lodine
Etodolac	Etodolac
Fenoprofen calcium	Nalfon
Fenoprofen calcium	Fenortho
Fenoprofen calcium	Fenoprofen
Indomethacin	Indomethacin
Indomethacin, submicronized	Tivorbex
Ketoprofen	Ketoprofen
Meclofenamate sodium	Meclofenamate
Mefenamic acid	Ponstel
Mefenamic acid	Mefenamic Acid
Meloxicam, submicronized	Vivlodex
Piroxicam	Feldene
Piroxicam	Piroxicam
Tolmetin sodium	Tolmetin
lindomethacin	Indocin SR
Ibuprofen/Caffeine/Vitamins B1, B2, B6, & B12	IC400
Ibuprofen/Caffeine/Vitamins B1, B2, B6, & B12	IC800
Ibuprofen/dietary supplement,misc. cb.10	Theraprogen-60
Ibuprofen/dietary supplement,misc. cb.11	Theraprogen-90

**Appendix E. List of Generic and Brand Medical Products Names Used to Define Baseline Characteristics in this Request**

<b>Generic Name</b>	<b>Brand Name</b>
Naproxen/dietary supplement,misc. cb.10	Theraproxen
Naproxen/dietary supplement,misc. cb.11	Theraproxen-90
Piroxicam/dietary supplement,misc. cb.11	Therafeldamine
Diclofenac potassium	Cambia
Ibuprofen	ibuprofen
Ibuprofen	Children's Advil
Ibuprofen	Motrin
Indomethacin	Indocin
Meloxicam	Meloxicam
Meloxicam	Mobic
Naproxen	Naprosyn
Naproxen	Naproxen
Diclofenac potassium	Cataflam
Diclofenac potassium	Diclofenac Potassium
Fenoprofen calcium	ProFeno
Flurbiprofen	Flurbiprofen
Flurbiprofen	Ansaid
Hydrocodone/ibuprofen	Hydrocodone-Ibuprofen
Hydrocodone/ibuprofen	Reprexain
Hydrocodone/ibuprofen	Ibudone
Hydrocodone/ibuprofen	Xylon 10
Hydrocodone/ibuprofen	Vicoprofen
Ibuprofen	IBU
Ibuprofen/famotidine	Duexis
Ibuprofen/oxycodone HCl	Ibuprofen-Oxycodone
Ibuprofen/oxycodone HCl	Combunox
Ketorolac tromethamine	Ketorolac
Ketorolac tromethamine	Toradol
Nabumetone	Nabumetone
Nabumetone	Relafen
Naproxen sodium	Anaprox
Naproxen sodium	Naproxen Sodium
Naproxen sodium	Anaprox DS
Oxaprozin	Daypro
Oxaprozin	Oxaprozin
Sulindac	Sulindac
Sulindac	Clinoril
Sumatriptan succinate/naproxen sodium	Treximet
Sumatriptan succinate/naproxen sodium	Sumatriptan-Naproxen
Diclofenac sodium	Voltaren-XR
Diclofenac sodium	Diclofenac Sodium
Naproxen sodium	Naprelan CR
Diclofenac sodium	Voltaren
Naproxen	EC-Naprosyn
Naproxen sodium	Naprelan CR Dose Card
Diclofenac sodium/misoprostol	Arthrotec 50

**Appendix E. List of Generic and Brand Medical Products Names Used to Define Baseline Characteristics in this Request**

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<b>Generic Name</b>	<b>Brand Name</b>
Diclofenac sodium/misoprostol	Diclofenac-mMisoprostol
Diclofenac sodium/misoprostol	Arthrotec 75
Naproxen/esomeprazole magnesium	Vimovo

**Appendix F. Specifications Defining Parameters Used in this Request**

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, version 7.3.3 to examine urate lowering therapy use among the gout population in the Sentinel Distributed Database (SDD), with a focus on dosages of febuxostat and allopurinol. These specifications are specifically for incident user cohorts.

