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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_pmp_wp002

Request ID: cder_pmp_wp002

Request Description: The objective of this request was to identify patients of all ages with evidence of baricitinib or tocilizumab use in the hospital setting, with and without a COVID-19 diagnosis and/or COVID-19 positive lab. We also assessed evidence of concomitant use of remdesivir with baricitinib and systemic corticosteroids with tocilizumab.

Modular Program Tool Used: National Patient-Centered Clinical Research Network (PCORnet) Modular Program version 1.10 with Baseline Characteristics and Vitals Modules

Data Source: We included data from 22 PCORnet DataMarts (DMs) in this report. We distributed this request on September 21, 2021.

Study Design: We identified individuals with a prescribing, dispensing, medication administration, or procedure record for baricitinib and tocilizumab, separately, within the PCORnet network between April 1, 2020 and March 31, 2021. The record for baricitinib or tocilizumab serves as the 'index date' in the analyses. Because care setting of medications is not recorded in the PCORnet data model, and we wanted to identify in-hospital use of these medications, we did the following: we identified baricitinib or tocilizumab use and evidence of an inpatient or observational stay (via any diagnosis code) in the 10 days before through one day after the medication record.

Cohort Eligibility Criteria: We identified the following 13 cohorts:

1. Baricitinib with remdesivir within two days of the baricitinib exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
2. Baricitinib with no record of remdesivir within two days of the baricitinib exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
3. Baricitinib with remdesivir within two days of the baricitinib exposure and a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
4. Baricitinib with no record of remdesivir within two days of the baricitinib exposure and a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
5. Baricitinib with remdesivir within two days of the baricitinib exposure and no evidence of a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
6. Baricitinib with no record of remdesivir within two days of the baricitinib exposure and no record of a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.
7. A COVID-19 diagnosis or COVID-19 positive lab test in an inpatient or observational stay setting.

Overview for Request cder_pmp_wp002

8. Tocilizumab with systemic corticosteroids within two days of the tocilizumab exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.

9. Tocilizumab with no record of systemic corticosteroids within two days of the tocilizumab exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.

10. Tocilizumab with systemic corticosteroids within two days of the tocilizumab exposure and a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.

11. Tocilizumab with no record of systemic corticosteroids within two days of the tocilizumab exposure and a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.

12. Tocilizumab with systemic corticosteroids within two days of the tocilizumab exposure and no evidence of a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.

13. Tocilizumab with no record of systemic corticosteroids within two days of the tocilizumab exposure and no record of a COVID-19 diagnosis or COVID-19 positive lab test in any care setting from ten days prior to one day after the exposure, and any diagnosis in an inpatient or observational stay setting from ten days prior to one day after the exposure.

All patients included in the cohort were required to have a minimum of one encounter within the query period. We included the following age groups in the cohorts: 0-17, 18-34, 35-54, 55-64, 65-74, 75-84, and 85+ years.

Please see Appendix A for the list of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes used to define exposures and health events of interest for this request.

Please see Appendix C for the full list of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes used to define cohort eligibility for this request.

Overview for Request cder_pmp_wp002

Baseline Characteristics: We assessed the following characteristics:

From 21 days prior to the day following the index date: Diagnosis of COVID-19 or performance of a COVID-19 lab test.

In the seven days prior to and including the index date: Oxygen (O₂) administration, mechanical ventilation, extra-corporeal membrane oxygenation (ECMO), and the combination of any of these three characteristics.

In the one day prior to and including the index date: O₂ administration, mechanical ventilation, extra-corporeal membrane oxygenation (ECMO), and the combination of any of these three characteristics.

In the ten days prior to and including the index date: dyspnea, pneumonia, acute respiratory distress syndrome (ARDS), acute respiratory failure (ARF), shock, and loss of taste or smell.

From seven days prior to seven days following the index date: azithromycin, dexamethasone, tocilizumab, systemic corticosteroids, baricitinib, remdesivir, inhaled corticosteroids, oral anticoagulants, non-oral anticoagulants, antiplatelets, convalescent plasma, hydroxychloroquine, and chloroquine.

In the 183 days prior to and including the index date: hospitalized stroke/transient ischemic attack (TIA); other hospitalized cerebrovascular disease (CVD); non-hospitalized stroke, TIA, or other CVD; atrial fibrillation; coronary revascularization; congestive heart failure; hospitalized acute myocardial infarction (AMI); hypertension; asthma; chronic obstructive pulmonary disorder (COPD); interstitial lung disease; hypersensitivity pneumonitis; bronchiectasis; idiopathic pulmonary fibrosis; pulmonary hypertension; diabetes; chronic liver disease; chronic kidney disease; rheumatological and inflammatory disease; hyperglycemia; ketoacidosis; psychosis (baseline); neurological disease; hematological malignancy; solid malignancy; immunodeficiency; and immunosuppressant use.

Please see Appendix E for the full list of codes used to define baseline characteristics for this request. Overall query and baseline table specifications can be found in Appendices G.1, G.2, and G.3.

Vitals Characteristics: We assessed smoking status and body mass index (BMI) in the 365 days prior to and including index date. BMI categories are reported as underweight, normal weight, overweight/obese, severely obese, and “BMI other” or missing and are derived using standard definitions for the different age groups (<2 years of age, 2-19 years, and >=20 years).

Vital assessment specifications can be found in Appendix G.3.

Limitations: Algorithms to define exposures are imperfect and may be misclassified. Electronic health record (EHR) data lack a consistent definition of enrollment and we are therefore unable to confirm that all elements of a patient care are captured within the given health system. As a result, misclassification may occur. Data should be interpreted with these limitations in mind.

Notes: Please contact the Sentinel Operations Center (info@sentinelssystem.org) for questions.

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**Glossary of Terms for Analyses Using
PCORnet Modular Program (PMP) Tool**

Health Event of Interest (HEI) - the HEI represents the index exposure or health event that should be used to define the cohort. All patients within a cohort will be required to have the HEI. Cohorts can be further refined or restricted through the use of

Query Period - the time range from the start of the query identification period to the end of the query identification period. The identification of HEIs is restricted to the query period. Identification of inclusion/exclusion criteria, covariates and vital measures are **NOT** restricted to the query period.

Enrollment Requirement - indicates the parameter options used to define enrollment, based on the encounters table.

EB1 - Patients must have at least one encounter within a specified query period.

EB2 - Patients must have a minimum number of records in the specified query period, with a minimum number of days between the first and last encounter. Users can indicate if records can come from any combination of encounter, diagnosis, procedure, dispensing, prescribing, or lab result tables. For encounter, diagnosis and procedure records, users have the option to limit valid records to specific caresettings.

"Patients must have at least two encounters of an ambulatory (AV) or inpatient (IP) encounter type between 01/01/2015-12/31/2016, with at least sixty days between the first and last encounter."

EB2 Number - Number of records to be included in denominator (exposed and unexposed population). This parameter is only applied when an EB2 enrollment definition is selected.

EB2 List - Can be used to limit identification of enrollment proxy records to specific caresettings. Can only be defined when the EB2 Table is set to a combination of encounter, diagnosis, or procedure tables. Acceptable values are listed under "Care Setting" in this document. This parameter is only applied when an EB2 enrollment definition is selected.

EB2 Days - Minimum number of days between first and last record. This parameter is only applied when an EB2 enrollment definition is selected.

EB2 Table - Indicates which CDM table should be checked for contributing records. This parameter is only applied when an EB2 enrollment definition is selected.

Age Group - parameter for restricting the cohort of interest to certain age groups and specifying age group stratification in result

Age Calculation - indicates which method of calculation will be used for patient age.

Fixed (F) - age calculated on last day of query period.

Index (I) - age calculated at date of HEI index event.

Sex - optional sex categories for stratification in result tables. Users should specify which specific groups they would like included as separate strata. All patients whose sex does not fall into one of these categories will be categorized as "Other"

Ambiguous (A)

Female (F)

Male (M)

No Information (NI)

Unknown (UN)

Other (OT)

Race - optional race categories for stratification in result tables. Users should specify which specific groups they would like included as separate strata. All patients whose race does not fall into one of these categories will be categorized as "Other"

American Indian or Alaska Native (01)

Asian (02)

Black or African American (03)

Native Hawaiian or Other Pacific Islander (04)

White (05)

Multiple Race (06)

Refuse to Answer (07)

No Information (NI)

Unknown (UN)

Other (OT)

**Glossary of Terms for Analyses Using
PCORnet Modular Program (PMP) Tool**

Hispanic - optional ethnicity categories for stratification in result tables. Users should specify which specific groups they would like included as separate strata. All patients whose ethnicity does not fall into one of these categories will be categorized as "Other"

Yes (Y)
No (N)
Refuse to Answer (R)
No Information (NI)
Unknown (UN)
Other (OT)

Difference Table - The difference table captures patients who meet all enrollment proxy and inclusion/exclusion criteria and have at least one valid record within the same CDM tables as the HEI-defining code lists, but who DO NOT have an HEI code. These patients are intended to serve as a rough proxy for an unexposed population. However, limitations of Electronic Health Record systems should be considered when results interpreting this group.

Cohort Quality Assessment Module - Cohort Quality Assessment is an optional module that can be run on the numerator and the difference table populations to perform data quality and availability assessments. CQA will output counts, distributions, and frequencies on any of the variables within the PCORnet CDM tables. Cross-variable checks are also permitted within CDM tables (e.g. a distribution of result_number by result_unit can be requested in the Lab Result table.) Data assessments will be limited to the cohorts formed using PMP functionality. Users can limit checks to specific calendar-based time periods (e.g. 2016-2017) and to code lists of interest (e.g. provide a distribution of result_num values for records with an HbA1c LOINC code in the Lab Result table.)

Counts - returns counts of all qualifying records, and of all unique patients with qualifying records in a given table, limited by specified criteria. Counts can be performed against ID variables within the PCORnet CDM.

"What is the count of unique and all patient IDs in records in the Diagnosis table, limited to records for Diabetes or Heart Failure"

Frequency - returns frequency of values occurring for a specified variable. Frequencies can be performed against categorical variables within the PCORnet CDM.

"How frequently are each dose ordered unit value occurring in Warfarin prescribing records?"

Distribution - returns percentile-based summary statistics. Distributions can be performed against numeric variables within the PCORnet CDM.

"What is the distribution of warfarin dose ordered in prescribing records when the dose ordered unit is mg?"

Baseline Table (Covariate Assessment) Module - Baseline Table is an optional module that can be run to generate a Table 1 for your PMP-formed cohort. Users can indicate a list of covariates and the baseline table will provide counts and percentage of your PMP-formed cohort who have the covariate of interest. Covariates can be identified in a time period relative to your HEI date (e.g. in the 365 days prior to the HEI) or within a set period of calendar time (e.g. in 2016).

"Of the patients with a Heart Failure primary diagnosis in 2017, how many had a Diabetes diagnosis in the previous year?"

Vitals Module - Vitals module is an optional module that further stratifies cohorts based on vitals records, including height, weight, BMI, smoking and tobacco use statuses. Users will indicate a period relative to the HEI date in which to identify vital records and the program will search for the vital record closest to the index date and classify according to user-requested stratifications. Vital measures can be cross-stratified against certain demographic data, including age, sex, race, and ethnicity.

"What is the BMI distribution of patients who had a Diabetes diagnosis record in 2015?"

*all terms may not be used in this report

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Characteristic¹	Number		Number		Number	
Number of Unique Patients	31		65		31	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	58.7	19.0	34.1	7.6	58.7	19.0
Age (Years)	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	<11	-	0	0%
18-34	<11	-	43	66%	<11	-
35-54	12	39%	13	20%	12	39%
55-64		-	<11	-	<11	-
65-74	<11	-	<11	-	<11	-
75-84	<11	-	<11	-	<11	-
≥85	<11	-	<11	-	<11	-
Sex						
Female	17	55%	<60	-	17	55%
Male	14	45%	<11	-	14	45%
Other/Missing ⁴	0	0%	0	0%	0	0%
Race						
Black or African American	<11	-	<11	-	<11	-
White	13	42%	41	63%	13	42%
Asian	0	0%	<11	-	0	0%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	<11	-	<11	-
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	0	0%	0	0%	0	0%
Hispanic						

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Yes	<11	-	<11	-	<11	-
No	21	68%	<60	-	21	68%
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	0	0%	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test Performed	31	100%	43	66%	31	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	<11	-	<11	-	<11	-
PX: ECMO	<11	-	0	0%	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<11	-	<11	-	<11	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	<11	-	<11	-	<11	-
PX: ECMO	<11	-	0	0%	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<11	-	<11	-	<11	-
-10/ 0 Days From Index Event						
DX: Dyspnea	22	71%	<11	-	22	71%
DX: Pneumonia	28	90%	<11	-	28	90%
DX: ARDS	<11	-	<11	-	<11	-
DX: Acute Respiratory Failure	27	87%	<11	-	27	87%
DX: Shock	<11	-	<11	-	<11	-

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	21	68%	28	43%	21	68%
MEDICATION: Dexamethasone	<11	-	<11	-	<11	-
MEDICATION: Tocilizumab	0	0%	0	0%	0	0%
MEDICATION: Systemic Corticosteroid	<11	-	15	23%	<11	-
MEDICATION: Inhaled Corticosteroid	0	0%	0	0%	0	0%
MEDICATION: Oral Anticoagulants	<11	-	<11	-	<11	-
MEDICATION: Non-Oral Anticoagulants	30	97%	<11	-	30	97%
MEDICATION: Antiplatelets	<11	-	<11	-	<11	-
MEDICATION: Convalescent Plasma	0	0%	<11	-	0	0%
MEDICATION: Hydroxychloroquine	0	0%	<11	-	0	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-
DX: Other hospitalized cerebrovascular disease (CVD)	0	0%	0	0%	0	0%
DX: Non-hospitalized stroke, TIA, or other CVD	0	0%	<11	-	0	0%
Cardiovascular Disease						
DX: Atrial Fibrillation	<11	-	<11	-	<11	-
DX/PX: Coronary Revascularization	<11	-	<11	-	<11	-
DX/PX: Congestive Heart Failure	<11	-	<11	-	<11	-
DX: Hospitalized AMI	<11	-	0	0%	<11	-
DX: Hypertension	23	74%	<11	-	23	74%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Pulmonary Disease						
DX: Asthma	<11	-	<11	-	<11	-
DX: COPD	<11	-	0	0%	<11	-
DX: Interstitial Lung Disease	<11	-	<11	-	<11	-
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	0	0%	<11	-	0	0%
DX: Idiopathic Pulmonary Fibrosis	0	0%	<11	-	0	0%
DX: Pulmonary Hypertension	<11	-	0	0%	<11	-
Metabolic Disease						
DX: Diabetes	18	58%	11	17%	18	58%
Liver Disease						
DX: Chronic Liver Disease	<11	-	<11	-	<11	-
Renal Disease						
DX: Chronic Kidney Disease	<11	-	<11	-	<11	-
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	<11	-	<11	-	<11	-
DX: Hyperglycemia	11	35%	<11	-	11	35%
DX: Ketoacidosis	0	0%	<11	-	0	0%
DX: Psychosis (Baseline)	0	0%	0	0%	0	0%
DX: Neurological Disease	<11	-	<11	-	<11	-
Cancer						
DX: Hematological Malignancy	0	0%	0	0%	0	0%
DX: Solid Malignancy	<11	-	<11	-	<11	-

Immunocompromising Conditions and Treatments

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent
DX/PX: Immunodeficiency	<11	-	<11	-	<11	-
PX/MEDICATION: Immunosuppressants	0	0%	<11	-	0	0%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI) by Age						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight	0	0%	0	0%	0	0%
Obese	0	0%	<11	-	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	0	0%	0	0%
Obese	0	0%	<11	-	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Age: 21-34 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	<11	-	29	73%	<11	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 35-54 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 55-64 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	0	0%	<11	-
Obese	<11	-	0	0%	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 65-74 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	0	0%	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Age: 75-84 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	<11	-	0	0%	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 85+ Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	<11	-	0	0%	<11	-
Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	0	0%	<11	-	0	0%
Current some day smoker	0	0%	0	0%	0	0%
Former smoker	<11	-	<11	-	<11	-
Never smoker	24	77%	48	74%	24	77%
All other smoking values	<11	-	<11	-	<11	-
Smoking missing ³	0	0%	<11	-	0	0%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic¹	Number		Number		Number		Number	
Number of Unique Patients	<11		0		<60		58,724	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	48.7	12.8	0	0%	32.6	7.2	44.4	19.1
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	0	0%	<11	-	4,321	7%
18-34	<11	-	0	0%	<50	-	16,688	28%
35-54	<11	-	0	0%	<20	-	18,736	32%
55-64		-	0	0%	0	0%	8,497	14%
65-74	0	0%	0	0%	<11	-	5,507	9%
75-84	<11	-	0	0%	<11	-	3,160	5%
≥85	0	0%	0	0%	<11	-	1,815	3%
Sex								
Female	<11	-	0	0%	<60	-	30,658	52%
Male	<11	-	0	0%	<11	-	28,041	48%
Other/Missing ⁴	0	0%	0	0%	0	0%	25	0%
Race								
Black or African American	0	0%	0	0%	<11	-	14,114	24%
White	<11	-	0	0%	<40	-	25,962	44%
Asian	<11	-	0	0%	<11	-	2,496	4%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	0	0%	<11	-	8537	14%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	0	0%	0	0%	0	0%	4194	7%
Hispanic								
Yes	<11	-	0	0%	<11	-	19,478	33%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
No	<11	-	0	0%	<60	-	34,808	59%
Other	0	0%	0	0%	0	0%	74	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	0	0%	0	0%	0	0%	4364	0.07
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	<11	-	0	0%	<40	-	58,724	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	0	0%	<11	-	442	1%
PX: Mechanical Ventilation	<11	-	0	0%	0	0%	1,308	2%
PX: ECMO	0	0%	0	0%	0	0%	55	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<11	-	0	0%	<11	-	1,677	3%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	0	0%	<11	-	454	1%
PX: Mechanical Ventilation	<11	-	0	0%	<11	-	1,365	2%
PX: ECMO	0	0%	0	0%	0	0%	63	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<11	-	0	0%	<11	-	1,746	3%
-10/ 0 Days From Index Event								
DX: Dyspnea	<11	-	0	0%	<11	-	7,243	12%
DX: Pneumonia	<11	-	0	0%	0	0%	8,687	15%
DX: ARDS	<11	-	0	0%	0	0%	1,456	2%
DX: Acute Respiratory Failure	<11	-	0	0%	<11	-	6,291	11%
DX: Shock	<11	-	0	0%	0	0%	1,346	2%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%	299	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<11	-	0	0%	<30	-	7,852	13%
MEDICATION: Dexamethasone	0	0%	0	0%	<11	-	1,173	2%
MEDICATION: Tocilizumab	0	0%	0	0%	0	0%	325	1%
MEDICATION: Systemic Corticosteroid	<11	-	0	0%	<20	-	4,802	8%
MEDICATION: Inhaled Corticosteroid	0	0%	0	0%	0	0%	637	1%
MEDICATION: Oral Anticoagulants	0	0%	0	0%	<11	-	1,987	3%
MEDICATION: Non-Oral Anticoagulants	<11	-	0	0%	<11	-	12,857	22%
MEDICATION: Antiplatelets	<11	-	0	0%	<11	-	4,880	8%
MEDICATION: Convalescent Plasma	<11	-	0	0%	0	0%	<11	-
MEDICATION: Hydroxychloroquine	<11	-	0	0%	<11	-	4,378	7%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	0	0%	0	0%	606	1%
DX: Other hospitalized cerebrovascular disease (CVD)	0	0%	0	0%	0	0%	655	1%
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	0	0%	0	0%	885	2%
Cardiovascular Disease								
DX: Atrial Fibrillation	<11	-	0	0%	<11	-	2,455	4%
DX/PX: Coronary Revascularization	0	0%	0	0%	<11	-	1,140	2%
DX/PX: Congestive Heart Failure	0	0%	0	0%	<11	-	2,612	4%
DX: Hospitalized AMI	0	0%	0	0%	0	0%	1,139	2%
DX: Hypertension	<11	-	0	0%	<11	-	12,547	21%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Pulmonary Disease								
DX: Asthma	0	0%	0	0%	<11	-	2,935	5%
DX: COPD	0	0%	0	0%	0	0%	1,598	3%
DX: Interstitial Lung Disease	<11	-	0	0%	0	0%	375	1%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	25	0%
DX: Bronchiectasis	<11	-	0	0%	0	0%	158	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	0	0%	0	0%	211	0%
DX: Pulmonary Hypertension	0	0%	0	0%	0	0%	634	1%
Metabolic Disease								
DX: Diabetes	<11	-	0	0%	<11	-	7,997	14%
Liver Disease								
DX: Chronic Liver Disease	<11	-	0	0%	<11	-	1,082	2%
Renal Disease								
DX: Chronic Kidney Disease	<11	-	0	0%	<11	-	3,539	6%
Other Medical Conditions								
DX: Rheumatological and Inflammatory Disease	<11	-	0	0%	<11	-	1,933	3%
DX: Hyperglycemia	<11	-	0	0%	<11	-	3,537	6%
DX: Ketoacidosis	<11	-	0	0%	0	0%	273	0%
DX: Psychosis (Baseline)	0	0%	0	0%	0	0%	721	1%
DX: Neurological Disease	0	0%	0	0%	<11	-	2,374	4%
Cancer								
DX: Hematological Malignancy	0	0%	0	0%	0	0%	478	1%
DX: Solid Malignancy	0	0%	0	0%	<11	-	1,634	3%
Immunocompromising Conditions and Treatments								
DX/PX: Immunodeficiency	<11	-	0	0%	<11	-	4,008	7%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
PX/MEDICATION: Immunosuppressants	0	0%	0	0%	<11	-	1,377	2%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI) by Age								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	0	0%	60	2%
Normal Weight	0	0%	0	0%	0	0%	939	26%
Overweight	0	0%	0	0%	0	0%	378	11%
Obese	0	0%	0	0%	<11	-	376	11%
Severely Obese	0	0%	0	0%	0	0%	225	6%
BMI Other/Missing ^{3,4}	0	0%	0	0%	<11	-	1,582	44%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	40	2%
Normal Weight	0	0%	0	0%	<11	-	535	26%
Overweight	0	0%	0	0%	0	0%	232	11%
Obese	0	0%	0	0%	<11	-	302	14%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 21-34 Years								
Underweight	0	0%	0	0%	0	0%	112	1%
Normal Weight	0	0%	0	0%	<11	-	2,149	15%
Overweight	<11	-	0	0%	<11	-	2,194	15%
Obese	<11	-	0	0%	<30	-	3,291	22%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	6,885	47%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	65	0%
Normal Weight	<11	-	0	0%	<11	-	1,613	9%
Overweight	0	0%	0	0%	<11	-	3,355	18%
Obese	0	0%	0	0%	<11	-	6,149	33%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	7,554	40%
Age: 55-64 Years								
Underweight	0	0%	0	0%	0	0%	70	1%
Normal Weight	<11	-	0	0%	0	0%	983	12%
Overweight	0	0%	0	0%	0	0%	1,765	21%
Obese	0	0%	0	0%	0	0%	2,904	34%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	2,775	33%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	87	2%
Normal Weight	0	0%	0	0%	0	0%	918	17%
Overweight	0	0%	0	0%	<11	-	1,293	23%
Obese	0	0%	0	0%	0	0%	1,609	29%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,600	29%
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%	79	3%
Normal Weight	<11	-	0	0%	<11	-	702	22%
Overweight	0	0%	0	0%	0	0%	758	24%
Obese	0	0%	0	0%	<11	-	686	22%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	935	30%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	94	5%
Normal Weight	0	0%	0	0%	<11	-	520	29%

Table 1a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from April 1, 2020 to June 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Overweight	0	0%	0	0%	0	0%	343	19%
Obese	0	0%	0	0%	0	0%	205	11%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	653	36%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	0	0%	0	0%	<11	-	1,629	3%
Current some day smoker	0	0%	0	0%	0	0%	482	1%
Former smoker	<11	-	0	0%	<11	-	4,782	8%
Never smoker	<11	-	0	0%	<50	-	18,468	31%
All other smoking values	0	0%	0	0%	<11	-	12,780	22%
Smoking missing ³	<11	-	0	0%	<11	-	20,583	35%

¹ All metrics are based on total number of patients meeting cohort criteria.

² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Characteristic¹	Number		Number		Number	
Number of Unique Patients	12		64		12	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	65.3	16.6	33.2	10.9	65.3	16.6
Age (Years)	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	<11	-	0	0%
18-34	0	0%	38	59%	0	0%
35-54	<11	-	11	17%	<11	-
55-64		-	<11	-	<11	-
65-74	<11	-	<11	-	<11	-
75-84	<11	-	<11	-	<11	-
≥85	<11	-	0	0%	<11	-
Sex						
Female	<11	-	53	83%	<11	-
Male	<11	-	11	17%	<11	-
Other/Missing ⁴	0	0%	0	0%	0	0%
Race						
Black or African American	<11	-	14	22%	<11	-
White	<11	-	39	61%	<11	-
Asian	0	0%	<11	-	0	0%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	<11	-	<11	-
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	0	0%	<11	-	0	0%
Hispanic						

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Yes	<11	-	11	17%	<11	-
No	<11	-	52	81%	<11	-
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	0	0%	<11	-	0	0%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test Performed	12	100%	58	91%	12	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	0	0%	<11	-
PX: Mechanical Ventilation	0	0%	<11	-	0	0%
PX: ECMO	0	0%	0	0%	0	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<11	-	<11	-	<11	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	<11	-	0	0%	<11	-
PX: Mechanical Ventilation	0	0%	<11	-	0	0%
PX: ECMO	0	0%	0	0%	0	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<11	-	<11	-	<11	-
-10/ 0 Days From Index Event						
DX: Dyspnea	<11	-	<11	-	<11	-
DX: Pneumonia	12	100%	<11	-	12	100%
DX: ARDS	<11	-	<11	-	<11	-

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
DX: Acute Respiratory Failure	11	92%	<11	-	11	92%
DX: Shock	<11	-	<11	-	<11	-
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	<11	-	18	28%	<11	-
MEDICATION: Dexamethasone	<11	-	<11	-	<11	-
MEDICATION: Tocilizumab	<11	-	<11	-	<11	-
MEDICATION: Systemic Corticosteroid	<11	-	16	25%	<11	-
MEDICATION: Inhaled Corticosteroid	0	0%	<11	-	0	0%
MEDICATION: Oral Anticoagulants	<11	-	<11	-	<11	-
MEDICATION: Non-Oral Anticoagulants	11	92%	15	23%	11	92%
MEDICATION: Antiplatelets	<11	-	<11	-	<11	-
MEDICATION: Convalescent Plasma	<11	-	0	0%	<11	-
MEDICATION: Hydroxychloroquine	0	0%	0	0%	0	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	0	0%	<11	-
DX: Other hospitalized cerebrovascular disease (CVD)	0	0%	0	0%	0	0%
DX: Non-hospitalized stroke, TIA, or other CVD	0	0%	<11	-	0	0%
Cardiovascular Disease						
DX: Atrial Fibrillation	<11	-	<11	-	<11	-

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
DX/PX: Coronary Revascularization	<11	-	<11	-	<11	-
DX/PX: Congestive Heart Failure	<11	-	<11	-	<11	-
DX: Hospitalized AMI	0	0%	0	0%	0	0%
DX: Hypertension	<11	-	13	20%	<11	-
Pulmonary Disease						
DX: Asthma	<11	-	<11	-	<11	-
DX: COPD	0	0%	<11	-	0	0%
DX: Interstitial Lung Disease	<11	-	0	0%	<11	-
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-
DX: Idiopathic Pulmonary Fibrosis	0	0%	0	0%	0	0%
DX: Pulmonary Hypertension	<11	-	<11	-	<11	-
Metabolic Disease						
DX: Diabetes	<11	-	12	19%	<11	-
Liver Disease						
DX: Chronic Liver Disease	<11	-	<11	-	<11	-
Renal Disease						
DX: Chronic Kidney Disease	<11	-	<11	-	<11	-
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	<11	-	<11	-	<11	-
DX: Hyperglycemia	<11	-	<11	-	<11	-
DX: Ketoacidosis	0	0%	0	0%	0	0%
DX: Psychosis (Baseline)	0	0%	<11	-	0	0%
DX: Neurological Disease	<11	-	<11	-	<11	-

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Cancer						
DX: Hematological Malignancy	0	0%	<11	-	0	0%
DX: Solid Malignancy	0	0%	<11	-	0	0%
Immunocompromising Conditions and Treatments						
DX/PX: Immunodeficiency	<11	-	<11	-	<11	-
PX/MEDICATION: Immunosuppressants	<11	-	<11	-	<11	-
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	0	0%	0	0%
Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	0	0%	<11	-	0	0%

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 21-34 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	0	0%	21	58%	0	0%
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Age: 35-54 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 55-64 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight	<11	-	<11	-	<11	-
Obese	0	0%	<11	-	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 65-74 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Age: 75-84 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	<11	-	0	0%	<11	-
Obese	0	0%	<11	-	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 85+ Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight	<11	-	0	0%	<11	-
Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	0	0%	<11	-	0	0%
Current some day smoker	0	0%	0	0%	0	0%
Former smoker	<11	-	<11	-	<11	-
Never smoker	<11	-	42	66%	<11	-
All other smoking values	<11	-	<11	-	<11	-
Smoking missing ³	0	0%	<11	-	0	0%

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic ¹	Number		Number		Number		Number	
Number of Unique Patients	15		0		49		80,371	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	45.2	14.5	-	-	29.5	8.6	39.8	19.6
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	0	0%	<11	-	9,149	11%
18-34	<11	-	0	0%	<40	-	27,611	34%
35-54	<11	-	0	0%	<11	-	22,535	28%
55-64		-	0	0%	<11	-	9,882	12%
65-74	<11	-	0	0%	<11	-	6,317	8%
75-84	<11	-	0	0%	<11	-	3,395	4%
≥85	0	0%	0	0%	0	0%	1,482	2%
Sex								
Female	<11	-	0	0%	<50	-	43,724	54%
Male	<11	-	0	0%	<11	-	36,605	46%
Other/Missing ⁴	0	0%	0	0%	0	0%	42	0%
Race								
Black or African American	<11	-	0	0%	<11	-	14,571	18%
White	<11	-	0	0%	<40	-	48,665	61%
Asian	<11	-	0	0%	<11	-	1,937	2%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	0	0%	<11	-	6682	8%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	0	0%	<11	-	8516	11%

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Hispanic								
Yes	<11	-	0	0%	<11	-	19,679	24%
No	<20	-	0	0%	<50	-	54,227	67%
Other	0	0%	0	0%	0	0%	153	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	0	0%	0	0%	<11	-	6312	8%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	15	100%	0	0%	43	88%	80,371	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	0	0%	0	0%	446	1%
PX: Mechanical Ventilation	<11	-	0	0%	0	0%	976	1%
PX: ECMO	0	0%	0	0%	0	0%	56	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<11	-	0	0%	0	0%	1,369	2%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	0	0%	0	0%	454	1%
PX: Mechanical Ventilation	<11	-	0	0%	0	0%	998	1%
PX: ECMO	0	0%	0	0%	0	0%	57	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<11	-	0	0%	0	0%	1,398	2%
-10/ 0 Days From Index Event								
DX: Dyspnea	<11	-	0	0%	<11	-	5,441	7%
DX: Pneumonia	<11	-	0	0%	0	0%	7,208	9%
DX: ARDS	<11	-	0	0%	0	0%	604	1%
DX: Acute Respiratory Failure	<11	-	0	0%	<11	-	4,982	6%

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Shock	<11	-	0	0%	<11	-	987	1%
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%	625	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<11	-	0	0%	<20	-	6,247	8%
MEDICATION: Dexamethasone	<11	-	0	0%	<11	-	6,336	8%
MEDICATION: Tocilizumab	<11	-	0	0%	0	0%	175	0%
MEDICATION: Systemic Corticosteroid	<11	-	0	0%	<11	-	8,861	11%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	0	0%	779	1%
MEDICATION: Oral Anticoagulants	0	0%	0	0%	<11	-	2,321	3%
MEDICATION: Non-Oral Anticoagulants	<11	-	0	0%	<11	-	10,984	14%
MEDICATION: Antiplatelets	<11	-	0	0%	<11	-	4,517	6%
MEDICATION: Convalescent Plasma	0	0%	0	0%	0	0%	764	1%
MEDICATION: Hydroxychloroquine	0	0%	0	0%	0	0%	209	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic Attack	0	0%	0	0%	0	0%	541	1%
DX: Other hospitalized cerebrovascular disease (CVD)	0	0%	0	0%	0	0%	687	1%
DX: Non-hospitalized stroke, TIA, or other CVD	0	0%	0	0%	<11	-	643	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<11	-	0	0%	<11	-	2,339	3%
DX/PX: Coronary Revascularization	<11	-	0	0%	0	0%	1,293	2%
DX/PX: Congestive Heart Failure	0	0%	0	0%	<11	-	2,745	3%
DX: Hospitalized AMI	0	0%	0	0%	0	0%	676	1%

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Hypertension	<11	-	0	0%	<11	-	14,284	18%
Pulmonary Disease								
DX: Asthma	<11	-	0	0%	<11	-	3,443	4%
DX: COPD	<11	-	0	0%	0	0%	1,806	2%
DX: Interstitial Lung Disease	0	0%	0	0%	0	0%	404	1%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	27	0%
DX: Bronchiectasis	<11	-	0	0%	0	0%	164	0%
DX: Idiopathic Pulmonary Fibrosis	0	0%	0	0%	0	0%	218	0%
DX: Pulmonary Hypertension	0	0%	0	0%	<11	-	604	1%
Metabolic Disease								
DX: Diabetes	<11	-	0	0%	<11	-	8,817	11%
Liver Disease								
DX: Chronic Liver Disease	<11	-	0	0%	0	0%	1,234	2%
Renal Disease								
DX: Chronic Kidney Disease	<11	-	0	0%	<11	-	3,785	5%
Other Medical Conditions								
DX: Rheumatological and Inflammatory Disease	0	0%	0	0%	<11	-	2,369	3%
DX: Hyperglycemia	<11	-	0	0%	<11	-	4,061	5%
DX: Ketoacidosis	0	0%	0	0%	0	0%	267	0%
DX: Psychosis (Baseline)	0	0%	0	0%	<11	-	623	1%
DX: Neurological Disease	<11	-	0	0%	<11	-	2,321	3%
Cancer								
DX: Hematological Malignancy	0	0%	0	0%	<11	-	482	1%
DX: Solid Malignancy	<11	-	0	0%	<11	-	2,009	2%
Immunocompromising Conditions and Treatments								
DX/PX: Immunodeficiency	<11	-	0	0%	<11	-	4,121	5%

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
PX/MEDICATION: Immunosuppressants	<11	-	0	0%	<11	-	1,633	2%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	<11	-	116	1%
Normal Weight	0	0%	0	0%	<11	-	2,297	28%
Overweight	0	0%	0	0%	0	0%	756	9%
Obese	0	0%	0	0%	0	0%	670	8%
Severely Obese	0	0%	0	0%	0	0%	400	5%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	3,903	48%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	74	1%
Normal Weight	0	0%	0	0%	0	0%	1,666	23%
Overweight	0	0%	0	0%	<11	-	523	7%
Obese	<11	-	0	0%	0	0%	467	6%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,525	62%
Age: 21-34 Years								
Underweight	0	0%	0	0%	0	0%	151	1%
Normal Weight	0	0%	0	0%	<11	-	2,832	14%
Overweight	<11	-	0	0%	<11	-	2,772	14%
Obese	<11	-	0	0%	<20	-	4,116	20%

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
BMI Other/Missing ^{3,4}	0	0%	0	0%	<11	-	10,485	52%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	56	0%
Normal Weight	0	0%	0	0%	0	0%	1,991	9%
Overweight	<11	-	0	0%	<11	-	3,708	16%
Obese	<11	-	0	0%	<11	-	7,587	34%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	9,193	41%
Age: 55-64 Years								
Underweight	0	0%	0	0%	0	0%	62	1%
Normal Weight	0	0%	0	0%	0	0%	1,025	10%
Overweight	0	0%	0	0%	<11	-	2,080	21%
Obese	<11	-	0	0%	0	0%	3,589	36%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	3,126	32%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	74	1%
Normal Weight	<11	-	0	0%	0	0%	907	14%
Overweight	<11	-	0	0%	<11	-	1,559	25%
Obese	<11	-	0	0%	0	0%	2,182	35%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,595	25%
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%	67	2%
Normal Weight	<11	-	0	0%	0	0%	686	20%
Overweight	0	0%	0	0%	0	0%	868	26%
Obese	0	0%	0	0%	<11	-	862	25%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	912	27%

Table 1b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from July 1, 2020 to September 30, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	54	4%
Normal Weight	0	0%	0	0%	0	0%	394	27%
Overweight	0	0%	0	0%	0	0%	338	23%
Obese	0	0%	0	0%	0	0%	194	13%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	502	34%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	0	0%	<11	-	1,804	2%
Current some day smoker	0	0%	0	0%	0	0%	625	1%
Former smoker	<11	-	0	0%	<11	-	6,999	9%
Never smoker	<11	-	0	0%	<40	-	28,788	36%
All other smoking values	<11	-	0	0%	<11	-	16,760	21%
Smoking missing ³	<11	-	0	0%	<11	-	25,395	32%

¹ All metrics are based on total number of patients meeting cohort criteria.

² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Characteristic¹	Number		Number		Number	
Number of Unique Patients	163		164		163	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	64.0	15.4	51.5	12.6	64.0	15.4
Age (Years)	Number	Percent	Number	Percent	Number	Percent
0-17	<11	-	<11	-	<11	-
18-34	<11	-	44	27%	<11	-
35-54	41	25%	34	21%	41	25%
55-64		20%	18	11%	32	20%
65-74	41	25%	32	20%	41	25%
75-84	25	15%	19	12%	25	15%
≥85	18	11%	<11	-	18	11%
Sex						
Female	74	45%	89	54%	74	45%
Male	89	55%	75	46%	89	55%
Other/Missing ⁴	0	0%	0	0%	0	0%
Race						
Black or African American	25	15%	20	12%	25	15%
White	113	69%	131	80%	113	69%
Asian	<11	-	<11	-	<11	-
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	16	9%	<11	-	16	9%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	<11	-	<11	-

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Hispanic						
Yes	47	29%	31	19%	47	29%
No	115	71%	132	80%	115	71%
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	<11	-	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test Performed	163	100%	159	97%	163	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	11	7%	<11	-	11	7%
PX: Mechanical Ventilation	11	7%	<11	-	11	7%
PX: ECMO	0	0%	0	0%	0	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	22	13%	<11	-	22	13%
-7/ 0 Days From Index Event						
PX: O ₂ Administration	14	9%	<11	-	14	9%
PX: Mechanical Ventilation	15	9%	17	10%	15	9%
PX: ECMO	0	0%	0	0%	0	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	28	17%	23	14%	28	17%
-10/ 0 Days From Index Event						
DX: Dyspnea	28	17%	<11	-	28	17%
DX: Pneumonia	159	98%	95	58%	159	98%
DX: ARDS	13	8%	17	10%	13	8%
DX: Acute Respiratory Failure	142	87%	80	49%	142	87%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
DX: Shock	12	7%	15	9%	12	7%
DX: Loss of Taste or Smell	<11	-	0	0%	<11	-
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	80	49%	68	41%	80	49%
MEDICATION: Dexamethasone	131	80%	91	55%	131	80%
MEDICATION: Tocilizumab	<11	-	0	0%	<11	-
MEDICATION: Systemic Corticosteroid	144	88%	99	60%	144	88%
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-
MEDICATION: Oral Anticoagulants	27	17%	21	13%	27	17%
MEDICATION: Non-Oral Anticoagulants	154	94%	92	56%	154	94%
MEDICATION: Antiplatelets	37	23%	18	11%	37	23%
MEDICATION: Convalescent Plasma	29	18%	<11	-	29	18%
MEDICATION: Hydroxychloroquine	0	0%	<11	-	0	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-
DX: Other hospitalized cerebrovascular disease (CVD)	<11	-	<11	-	<11	-
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	<11	-
Cardiovascular Disease						
DX: Atrial Fibrillation	27	17%	19	12%	27	17%
DX/PX: Coronary Revascularization	18	11%	11	7%	18	11%
DX/PX: Congestive Heart Failure	<30	-	21	13%	<30	-
DX: Hospitalized AMI	<11	-	<11	-	<11	-

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
DX: Hypertension	117	72%	94	57%	117	72%
Pulmonary Disease						
DX: Asthma	11	7%	14	9%	11	7%
DX: COPD	23	14%	15	9%	23	14%
DX: Interstitial Lung Disease	<11	-	<11	-	<11	-
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-
DX: Pulmonary Hypertension	<11	-	<11	-	<11	-
Metabolic Disease						
DX: Diabetes	73	45%	60	37%	73	45%
Liver Disease						
DX: Chronic Liver Disease	<11	-	<11	-	<11	-
Renal Disease						
DX: Chronic Kidney Disease	39	24%	37	23%	39	24%
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	<11	-	13	8%	<11	-
DX: Hyperglycemia	56	34%	49	30%	56	34%
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	0	0%	<11	-
DX: Neurological Disease	16	10%	11	7%	16	10%
Cancer						
DX: Hematological Malignancy	<11	-	<11	-	<11	-
DX: Solid Malignancy	<11	-	<11	-	<11	-
Immunocompromising Conditions and Treatments						
DX/PX: Immunodeficiency	29	18%	35	21%	29	18%
PX/MEDICATION: Immunosuppressants	<11	-	13	8%	<11	-