**Query period:** January 1, 2009 to March 31, 2018  
**Enrollment gap:** 45 days  
**Age groups:** 21-44, 45-64, 65+ years  
**Pre-index enrollment requirement:** 183 days  
**Post-index enrollment requirement:** 0 days  
**Coverage requirement:** Medical & Drug Coverage  
**Race groups:** None  
**Stratifications:** Age group, Sex, Calendar year  
**Envelope macro:** Default

**Exposure**

Scenario	Index Exposure/ Event	Cohort definition	Washout period	Incident with respect to:	Treatment episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Maximum exposure episode duration	Care setting / Diagnosis position	Censor enrollment at evidence of
1	Febuxostat (80 mg)	First valid index date during query period	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
2	Febuxostat (40 mg)	First valid index date during query period	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
3	Allopurinol (300 mg)	First valid index date during query period	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
4	Allopurinol (100 mg)	First valid index date during query period	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
5	Febuxostat	First valid index date during query period	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date



**Appendix F. Specifications Defining Parameters Used in this Request**

Exposure											
Scenario	Index Exposure/ Event	Cohort definition	Washout period	Incident with respect to:	Treatment episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Maximum exposure episode duration	Care setting / Diagnosis position	Censor enrollment at evidence of
6	Allopurinol	First valid index date during query period	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
7	Febuxostat (80 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
8	Febuxostat (80 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
9	Febuxostat (80 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
10	Febuxostat (40 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
11	Febuxostat (40 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
12	Febuxostat (40 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
13	Allopurinol (300 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
14	Allopurinol (300 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
15	Allopurinol (300 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
16	Allopurinol (100 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date

**Appendix F. Specifications Defining Parameters Used in this Request**

Exposure											
Scenario	Index Exposure/ Event	Cohort definition	Washout period	Incident with respect to:	Treatment episode gap	Exposure episode extension	Minimum exposure episode duration	Minimum days supplied	Maximum exposure episode duration	Care setting / Diagnosis position	Censor enrollment at evidence of
17	Allopurinol (100 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
18	Allopurinol (100 mg)	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
19	Febuxostat	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date
20	Allopurinol	All valid index dates until first event	183	Febuxostat, Allopurinol	30 days	30 days	1	1	N/A	N/A	Death; Data Partner End Date

<sup>1</sup>Caresetting/Principal Diagnosis

**Ambulatory Visit (AV)** - includes visits at outpatient clinics, same-day surgeries, urgent care visits, and other same-day ambulatory hospital encounters, but excludes emergency department

**Emergency Department (ED)** - includes ED encounters that become inpatient stays (in which case inpatient stays would be a separate encounter). Excludes urgent care visits.

**Inpatient Hospital Stay (IP)** - includes all inpatient stays, same-day hospital discharges, hospital transfers, and acute hospital care where the discharge is after the admission date.

**Non-Acute Institutional Stay (IS)** - includes hospice, skilled nursing facility (SNF), rehab center, nursing home, residential, overnight non-hospital dialysis and other non-hospital stays.

**Other Ambulatory Visit (OA)** - includes other non overnight AV encounters such as hospice visits, home health visits, skilled nursing facility visits, other non-hospital visits, as well as telemedicine, telephone and email consultations.

**Principal Diagnosis** - 'IPP' = inpatient principal diagnosis, 'IPS' = inpatient secondary diagnosis.

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes are provided by Optum360.

NDC codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

**Appendix F. Specifications Defining Parameters Used in this Request (cont.)**

This request utilized the Cohort Identification and Descriptive Analysis (CIDA) module, version 7.3.3 to examine urate lowering therapy use among the gout population in the Sentinel Distributed Database (SDD), with a focus on dosages of febuxostat and allopurinol. These specifications are specifically for incident user cohorts.