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	0	0%	0	0%
Obese	<11	-	<11	-	<11	-
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	0	0%	<11	-	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 21-34 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	<20	-	0	0%
Obese	<11	-	23	58%	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Age: 35-54 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	12	29%	<11	-	12	29%
Obese	27	66%	25	74%	27	66%
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 55-64 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	12	38%	<11	-	12	38%
Obese	16	50%	<11	-	16	50%
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-
Age: 65-74 Years						
Underweight	<11	-	0	0%	<11	-
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	14	44%	<11	-
Obese	22	54%	16	50%	22	54%
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-
Age: 75-84 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	16	64%	<11	-	16	64%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent
Age: 85+ Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Smoking						
Current every day smoker	<11	-	<11	-	<11	-
Current some day smoker	<11	-	0	0%	<11	-
Former smoker	19	12%	24	15%	19	12%
Never smoker	48	29%	58	35%	48	29%
All other smoking values	<11	-	<11	-	<11	-
Smoking missing ³	90	55%	76	46%	90	55%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic ¹	Number		Number		Number		Number	
Number of Unique Patients	111		0		53		194,369	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	62.8	14.4	-	-	27.9	7.8	41.8	19.9
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	0	0%	<11	-	29,201	15%
18-34	<11	-	0	0%	<40	-	48,893	25%
35-54	<30	-	0	0%	<11	-	56,287	29%
55-64		-	0	0%	<11	-	27,615	14%
65-74	32	29%	0	0%	0	0%	18,460	9%
75-84	<20	-	0	0%	<11	-	9,913	5%
≥85	<11	-	0	0%	0	0%	4,000	2%
Sex								
Female	<50	-	0	0%	<50	-	103,703	53%
Male	<70	-	0	0%	<11	-	90,642	47%
Other/Missing ⁴	0	0%	0	0%	0	0%	24	0%
Race								
Black or African American	<20	-	0	0%	<11	-	24,230	12%
White	90	81%	0	0%	41	77%	135,189	70%
Asian	<11	-	0	0%	<11	-	6,007	3%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	0	0%	<11	-	10,468	5%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	0	0%	0	0%	18,475	1%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Hispanic								
Yes	<30	-	0	0%	<11	-	29,496	15%
No	<90	-	0	0%	<50	-	150,339	77%
Other	0	0%	0	0%	0	0%	147	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	0	0%	0	0%	14,387	8%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	111	100%	0	0%	48	91%	194,369	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	0	0%	1,189	1%
PX: Mechanical Ventilation	<11	-	0	0%	0	0%	1,999	1%
PX: ECMO	0	0%	0	0%	0	0%	59	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<11	-	0	0%	0	0%	2,982	2%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	0	0%	1,215	1%
PX: Mechanical Ventilation	17	15%	0	0%	0	0%	2,027	1%
PX: ECMO	0	0%	0	0%	0	0%	62	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	23	21%	0	0%	0	0%	3,028	2%
-10/ 0 Days From Index Event								
DX: Dyspnea	<11	-	0	0%	0	0%	10,428	5%
DX: Pneumonia	95	86%	0	0%	0	0%	16,170	8%
DX: ARDS	17	15%	0	0%	0	0%	1,653	1%
DX: Acute Respiratory Failure	80	72%	0	0%	0	0%	11,239	6%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Shock	15	14%	0	0%	0	0%	1,936	1%
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%	1,206	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	50	45%	0	0%	18	34%	11,375	6%
MEDICATION: Dexamethasone	<90	-	0	0%	<11	-	15,196	8%
MEDICATION: Tocilizumab	0	0%	0	0%	0	0%	336	0%
MEDICATION: Systemic Corticosteroid	<100	-	0	0%	<11	-	24,336	13%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	0	0%	1,763	1%
MEDICATION: Oral Anticoagulants	21	19%	0	0%	0	0%	5,680	3%
MEDICATION: Non-Oral Anticoagulants	<90	-	0	0%	<11	-	21,721	11%
MEDICATION: Antiplatelets	<20	-	0	0%	<11	-	8,867	5%
MEDICATION: Convalescent Plasma	<11	-	0	0%	0	0%	3,030	2%
MEDICATION: Hydroxychloroquine	<11	-	0	0%	0	0%	366	0%
MEDICATION: Chloroquine	<11	-	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	0	0%	0	0%	994	1%
DX: Other hospitalized cerebrovascular disease (CVD)	<11	-	0	0%	<11	-	1,343	1%
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	0	0%	0	0%	1,891	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	19	17%	0	0%	0	0%	6,802	3%
DX/PX: Coronary Revascularization	11	10%	0	0%	0	0%	3,785	2%
DX/PX: Congestive Heart Failure	21	19%	0	0%	0	0%	6,548	3%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Hospitalized AMI	<11	-	0	0%	0	0%	1,549	1%
DX: Hypertension	<90	-	0	0%	<11	-	36,575	19%
Pulmonary Disease								
DX: Asthma	<11	-	0	0%	<11	-	8,494	4%
DX: COPD	<20	-	0	0%	<11	-	4,593	2%
DX: Interstitial Lung Disease	<11	-	0	0%	0	0%	924	0%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	86	0%
DX: Bronchiectasis	<11	-	0	0%	0	0%	395	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	0	0%	0	0%	528	0%
DX: Pulmonary Hypertension	<11	-	0	0%	0	0%	1,337	1%
Metabolic Disease								
DX: Diabetes	<60	-	0	0%	<11	-	20,331	10%
Liver Disease								
DX: Chronic Liver Disease	<11	-	0	0%	0	0%	3,083	2%
Renal Disease								
DX: Chronic Kidney Disease	<40	-	0	0%	<11	-	9,248	5%
Other Medical Conditions								
DX: Rheumatological and Inflammatory Disease	<11	-	0	0%	<11	-	5,795	3%
DX: Hyperglycemia	<50	-	0	0%	<11	-	9,704	5%
DX: Ketoacidosis	<11	-	0	0%	0	0%	486	0%
DX: Psychosis (Baseline)	0	0%	0	0%	0	0%	1,189	1%
DX: Neurological Disease	<11	-	0	0%	<11	-	5,140	3%
Cancer								
DX: Hematological Malignancy	<11	-	0	0%	0	0%	1,262	1%
DX: Solid Malignancy	<11	-	0	0%	<11	-	5,725	3%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Immunocompromising Conditions and Treatments								
DX/PX: Immunodeficiency	<40	-	0	0%	<11	-	9,731	5%
PX/MEDICATION: Immunosuppressants	<20	-	0	0%	<11	-	4,174	2%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	<11	-	330	1%
Normal Weight	0	0%	0	0%	<11	-	7,156	27%
Overweight	0	0%	0	0%	0	0%	2,224	8%
Obese	0	0%	0	0%	<11	-	1,916	7%
Severely Obese	0	0%	0	0%	0	0%	1,173	4%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	13,409	51%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	109	1%
Normal Weight	0	0%	0	0%	<11	-	1,821	23%
Overweight	<11	-	0	0%	<11	-	708	9%
Obese	<11	-	0	0%	0	0%	831	11%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,442	56%
Age: 21-34 Years								
Underweight	0	0%	0	0%	0	0%	294	1%
Normal Weight	0	0%	0	0%	<11	-	5,691	14%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Overweight	<11	-	0	0%	<20	-	5,400	13%
Obese	<11	-	0	0%	<20	-	7,931	19%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	21,666	53%
Age: 35-54 Years								
Underweight	<11	-	0	0%	0	0%	194	0%
Normal Weight	<11	-	0	0%	0	0%	4,936	9%
Overweight	<11	-	0	0%	<11	-	8,731	16%
Obese	<30	-	0	0%	<11	-	17,470	31%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	24,956	44%
Age: 55-64 Years								
Underweight	0	0%	0	0%	0	0%	111	0%
Normal Weight	<11	-	0	0%	0	0%	2,818	10%
Overweight	<11	-	0	0%	<11	-	5,690	21%
Obese	<11	-	0	0%	<11	-	9,749	35%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	9,247	33%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	154	1%
Normal Weight	<11	-	0	0%	0	0%	2,421	13%
Overweight	14	44%	0	0%	0	0%	4,587	25%
Obese	16	50%	0	0%	0	0%	6,862	37%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	4,436	24%
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%	146	1%
Normal Weight	<11	-	0	0%	<11	-	2,059	21%
Overweight	<11	-	0	0%	0	0%	2,899	29%
Obese	<11	-	0	0%	0	0%	2,881	29%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,928	19%

Table 1c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from October 1, 2020 to December 31, 2020

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Age: 85+ Years								
Underweight	<11	-	0	0%	0	0%	161	4%
Normal Weight	<11	-	0	0%	0	0%	1,257	31%
Overweight	<11	-	0	0%	0	0%	1,056	26%
Obese	<11	-	0	0%	0	0%	652	16%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	874	22%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	0	0%	0	0%	<11	-	5,117	3%
Current some day smoker	0	0%	0	0%	0	0%	1,378	1%
Former smoker	<20	-	0	0%	<20	-	22,772	12%
Never smoker	24	22%	0	0%	34	64%	70,367	36%
All other smoking values	<11	-	0	0%	<11	-	64,182	33%
Smoking missing ³	<80	-	0	0%	<11	-	30,553	16%

¹ All metrics are based on total number of patients meeting cohort criteria.

² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Characteristic¹	Number		Number		Number	
Number of Unique Patients	250		204		<250	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	59.3	15.5	47.3	13.1	59.4	15.3
Age (Years)	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	<20	-	0	0%
18-34	<30	-	52	25%	<20	-
35-54	65	26%	52	25%	65	26%
55-64		25%	33	16%	63	25%
65-74	59	24%	30	15%	59	24%
75-84	30	12%	16	8%	30	12%
≥85	<20	-	<11	-	<20	-
Sex						
Female	<120	-	109	53%	<120	-
Male	<140	-	95	47%	<140	-
Other/Missing ⁴	0	0%	0	0%	0	0%
Race						
Black or African American	74	30%	22	11%	74	30%
White	110	44%	144	71%	<110	-
Asian	<11	-	<11	-	<11	-
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	25	11%	<11	-
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	52	21%	<11	-	52	21%
Hispanic						
Yes	99	40%	64	31%	99	40%
No	146	58%	139	68%	<150	-

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	<11	-	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test Performed	250	100%	194	95%	<250	-
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	22	9%	12	6%	22	9%
PX: ECMO	0	0%	<11	-	0	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	25	10%	17	8%	25	10%
-7/ 0 Days From Index Event						
PX: O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	24	10%	33	16%	24	10%
PX: ECMO	0	0%	<11	-	0	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	29	12%	40	20%	29	12%
-10/ 0 Days From Index Event						
DX: Dyspnea	79	32%	16	8%	79	32%
DX: Pneumonia	246	98%	122	60%	246	99%
DX: ARDS	26	10%	25	12%	26	10%
DX: Acute Respiratory Failure	169	68%	104	51%	<170	-
DX: Shock	15	6%	18	9%	15	6%
DX: Loss of Taste or Smell	11	4%	<11	-	11	4%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	194	78%	115	56%	<200	-
MEDICATION: Dexamethasone	121	48%	128	63%	<130	-
MEDICATION: Tocilizumab	22	9%	<11	-	22	9%
MEDICATION: Systemic Corticosteroid	240	96%	145	71%	<240	-
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-
MEDICATION: Oral Anticoagulants	36	14%	29	14%	36	14%
MEDICATION: Non-Oral Anticoagulants	232	93%	125	61%	<240	-
MEDICATION: Antiplatelets	64	26%	17	8%	64	26%
MEDICATION: Convalescent Plasma	17	7%	14	7%	17	7%
MEDICATION: Hydroxychloroquine	<11	-	0	0%	<11	-
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-
DX: Other hospitalized cerebrovascular disease (CVD)	<11	-	<11	-	<11	-
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	<11	-
Cardiovascular Disease						
DX: Atrial Fibrillation	30	12%	26	13%	30	12%
DX/PX: Coronary Revascularization	19	8%	<11	-	19	8%
DX/PX: Congestive Heart Failure	29	12%	12	6%	29	12%
DX: Hospitalized AMI	<11	-	<11	-	<11	-
DX: Hypertension	172	69%	83	41%	172	69%
Pulmonary Disease						

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
DX: Asthma	28	11%	28	14%	28	11%
DX: COPD	27	11%	12	6%	27	11%
DX: Interstitial Lung Disease	<11	-	<11	-	<11	-
DX: Hypersensitivity Pneumonitis	<11	-	0	0%	<11	-
DX: Bronchiectasis	<11	-	0	0%	<11	-
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-
DX: Pulmonary Hypertension	<11	-	<11	-	<11	-
Metabolic Disease						
DX: Diabetes	131	52%	75	37%	131	53%
Liver Disease						
DX: Chronic Liver Disease	17	7%	18	9%	17	7%
Renal Disease						
DX: Chronic Kidney Disease	42	17%	16	8%	42	17%
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	13	5%	17	8%	13	5%
DX: Hyperglycemia	84	34%	64	31%	84	34%
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-
DX: Neurological Disease	27	11%	13	6%	27	11%
Cancer						
DX: Hematological Malignancy	<11	-	<11	-	<11	-
DX: Solid Malignancy	<11	-	<11	-	<11	-
Immunocompromising Conditions and Treatments						
DX/PX: Immunodeficiency	27	11%	23	11%	27	11%
PX/MEDICATION: Immunosuppressants	12	5%	16	8%	12	5%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	0	0%	<11	-	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	0	0%	<11	-	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 21-34 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	15	33%	<11	-
Obese	12	63%	28	62%	12	63%
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19		
Age: 35-54 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	18	28%	13	25%	18	28%	
Obese	42	65%	33	63%	42	65%	
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-	
Age: 55-64 Years							
Underweight	0	0%	0	0%	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	17	27%	<11	-	17	27%	
Obese	42	67%	26	79%	42	67%	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-	
Age: 65-74 Years							
Underweight	<11	-	0	0%	<11	-	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	25	42%	14	47%	25	42%	
Obese	21	36%	<20	-	21	36%	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-	
Age: 75-84 Years							
Underweight	0	0%	<11	-	0	0%	
Normal Weight	<11	-	<11	-	<11	-	
Overweight	14	47%	<11	-	14	47%	
Obese	<11	-	<11	-	<11	-	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with Remdesivir		Baricitinib, no Remdesivir		Baricitinib with Remdesivir and evidence of COVID-19	
Age: 85+ Years						
Underweight	<11	-	0	0%	<11	-
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	0	0%	<11	-
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	<11	-	<11	-
Current some day smoker	<11	-	0	0%	<11	-
Former smoker	40	16%	21	10%	40	16%
Never smoker	100	40%	59	29%	<100	-
All other smoking values	<11	-	<11	-	<11	-
Smoking missing ³	91	36%	116	57%	91	37%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic ¹	Number		Number		Number		Number	
Number of Unique Patients	134		<11		71		114,509	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	56.5	14.8	19.0		30.6	8.3	42.9	21.0
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	0	0%	<20	-	20,570	18%
18-34	16	12%	<11	-	36	51%	23,578	21%
35-54	41	31%	0	0%	11	15%	30,323	26%
55-64		-	0	0%	<11	-	16,648	15%
65-74	<40	-	0	0%	<11	-	12,497	11%
75-84	<20	-	0	0%	<11	-	7,372	6%
≥85	<11	-	0	0%	<11	-	3,521	3%
Sex								
Female	56	42%	0	0%	53	75%	60,307	53%
Male	78	58%	<11	-	18	25%	54,173	47%
Other/Missing ⁴	0	0%	0	0%	0	0%	29	0%
Race								
Black or African American	<20	-	0	0%	<11	-	18,699	16%
White	100	75%	<11	-	45	63%	71,705	63%
Asian	<11	-	0	0%	<11	-	4,828	4%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	14	10%	0	0%	11	15%	7,596	6%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	0	0%	0	0%	11,681	10%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Hispanic								
Yes	<60	-	0	0%	<11	-	20,330	18%
No	<80	-	<11	-	<70	-	86,356	75%
Other	0	0%	0	0%	0	0%	68	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	0	0%	0	0%	7,755	7%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	134	100%	<11	-	61	86%	114,509	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	<11	-	910	1%
PX: Mechanical Ventilation	<11	-	0	0%	<11	-	1,661	1%
PX: ECMO	<11	-	0	0%	0	0%	62	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<20	-	0	0%	<11	-	2,440	2%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	<11	-	932	1%
PX: Mechanical Ventilation	<40	-	0	0%	<11	-	1,727	2%
PX: ECMO	<11	-	0	0%	0	0%	63	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<40	-	0	0%	<11	-	2,522	2%
-10/ 0 Days From Index Event								
DX: Dyspnea	<20	-	0	0%	<11	-	8,422	7%
DX: Pneumonia	<130	-	0	0%	<11	-	13,391	12%
DX: ARDS	<30	-	0	0%	<11	-	1,410	1%
DX: Acute Respiratory Failure	<100	-	<11	-	<11	-	9,702	8%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Shock	<20	-	0	0%	<11	-	1,655	1%
DX: Loss of Taste or Smell	<11	-	0	0%	0	0%	555	0%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	98	73%	<11	-	17	24%	8,388	7%
MEDICATION: Dexamethasone	114	85%	<11	-	14	20%	12,591	11%
MEDICATION: Tocilizumab	<11	-	0	0%	0	0%	587	1%
MEDICATION: Systemic Corticosteroid	121	90%	<11	-	24	34%	21,342	19%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	<11	-	1,178	1%
MEDICATION: Oral Anticoagulants	<30	-	0	0%	<11	-	4,622	4%
MEDICATION: Non-Oral Anticoagulants	113	84%	<11	-	13	18%	18,130	16%
MEDICATION: Antiplatelets	<20	-	0	0%	<11	-	7,136	6%
MEDICATION: Convalescent Plasma	14	10%	0	0%	0	0%	1,621	1%
MEDICATION: Hydroxychloroquine	0	0%	0	0%	0	0%	279	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	0	0%	<11	-	965	1%
DX: Other hospitalized cerebrovascular disease (CVD)	<11	-	0	0%	<11	-	1,217	1%
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	0	0%	<11	-	1,477	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<30	-	0	0%	<11	-	5,067	4%
DX/PX: Coronary Revascularization	<11	-	0	0%	0	0%	2,901	3%
DX/PX: Congestive Heart Failure	<11	-	0	0%	<11	-	5,187	5%
DX: Hospitalized AMI	<11	-	0	0%	<11	-	1,722	2%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Hypertension	69	51%	0	0%	15	21%	25,847	23%
Pulmonary Disease								
DX: Asthma	14	10%	0	0%	14	20%	5,850	5%
DX: COPD	<11	-	0	0%	<11	-	3,386	3%
DX: Interstitial Lung Disease	<11	-	0	0%	<11	-	834	1%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	81	0%
DX: Bronchiectasis	0	0%	0	0%	0	0%	322	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	0	0%	0	0%	458	0%
DX: Pulmonary Hypertension	<11	-	0	0%	<11	-	1,150	1%
Metabolic Disease								
DX: Diabetes	60	45%	0	0%	16	23%	14,561	13%
Liver Disease								
DX: Chronic Liver Disease	<20	-	0	0%	<11	-	2,443	2%
Renal Disease								
DX: Chronic Kidney Disease	<20	-	0	0%	<11	-	7,078	6%
Other Medical Conditions								
DX: Rheumatological and Inflammatory Disease	<11	-	0	0%	<11	-	4,089	4%
DX: Hyperglycemia	<60	-	0	0%	<11	-	7,352	6%
DX: Ketoacidosis	<11	-	0	0%	0	0%	467	0%
DX: Psychosis (Baseline)	<11	-	0	0%	0	0%	984	1%
DX: Neurological Disease	<20	-	0	0%	<11	-	4,011	4%
Cancer								
DX: Hematological Malignancy	<11	-	0	0%	<11	-	1,101	1%
DX: Solid Malignancy	<11	-	0	0%	<11	-	3,924	3%
Immunocompromising Conditions and Treatments								
DX/PX: Immunodeficiency	<20	-	0	0%	<11	-	7,663	7%
PX/MEDICATION: Immunosuppressants	<11	-	0	0%	<11	-	2,847	2%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Patient Vitals ² :	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	<11	-	254	1%
Normal Weight	0	0%	0	0%	<11	-	5,016	28%
Overweight	0	0%	0	0%	<11	-	1,552	9%
Obese	0	0%	0	0%	<11	-	1,413	8%
Severely Obese	0	0%	0	0%	0	0%	841	5%
BMI Other/Missing ^{3,4}	0	0%	0	0%	<11	-	9,025	50%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	71	1%
Normal Weight	0	0%	<11	-	<11	-	1,120	27%
Overweight	<11	-	0	0%	<11	-	355	8%
Obese	0	0%	0	0%	<11	-	518	12%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	2,188	51%
Age: 21-34 Years								
Underweight	0	0%	0	0%	0	0%	170	1%
Normal Weight	0	0%	0	0%	<11	-	2,857	15%
Overweight	<11	-	0	0%	<20	-	2,805	15%
Obese	12	80%	0	0%	16	53%	4,688	24%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	8,806	46%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	131	0%
Normal Weight	<11	-	0	0%	<11	-	2,985	10%
Overweight	<11	-	0	0%	<11	-	5,344	18%
Obese	<30	-	0	0%	<11	-	10,318	34%
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-	11,545	38%
Age: 55-64 Years								
Underweight	0	0%	0	0%	0	0%	105	1%
Normal Weight	<11	-	0	0%	<11	-	1,876	11%
Overweight	<11	-	0	0%	0	0%	3,605	22%
Obese	<30	-	0	0%	<11	-	6,143	37%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,919	30%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	168	1%
Normal Weight	<11	-	0	0%	0	0%	1,938	16%
Overweight	14	50%	0	0%	0	0%	3,025	24%
Obese	<11	-	0	0%	<11	-	4,408	35%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	2,958	24%
Age: 75-84 Years								
Underweight	0	0%	0	0%	<11	-	157	2%
Normal Weight	<11	-	0	0%	<11	-	1,581	21%
Overweight	<11	-	0	0%	<11	-	1,996	27%
Obese	<11	-	0	0%	0	0%	1,953	26%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,685	23%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	178	5%
Normal Weight	<11	-	0	0%	0	0%	1,090	31%

Table 1d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Baricitinib from January 1, 2021 to March 31, 2021

	Baricitinib with evidence of COVID-19 and no Remdesivir		Baricitinib with Remdesivir and no evidence of COVID-19		Baricitinib with no Remdesivir and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Overweight	<11	-	0	0%	<11	-	870	25%
Obese	0	0%	0	0%	0	0%	469	13%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	914	26%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	0	0%	0	0%	<11	-	2,912	3%
Current some day smoker	0	0%	0	0%	0	0%	784	1%
Former smoker	<11	-	0	0%	<20	-	11,539	10%
Never smoker	18	13%	<11	-	42	59%	36,542	32%
All other smoking values	<11	-	0	0%	<11	-	39,393	34%
Smoking missing ³	<110	-	0	0%	<11	-	23,339	20%

¹ All metrics are based on total number of patients meeting cohort criteria.

² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Characteristic¹	Number		Number		Number	
Number of Unique Patients	158		281		120	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	55.5	13.6	58.8	14.8	58.1	13.1
Age (Years)	Number	Percent	Number	Percent	Number	Percent
0-17	<20	-	<11	-	<11	-
18-34	13	8%	18	6%	<11	-
35-54	38	24%	87	31%	<40	-
55-64		28%	67	24%	<40	-
65-74	29	18%	64	23%	<30	-
75-84	16	10%	27	10%	<20	-
≥85	<11	-	<20	-	<11	-
Sex						
Female	61	39%	100	36%	45	38%
Male	97	61%	181	64%	75	63%
Other/Missing ⁴	0	0%	0	0%	0	0%
Race						
Black or African American	34	22%	51	18%	<40	-
White	90	57%	122	43%	59	49%
Asian	<11	-	30	11%	<11	-
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	22	14%	39	14%	<30	-
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	36	13%	<11	-

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Hispanic						
Yes	43	27%	65	23%	<50	-
No	113	72%	208	74%	<80	-
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	<11	-	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test Performed	151	96%	271	96%	120	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	44	28%	74	26%	<50	-
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	47	30%	79	28%	<50	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	<11	-	13	5%	<11	-
PX: Mechanical Ventilation	69	44%	107	38%	<70	-
PX: ECMO	<11	-	12	4%	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	72	46%	115	41%	<70	-
-10/ 0 Days From Index Event						
DX: Dyspnea	41	26%	116	41%	28	23%
DX: Pneumonia	113	72%	229	81%	113	94%
DX: ARDS	50	32%	101	36%	50	42%

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX: Acute Respiratory Failure	97	61%	228	81%	<100	-
DX: Shock	49	31%	80	28%	<50	-
DX: Loss of Taste or Smell	<11	-	<11	-	<11	-
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	67	42%	125	44%	<70	-
MEDICATION: Dexamethasone	69	44%	16	6%	49	41%
MEDICATION: Baricitinib	0	0%	0	0%	0	0%
MEDICATION: Remdesivir	19	12%	62	22%	19	16%
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-
MEDICATION: Oral Anticoagulants	17	11%	27	10%	<20	-
MEDICATION: Non-Oral Anticoagulants	130	82%	256	91%	111	93%
MEDICATION: Antiplatelets	45	28%	76	27%	<40	-
MEDICATION: Convalescent Plasma	0	0%	<11	-	0	0%
MEDICATION: Hydroxychloroquine	24	15%	90	32%	<30	-
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	13	5%	<11	-
DX: Other hospitalized cerebrovascular disease (CVD)	<11	-	11	4%	<11	-
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	<11	-
Cardiovascular Disease						
DX: Atrial Fibrillation	33	21%	46	16%	<30	-
DX/PX: Coronary Revascularization	18	11%	11	4%	<20	-

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX/PX: Congestive Heart Failure	25	16%	38	14%	<20	-
DX: Hospitalized AMI	<11	-	12	4%	<11	-
DX: Hypertension	108	68%	174	62%	87	73%
Pulmonary Disease						
DX: Asthma	16	10%	29	10%	<20	-
DX: COPD	12	8%	16	6%	<20	-
DX: Interstitial Lung Disease	<11	-	16	6%	<11	-
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-
DX: Pulmonary Hypertension	<11	-	11	4%	<11	-
Metabolic Disease						
DX: Diabetes	68	43%	112	40%	<70	-
Liver Disease						
DX: Chronic Liver Disease	15	9%	24	9%	<11	-
Renal Disease						
DX: Chronic Kidney Disease	45	28%	60	21%	<40	-
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	37	23%	27	10%	18	15%
DX: Hyperglycemia	65	41%	86	31%	<60	-
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	11	4%	<11	-
DX: Neurological Disease	20	13%	24	9%	<20	-
Cancer						
DX: Hematological Malignancy	22	14%	20	7%	0	0%
DX: Solid Malignancy	<11	-	<11	-	<11	-

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Immunocompromising Conditions and Treatments						
DX/PX: Immunodeficiency	78	49%	75	27%	44	37%
PX/MEDICATION: Immunosuppressants	156	99%	280	100%	118	98%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	0	0%	<11	-	0	0%
Obese	<11	-	<11	-	0	0%
Severely Obese	<11	-	<11	-	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	0	0%
Overweight	<11	-	0	0%	0	0%
Obese	<11	-	0	0%	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 21-34 Years						

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Underweight	0	0%	<11	-	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-
Age: 35-54 Years						
Underweight	<11	-	0	0%	<11	-
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	19	22%	<11	-
Obese	22	58%	47	54%	<20	-
BMI Other/Missing ^{3,4}	0	0%	<20	-	0	0%
Age: 55-64 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	13	29%	22	33%	<11	-
Obese	24	53%	22	33%	<30	-
BMI Other/Missing ^{3,4}	<11	-	11	16%	<11	-
Age: 65-74 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	13	45%	<20	-	<11	-
Obese	11	38%	22	34%	<11	-
BMI Other/Missing ^{3,4}	<11	-	18	28%	<11	-
Age: 75-84 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	<11	-	<11	-	0	0%
Age: 85+ Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	0	0%
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	<11	-	<11	-
Current some day smoker	0	0%	<11	-	0	0%
Former smoker	26	16%	51	18%	<20	-
Never smoker	64	41%	88	31%	44	37%
All other smoking values	53	34%	62	22%	<50	-
Smoking missing ³	<20	-	75	27%	<11	-

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic¹	Number		Number		Number		Number	
Number of Unique Patients	255		38		26		58,724	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	59.0	14.8	47.3	12.6	56.5	11.9	44.4	19.1
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	<11	-	<11	-	0	0%	4,321	7%
18-34	<20	-	<11	-	<11	-	16,688	28%
35-54	<90	-	<11	-	<11	-	18,736	32%
55-64		-	<11	-	<11	-	8,497	14%
65-74	<60	-	<11	-	<11	-	5,507	9%
75-84	<30	-	<11	-	<11	-	3,160	5%
≥85	<20	-	<11	-	<11	-	1,815	3%
Sex								
Female	<90	-	16	42%	<20	-	30,658	52%
Male	<180	-	22	58%	<11	-	28,041	48%
Other/Missing ⁴	0	0%	0	0%	0	0%	25	0%
Race								
Black or African American	<50	-	<11	-	<11	-	14,114	24%
White	100	39%	31	82%	22	85%	25,962	44%
Asian	30	12%	<11	-	0	0%	2,496	4%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<40	-	<11	-	<11	-	8,537	14%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	36	15%	<11	-	0	0%	4,194	7%

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Hispanic								
Yes	<70	-	<11	-	<11	-	19,478	33%
No	<190	-	<40	-	<30	-	34,808	59%
Other	0	0%	0	0%	0	0%	74	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	0	0%	0	0%	4,364	7%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	255	100%	31	82%	16	62%	58,724	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	0	0%	442	1%
PX: Mechanical Ventilation	<80	-	<11	-	<11	-	1,308	2%
PX: ECMO	<11	-	0	0%	0	0%	55	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<80	-	<11	-	<11	-	1,677	3%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	13	5%	0	0%	0	0%	454	1%
PX: Mechanical Ventilation	<110	-	<11	-	<11	-	1,365	2%
PX: ECMO	12	5%	0	0%	0	0%	63	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<120	-	<11	-	<11	-	1,746	3%
-10/ 0 Days From Index Event								
DX: Dyspnea	<120	-	13	34%	<11	-	7,243	12%
DX: Pneumonia	229	90%	0	0%	0	0%	8,687	15%
DX: ARDS	<110	-	0	0%	<11	-	1,456	2%

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Acute Respiratory Failure	<230	-	<11	-	<11	-	6,291	11%
DX: Shock	80	31%	<11	-	0	0%	1,346	2%
DX: Loss of Taste or Smell	<11	-	0	0%	0	0%	299	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<120	-	<11	-	<11	-	7,852	13%
MEDICATION: Dexamethasone	<20	-	20	53%	<11	-	1,173	2%
MEDICATION: Baricitinib	0	0%	0	0%	0	0%	34	0%
MEDICATION: Remdesivir	62	24%	0	0%	0	0%	1,094	2%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	0	0%	637	1%
MEDICATION: Oral Anticoagulants	<30	-	<11	-	<11	-	1,987	3%
MEDICATION: Non-Oral Anticoagulants	244	96%	19	50%	12	46%	12,857	22%
MEDICATION: Antiplatelets	<80	-	<11	-	<11	-	4,880	8%
MEDICATION: Convalescent Plasma	<11	-	0	0%	0	0%	<11	-
MEDICATION: Hydroxychloroquine	<90	-	<11	-	<11	-	4,378	7%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic Attack	11	4%	<11	-	<11	-	606	1%
DX: Other hospitalized cerebrovascular disease (CVD)	<11	-	<11	-	<11	-	655	1%
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	<11	-	885	2%
Cardiovascular Disease								
DX: Atrial Fibrillation	<50	-	<11	-	<11	-	2,455	4%
DX/PX: Coronary Revascularization	11	4%	<11	-	0	0%	1,140	2%

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
DX/PX: Congestive Heart Failure	<40	-	<11	-	<11	-	2,612	4%
DX: Hospitalized AMI	<20	-	0	0%	<11	-	1,139	2%
DX: Hypertension	163	64%	21	55%	11	42%	12,547	21%
Pulmonary Disease								
DX: Asthma	<30	-	<11	-	<11	-	2,935	5%
DX: COPD	<20	-	<11	-	<11	-	1,598	3%
DX: Interstitial Lung Disease	<20	-	<11	-	<11	-	375	1%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	25	0%
DX: Bronchiectasis	<11	-	<11	-	0	0%	158	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	0	0%	211	0%
DX: Pulmonary Hypertension	11	4%	0	0%	0	0%	634	1%
Metabolic Disease								
DX: Diabetes	<110	-	<11	-	<11	-	7,997	14%
Liver Disease								
DX: Chronic Liver Disease	<30	-	<11	-	<11	-	1,082	2%
Renal Disease								
DX: Chronic Kidney Disease	<60	-	<11	-	<11	-	3,539	6%
Other Medical Conditions								
DX: Rheumatological and Inflammatory Disease	<20	-	19	50%	<11	-	1,933	3%
DX: Hyperglycemia	<90	-	<11	-	<11	-	3,537	6%
DX: Ketoacidosis	<11	-	0	0%	0	0%	273	0%
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-	721	1%
DX: Neurological Disease	<30	-	<11	-	<11	-	2,374	4%
Cancer								
DX: Hematological Malignancy	<11	-	22	58%	<20	-	478	1%
DX: Solid Malignancy	<11	-	<11	-	<11	-	1,634	3%

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Immunocompromising Conditions and Treatments								
DX/PX: Immunodeficiency	56	22%	34	89%	19	73%	4,008	7%
PX/MEDICATION: Immunosuppressants	254	100%	38	100%	26	100%	1,377	2%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	0	0%	60	2%
Normal Weight	0	0%	<11	-	0	0%	939	26%
Overweight	<11	-	0	0%	0	0%	378	11%
Obese	<11	-	<11	-	0	0%	376	11%
Severely Obese	<11	-	<11	-	0	0%	225	6%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,582	44%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	40	2%
Normal Weight	0	0%	<11	-	<11	-	535	26%
Overweight	0	0%	<11	-	0	0%	232	11%
Obese	0	0%	0	0%	0	0%	302	14%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 21-34 Years								
Underweight	0	0%	0	0%	<11	-	112	1%
Normal Weight	0	0%	0	0%	<11	-	2,149	15%

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Overweight	<11	-	0	0%	0	0%	2,194	15%
Obese	<11	-	<11	-	0	0%	3,291	22%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	6,885	47%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	65	0%
Normal Weight	<11	-	<11	-	<11	-	1,613	9%
Overweight	<20	-	<11	-	<11	-	3,355	18%
Obese	<50	-	<11	-	<11	-	6,149	33%
BMI Other/Missing ^{3,4}	<20	-	0	0%	0	0%	7,554	40%
Age: 55-64 Years								
Underweight	<11	-	0	0%	0	0%	70	1%
Normal Weight	<11	-	<11	-	0	0%	983	12%
Overweight	<20	-	<11	-	<11	-	1,765	21%
Obese	<30	-	<11	-	<11	-	2,904	34%
BMI Other/Missing ^{3,4}	11	18%	0	0%	0	0%	2,775	33%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	87	2%
Normal Weight	<11	-	0	0%	<11	-	918	17%
Overweight	<20	-	<11	-	<11	-	1,293	23%
Obese	<30	-	<11	-	<11	-	1,609	29%
BMI Other/Missing ^{3,4}	18	32%	0	0%	0	0%	1,600	29%
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%	79	3%
Normal Weight	<11	-	<11	-	<11	-	702	22%
Overweight	<11	-	0	0%	<11	-	758	24%
Obese	<11	-	0	0%	0	0%	686	22%

Table 2a: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from April 1, 2020 to June 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
BMI Other/Missing ^{3,4}	<11	-	<11	-	0	0%	935	30%
Age: 85+ Years								
Underweight	<11	-	0	0%	0	0%	94	5%
Normal Weight	<11	-	0	0%	0	0%	520	29%
Overweight	<11	-	<11	-	<11	-	343	19%
Obese	<11	-	0	0%	0	0%	205	11%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	653	36%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	0	0%	0	0%	1,629	3%
Current some day smoker	<11	-	0	0%	0	0%	482	1%
Former smoker	<50	-	<11	-	<11	-	4,782	8%
Never smoker	<90	-	20	53%	<11	-	18,468	31%
All other smoking values	<60	-	<11	-	<11	-	12,780	22%
Smoking missing ³	<80	-	<11	-	<11	-	20,583	35%

¹ All metrics are based on total number of patients meeting cohort criteria.

² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Characteristic ¹	Number		Number		Number	
Number of Unique Patients	192		90		144	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	59.3	15.3	60.5	12.3	60.0	14.4
Age (Years)	Number	Percent	Number	Percent	Number	Percent
0-17	<11	-	<11	-	<11	-
18-34	<11	-	<11	-	<11	-
35-54	47	24%	16	18%	<40	-
55-64		24%	25	28%	<40	-
65-74	39	20%	33	37%	<40	-
75-84	33	17%	<11	-	22	15%
≥85	<11	-	<11	-	<11	-
Sex						
Female	59	31%	37	41%	44	31%
Male	133	69%	53	59%	100	69%
Other/Missing ⁴	0	0%	0	0%	0	0%
Race						
Black or African American	34	18%	<11	-	<40	-
White	122	64%	71	79%	78	54%
Asian	11	6%	<11	-	11	8%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	18	10%	<11	-	18	12%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	<11	-	<11	-

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent
Hispanic						
Yes	41	21%	31	34%	41	28%
No	147	77%	55	61%	100	69%
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	<11	-	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test Performed	188	98%	86	96%	144	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	11	6%	0	0%	<11	-
PX: Mechanical Ventilation	40	21%	17	19%	<40	-
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	49	26%	18	20%	<50	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	13	7%	0	0%	<20	-
PX: Mechanical Ventilation	63	33%	24	27%	<60	-
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	72	38%	24	27%	<70	-
-10/ 0 Days From Index Event						
DX: Dyspnea	49	26%	11	12%	<50	-
DX: Pneumonia	139	72%	52	58%	139	97%
DX: ARDS	27	14%	12	13%	27	19%

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX: Acute Respiratory Failure	137	71%	49	54%	<130	-
DX: Shock	47	24%	14	16%	<40	-
DX: Loss of Taste or Smell	<11	-	<11	-	<11	-
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	97	51%	36	40%	<100	-
MEDICATION: Dexamethasone	153	80%	23	26%	125	87%
MEDICATION: Baricitinib	<11	-	0	0%	<11	-
MEDICATION: Remdesivir	62	32%	38	42%	62	43%
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-
MEDICATION: Oral Anticoagulants	35	18%	13	14%	<30	-
MEDICATION: Non-Oral Anticoagulants	150	78%	67	74%	135	94%
MEDICATION: Antiplatelets	57	30%	22	24%	<50	-
MEDICATION: Convalescent Plasma	37	19%	21	23%	37	26%
MEDICATION: Hydroxychloroquine	<11	-	0	0%	<11	-
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-
DX: Other hospitalized cerebrovascular disease (CVD)	<11	-	0	0%	<11	-
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	<11	-
Cardiovascular Disease						
DX: Atrial Fibrillation	40	21%	<11	-	27	19%
DX/PX: Coronary Revascularization	24	13%	<11	-	<20	-

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX/PX: Congestive Heart Failure	38	20%	<11	-	25	17%
DX: Hospitalized AMI	11	6%	<11	-	<11	-
DX: Hypertension	130	68%	53	59%	102	71%
Pulmonary Disease						
DX: Asthma	22	11%	11	12%	<20	-
DX: COPD	24	13%	<11	-	<30	-
DX: Interstitial Lung Disease	12	6%	<11	-	<11	-
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	<11	-	0	0%	<11	-
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-
DX: Pulmonary Hypertension	12	6%	0	0%	<11	-
Metabolic Disease						
DX: Diabetes	97	51%	39	43%	85	59%
Liver Disease						
DX: Chronic Liver Disease	21	11%	<11	-	<20	-
Renal Disease						
DX: Chronic Kidney Disease	48	25%	15	17%	36	25%
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	42	22%	16	18%	20	14%
DX: Hyperglycemia	81	42%	36	40%	70	49%
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-
DX: Neurological Disease	16	8%	<11	-	<11	-
Cancer						
DX: Hematological Malignancy	29	15%	21	23%	<11	-
DX: Solid Malignancy	12	6%	<11	-	<11	-

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Immunocompromising Conditions and Treatments						
DX/PX: Immunodeficiency	92	48%	34	38%	49	34%
PX/MEDICATION: Immunosuppressants	172	90%	55	61%	124	86%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	<11	-	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	0	0%	0	0%	0	0%
Obese	<11	-	0	0%	0	0%
Severely Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	<11	-	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	0	0%	0	0%	0	0%
Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Age: 21-34 Years						
Underweight	<11	-	<11	-	0	0%
Normal Weight	0	0%	<11	-	0	0%

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Overweight	0	0%	<11	-	0	0%
Obese	<11	-	0	0%	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 35-54 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	33	70%	<11	-	<30	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 55-64 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<20	-	<11	-	<20	-
Obese	22	47%	15	60%	<20	-
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Age: 65-74 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	16	41%	17	52%	<11	-
Obese	16	41%	<11	-	<20	-
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-
Age: 75-84 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	11	33%	<11	-	<11	-
Obese	<11	-	<11	-	<11	-

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 85+ Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	<11	-	<11	-
Current some day smoker	0	0%	0	0%	0	0%
Former smoker	50	26%	13	14%	33	23%
Never smoker	71	37%	33	37%	49	34%
All other smoking values	56	29%	39	43%	<60	-
Smoking missing ³	<20	-	<11	-	<11	-

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic ¹	Number		Number		Number		Number	
Number of Unique Patients	57		49		33		80,371	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	63.0	12.0	56.2	14.7	56.2	12.6	39.8	19.6
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	<11	-	<11	-	<11	-	9,149	11%
18-34	<11	-	<11	-	<11	-	27,611	34%
35-54	<20	-	<11	-	<11	-	22,535	28%
55-64		-	<11	-	11	33%	9,882	12%
65-74	<30	-	<11	-	<11	-	6,317	8%
75-84	<11	-	11	22%	<11	-	3,395	4%
≥85	<11	-	<11	-	<11	-	1,482	2%
Sex								
Female	20	35%	16	33%	17	52%	43,724	54%
Male	37	65%	33	67%	16	48%	36,605	46%
Other/Missing ⁴	0	0%	0	0%	0	0%	42	0%
Race								
Black or African American	<11	-	<11	-	<11	-	14,571	18%
White	41	72%	45	92%	30	91%	48,665	61%
Asian	<11	-	0	0%	0	0%	1,937	2%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	0	0	<11	-	6,682	8%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	<11	-	<11	-	8,516	11%

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Hispanic								
Yes	<40	-	0	0%	<11	-	19,679	24%
No	24	42%	48	98%	31	94%	54,227	67%
Other	0	0%	0	0%	0	0%	153	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	<11	-	<11	-	6,312	8%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	57	100%	45	92%	29	88%	80,371	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	<11	-	0	0%	446	1%
PX: Mechanical Ventilation	<20	-	<11	-	<11	-	976	1%
PX: ECMO	<11	-	0	0%	0	0%	56	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<20	-	<11	-	<11	-	1,369	2%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	0	0%	<11	-	0	0%	454	1%
PX: Mechanical Ventilation	<30	-	<11	-	<11	-	998	1%
PX: ECMO	<11	-	0	0%	0	0%	57	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<30	-	<11	-	<11	-	1,398	2%
-10/ 0 Days From Index Event								
DX: Dyspnea	<11	-	<11	-	<11	-	5,441	7%
DX: Pneumonia	52	91%	0	0%	0	0%	7,208	9%
DX: ARDS	12	21%	0	0%	0	0%	604	1%

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Acute Respiratory Failure	<50	-	<11	-	<11	-	4,982	6%
DX: Shock	<20	-	<11	-	<11	-	987	1%
DX: Loss of Taste or Smell	<11	-	0	0%	0	0%	625	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<40	-	<11	-	<11	-	6,247	8%
MEDICATION: Dexamethasone	<20	-	28	57%	<11	-	6,336	8%
MEDICATION: Baricitinib	0	0%	0	0%	0	0%	11	0%
MEDICATION: Remdesivir	38	67%	0	0%	0	0%	2,789	3%
MEDICATION: Inhaled Corticosteroid	0	0%	<11	-	<11	-	779	1%
MEDICATION: Oral Anticoagulants	<11	-	<11	-	<11	-	2,321	3%
MEDICATION: Non-Oral Anticoagulants	52	91%	15	31%	15	45%	10,984	14%
MEDICATION: Antiplatelets	<20	-	<11	-	<11	-	4,517	6%
MEDICATION: Convalescent Plasma	21	37%	0	0%	0	0%	764	1%
MEDICATION: Hydroxychloroquine	0	0%	<11	-	0	0%	209	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-	541	1%
DX: Other hospitalized cerebrovascular disease (CVD)	0	0%	<11	-	0	0%	687	1%
DX: Non-hospitalized stroke, TIA, or other CVD	0	0%	<11	-	<11	-	643	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<11	-	13	27%	<11	-	2,339	3%
DX/PX: Coronary Revascularization	<11	-	<11	-	<11	-	1,293	2%