**Query period:** January 1, 2009 to March 31, 2018  
**Coverage requirement:** Medical & Drug Coverage  
**Pre-index enrollment requirement:** 183 days  
**Post-index enrollment requirement:** 0 days  
**Enrollment gap:** 45 days  
**Age groups:** 21-44, 45-64, 65+ years  
**Race groups:** None  
**Stratifications:** Age group, Sex, Calendar year  
**Envelope macro:** Default

Scenario	Inclusion/Exclusion Criteria					Event Outcome				Characteristics	Utilization		
	Inclusion/Exclusion	Criteria	Care setting / Diagnosis position	Evaluation period (start, end)	Number of instances the criteria should be found in evaluation period	Event	Event washout period	Event de-duplication	Blackout period	Characteristic	Medical Utilization Evaluation Window	Medical Utilization Care setting <sup>1</sup>	Drug Utilization Evaluation Window
1	Gout	Inclusion	Any	(-183, 0)	1	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
2	Gout	Inclusion	Any	(-183, 0)	1	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
3	Gout	Inclusion	Any	(-183, 0)	1	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
4	Gout	Inclusion	Any	(-183, 0)	1	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
5	Gout	Inclusion	Any	(-183, 0)	1	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
6	Gout	Inclusion	Any	(-183, 0)	1	N/A	N/A	N/A	N/A	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
7	Gout	Inclusion	Any	(-183, 0)	1	Febuxostat (40 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)

**Appendix F. Specifications Defining Parameters Used in this Request (cont.)**

Scenario	Inclusion/Exclusion Criteria					Event Outcome			Characteristics	Utilization			
	Inclusion/Exclusion	Criteria	Care setting / Diagnosis position	Evaluation period (start, end)	Number of instances the criteria should be found in evaluation period	Event	Event washout period	Event de-duplication	Blackout period	Characteristic	Medical Utilization Evaluation Window	Medical Utilization Care setting <sup>1</sup>	Drug Utilization Evaluation Window
8	Gout	Inclusion	Any	(-183, 0)	1	Allopurinol (100 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
9	Gout	Inclusion	Any	(-183, 0)	1	Allopurinol (300 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
10	Gout	Inclusion	Any	(-183, 0)	1	Febuxostat (80 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
11	Gout	Inclusion	Any	(-183, 0)	1	Allopurinol (100 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
12	Gout	Inclusion	Any	(-183, 0)	1	Allopurinol (300 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)

**Appendix F. Specifications Defining Parameters Used in this Request (cont.)**

Scenario	Inclusion/Exclusion Criteria					Event Outcome			Characteristics	Utilization			
	Inclusion/ Exclusion	Criteria	Care setting / Diagnosis position	Evaluation period (start, end)	Number of instances the criteria should be found in evaluation period	Event	Event washout period	Event de- duplication	Blackout period	Characteristic	Medical Utilization Evaluation Window	Medical Utilization Care setting <sup>1</sup>	Drug Utilization Evaluation Window
13	Gout	Inclusion	Any	(-183, 0)	1	Allopurinol (100 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
14	Gout	Inclusion	Any	(-183, 0)	1	Febuxostat (80 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
15	Gout	Inclusion	Any	(-183, 0)	1	Febuxostat (40 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
16	Gout	Inclusion	Any	(-183, 0)	1	Allopurinol (300 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
17	Gout	Inclusion	Any	(-183, 0)	1	Febuxostat (80 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)

**Appendix F. Specifications Defining Parameters Used in this Request (cont.)**

Scenario	Inclusion/Exclusion Criteria					Event Outcome			Characteristics	Utilization			
	Inclusion/Exclusion	Criteria	Care setting / Diagnosis position	Evaluation period (start, end)	Number of instances the criteria should be found in evaluation period	Event	Event washout period	Event de-duplication	Blackout period	Characteristic	Medical Utilization Evaluation Window	Medical Utilization Care setting <sup>1</sup>	Drug Utilization Evaluation Window
18	Gout	Inclusion	Any	(-183, 0)	1	Febuxostat (40 mg)	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
19	Gout	Inclusion	Any	(-183, 0)	1	Allopurinol	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)
20	Gout	Inclusion	Any	(-183, 0)	1	Febuxostat	183	De-duplicates occurrences of the same event group on the same day	0	See Appendix G	(-183, 0)	IP, IS, AV, OA, ED	(-183, 0)

<sup>1</sup>Caresetting/Principal Diagnosis

**Ambulatory Visit (AV)** - includes visits at outpatient clinics, same-day surgeries, urgent care visits, and other same-day ambulatory hospital encounters, but excludes emergency department

**Emergency Department (ED)** - includes ED encounters that become inpatient stays (in which case inpatient stays would be a separate encounter). Excludes urgent care visits.