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
DX/PX: Congestive Heart Failure	<11	-	13	27%	<11	-	2,745	3%
DX: Hospitalized AMI	<11	-	<11	-	0	0%	676	1%
DX: Hypertension	39	68%	29	59%	14	42%	14,284	18%
Pulmonary Disease								
DX: Asthma	<11	-	<11	-	<11	-	3,443	4%
DX: COPD	<11	-	<11	-	<11	-	1,806	2%
DX: Interstitial Lung Disease	<11	-	<11	-	<11	-	404	1%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	27	0%
DX: Bronchiectasis	0	0%	<11	-	0	0%	164	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	<11	-	218	0%
DX: Pulmonary Hypertension	0	0%	<11	-	0	0%	604	1%
Metabolic Disease								
DX: Diabetes	<40	-	13	27%	<11	-	8,817	11%
Liver Disease								
DX: Chronic Liver Disease	<11	-	<11	-	<11	-	1,234	2%
Renal Disease								
DX: Chronic Kidney Disease	<20	-	12	24%	<11	-	3,785	5%
Other Medical Conditions								
DX: Rheumatological and Inflammatory Disease	<11	-	23	47%	<20	-	2,369	3%
DX: Hyperglycemia	31	54%	11	22%	<11	-	4,061	5%
DX: Ketoacidosis	<11	-	<11	-	0	0%	267	0%
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-	623	1%
DX: Neurological Disease	<11	-	<11	-	<11	-	2,321	3%
Cancer								
DX: Hematological Malignancy	<11	-	<30	-	<20	-	482	1%
DX: Solid Malignancy	0	0%	<11	-	<11	-	2,009	2%

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Immunocompromising Conditions and Treatments								
DX/PX: Immunodeficiency	<11	-	44	90%	<30	-	4,121	5%
PX/MEDICATION: Immunosuppressants	22	39%	49	100%	33	100%	1,633	2%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	<11	-	0	0%	116	1%
Normal Weight	0	0%	0	0%	0	0%	2,297	28%
Overweight	0	0%	0	0%	0	0%	756	9%
Obese	0	0%	<11	-	0	0%	670	8%
Severely Obese	<11	-	0	0%	<11	-	400	5%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	3,903	48%
Age: 18-20 Years								
Underweight	0	0%	<11	-	0	0%	74	1%
Normal Weight	0	0%	<11	-	0	0%	1,666	23%
Overweight	0	0%	0	0%	0	0%	523	7%
Obese	0	0%	0	0%	0	0%	467	6%
BMI Other/Missing ^{3,4}	0	0%	0	0%	<11	-	4,525	62%
Age: 21-34 Years								
Underweight	0	0%	<11	-	<11	-	151	1%
Normal Weight	0	0%	0	0%	<11	-	2,832	14%

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Overweight	<11	-	0	0%	0	0%	2,772	14%
Obese	0	0%	<11	-	0	0%	4,116	20%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	10,485	52%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	56	0%
Normal Weight	0	0%	<11	-	<11	-	1,991	9%
Overweight	<11	-	<11	-	0	0%	3,708	16%
Obese	<11	-	<11	-	<11	-	7,587	34%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	9,193	41%
Age: 55-64 Years								
Underweight	0	0%	0	0%	0	0%	62	1%
Normal Weight	0	0%	<11	-	<11	-	1,025	10%
Overweight	<11	-	<11	-	<11	-	2,080	21%
Obese	<20	-	<11	-	<11	-	3,589	36%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	3,126	32%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	74	1%
Normal Weight	<11	-	<11	-	<11	-	907	14%
Overweight	<20	-	<11	-	<11	-	1,559	25%
Obese	<11	-	<11	-	<11	-	2,182	35%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	1,595	25%
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%	67	2%
Normal Weight	<11	-	<11	-	0	0%	686	20%
Overweight	0	0%	<11	-	<11	-	868	26%
Obese	<11	-	<11	-	0	0%	862	25%

Table 2b: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from July 1, 2020 to September 30, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	912	27%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	54	4%
Normal Weight	<11	-	<11	-	0	0%	394	27%
Overweight	<11	-	0	0%	0	0%	338	23%
Obese	<11	-	<11	-	<11	-	194	13%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	502	34%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	<11	-	0	0%	1,804	2%
Current some day smoker	0	0%	0	0%	0	0%	625	1%
Former smoker	<11	-	17	35%	<11	-	6,999	9%
Never smoker	11	19%	23	47%	22	67%	28,788	36%
All other smoking values	<40	-	<11	-	<11	-	16,760	21%
Smoking missing ³	<11	-	<11	-	<11	-	25,395	32%

¹ All metrics are based on total number of patients meeting cohort criteria.

² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

Characteristic ¹	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
	Number		Number		Number	
Number of Unique Patients	260		180		201	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	60.9	12.5	61.0	14.3	64.8	12.6
Age (Years)	Number	Percent	Number	Percent	Number	Percent
0-17	13	5%	<11	-	0	0%
18-34	12	5%	12	7%	<11	-
35-54	39	15%	38	21%	<40	-
55-64		25%	39	22%	48	24%
65-74	84	32%	49	27%	71	35%
75-84	35	13%	30	17%	<40	-
≥85	11	4%	<11	-	<20	-
Sex						
Female	112	43%	65	36%	79	39%
Male	148	57%	115	64%	122	61%
Other/Missing ⁴	0	0%	0	0%	0	0%
Race						
Black or African American	77	30%	32	18%	<80	-
White	116	45%	109	61%	70	35%
Asian	<11	-	<11	-	<11	-
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<11	-	20	12%	<11	-
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	54	20%	<20	-	<60	-

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Hispanic						
Yes	70	27%	60	33%	<70	-
No	182	70%	109	61%	129	64%
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	11	7%	<11	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test Performed	253	97%	178	99%	201	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	<11	-	<11	-	<11	-
PX: Mechanical Ventilation	54	21%	32	18%	<60	-
PX: ECMO	<11	-	0	0%	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	59	23%	33	18%	<60	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	13	5%	<11	-	<20	-
PX: Mechanical Ventilation	77	30%	44	24%	<80	-
PX: ECMO	<11	-	0	0%	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	84	32%	48	27%	<80	-
-10/ 0 Days From Index Event						
DX: Dyspnea	126	48%	67	37%	110	55%
DX: Pneumonia	199	77%	139	77%	199	99%
DX: ARDS	39	15%	44	24%	<40	-

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX: Acute Respiratory Failure	176	68%	125	69%	<170	-
DX: Shock	55	21%	41	23%	<60	-
DX: Loss of Taste or Smell	<11	-	0	0%	<11	-
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	162	62%	61	34%	<160	-
MEDICATION: Dexamethasone	90	35%	44	24%	57	28%
MEDICATION: Baricitinib	<11	-	<11	-	<11	-
MEDICATION: Remdesivir	191	73%	131	73%	191	95%
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	<11	-
MEDICATION: Oral Anticoagulants	28	11%	17	9%	<30	-
MEDICATION: Non-Oral Anticoagulants	219	84%	151	84%	195	97%
MEDICATION: Antiplatelets	91	35%	59	33%	<90	-
MEDICATION: Convalescent Plasma	82	32%	74	41%	82	41%
MEDICATION: Hydroxychloroquine	<11	-	<11	-	<11	-
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-
DX: Other hospitalized cerebrovascular disease (CVD)	14	5%	<11	-	<11	-
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	<11	-
Cardiovascular Disease						
DX: Atrial Fibrillation	49	19%	43	24%	<40	-
DX/PX: Coronary Revascularization	31	12%	16	9%	<30	-

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX/PX: Congestive Heart Failure	52	20%	31	17%	<60	-
DX: Hospitalized AMI	32	12%	19	11%	<40	-
DX: Hypertension	186	72%	120	67%	156	78%
Pulmonary Disease						
DX: Asthma	34	13%	19	11%	<30	-
DX: COPD	31	12%	19	11%	<30	-
DX: Interstitial Lung Disease	16	6%	<11	-	16	8%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-
DX: Idiopathic Pulmonary Fibrosis	15	6%	<11	-	15	7%
DX: Pulmonary Hypertension	13	5%	11	6%	13	6%
Metabolic Disease						
DX: Diabetes	122	47%	81	45%	110	55%
Liver Disease						
DX: Chronic Liver Disease	15	6%	13	7%	<11	-
Renal Disease						
DX: Chronic Kidney Disease	77	30%	42	23%	66	33%
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	46	18%	27	15%	19	9%
DX: Hyperglycemia	104	40%	69	38%	93	46%
DX: Ketoacidosis	<11	-	<11	-	<11	-
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-
DX: Neurological Disease	30	12%	13	7%	<30	-
Cancer						
DX: Hematological Malignancy	39	15%	32	18%	<11	-
DX: Solid Malignancy	15	6%	<11	-	<11	-

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Immunocompromising Conditions and Treatments						
DX/PX: Immunodeficiency	107	41%	59	33%	56	28%
PX/MEDICATION: Immunosuppressants	89	34%	49	27%	30	15%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	<11	-	0	0%	0	0%
Normal Weight	<11	-	0	0%	0	0%
Overweight	<11	-	<11	-	0	0%
Obese	<11	-	0	0%	0	0%
Severely Obese	<11	-	<11	-	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	0	0%
Overweight	0	0%	<11	-	0	0%
Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 21-34 Years						
Underweight	<11	-	<11	-	0	0%
Normal Weight	<11	-	<11	-	0	0%

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 35-54 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	27	69%	21	55%	<30	-
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%
Age: 55-64 Years						
Underweight	<11	-	<11	-	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	16	24%	<11	-	<20	-
Obese	41	62%	23	59%	<40	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%
Age: 65-74 Years						
Underweight	<11	-	0	0%	<11	-
Normal Weight	<11	-	<11	-	<11	-
Overweight	32	38%	<20	-	<30	-
Obese	39	46%	23	47%	<40	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 75-84 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	11	31%	<11	-	<11	-
Overweight	14	40%	12	40%	<20	-
Obese	<11	-	<11	-	<11	-

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 85+ Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	12	5%	<11	-	<20	-
Current some day smoker	<11	-	<11	-	<11	-
Former smoker	77	30%	15	8%	60	30%
Never smoker	111	43%	54	30%	80	40%
All other smoking values	<20	-	28	16%	<20	-
Smoking missing ³	40	15%	79	44%	<40	-

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic ¹	Number		Number		Number		Number	
Number of Unique Patients	140		59		40		194,369	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	64.0	14.7	47.7	11.6	50.5	13.2	41.8	19.9
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	13	22%	<11	-	29,201	15%
18-34	<11	-	<11	-	<11	-	48,893	25%
35-54	26	19%	<11	-	12	30%	56,287	29%
55-64		-	18	31%	<11	-	27,615	14%
65-74	<50	-	13	22%	<11	-	18,460	9%
75-84	<30	-	<11	-	<11	-	9,913	5%
≥85	<11	-	0	0%	0	0%	4,000	2%
Sex								
Female	45	32%	33	56%	20	50%	103,703	53%
Male	95	68%	26	44%	20	50%	90,642	47%
Other/Missing ⁴	0	0%	0	0%	0	0%	24	0%
Race								
Black or African American	<30	-	<11	-	<11	-	24,230	12%
White	78	56%	46	78%	31	78%	135,189	70%
Asian	<11	-	<11	-	0	0%	6,007	3%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<20	-	<11	-	<11	-	10,468	5%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<20	-	<11	-	<11	-	18,475	10%
Hispanic								

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	<60	-	<11	-	<11	-	29,496	15%
No	73	52%	53	90%	36	90%	150,339	77%
Other	0	0%	0	0%	0	0%	147	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	<11	-	<11	-	14,387	8%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	140	100%	52	88%	38	95%	194,369	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	0	0%	1,189	1%
PX: Mechanical Ventilation	32	23%	<11	-	0	0%	1,999	1%
PX: ECMO	0	0%	<11	-	0	0%	59	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	33	24%	<11	-	0	0%	2,982	2%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	<11	-	0	0%	1,215	1%
PX: Mechanical Ventilation	<50	-	<11	-	<11	-	2,027	1%
PX: ECMO	0	0%	<11	-	0	0%	62	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<50	-	<11	-	<11	-	3,028	2%
-10/ 0 Days From Index Event								
DX: Dyspnea	<70	-	16	27%	<11	-	10,428	5%
DX: Pneumonia	139	99%	0	0%	0	0%	16,170	8%
DX: ARDS	44	31%	<11	-	0	0%	1,653	1%
DX: Acute Respiratory Failure	122	87%	<11	-	<11	-	11,239	6%

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Shock	<50	-	<11	-	<11	-	1,936	1%
DX: Loss of Taste or Smell	0	0%	0	0%	0	0%	1,206	1%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	61	44%	<11	-	0	0%	11,375	6%
MEDICATION: Dexamethasone	<40	-	33	56%	<11	-	15,196	8%
MEDICATION: Baricitinib	<11	-	0	0%	0	0%	237	0%
MEDICATION: Remdesivir	131	94%	0	0%	0	0%	11,986	6%
MEDICATION: Inhaled Corticosteroid	<11	-	0	0%	0	0%	1,763	1%
MEDICATION: Oral Anticoagulants	<20	-	<11	-	<11	-	5,680	3%
MEDICATION: Non-Oral Anticoagulants	133	95%	24	41%	18	45%	21,721	11%
MEDICATION: Antiplatelets	<60	-	<11	-	<11	-	8,867	5%
MEDICATION: Convalescent Plasma	74	53%	0	0%	0	0%	3,030	2%
MEDICATION: Hydroxychloroquine	<11	-	<11	-	<11	-	366	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	0	0%	994	1%
DX: Other hospitalized cerebrovascular disease (CVD)	<11	-	<11	-	<11	-	1,343	1%
DX: Non-hospitalized stroke, TIA, or other CVD	<11	-	<11	-	0	0%	1,891	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<40	-	<11	-	<11	-	6,802	3%
DX/PX: Coronary Revascularization	<20	-	<11	-	<11	-	3,785	2%
DX/PX: Congestive Heart Failure	<30	-	<11	-	<11	-	6,548	3%

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Hospitalized AMI	19	14%	<11	-	0	0%	1,549	1%
DX: Hypertension	102	73%	30	51%	18	45%	36,575	19%
Pulmonary Disease								
DX: Asthma	<20	-	<11	-	<11	-	8,494	4%
DX: COPD	<20	-	<11	-	<11	-	4,593	2%
DX: Interstitial Lung Disease	<11	-	0	0%	<11	-	924	0%
DX: Hypersensitivity Pneumonitis	0	0%	0	0%	0	0%	86	0%
DX: Bronchiectasis	<11	-	<11	-	0	0%	395	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	0	0%	<11	-	528	0%
DX: Pulmonary Hypertension	<11	-	0	0%	<11	-	1,337	1%
Metabolic Disease								
DX: Diabetes	<80	-	12	20%	<11	-	20,331	10%
Liver Disease								
DX: Chronic Liver Disease	<11	-	<11	-	<11	-	3,083	2%
Renal Disease								
DX: Chronic Kidney Disease	<40	-	11	19%	<11	-	9,248	5%
Other Medical Conditions								
DX: Rheumatological and Inflammatory Disease	<11	-	27	46%	<20	-	5,795	3%
DX: Hyperglycemia	<70	-	11	19%	<11	-	9,704	5%
DX: Ketoacidosis	<11	-	0	0%	0	0%	486	0%
DX: Psychosis (Baseline)	<11	-	0	0%	<11	-	1,189	1%
DX: Neurological Disease	<11	-	<11	-	<11	-	5,140	3%
Cancer								
DX: Hematological Malignancy	<11	-	<40	-	<30	-	1,262	1%
DX: Solid Malignancy	<11	-	<11	-	<11	-	5,725	3%

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Immunocompromising Conditions and Treatments								
DX/PX: Immunodeficiency	27	19%	51	86%	32	80%	9,731	5%
PX/MEDICATION: Immunosuppressants	<11	-	59	100%	<50	-	4,174	2%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	<11	-	0	0%	330	1%
Normal Weight	0	0%	<11	-	0	0%	7,156	27%
Overweight	0	0%	<11	-	<11	-	2,224	8%
Obese	0	0%	<11	-	0	0%	1,916	7%
Severely Obese	0	0%	<11	-	<11	-	1,173	4%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	13,409	51%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	109	1%
Normal Weight	<11	-	<11	-	<11	-	1,821	23%
Overweight	0	0%	0	0%	<11	-	708	9%
Obese	0	0%	0	0%	0	0%	831	11%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,442	56%
Age: 21-34 Years								
Underweight	0	0%	<11	-	<11	-	294	1%
Normal Weight	0	0%	<11	-	<11	-	5,691	14%

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Overweight	<11	-	0	0%	0	0%	5,400	13%
Obese	<11	-	<11	-	<11	-	7,931	19%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	21,666	53%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	194	0%
Normal Weight	<11	-	0	0%	<11	-	4,936	9%
Overweight	<11	-	<11	-	<11	-	8,731	16%
Obese	<20	-	<11	-	<11	-	17,470	31%
BMI Other/Missing ^{3,4}	<11	-	0	0%	0	0%	24,956	44%
Age: 55-64 Years								
Underweight	<11	-	<11	-	0	0%	111	0%
Normal Weight	<11	-	<11	-	<11	-	2,818	10%
Overweight	<11	-	<11	-	0	0%	5,690	21%
Obese	<20	-	<11	-	<11	-	9,749	35%
BMI Other/Missing ^{3,4}	0	0%	<11	-	0	0%	9,247	33%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	154	1%
Normal Weight	<11	-	<11	-	<11	-	2,421	13%
Overweight	<20	-	<11	-	<11	-	4,587	25%
Obese	<30	-	<11	-	<11	-	6,862	37%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	4,436	24%
Age: 75-84 Years								
Underweight	<11	-	0	0%	0	0%	146	1%
Normal Weight	<11	-	<11	-	0	0%	2,059	21%
Overweight	<20	-	<11	-	<11	-	2,899	29%
Obese	<11	-	0	0%	<11	-	2,881	29%

Table 2c: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from October 1, 2020 to December 31, 2020

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,928	19%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	161	4%
Normal Weight	<11	-	0	0%	0	0%	1,257	31%
Overweight	<11	-	0	0%	0	0%	1,056	26%
Obese	<11	-	0	0%	0	0%	652	16%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	874	22%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	0	0%	<11	-	5,117	3%
Current some day smoker	0	0%	<11	-	<11	-	1,378	1%
Former smoker	<11	-	17	29%	<11	-	22,772	12%
Never smoker	28	20%	31	53%	26	65%	70,367	36%
All other smoking values	28	20%	<11	-	0	0%	64,182	33%
Smoking missing ³	<80	-	<11	-	<11	-	30,553	16%

¹ All metrics are based on total number of patients meeting cohort criteria.

² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

Characteristic ¹	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
	Number		Number		Number	
Number of Unique Patients	522		218		456	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	61.0	14.5	62.6	13.7	61.9	13.8
Age (Years)	Number	Percent	Number	Percent	Number	Percent
0-17	<11	-	<11	-	0	0%
18-34	<30	-	<11	-	17	4%
35-54	114	22%	48	22%	<110	-
55-64		27%	49	22%	126	28%
65-74	141	27%	65	30%	122	27%
75-84	75	14%	33	15%	<70	-
≥85	21	4%	14	6%	<30	-
Sex						
Female	214	41%	85	39%	177	39%
Male	308	59%	133	61%	279	61%
Other/Missing ⁴	0	0%	0	0%	0	0%
Race						
Black or African American	111	21%	30	14%	<110	-
White	273	52%	137	63%	222	49%
Asian	32	6%	<11	-	<40	-
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	53	10%	37	17%	<50	-
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	53	10%	<11	-	<60	-

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Hispanic						
Yes	99	19%	36	17%	<100	-
No	399	76%	171	78%	340	75%
Other	0	0%	0	0%	0	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	24	4%	11	5%	<30	-
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event						
COVID-19 Diagnosis (DX) or COVID-19 Lab Test Performed	514	98%	210	96%	456	100%
-1/ 0 Days From Index Event						
Procedure (PX): O ₂ Administration	18	3%	<11	-	18	4%
PX: Mechanical Ventilation	108	21%	44	20%	<110	-
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	119	23%	50	23%	<120	-
-7/ 0 Days From Index Event						
PX: O ₂ Administration	28	5%	12	6%	28	6%
PX: Mechanical Ventilation	149	29%	51	23%	144	32%
PX: ECMO	<11	-	<11	-	<11	-
PX: O ₂ Administration or Mechanical Ventilation or ECMO	165	32%	62	28%	160	35%
-10/ 0 Days From Index Event						
DX: Dyspnea	261	50%	108	50%	247	54%
DX: Pneumonia	441	84%	173	79%	<450	-
DX: ARDS	160	31%	79	36%	<160	-

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX: Acute Respiratory Failure	405	78%	172	79%	390	86%
DX: Shock	109	21%	45	21%	96	21%
DX: Loss of Taste or Smell	<11	-	<11	-	<11	-
-/+ 7 Days From Index Event						
MEDICATION: Azithromycin	174	33%	40	18%	171	38%
MEDICATION: Dexamethasone	357	68%	54	25%	321	70%
MEDICATION: Baricitinib	21	4%	<11	-	21	5%
MEDICATION: Remdesivir	376	72%	150	69%	<370	-
MEDICATION: Inhaled Corticosteroid	16	3%	<11	-	<20	-
MEDICATION: Oral Anticoagulants	83	16%	40	18%	<80	-
MEDICATION: Non-Oral Anticoagulants	469	90%	190	87%	430	94%
MEDICATION: Antiplatelets	149	29%	66	30%	135	30%
MEDICATION: Convalescent Plasma	90	17%	57	26%	90	20%
MEDICATION: Hydroxychloroquine	<11	-	<11	-	<11	-
MEDICATION: Chloroquine	0	0%	0	0%	0	0%
Underlying History of:	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event						
Cerebrovascular Disease						
DX: Hospitalized Stroke/Transient Ischemic Attack	22	4%	<11	-	<30	-
DX: Other hospitalized cerebrovascular disease (CVD)	14	3%	<11	-	<20	-
DX: Non-hospitalized stroke, TIA, or other CVD	22	4%	11	5%	<20	-
Cardiovascular Disease						
DX: Atrial Fibrillation	95	18%	39	18%	<90	-
DX/PX: Coronary Revascularization	42	8%	23	11%	<40	-
DX/PX: Congestive Heart Failure	103	20%	37	17%	<100	-

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
DX: Hospitalized AMI	47	9%	45	21%	<50	-
DX: Hypertension	373	71%	153	70%	337	74%
Pulmonary Disease						
DX: Asthma	86	16%	20	9%	74	16%
DX: COPD	64	12%	18	8%	<60	-
DX: Interstitial Lung Disease	32	6%	15	7%	<30	-
DX: Hypersensitivity Pneumonitis	<11	-	<11	-	0	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-
DX: Idiopathic Pulmonary Fibrosis	17	3%	<11	-	<20	-
DX: Pulmonary Hypertension	35	7%	18	8%	<40	-
Metabolic Disease						
DX: Diabetes	246	47%	92	42%	225	49%
Liver Disease						
DX: Chronic Liver Disease	45	9%	22	10%	<50	-
Renal Disease						
DX: Chronic Kidney Disease	124	24%	47	22%	110	24%
Other Medical Conditions						
DX: Rheumatological and Inflammatory Disease	82	16%	39	18%	53	12%
DX: Hyperglycemia	228	44%	72	33%	203	45%
DX: Ketoacidosis	20	4%	<11	-	20	4%
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-
DX: Neurological Disease	41	8%	23	11%	<40	-
Cancer						
DX: Hematological Malignancy	50	10%	29	13%	13	3%
DX: Solid Malignancy	32	6%	17	8%	<30	-

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Immunocompromising Conditions and Treatments						
DX/PX: Immunodeficiency	172	33%	69	32%	115	25%
PX/MEDICATION: Immunosuppressants	212	41%	53	24%	147	32%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)						
Age: < 2 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 2-17 Years						
Underweight	0	0%	<11	-	0	0%
Normal Weight	<11	-	<11	-	0	0%
Overweight	<11	-	0	0%	0	0%
Obese	<11	-	0	0%	0	0%
Severely Obese	<11	-	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 18-20 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	0	0%	<11	-
Overweight	<11	-	0	0%	0	0%
Obese	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Age: 21-34 Years						
Underweight	<11	-	<11	-	<11	-
Normal Weight	<11	-	<11	-	<11	-

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
Overweight	<11	-	0	0%	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 35-54 Years						
Underweight	<11	-	0	0%	<11	-
Normal Weight	<11	-	<11	-	<11	-
Overweight	26	23%	<20	-	<30	-
Obese	78	68%	28	58%	<80	-
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 55-64 Years						
Underweight	<11	-	0	0%	<11	-
Normal Weight	18	13%	<11	-	<20	-
Overweight	45	32%	14	29%	<40	-
Obese	72	51%	30	61%	<70	-
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-
Age: 65-74 Years						
Underweight	<11	-	0	0%	<11	-
Normal Weight	19	13%	16	25%	<20	-
Overweight	47	33%	20	31%	<50	-
Obese	67	48%	27	42%	<70	-
BMI Other/Missing ^{3,4}	<11	-	<11	-	<11	-
Age: 75-84 Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	22	29%	<11	-	<20	-
Overweight	25	33%	12	36%	<30	-
Obese	27	36%	15	45%	<30	-

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with Systemic Corticosteroids		Tocilizumab, no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and evidence of COVID-19	
BMI Other/Missing ^{3,4}	<11	-	0	0%	<11	-
Age: 85+ Years						
Underweight	0	0%	0	0%	0	0%
Normal Weight	<11	-	<11	-	<11	-
Overweight	<11	-	<11	-	<11	-
Obese	<11	-	<11	-	<11	-
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%
Smoking	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<20	-	<11	-	<20	-
Current some day smoker	<11	-	0	0%	<11	-
Former smoker	118	23%	<30	-	96	21%
Never smoker	162	31%	38	17%	132	29%
All other smoking values	99	19%	92	42%	<100	-
Smoking missing ³	128	25%	67	31%	<120	-

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Characteristic ¹	Number		Number		Number		Number	
Number of Unique Patients	175		67		43		114,509	
Demographics	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Mean Age (Years)	64.5	13.4	55.2	15.4	55.0	15.0	42.9	21.0
Age (Years)	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-17	0	0%	<11	-	<11	-	20,570	18%
18-34	<11	-	<11	-	<11	-	23,578	21%
35-54	<40	-	<11	-	<11	-	30,323	26%
55-64		-	16	24%	<11	-	16,648	15%
65-74	52	30%	19	28%	13	30%	12,497	11%
75-84	<30	-	<11	-	<11	-	7,372	6%
≥85	<20	-	<11	-	0	0%	3,521	3%
Sex								
Female	66	38%	37	55%	19	44%	60,307	53%
Male	109	62%	30	45%	24	56%	54,173	47%
Other/Missing ⁴	0	0%	0	0%	0	0%	29	0%
Race								
Black or African American	<30	-	<11	-	<11	-	18,699	16%
White	101	58%	52	78%	36	84%	71,705	63%
Asian	<11	-	<11	-	<11	-	4,828	4%
Other (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiple Race, Other)	<40	-	<11	-	<11	-	7,596	6%
Missing (No Information, Refuse to Answer, Unknown, Not in CDM)	<11	-	<11	-	0	0%	11,681	10%
Hispanic								

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	<40	-	<11	-	<11	-	20,330	18%
No	130	74%	60	90%	41	95%	86,356	75%
Other	0	0%	0	0%	0	0%	68	0%
Missing (Unknown, Refuse to Answer, No Information, Not in CDM)	<11	-	<11	-	<11	-	7,755	7%
Recorded Evidence of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-21/+1 Days From Index Event								
COVID-19 DX or COVID-19 Lab Test Performed	175	100%	59	88%	35	81%	114,509	100%
-1/ 0 Days From Index Event								
PX: O ₂ Administration	<11	-	0	0%	0	0%	910	1%
PX: Mechanical Ventilation	<50	-	<11	-	<11	-	1,661	1%
PX: ECMO	<11	-	0	0%	0	0%	62	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<50	-	<11	-	<11	-	2,440	2%
-7/ 0 Days From Index Event								
PX: O ₂ Administration	12	7%	0	0%	0	0%	932	1%
PX: Mechanical Ventilation	<60	-	<11	-	<11	-	1,727	2%
PX: ECMO	<11	-	0	0%	0	0%	63	0%
PX: O ₂ Administration or Mechanical Ventilation or ECMO	<70	-	<11	-	<11	-	2,522	2%
-10/ 0 Days From Index Event								
DX: Dyspnea	97	55%	15	22%	11	26%	8,422	7%
DX: Pneumonia	173	99%	<11	-	0	0%	13,391	12%
DX: ARDS	79	45%	<11	-	0	0%	1,410	1%
DX: Acute Respiratory Failure	<170	-	15	22%	<11	-	9,702	8%

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Shock	<50	-	13	19%	<11	-	1,655	1%
DX: Loss of Taste or Smell	<11	-	0	0%	0	0%	555	0%
-/+ 7 Days From Index Event								
MEDICATION: Azithromycin	<40	-	<11	-	<11	-	8,388	7%
MEDICATION: Dexamethasone	42	24%	37	55%	12	28%	12,591	11%
MEDICATION: Baricitinib	<11	-	0	0%	0	0%	292	0%
MEDICATION: Remdesivir	<150	-	<11	-	<11	-	9,040	8%
MEDICATION: Inhaled Corticosteroid	<11	-	<11	-	0	0%	1,178	1%
MEDICATION: Oral Anticoagulants	<40	-	<11	-	<11	-	4,622	4%
MEDICATION: Non-Oral Anticoagulants	170	97%	40	60%	20	47%	18,130	16%
MEDICATION: Antiplatelets	<70	-	14	21%	<11	-	7,136	6%
MEDICATION: Convalescent Plasma	57	33%	0	0%	0	0%	1,621	1%
MEDICATION: Hydroxychloroquine	<11	-	<11	-	0	0%	279	0%
MEDICATION: Chloroquine	0	0%	0	0%	0	0%	<11	-
Underlying History of:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
-183/0 Days From Index Event								
Cerebrovascular Disease								
DX: Hospitalized Stroke/Transient Ischemic Attack	<11	-	<11	-	<11	-	965	1%
DX: Other hospitalized cerebrovascular disease (CVD)	<11	-	<11	-	<11	-	1,217	1%
DX: Non-hospitalized stroke, TIA, or other CVD	11	6%	<11	-	0	0%	1,477	1%
Cardiovascular Disease								
DX: Atrial Fibrillation	<40	-	<11	-	<11	-	5,067	4%
DX/PX: Coronary Revascularization	<30	-	<11	-	<11	-	2,901	3%
DX/PX: Congestive Heart Failure	<40	-	<11	-	<11	-	5,187	5%

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
DX: Hospitalized AMI	<50	-	<11	-	<11	-	1,722	2%
DX: Hypertension	129	74%	37	55%	24	56%	25,847	23%
Pulmonary Disease								
DX: Asthma	<20	-	12	18%	<11	-	5,850	5%
DX: COPD	<20	-	<11	-	<11	-	3,386	3%
DX: Interstitial Lung Disease	<20	-	<11	-	<11	-	834	1%
DX: Hypersensitivity Pneumonitis	<11	-	<11	-	0	0%	81	0%
DX: Bronchiectasis	<11	-	<11	-	<11	-	322	0%
DX: Idiopathic Pulmonary Fibrosis	<11	-	<11	-	0	0%	458	0%
DX: Pulmonary Hypertension	<20	-	<11	-	<11	-	1,150	1%
Metabolic Disease								
DX: Diabetes	<90	-	22	33%	<11	-	14,561	13%
Liver Disease								
DX: Chronic Liver Disease	<20	-	<11	-	<11	-	2,443	2%
Renal Disease								
DX: Chronic Kidney Disease	<50	-	15	22%	<11	-	7,078	6%
Other Medical Conditions								
DX: Rheumatological and Inflammatory Disease	22	13%	29	43%	17	40%	4,089	4%
DX: Hyperglycemia	<70	-	26	39%	<11	-	7,352	6%
DX: Ketoacidosis	<11	-	0	0%	0	0%	467	0%
DX: Psychosis (Baseline)	<11	-	<11	-	<11	-	984	1%
DX: Neurological Disease	<30	-	<11	-	<11	-	4,011	4%
Cancer								
DX: Hematological Malignancy	<11	-	38	57%	<30	-	1,101	1%
DX: Solid Malignancy	<11	-	<11	-	<20	-	3,924	3%

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Immunocompromising Conditions and Treatments								
DX/PX: Immunodeficiency	34	19%	58	87%	35	81%	7,663	7%
PX/MEDICATION: Immunosuppressants	<11	-	66	99%	<50	-	2,847	2%
Patient Vitals²:	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Body Mass Index (BMI)								
Age: < 2 Years								
Underweight	0	0%	0	0%	0	0%	0	0%
Normal Weight	0	0%	0	0%	0	0%	0	0%
Overweight/Obese	0	0%	0	0%	0	0%	0	0%
Severely Obese	0	0%	0	0%	0	0%	0	0%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	0	0%
Age: 2-17 Years								
Underweight	0	0%	0	0%	<11	-	254	1%
Normal Weight	0	0%	<11	-	<11	-	5,016	28%
Overweight	0	0%	<11	-	0	0%	1,552	9%
Obese	0	0%	<11	-	0	0%	1,413	8%
Severely Obese	0	0%	<11	-	0	0%	841	5%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	9,025	50%
Age: 18-20 Years								
Underweight	0	0%	0	0%	0	0%	71	1%
Normal Weight	0	0%	<11	-	0	0%	1,120	27%
Overweight	0	0%	<11	-	0	0%	355	8%
Obese	0	0%	0	0%	0	0%	518	12%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	2,188	51%
Age: 21-34 Years								
Underweight	0	0%	0	0%	<11	-	170	1%
Normal Weight	0	0%	<11	-	<11	-	2,857	15%

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
Overweight	0	0%	<11	-	0	0%	2,805	15%
Obese	<11	-	0	0%	<11	-	4,688	24%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	8,806	46%
Age: 35-54 Years								
Underweight	0	0%	0	0%	0	0%	131	0%
Normal Weight	<11	-	<11	-	<11	-	2,985	10%
Overweight	<20	-	<11	-	<11	-	5,344	18%
Obese	<30	-	<11	-	<11	-	10,318	34%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	11,545	38%
Age: 55-64 Years								
Underweight	0	0%	0	0%	0	0%	105	1%
Normal Weight	<11	-	<11	-	<11	-	1,876	11%
Overweight	<20	-	<11	-	<11	-	3,605	22%
Obese	<30	-	<11	-	<11	-	6,143	37%
BMI Other/Missing ^{3,4}	<11	-	<11	-	0	0%	4,919	30%
Age: 65-74 Years								
Underweight	0	0%	0	0%	0	0%	168	1%
Normal Weight	<20	-	<11	-	<11	-	1,938	16%
Overweight	<20	-	<11	-	<11	-	3,025	24%
Obese	<30	-	<11	-	<11	-	4,408	35%
BMI Other/Missing ^{3,4}	<11	-	<11	-	0	0%	2,958	24%
Age: 75-84 Years								
Underweight	0	0%	0	0%	0	0%	157	2%
Normal Weight	<11	-	<11	-	0	0%	1,581	21%
Overweight	<11	-	<11	-	<11	-	1,996	27%
Obese	<20	-	<11	-	<11	-	1,953	26%

Table 2d: Baseline Characteristics of Patients in an Inpatient Setting with a Prescription for Tocilizumab from January 1, 2021 to March 31, 2021

	Tocilizumab with evidence of COVID-19 and no Systemic Corticosteroids		Tocilizumab with Systemic Corticosteroids and no evidence of COVID-19		Tocilizumab with no Systemic Corticosteroids and no evidence of COVID-19		Patients with evidence of COVID-19	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	1,685	23%
Age: 85+ Years								
Underweight	0	0%	0	0%	0	0%	178	5%
Normal Weight	<11	-	<11	-	0	0%	1,090	31%
Overweight	<11	-	0	0%	0	0%	870	25%
Obese	<11	-	0	0%	0	0%	469	13%
BMI Other/Missing ^{3,4}	0	0%	0	0%	0	0%	914	26%
Smoking	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Current every day smoker	<11	-	<11	-	0	0%	2,912	3%
Current some day smoker	0	0%	<11	-	0	0%	784	1%
Former smoker	<11	-	22	33%	<20	-	11,539	10%
Never smoker	16	9%	31	46%	22	51%	36,542	32%
All other smoking values	<90	-	<11	-	<11	-	39,393	34%
Smoking missing ³	<70	-	<11	-	<11	-	23,339	20%

¹ All metrics are based on total number of patients meeting cohort criteria.

² For populated vitals measures, the reported value represents the closest vital measure to the Health Event of Interest. For additional information regarding selection of the vital measure, please contact the PCORnet Query Fulfillment team.

³ Vital record missingness is limited to the time period around the Health Event of Interest in which vital measures are assessed and does not reflect the entire patient history.

⁴ Other/Missing categories represent a combination of all other potential values for the given category AND true missing values.

Appendix A. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Exposures for this Request

Code	Description	Code Category	Code Type
Baricitinib			
XW0DXM6	Introduction of baricitinib into mouth and pharynx, external approach, new technology group 6	Procedure	ICD-10-PCS
XW0G7M6	Introduction of baricitinib into upper GI, via natural or artificial opening, new technology group 6	Procedure	ICD-10-PCS
XW0H7M6	Introduction of baricitinib into lower GI, via natural or artificial opening, new technology group 6	Procedure	ICD-10-PCS
XW0DXF5	Introduction of other new technology therapeutic substance into mouth and pharynx, external approach, new technology group 5	Procedure	ICD-10-PCS
3E0G7GC	Introduction of other therapeutic substance into upper G.I. via natural or artificial opening	Procedure	ICD-10-PCS
3E0H7GC	Introduction of other therapeutic substance into lower G.I. via natural or artificial opening	Procedure	ICD-10-PCS
2047232	baricitinib	Prescribing, Medication Administration	RXCUI
2047237		Prescribing, Medication Administration	RXCUI
2047243	baricitinib 2 MG [Olumiant]	Prescribing, Medication Administration	RXCUI
2047241	baricitinib 2 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
2047247	baricitinib 2 MG Oral Tablet [Olumiant]	Prescribing, Medication Administration	RXCUI
2047238	baricitinib Oral Product	Prescribing, Medication Administration	RXCUI
2047240	baricitinib Oral Tablet	Prescribing, Medication Administration	RXCUI
2047244	baricitinib Oral Tablet [Olumiant]	Prescribing, Medication Administration	RXCUI
2047239	baricitinib Pill	Prescribing, Medication Administration	RXCUI
2047242	Olumiant	Prescribing, Medication Administration	RXCUI
2047245	Olumiant Oral Product	Prescribing, Medication Administration	RXCUI
2047246	Olumiant Pill	Prescribing, Medication Administration	RXCUI
2205473	baricitinib	Prescribing, Medication Administration	RXCUI
2205472	baricitinib	Prescribing, Medication Administration	RXCUI
2205471	baricitinib	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
2205474	baricitinib	Prescribing, Medication Administration	RXCUI
Tocilizumab			
XW033H5	Introduction of Tocilizumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
J3262	Injection, tocilizumab, 1 mg	Procedure	HCPCS
2106077	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI
1441532	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI
895764	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
1657978	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
895763	tocilizumab Injectable Solution	Prescribing, Medication Administration	RXCUI
2106076	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI
1441531	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI
895760	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
1657977	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
895759	tocilizumab Injectable Solution	Prescribing, Medication Administration	RXCUI
2106075	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI
1441530	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI
1657980	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
1657982	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
1657976	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
1441528	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI
895762	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
2106074	tocilizumab Auto-Injector	Prescribing, Medication Administration	RXCUI
1657975	tocilizumab Injection	Prescribing, Medication Administration	RXCUI
1441529	tocilizumab Prefilled Syringe	Prescribing, Medication Administration	RXCUI
2106073	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1441527	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI
1657979	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
1657981	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
1657974	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
612865	tocilizumab	Prescribing, Medication Administration	RXCUI
1441525	tocilizumab 180 MG/ML	Prescribing, Medication Administration	RXCUI
895758	tocilizumab 20 MG/ML	Prescribing, Medication Administration	RXCUI
2106072	tocilizumab Auto-Injector	Prescribing, Medication Administration	RXCUI
1162729	tocilizumab Injectable Product	Prescribing, Medication Administration	RXCUI
1657973	tocilizumab Injection	Prescribing, Medication Administration	RXCUI
1441526	tocilizumab Prefilled Syringe	Prescribing, Medication Administration	RXCUI
1649574	Introduction of Tocilizumab into Central Vein, Percutaneous Approach, New Technology Group 5	Prescribing, Medication Administration	RXCUI
COVID-19			
U07.1	COVID-19, virus identified [code effective April 1, 2020]	Diagnosis	ICD-10-CM
94307-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
94308-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
94309-2	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94314-2	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94316-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94500-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94533-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94534-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC

Appendix A. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Exposures for this Request

Code	Description	Code Category	Code Type
94559-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94565-9	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with non-probe detection	Lab	LOINC
94639-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94640-0	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94641-8	SARS-CoV-2 (COVID-19) S gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94660-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94756-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
94757-2	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
94759-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with probe detection	Lab	LOINC
94760-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Nasopharynx by NAA with probe detection	Lab	LOINC
94766-3	SARS-CoV-2 (COVID-19) N gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94767-1	SARS-CoV-2 (COVID-19) S gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94822-4	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by Sequencing	Lab	LOINC
94845-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95406-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Nose by NAA with probe detection	Lab	LOINC
95409-9	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with probe detection	Lab	LOINC

Appendix A. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Exposures for this Request

Code	Description	Code Category	Code Type
95424-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by Sequencing	Lab	LOINC
95425-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95608-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with non-probe detection	Lab	LOINC
95609-4	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by Sequencing	Lab	LOINC
95824-9	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96091-4	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96120-1	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Lower respiratory specimen by NAA with probe detection	Lab	LOINC
96123-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
96448-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
96765-3	SARS-CoV-2 (COVID-19) S gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96797-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Oropharyngeal wash by NAA with probe detection	Lab	LOINC
96829-7	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen from Donor by NAA with probe detection	Lab	LOINC
96958-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
96986-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with non-probe detection	Lab	LOINC
94310-0	SARS-like coronavirus N gene [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94315-9	SARS-related coronavirus E gene [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC

Appendix A. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Exposures for this Request

Code	Description	Code Category	Code Type
94532-9	SARS-related coronavirus+MERS coronavirus RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94647-5	SARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94758-0	SARS-related coronavirus E gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94765-5	SARS-related coronavirus E gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
95423-0	Influenza virus A and B and SARS-CoV-2 (COVID-19) identified in Respiratory specimen by NAA with probe detection	Lab	LOINC
95823-1	SARS-related coronavirus E gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95826-4	SARS-CoV-2 (COVID-19) RNA panel - Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95970-0	SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements [Presence] in Blood by Sequencing	Lab	LOINC
96094-8	SARS-CoV-2 (COVID-19) and SARS-related CoV RNA panel - Respiratory specimen by NAA with probe detection	Lab	LOINC
96121-9	SARS-related coronavirus E gene [Presence] in Lower respiratory specimen by NAA with probe detection	Lab	LOINC
96122-7	SARS-related coronavirus E gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
96741-4	SARS-CoV-2 (COVID-19) variant [Type] in Specimen by Sequencing	Lab	LOINC
96751-3	SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96752-1	SARS-CoV-2 (COVID-19) S gene mutation [Presence] in Specimen by Molecular genetics method	Lab	LOINC
96763-8	SARS-CoV-2 (COVID-19) E gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
96894-1	SARS-CoV-2 (COVID-19) whole genome sequencing and identification panel - Specimen by Molecular genetics method	Lab	LOINC

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Code	Description	Code Category	Code Type
96895-8	SARS-CoV-2 (COVID-19) lineage [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96896-6	SARS-CoV-2 (COVID-19) clade [Type] in Specimen by Molecular genetics method	Lab	LOINC
96957-6	SARS-CoV-2 (COVID-19) M gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
97098-8	SARS-CoV-2 (COVID-19) Nsp2 gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
94764-8	SARS-CoV-2 (COVID-19) whole genome [Nucleotide sequence] in Isolate or Specimen by Sequencing	Lab	LOINC
94502-2	SARS-related coronavirus RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94306-8	SARS-CoV-2 (COVID-19) RNA panel - Unspecified specimen by NAA with probe detection	Lab	LOINC
96897-4	SARS-CoV-2 (COVID-19) RNA panel - Oropharyngeal wash by NAA with probe detection	Lab	LOINC