**Inpatient Hospital Stay (IP)** - includes all inpatient stays, same-day hospital discharges, hospital transfers, and acute hospital care where the discharge is after the admission date.

**Non-Acute Institutional Stay (IS)** - includes hospice, skilled nursing facility (SNF), rehab center, nursing home, residential, overnight non-hospital dialysis and other non-hospital stays.

**Other Ambulatory Visit (OA)** - includes other non overnight AV encounters such as hospice visits, home health visits, skilled nursing facility visits, other non-hospital visits, as well as telemedicine, telephone and email consultations.

**Principal Diagnosis** - 'IPP' = inpatient principal diagnosis, 'IPS' = inpatient secondary diagnosis.

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology, Third Edition (CPT Category III), Current Procedural Terminology, Fourth Edition (CPT-4) Diagnosis and Procedure Codes are provided by Optum360.

NDC codes are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

**Appendix G. Specifications Defining Baseline Characteristics Examined in this Request**

Group	Characteristic	Evaluation period start	Evaluation period end	Care setting / Principal diagnosis position	Number of instances the characteristic should be found in evaluation period
Demographics	Mean age (continuous)	NA	NA	NA	NA
Demographics	Age group (21-45, 46-65, 66+)	NA	NA	NA	NA
Demographics	Sex (male, female, other)	NA	NA	NA	NA
Demographics	Calendar year	NA	NA	NA	NA
Diabetes	Diabetes	-183	0	Inpatient Care Setting with Any Diagnosis Position (IP*)	1
CVD	Myocardial infarction	-183	0	IP*	1
CVD	Hospitalization for unstable angina	-183	0	IP*	1
CVD	Stroke (hemorrhagic and ischemic)	-183	0	IP*	1
CVD	Hospitalization for transient ischemic attack	-183	0	IP*	1
CVD	Peripheral vascular disease	-183	0	IP*	1
CVD	Diabetes mellitus with evidence of microvascular disease or macrovascular disease (retinopathy, neuropathy, nephropathy, and small vessel vascular diseases), defined as EITHER of the following: - codes explicitly identifying diabetes with presence of micro- or macrovascular disease within (-183, 0) baseline window OR - evidence of any diabetes code AND micro- or macrovascular codes, both within (-183, 0) window, not necessarily on same day. Micro- or macrovascular codes are defined as presence of any of the following: -- coronary macrovascular disease (myocardial infarction, unstable angina, other) -- cerebrovascular disease (stroke, transient ischemic attack, other) -- retinal microvascular disease -- renovascular disease -- lower limb microvascular disease	-183	0	IP*	1
Chronic kidney disease	Chronic kidney disease	-183	0	IP*	1
Gout severity	Tophi	Beginning of enrollment	0	Any	1
Gout severity	Gouty arthritis	Beginning of enrollment	0	Any	1
Gout severity	Kidney stones	Beginning of enrollment	0	Any	1
Gout severity	>= 2 gout attacks - Gout flare indicated by use of colchicine, NSAIDs or corticosteroids on different days	Beginning of enrollment	0	NA	2
Gout severity	Tophi AND gouty arthritis	Beginning of enrollment	0	Any	1
Gout severity	Tophi AND kidney stones	Beginning of enrollment	0	Any	1

Appendix G. Specifications Defining Baseline Characteristics Examined in this Request					
Group	Characteristic	Evaluation period start	Evaluation period end	Care setting / Principal diagnosis position	Number of instances the characteristic should be found in evaluation period
Gout severity	Gouty arthritis AND kidney stones	Beginning of enrollment	0	Any	1
Gout severity	Tophi AND gouty arthritis AND kidney stones	Beginning of enrollment	0	Any	1
Comorbidity	Combined Comorbidity Score	-183	0	NA	NA
Utilization	Mean number of inpatient hospital stays	-183	0	NA	NA
Utilization	Mean number of emergency department visits	-183	0	NA	NA
Utilization	Mean number of ambulatory visits	-183	0	NA	NA
Utilization	Mean number of filled prescriptions	-183	0	NA	NA
Utilization	Mean number of generics	-183	0	NA	NA
Utilization	Mean number of drug classes	-183	0	NA	NA