Appendix B. List of Generic and Brand Names of Medical Products Used to Define Exposures in this Request

Generic Name	Brand Name
Baricitinib	
baricitinib	Olumiant
Tocilizumab	
tocilizumab	Actemra
tocilizumab	Actemra ACTPen

Appendix C. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
Any Diagnosis			
*	Any diagnosis	Diagnosis	ICD-9-CM
*	Any diagnosis	Diagnosis	ICD-10-CM
Remdesivir			
XW033E5	Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW043E5	Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
2284960	remdesivir 100 MG Injection	Prescribing, Medication Administration	RXCUI
2284957	remdesivir 100 MG	Prescribing, Medication Administration	RXCUI
2284958		Prescribing, Medication Administration	RXCUI
2284959	remdesivir Injection	Prescribing, Medication Administration	RXCUI
2284718	remdesivir	Prescribing, Medication Administration	RXCUI
2367757	remdesivir 5 MG/ML	Prescribing, Medication Administration	RXCUI
2367758	20 ML remdesivir 5 MG/ML Injection	Prescribing, Medication Administration	RXCUI
2395499	remdesivir 100 MG [Veklury]	Prescribing, Medication Administration	RXCUI
2395500	remdesivir Injection [Veklury]	Prescribing, Medication Administration	RXCUI
2395502	remdesivir 100 MG Injection [Veklury]	Prescribing, Medication Administration	RXCUI
2395503	remdesivir 5 MG/ML [Veklury]	Prescribing, Medication Administration	RXCUI
2395504	20 ML remdesivir 5 MG/ML Injection [Veklury]	Prescribing, Medication Administration	RXCUI
Systemic Corticosteroids			
J1700	Injection, hydrocortisone acetate, up to 25 mg	Procedure	HCPCS
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	Procedure	HCPCS
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	Procedure	HCPCS
J1020	Injection, methylprednisolone acetate, 20 mg	Procedure	HCPCS
J1030	Injection, methylprednisolone acetate, 40 mg	Procedure	HCPCS
J1040	Injection, methylprednisolone acetate, 80 mg	Procedure	HCPCS
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Procedure	HCPCS
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Procedure	HCPCS
J2650	Injection, prednisolone acetate, up to 1 ml	Procedure	HCPCS

Appendix C. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Procedure	HCPCS
J1094	Injection, dexamethasone acetate, 1 mg	Procedure	HCPCS
J1100	Injection, dexamethasone sodium phosphate, 1 mg	Procedure	HCPCS
J8540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodi	Procedure	HCPCS
858138	beclomethasone dipropionate 1 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
858134	beclomethasone dipropionate 1 MG	Prescribing, Medication Administration	RXCUI
858137	beclomethasone Oral Tablet	Prescribing, Medication Administration	RXCUI
1155695	beclomethasone Oral Product	Prescribing, Medication Administration	RXCUI
1155696	beclomethasone Pill	Prescribing, Medication Administration	RXCUI
1366551	UCERIS	Prescribing, Medication Administration	RXCUI
153171	ENTOCORT	Prescribing, Medication Administration	RXCUI
2273102	ORTIKOS	Prescribing, Medication Administration	RXCUI
19831	BUDESONIDE	Prescribing, Medication Administration	RXCUI
1367172	BUDESONIDE (11.BETA.,16.ALPHA.(S))	Prescribing, Medication Administration	RXCUI
1244213	24 HR BUDESONIDE 3 MG EXTENDED RELEASE ENTERIC COATED	Prescribing, Medication Administration	RXCUI
1244215	BUDESONIDE 3 MG DELAYED RELEASE ORAL CAPSULE [ENTOCORT]	Prescribing, Medication Administration	RXCUI
1366556	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing, Medication Administration	RXCUI
1366558	BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing, Medication Administration	RXCUI
152595	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Prescribing, Medication Administration	RXCUI
2273107	24 HR BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication Administration	RXCUI
2273108	BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication Administration	RXCUI
2273110	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication Administration	RXCUI
2273111	BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication Administration	RXCUI
844427	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
991401	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing, Medication Administration	RXCUI
991402	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing, Medication Administration	RXCUI
1366552	BUDESONIDE 9 MG [UCERIS]	Prescribing, Medication Administration	RXCUI
2273103	BUDESONIDE 6 MG [ORTIKOS]	Prescribing, Medication Administration	RXCUI
2273109	BUDESONIDE 9 MG [ORTIKOS]	Prescribing, Medication Administration	RXCUI
564993	BUDESONIDE 3 MG [ENTOCORT EC]	Prescribing, Medication Administration	RXCUI
991399	BUDESONIDE 3 MG [ENTOCORT]	Prescribing, Medication Administration	RXCUI
1244212	BUDESONIDE EXTENDED RELEASE ENTERIC COATED CAPSULE [ENTOCORT]	Prescribing, Medication Administration	RXCUI
1366553	BUDESONIDE EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing, Medication Administration	RXCUI
1489772	BUDESONIDE DELAYED RELEASE ORAL CAPSULE [ENTOCORT]	Prescribing, Medication Administration	RXCUI
2273104	BUDESONIDE EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication Administration	RXCUI
367142	BUDESONIDE 24 HOUR EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Prescribing, Medication Administration	RXCUI
991400	BUDESONIDE EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing, Medication Administration	RXCUI
1167031	ENTOCORT ORAL PRODUCT	Prescribing, Medication Administration	RXCUI
1167032	ENTOCORT PILL	Prescribing, Medication Administration	RXCUI
1366554	UCERIS ORAL PRODUCT	Prescribing, Medication Administration	RXCUI
1366555	UCERIS PILL	Prescribing, Medication Administration	RXCUI
2273105	ORTIKOS ORAL PRODUCT	Prescribing, Medication Administration	RXCUI
2273106	ORTIKOS PILL	Prescribing, Medication Administration	RXCUI
1006089	BUDESONIDE 3 MG ENTERIC COATED CAPSULE	Prescribing, Medication Administration	RXCUI
1244211	24 HR BUDESONIDE 3 MG EXTENDED RELEASE ENTERIC COATED CAPSULE	Prescribing, Medication Administration	RXCUI
1244214	BUDESONIDE 3 MG DELAYED RELEASE ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
1366550	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1366557	BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication Administration	RXCUI
152594	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication Administration	RXCUI
2048810	BUDESONIDE 3 MG ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
2269305	24 HR BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
2269306	BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
2269307	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
2269308	BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
249241	BUDESONIDE 3 MG ORAL TABLET	Prescribing, Medication Administration	RXCUI
387015	BUDESONIDE 3 MG ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
484697	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication Administration	RXCUI
844426	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication Administration	RXCUI
1366548	BUDESONIDE 9 MG	Prescribing, Medication Administration	RXCUI
2269303	BUDESONIDE 6 MG	Prescribing, Medication Administration	RXCUI
332685	BUDESONIDE 3 MG	Prescribing, Medication Administration	RXCUI
1006088	BUDESONIDE ENTERIC COATED CAPSULE	Prescribing, Medication Administration	RXCUI
1244210	BUDESONIDE EXTENDED RELEASE ENTERIC COATED CAPSULE	Prescribing, Medication Administration	RXCUI
1366549	BUDESONIDE EXTENDED RELEASE ORAL TABLET	Prescribing, Medication Administration	RXCUI
1489770	BUDESONIDE DELAYED RELEASE ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
2048809	BUDESONIDE ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
2269304	BUDESONIDE EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication Administration	RXCUI
376186	BUDESONIDE ORAL TABLET	Prescribing, Medication Administration	RXCUI
379057	BUDESONIDE 24 HOUR EXTENDED RELEASE CAPSULE	Prescribing, Medication Administration	RXCUI
393140	BUDESONIDE ORAL CAPSULE	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
484696	BUDESONIDE EXTENDED RELEASE CAPSULE	Prescribing, Medication Administration	RXCUI
1151338	BUDESONIDE ORAL PRODUCT	Prescribing, Medication Administration	RXCUI
1151339	BUDESONIDE PILL	Prescribing, Medication Administration	RXCUI
329479	Cortisone 10 MG	Prescribing, Medication Administration	RXCUI
197543	Cortisone 10 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
329229	Cortisone 5 MG	Prescribing, Medication Administration	RXCUI
543434	Cortisone 5 MG [Cortone]	Prescribing, Medication Administration	RXCUI
197545	Cortisone 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
543436	Cortisone 5 MG Oral Tablet [Cortone]	Prescribing, Medication Administration	RXCUI
315722	Cortisone 50 MG/ML	Prescribing, Medication Administration	RXCUI
567278	Cortisone 50 MG/ML [Cortone acetate]	Prescribing, Medication Administration	RXCUI
309542	Cortisone 50 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
206445	Cortisone 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
206446	Cortisone 50 MG/ML Injectable Suspension [Cortone acetate]	Prescribing, Medication Administration	RXCUI
21655	cortisone acetate	Prescribing, Medication Administration	RXCUI
828247	cortisone acetate 25 MG	Prescribing, Medication Administration	RXCUI
828283	cortisone acetate 25 MG [Cortone]	Prescribing, Medication Administration	RXCUI
828248	cortisone acetate 25 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
828284	cortisone acetate 25 MG Oral Tablet [Cortone]	Prescribing, Medication Administration	RXCUI
828285	cortisone acetate 25 MG/ML	Prescribing, Medication Administration	RXCUI
828286	cortisone acetate 25 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
1155527	Cortisone Injectable Product	Prescribing, Medication Administration	RXCUI
375724	Cortisone Injectable Solution	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
371634	Cortisone Injectable Suspension	Prescribing, Medication Administration	RXCUI
365662	Cortisone Injectable Suspension [Cortone acetate]	Prescribing, Medication Administration	RXCUI
1155528	Cortisone Oral Product	Prescribing, Medication Administration	RXCUI
371635	Cortisone Oral Tablet	Prescribing, Medication Administration	RXCUI
543435	Cortisone Oral Tablet [Cortone]	Prescribing, Medication Administration	RXCUI
1155815	Cortisone Pill	Prescribing, Medication Administration	RXCUI
202645	Cortef	Prescribing, Medication Administration	RXCUI
203592	Solu-Cortef	Prescribing, Medication Administration	RXCUI
203594	A-Hydrocort	Prescribing, Medication Administration	RXCUI
208680	hydrocortisone 5 MG Oral Tablet [Cortef]	Prescribing, Medication Administration	RXCUI
208712	hydrocortisone 10 MG Oral Tablet [Cortef]	Prescribing, Medication Administration	RXCUI
208816	hydrocortisone 20 MG Oral Tablet [Cortef]	Prescribing, Medication Administration	RXCUI
105398	hydrocortisone 100 MG Injection [Solu-Cortef]	Prescribing, Medication Administration	RXCUI
208947	hydrocortisone 100 MG Injection [A-Hydrocort]	Prescribing, Medication Administration	RXCUI
1738589	hydrocortisone 1000 MG Injection [Solu-Cortef]	Prescribing, Medication Administration	RXCUI
1738592	hydrocortisone 250 MG Injection [Solu-Cortef]	Prescribing, Medication Administration	RXCUI
1738596	hydrocortisone 500 MG Injection [Solu-Cortef]	Prescribing, Medication Administration	RXCUI
569343	hydrocortisone 5 MG [Cortef]	Prescribing, Medication Administration	RXCUI
569375	hydrocortisone 10 MG [Cortef]	Prescribing, Medication Administration	RXCUI
569465	hydrocortisone 20 MG [Cortef]	Prescribing, Medication Administration	RXCUI
1738587	hydrocortisone 1000 MG [Solu-Cortef]	Prescribing, Medication Administration	RXCUI
1738591	hydrocortisone 250 MG [Solu-Cortef]	Prescribing, Medication Administration	RXCUI
1738595	hydrocortisone 500 MG [Solu-Cortef]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1738600	hydrocortisone 100 MG [Solu-Cortef]	Prescribing, Medication Administration	RXCUI
1738602	hydrocortisone 100 MG [A-Hydrocort]	Prescribing, Medication Administration	RXCUI
197782	hydrocortisone 10 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
197783	hydrocortisone 20 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
197787	hydrocortisone 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
1738590	hydrocortisone 250 MG Injection	Prescribing, Medication Administration	RXCUI
238755	hydrocortisone 100 MG Injection	Prescribing, Medication Administration	RXCUI
1738586	hydrocortisone 1000 MG Injection	Prescribing, Medication Administration	RXCUI
1738594	hydrocortisone 500 MG Injection	Prescribing, Medication Administration	RXCUI
316056	hydrocortisone 10 MG	Prescribing, Medication Administration	RXCUI
316058	hydrocortisone 20 MG	Prescribing, Medication Administration	RXCUI
317387	hydrocortisone 5 MG	Prescribing, Medication Administration	RXCUI
446496	hydrocortisone 250 MG	Prescribing, Medication Administration	RXCUI
1738584	hydrocortisone 1000 MG	Prescribing, Medication Administration	RXCUI
1738593	hydrocortisone 500 MG	Prescribing, Medication Administration	RXCUI
1738598	hydrocortisone 100 MG	Prescribing, Medication Administration	RXCUI
370649	hydrocortisone Oral Tablet	Prescribing, Medication Administration	RXCUI
1738585	hydrocortisone Injection	Prescribing, Medication Administration	RXCUI
1164007	hydrocortisone Oral Product	Prescribing, Medication Administration	RXCUI
1164010	hydrocortisone Pill	Prescribing, Medication Administration	RXCUI
1165880	A-Hydrocort Injectable Product	Prescribing, Medication Administration	RXCUI
1170955	Cortef Oral Product	Prescribing, Medication Administration	RXCUI
1170956	Cortef Pill	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1184839	Solu-Cortef Injectable Product	Prescribing, Medication Administration	RXCUI
105403	Methylprednisolone 125 MG/ML	Prescribing, Medication Administration	RXCUI
1357888	Methylprednisolone 2000 MG	Prescribing, Medication Administration	RXCUI
1358512	methylprednisolone acetate 20 MG/ML	Prescribing, Medication Administration	RXCUI
1358610	methylprednisolone acetate 40 MG/ML	Prescribing, Medication Administration	RXCUI
1358612	methylprednisolone acetate 40 MG/ML	Prescribing, Medication Administration	RXCUI
1358617	methylprednisolone acetate 80 MG/ML	Prescribing, Medication Administration	RXCUI
1358619	methylprednisolone acetate 80 MG/ML	Prescribing, Medication Administration	RXCUI
1743704	Methylprednisolone 125 MG	Prescribing, Medication Administration	RXCUI
1743707	Methylprednisolone 125 MG	Prescribing, Medication Administration	RXCUI
1743720	Methylprednisolone 500 MG	Prescribing, Medication Administration	RXCUI
1743722	Methylprednisolone 500 MG	Prescribing, Medication Administration	RXCUI
1743726	Methylprednisolone 1000 MG	Prescribing, Medication Administration	RXCUI
1743729	Methylprednisolone 1000 MG	Prescribing, Medication Administration	RXCUI
1743779	methylprednisolone acetate 40 MG/ML	Prescribing, Medication Administration	RXCUI
1743781	methylprednisolone acetate 40 MG/ML	Prescribing, Medication Administration	RXCUI
1743855	methylprednisolone acetate 80 MG/ML	Prescribing, Medication Administration	RXCUI
1743856	methylprednisolone acetate 80 MG/ML	Prescribing, Medication Administration	RXCUI
197971	Methylprednisolone 32 MG	Prescribing, Medication Administration	RXCUI
197973	Methylprednisolone 8 MG	Prescribing, Medication Administration	RXCUI
207136	Methylprednisolone 2 MG	Prescribing, Medication Administration	RXCUI
207137	Methylprednisolone 8 MG	Prescribing, Medication Administration	RXCUI
207138	Methylprednisolone 16 MG	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
207141	Methylprednisolone 32 MG	Prescribing, Medication Administration	RXCUI
207143	Methylprednisolone 20 MG/ML	Prescribing, Medication Administration	RXCUI
207168	Methylprednisolone 40 MG/ML	Prescribing, Medication Administration	RXCUI
207179	Methylprednisolone 80 MG/ML	Prescribing, Medication Administration	RXCUI
207189	Methylprednisolone 125 MG/ML	Prescribing, Medication Administration	RXCUI
207191	Methylprednisolone 40 MG	Prescribing, Medication Administration	RXCUI
207193	Methylprednisolone 62.5 MG/ML	Prescribing, Medication Administration	RXCUI
213010	Methylprednisolone 65.3 MG/ML	Prescribing, Medication Administration	RXCUI
238760	Methylprednisolone 80 MG/ML	Prescribing, Medication Administration	RXCUI
259966	Methylprednisolone 4 MG	Prescribing, Medication Administration	RXCUI
260330	Methylprednisolone 4 MG	Prescribing, Medication Administration	RXCUI
311659	Methylprednisolone 40 MG/ML	Prescribing, Medication Administration	RXCUI
314099	Methylprednisolone 62.5 MG/ML	Prescribing, Medication Administration	RXCUI
328161	Methylprednisolone 16 MG	Prescribing, Medication Administration	RXCUI
346535	Methylprednisolone 40 MG/ML	Prescribing, Medication Administration	RXCUI
762675	21 (Methylprednisolone 4 MG Oral Tablet)	Prescribing, Medication Administration	RXCUI
1008080	Aspirin / Methylprednisolone	Prescribing, Medication Administration	RXCUI
105399	Solu-Medrone 40 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
105400	Solu-Medrone 62.5 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
105401	Solu-Medrone 125 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
105402	Solu-Medrone 65.3 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
105404	methylprednisolone (as methylprednisolone sodium succinate) 50 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
1163488	Methylprednisolone Oral Product	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1163489	Methylprednisolone Pill	Prescribing, Medication Administration	RXCUI
1357885	Methylprednisolone 65.4 MG/ML	Prescribing, Medication Administration	RXCUI
1357886	methylprednisolone (as methylprednisolone sodium succinate) 65.4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
1357887	Methylprednisolone 65.4 MG/ML [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
1358509	methylprednisolone acetate 20 MG/ML	Prescribing, Medication Administration	RXCUI
1358510	methylprednisolone acetate 20 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
1358511	methylprednisolone acetate 20 MG/ML [Depo-Medrol]	Prescribing, Medication Administration	RXCUI
1358611	methylprednisolone acetate 40 MG/ML [Depo-Medrol]	Prescribing, Medication Administration	RXCUI
1358616	methylprednisolone acetate 80 MG/ML	Prescribing, Medication Administration	RXCUI
1358618	methylprednisolone acetate 80 MG/ML [Depo-Medrol]	Prescribing, Medication Administration	RXCUI
1358745	methylprednisolone acetate 10 MG/ML	Prescribing, Medication Administration	RXCUI
1358747	methylprednisolone acetate 16 MG/ML	Prescribing, Medication Administration	RXCUI
1358748	methylprednisolone acetate 16 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
1358749	methylprednisolone acetate 2.5 MG/ML	Prescribing, Medication Administration	RXCUI
1358760	methylprednisolone acetate 40 MG	Prescribing, Medication Administration	RXCUI
1358761	methylprednisolone acetate 40 MG Enema	Prescribing, Medication Administration	RXCUI
1545708	methylprednisolone acetate 40 ML	Prescribing, Medication Administration	RXCUI
1545709	methylprednisolone acetate 40 ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
1545711	methylprednisolone acetate 40 ML [Depo-Medrol]	Prescribing, Medication Administration	RXCUI
1545712	Depo-Medrol 40 ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
1743702	Methylprednisolone 125 MG	Prescribing, Medication Administration	RXCUI
1743703	Methylprednisolone Injection	Prescribing, Medication Administration	RXCUI
1743705	Methylprednisolone 125 MG [Solu-Medrol]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1743706	Methylprednisolone Injection [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
1743719	Methylprednisolone 500 MG	Prescribing, Medication Administration	RXCUI
1743721	Methylprednisolone 500 MG [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
1743725	Methylprednisolone 1000 MG	Prescribing, Medication Administration	RXCUI
1743727	Methylprednisolone 1000 MG [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
1743780	Methylprednisolone Injection [Depo-Medrol]	Prescribing, Medication Administration	RXCUI
1743782	methylprednisolone acetate 40 MG/ML Injection	Prescribing, Medication Administration	RXCUI
1743783	Depo-Medrol 40 MG/ML Injection	Prescribing, Medication Administration	RXCUI
1743857	methylprednisolone acetate 80 MG/ML Injection	Prescribing, Medication Administration	RXCUI
1743858	Depo-Medrol 80 MG/ML Injection	Prescribing, Medication Administration	RXCUI
1744013	Methylprednisolone 2000 MG	Prescribing, Medication Administration	RXCUI
1744015	Methylprednisolone 2000 MG [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
1744018	Methylprednisolone 40 MG [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
1744020	Methylprednisolone 40 MG [A-MethaPred]	Prescribing, Medication Administration	RXCUI
1744021	Methylprednisolone Injection [A-MethaPred]	Prescribing, Medication Administration	RXCUI
1744024	Methylprednisolone 125 MG [A-MethaPred]	Prescribing, Medication Administration	RXCUI
197969	methylPREDNISolone 2 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
197970	methylPREDNISolone 24 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
199771	methylPREDNISolone 100 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
203189	Methylprednisolone Sodium Succinate	Prescribing, Medication Administration	RXCUI
207139	Medrol 24 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
207166	Adlone-40 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207167	Depmedalone 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
207169	Depopred 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207170	Duralone 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207171	Medipred 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207172	Medralone 40 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207173	Methylcotol 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207174	Methylone 40 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207176	Adlone-80 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207177	Dep Medalone 80 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207178	Depmedalone 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207180	Depoject-80 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207181	Duralone 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207183	Medipred 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207184	Medralone 80 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207185	Medralone 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207186	Methylone 80 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207187	Predacorten 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
207190	A-MethaPred (as methylprednisolone sodium succinate) 40 MG Injection	Prescribing, Medication Administration	RXCUI
207192	A-MethaPred (as methylprednisolone sodium succinate) 125 MG Injection	Prescribing, Medication Administration	RXCUI
238759	Methylprednisolone 20 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
248298	Methylprednisolone 16 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
311658	Methylprednisolone 65.3 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
316285	Methylprednisolone 2 MG	Prescribing, Medication Administration	RXCUI
316286	Methylprednisolone 24 MG	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
316287	Methylprednisolone 32 MG	Prescribing, Medication Administration	RXCUI
316288	Methylprednisolone 8 MG	Prescribing, Medication Administration	RXCUI
317426	Methylprednisolone 16 MG	Prescribing, Medication Administration	RXCUI
317427	Methylprednisolone 4 MG	Prescribing, Medication Administration	RXCUI
323973	Methylprednisolone 40 MG/ML	Prescribing, Medication Administration	RXCUI
330037	Methylprednisolone 40 MG	Prescribing, Medication Administration	RXCUI
332216	Methylprednisolone 100 MG	Prescribing, Medication Administration	RXCUI
334063	Methylprednisolone 16 MG/ML	Prescribing, Medication Administration	RXCUI
334064	Methylprednisolone 1.5 MG	Prescribing, Medication Administration	RXCUI
337312	Methylprednisolone 20 MG/ML	Prescribing, Medication Administration	RXCUI
337313	Methylprednisolone 80 MG/ML	Prescribing, Medication Administration	RXCUI
340167	Methylprednisolone 1 MG/ML	Prescribing, Medication Administration	RXCUI
343730	Methylprednisolone 125 MG/ML	Prescribing, Medication Administration	RXCUI
346173	Methylprednisolone 62.5 MG/ML	Prescribing, Medication Administration	RXCUI
346269	Methylprednisolone 2.5 MG/ML	Prescribing, Medication Administration	RXCUI
346438	Methylprednisolone 65.3 MG/ML	Prescribing, Medication Administration	RXCUI
351409	Methylpred DP 4 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
351410	Med-Jec-40 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
351411	Methacort 40 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
351412	Methacort 80 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
351413	Methylcotolone 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
360536	Methylprednisolone 50 MG/ML	Prescribing, Medication Administration	RXCUI
362769	Methylprednisolone Injectable Solution [Solu-Medrone]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
362772	Methylprednisolone Injectable Solution [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
363303	Methylprednisolone Injectable Solution [A-MethaPred]	Prescribing, Medication Administration	RXCUI
365568	Methylprednisolone Injectable Suspension [Duralone]	Prescribing, Medication Administration	RXCUI
365569	Methylprednisolone Injectable Suspension [Depopred]	Prescribing, Medication Administration	RXCUI
365570	Methylprednisolone Injectable Suspension [Depo-Medrol]	Prescribing, Medication Administration	RXCUI
365571	Methylprednisolone Injectable Suspension [Depmedalone]	Prescribing, Medication Administration	RXCUI
365572	Methylprednisolone Injectable Suspension [Adlone-40]	Prescribing, Medication Administration	RXCUI
365605	Methylprednisolone Injectable Suspension [Med-Jec-40]	Prescribing, Medication Administration	RXCUI
365606	Methylprednisolone Injectable Suspension [Methacort 40]	Prescribing, Medication Administration	RXCUI
365607	Methylprednisolone Injectable Suspension [Methacort 80]	Prescribing, Medication Administration	RXCUI
365608	Methylprednisolone Injectable Suspension [Methylcotolone]	Prescribing, Medication Administration	RXCUI
365649	Methylprednisolone Injectable Suspension [Predacorten]	Prescribing, Medication Administration	RXCUI
365650	Methylprednisolone Injectable Suspension [Methylone 80]	Prescribing, Medication Administration	RXCUI
365651	Methylprednisolone Injectable Suspension [Medralone]	Prescribing, Medication Administration	RXCUI
365652	Methylprednisolone Injectable Suspension [Medralone 80]	Prescribing, Medication Administration	RXCUI
365653	Methylprednisolone Injectable Suspension [Medipred]	Prescribing, Medication Administration	RXCUI
365655	Methylprednisolone Injectable Suspension [Depoject-80]	Prescribing, Medication Administration	RXCUI
365656	Methylprednisolone Injectable Suspension [Dep Medalone 80]	Prescribing, Medication Administration	RXCUI
365657	Methylprednisolone Injectable Suspension [Adlone-80]	Prescribing, Medication Administration	RXCUI
365658	Methylprednisolone Injectable Suspension [Methylone 40]	Prescribing, Medication Administration	RXCUI
365659	Methylprednisolone Injectable Suspension [Methylcotol]	Prescribing, Medication Administration	RXCUI
365660	Methylprednisolone Injectable Suspension [Medralone 40]	Prescribing, Medication Administration	RXCUI
367690	Methylprednisolone Oral Tablet [Methylpred DP]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
368772	Methylprednisolone Oral Tablet [Medrol]	Prescribing, Medication Administration	RXCUI
372868	Methylprednisolone Oral Tablet	Prescribing, Medication Administration	RXCUI
429197	Methylprednisolone 40 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
431738	Methylprednisolone 4 MG Extended Release Tablet	Prescribing, Medication Administration	RXCUI
431739	Methylprednisolone 8 MG Extended Release Tablet	Prescribing, Medication Administration	RXCUI
446398	Methylprednisolone Extended Release Tablet	Prescribing, Medication Administration	RXCUI
446407	Methylprednisolone 10 MG/ML	Prescribing, Medication Administration	RXCUI
446408	Methylprednisolone 5 MG/ML	Prescribing, Medication Administration	RXCUI
542401	Methylprednisolone 4 MG [Methylpred]	Prescribing, Medication Administration	RXCUI
542402	Methylprednisolone Oral Tablet [Methylpred]	Prescribing, Medication Administration	RXCUI
542403	Methylpred 4 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
544685	Methylprednisolone 40 MG/ML [Methylcotolone]	Prescribing, Medication Administration	RXCUI
544686	Methylprednisolone Injectable Solution [Methylcotolone]	Prescribing, Medication Administration	RXCUI
544687	Methylcotolone 40 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
544688	Methylcotolone 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
544694	Methylprednisolone 40 MG/ML [Sano-Drol]	Prescribing, Medication Administration	RXCUI
544695	Methylprednisolone Injectable Suspension [Sano-Drol]	Prescribing, Medication Administration	RXCUI
544696	Sano-Drol 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
544701	Methylprednisolone 80 MG/ML [Cortimed]	Prescribing, Medication Administration	RXCUI
544702	Methylprednisolone Injectable Suspension [Cortimed]	Prescribing, Medication Administration	RXCUI
544703	Cortimed 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
544705	Methylprednisolone 80 MG/ML [Duro Cort]	Prescribing, Medication Administration	RXCUI
544706	Methylprednisolone Injectable Suspension [Duro Cort]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
544707	Duro Cort 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
544733	Methylprednisolone 80 MG/ML [Pri-Methylate]	Prescribing, Medication Administration	RXCUI
544734	Methylprednisolone Injectable Suspension [Pri-Methylate]	Prescribing, Medication Administration	RXCUI
544735	Pri-Methylate 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
544736	Methylprednisolone 80 MG/ML [Sano-Drol]	Prescribing, Medication Administration	RXCUI
544737	Sano-Drol 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
544778	Methylprednisolone 125 MG/ML [A-MethaPred]	Prescribing, Medication Administration	RXCUI
544779	A-MethaPred (as methylprednisolone sodium succinate) 125 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
564049	Methylprednisolone 40 MG/ML [Solu-Medrone]	Prescribing, Medication Administration	RXCUI
564050	Methylprednisolone 62.5 MG/ML [Solu-Medrone]	Prescribing, Medication Administration	RXCUI
564051	Methylprednisolone 125 MG/ML [Solu-Medrone]	Prescribing, Medication Administration	RXCUI
564052	Methylprednisolone 65.3 MG/ML [Solu-Medrone]	Prescribing, Medication Administration	RXCUI
567927	Methylprednisolone 2 MG [Medrol]	Prescribing, Medication Administration	RXCUI
567928	Methylprednisolone 8 MG [Medrol]	Prescribing, Medication Administration	RXCUI
567929	Methylprednisolone 16 MG [Medrol]	Prescribing, Medication Administration	RXCUI
567930	Methylprednisolone 24 MG [Medrol]	Prescribing, Medication Administration	RXCUI
567932	Methylprednisolone 32 MG [Medrol]	Prescribing, Medication Administration	RXCUI
567934	Methylprednisolone 20 MG/ML [Depo-Medrol]	Prescribing, Medication Administration	RXCUI
567957	Methylprednisolone 40 MG/ML [Adlone-40]	Prescribing, Medication Administration	RXCUI
567958	Methylprednisolone 40 MG/ML [Depmedalone]	Prescribing, Medication Administration	RXCUI
567959	Methylprednisolone 40 MG/ML [Depo-Medrol]	Prescribing, Medication Administration	RXCUI
567960	Methylprednisolone 40 MG/ML [Depopred]	Prescribing, Medication Administration	RXCUI
567961	Methylprednisolone 40 MG/ML [Duralone]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
567962	Methylprednisolone 40 MG/ML [Medipred]	Prescribing, Medication Administration	RXCUI
567963	Methylprednisolone 40 MG/ML [Medralone 40]	Prescribing, Medication Administration	RXCUI
567964	Methylprednisolone 40 MG/ML [Methylcotol]	Prescribing, Medication Administration	RXCUI
567965	Methylprednisolone 40 MG/ML [Methylone 40]	Prescribing, Medication Administration	RXCUI
567967	Methylprednisolone 80 MG/ML [Adlone-80]	Prescribing, Medication Administration	RXCUI
567968	Methylprednisolone 80 MG/ML [Dep Medalone 80]	Prescribing, Medication Administration	RXCUI
567969	Methylprednisolone 80 MG/ML [Depmedalone]	Prescribing, Medication Administration	RXCUI
567970	Methylprednisolone 80 MG/ML [Depo-Medrol]	Prescribing, Medication Administration	RXCUI
567971	Methylprednisolone 80 MG/ML [Depoject-80]	Prescribing, Medication Administration	RXCUI
567972	Methylprednisolone 80 MG/ML [Duralone]	Prescribing, Medication Administration	RXCUI
567974	Methylprednisolone 80 MG/ML [Medipred]	Prescribing, Medication Administration	RXCUI
567975	Methylprednisolone 80 MG/ML [Medralone 80]	Prescribing, Medication Administration	RXCUI
567976	Methylprednisolone 80 MG/ML [Medralone]	Prescribing, Medication Administration	RXCUI
567977	Methylprednisolone 80 MG/ML [Methylone 80]	Prescribing, Medication Administration	RXCUI
567978	Methylprednisolone 80 MG/ML [Predacorten]	Prescribing, Medication Administration	RXCUI
567980	Methylprednisolone 125 MG/ML [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
567981	Methylprednisolone 40 MG/ML [A-MethaPred]	Prescribing, Medication Administration	RXCUI
567982	Methylprednisolone 40 MG/ML [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
567983	Methylprednisolone 62.5 MG/ML [A-MethaPred]	Prescribing, Medication Administration	RXCUI
567984	Methylprednisolone 62.5 MG/ML [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
572956	Methylprednisolone 65.3 MG/ML [Solu-Medrol]	Prescribing, Medication Administration	RXCUI
574125	Methylprednisolone 4 MG [Medrol]	Prescribing, Medication Administration	RXCUI
575340	Methylprednisolone 4 MG [Methylpred DP]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
575341	Methylprednisolone 40 MG/ML [Med-Jec-40]	Prescribing, Medication Administration	RXCUI
575342	Methylprednisolone 40 MG/ML [Methacort 40]	Prescribing, Medication Administration	RXCUI
575343	Methylprednisolone 80 MG/ML [Methacort 80]	Prescribing, Medication Administration	RXCUI
575344	Methylprednisolone 80 MG/ML [Methylcotolone]	Prescribing, Medication Administration	RXCUI
804173	{14 (Methylprednisolone 16 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
203856	SOLU-MEDROL	Prescribing, Medication Administration	RXCUI
22584	DEPO-MEDROL	Prescribing, Medication Administration	RXCUI
1165881	A-METHAPRED INJECTABLE PRODUCT	Prescribing, Medication Administration	RXCUI
1183797	MEDROL PILL	Prescribing, Medication Administration	RXCUI
1173110	DEPO-MEDROL INJECTABLE PRODUCT	Prescribing, Medication Administration	RXCUI
1183796	MEDROL ORAL PRODUCT	Prescribing, Medication Administration	RXCUI
1184840	SOLU-MEDROL INJECTABLE PRODUCT	Prescribing, Medication Administration	RXCUI
1005831	Millipred DP 12 Day Pack	Prescribing, Medication Administration	RXCUI
1235042	Millipred DP 21 Count 6 Day Dose Pack	Prescribing, Medication Administration	RXCUI
249066	prednisolone 25 MG (prednisolone sodium phosphate 33.6 MG) per 5 ML Oral Solution	Prescribing, Medication Administration	RXCUI
260409	Pediapred 1 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
283077	prednisolone 15 mg (as prednisolone sodium phosphate 20.2 MG) per 5 ML Oral Solution	Prescribing, Medication Administration	RXCUI
312614	prednisolone 1 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
643123	prednisolone 10 MG (prednisolone sodium phosphate 13.4 MG) Disintegrating Oral Tablet	Prescribing, Medication Administration	RXCUI
643125	prednisolone 15 MG (prednisolone sodium phosphate 20.2 MG) Disintegrating Oral Tablet	Prescribing, Medication Administration	RXCUI
643127	prednisolone 30 MG (as prednisolone sodium phosphate 40.3 MG) Disintegrating Oral Tablet	Prescribing, Medication Administration	RXCUI
647127	Orapred 15 MG Disintegrating Oral Tablet	Prescribing, Medication Administration	RXCUI
668658	Orapred 10 MG Disintegrating Oral Tablet	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
668660	Orapred 30 MG Disintegrating Oral Tablet	Prescribing, Medication Administration	RXCUI
702306	prednisolone 20 MG (as prednisolone sodium phosphate 26.9 MG) per 5 ML Oral Solution	Prescribing, Medication Administration	RXCUI
794979	prednisolone 10 MG per 5 ML Oral Solution	Prescribing, Medication Administration	RXCUI
808118	MILLIPRED 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
824889	Veripred 20 20 MG per 5 ML Oral Solution	Prescribing, Medication Administration	RXCUI
1005830	{48 (prednisolone 5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
1012206	prednisolone 3 MG/ML [AsmalPred Plus]	Prescribing, Medication Administration	RXCUI
1012207	prednisolone Oral Solution [AsmalPred Plus]	Prescribing, Medication Administration	RXCUI
1012208	AsmalPred Plus 0.3 % Oral Solution	Prescribing, Medication Administration	RXCUI
1013114	{21 (prednisolone 5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
102857	Codelsol 16 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
102858	Stintisone 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
102859	prednisolone 16 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
103166	Codelson 16 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
105407	Prednesol 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
105408	prednisolone 2.5 MG Delayed Release Oral Tablet	Prescribing, Medication Administration	RXCUI
105409	prednisolone 5 MG Delayed Release Oral Tablet	Prescribing, Medication Administration	RXCUI
105410	prednisolone 5 MG Disintegrating Oral Tablet	Prescribing, Medication Administration	RXCUI
105411	prednisolone 2.5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
1153745	Aspirin / Methylprednisolone Oral Product	Prescribing, Medication Administration	RXCUI
1153746	Aspirin / Methylprednisolone Pill	Prescribing, Medication Administration	RXCUI
1156758	prednisolone Pill	Prescribing, Medication Administration	RXCUI
1161445	Fluprednisolone Oral Product	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1161446	Fluprednisolone Pill	Prescribing, Medication Administration	RXCUI
1165753	prednisolone / Trimeprazine Oral Product	Prescribing, Medication Administration	RXCUI
1165754	prednisolone / Trimeprazine Pill	Prescribing, Medication Administration	RXCUI
1165758	prednisolone Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1191679	prednisolone 20 MG [Prednistab]	Prescribing, Medication Administration	RXCUI
1191680	prednisolone Oral Tablet [Prednistab]	Prescribing, Medication Administration	RXCUI
1191683	Prednistab 20 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
1191685	prednisolone 5 MG [Prednistab]	Prescribing, Medication Administration	RXCUI
1191686	Prednistab 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
1295508	prednisolone Disintegrating Oral Product	Prescribing, Medication Administration	RXCUI
1493167	prednisolone 10 MG/ML [Solu-Delta-Cortef]	Prescribing, Medication Administration	RXCUI
1493168	prednisolone Injectable Solution [Solu-Delta-Cortef]	Prescribing, Medication Administration	RXCUI
1493170	Solu-Delta-Cortef (as prednisolone sodium succinate) 100 MG per 10 ML Injectable Solution	Prescribing, Medication Administration	RXCUI
1493171	prednisolone 50 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
1493172	prednisolone 50 MG/ML [Solu-Delta-Cortef]	Prescribing, Medication Administration	RXCUI
1493173	Solu-Delta-Cortef (as prednisolone sodium succinate) 500 MG per 10 ML Injectable Solution	Prescribing, Medication Administration	RXCUI
198142	prednisolone 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
199343	prednisolone 1 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
199967	prednisolone 25 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
208988	prednisolone acetate 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
245993	ASA 300 MG / Methylprednisolone 1.5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
260125	prednisolone 25 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260126	prednisolone 40 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
260127	prednisolone 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260391	Key-Pred 25 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260392	Predcor 25 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260393	Depo-Predate 40 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260394	Key-Pred 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260395	Medicort 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260396	Pred-Ject-50 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260397	Predacort 50 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260398	Predaject-50 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260399	Predalone 50 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260400	Predate-50 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260401	Predcor 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260402	Predicort-50 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260403	Pri-Cortin 50 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260404	Depo-Predate 80 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
260405	Hydeltrasol 20 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
260406	Key-Pred SP 20 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
260407	Predicort RP 20 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
260408	prednisolone acetate 20 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
261992	Cotolone 25 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
261993	Cotolone 50 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
284275	Prelone 1 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
284516	Orapred 15 MG in 5 mL Oral Solution	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
312609	prednisolone 100 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
316579	prednisolone 5 MG	Prescribing, Medication Administration	RXCUI
323918	prednisolone 80 MG/ML	Prescribing, Medication Administration	RXCUI
323977	prednisolone 40 MG/ML	Prescribing, Medication Administration	RXCUI
330164	prednisolone 100 MG/ML	Prescribing, Medication Administration	RXCUI
335532	prednisolone 100 MG	Prescribing, Medication Administration	RXCUI
336584	prednisolone 20 MG	Prescribing, Medication Administration	RXCUI
337411	prednisolone 25 MG/ML	Prescribing, Medication Administration	RXCUI
343660	prednisolone 50 MG/ML	Prescribing, Medication Administration	RXCUI
348428	prednisolone 50 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
349801	prednisolone 50 MG	Prescribing, Medication Administration	RXCUI
351159	prednisolone 25 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
351519	Cotolone 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
363277	prednisolone Injectable Solution [Predicort RP]	Prescribing, Medication Administration	RXCUI
363278	prednisolone Injectable Solution [Key-Pred SP]	Prescribing, Medication Administration	RXCUI
363559	prednisolone Injectable Solution [Codelsol]	Prescribing, Medication Administration	RXCUI
364214	prednisolone Oral Solution [Prelone]	Prescribing, Medication Administration	RXCUI
364478	prednisolone Oral Solution [Orapred]	Prescribing, Medication Administration	RXCUI
365356	prednisolone Otic Solution [Predsol]	Prescribing, Medication Administration	RXCUI
365598	prednisolone Injectable Suspension [Hydeltra-T.B.A.]	Prescribing, Medication Administration	RXCUI
365614	prednisolone Injectable Suspension [Depo-Predate]	Prescribing, Medication Administration	RXCUI
365615	prednisolone Injectable Suspension [Pri-Cortin 50]	Prescribing, Medication Administration	RXCUI
365616	prednisolone Injectable Suspension [Predicort-50]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
365617	prednisolone Injectable Suspension [Predcor]	Prescribing, Medication Administration	RXCUI
365618	prednisolone Injectable Suspension [Predate-50]	Prescribing, Medication Administration	RXCUI
365619	prednisolone Injectable Suspension [Predalone 50]	Prescribing, Medication Administration	RXCUI
365620	prednisolone Injectable Suspension [Predaject-50]	Prescribing, Medication Administration	RXCUI
365621	prednisolone Injectable Suspension [Predacort 50]	Prescribing, Medication Administration	RXCUI
365622	prednisolone Injectable Suspension [Pred-Ject-50]	Prescribing, Medication Administration	RXCUI
365623	prednisolone Injectable Suspension [Medicort]	Prescribing, Medication Administration	RXCUI
365624	prednisolone Injectable Suspension [Key-Pred]	Prescribing, Medication Administration	RXCUI
365625	prednisolone Injectable Suspension [Cotolone]	Prescribing, Medication Administration	RXCUI
369438	prednisolone Oral Tablet [Cotolone]	Prescribing, Medication Administration	RXCUI
369537	prednisolone Oral Tablet [Stintisone]	Prescribing, Medication Administration	RXCUI
372870	Aspirin / Methylprednisolone Oral Tablet	Prescribing, Medication Administration	RXCUI
373572	prednisolone Delayed Release Oral Tablet	Prescribing, Medication Administration	RXCUI
373575	prednisolone Oral Solution	Prescribing, Medication Administration	RXCUI
373578	prednisolone Oral Tablet	Prescribing, Medication Administration	RXCUI
373579	prednisolone Injectable Solution	Prescribing, Medication Administration	RXCUI
379264	prednisolone Disintegrating Oral Tablet	Prescribing, Medication Administration	RXCUI
385141	prednisolone Oral Tablet [Prednesol]	Prescribing, Medication Administration	RXCUI
385326	prednisolone Injectable Solution [Codelson]	Prescribing, Medication Administration	RXCUI
429198	prednisolone 2 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
429199	prednisolone 20 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
436279	prednisolone 10 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
436507	prednisolone 100 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
452820	prednisolone 10 MG	Prescribing, Medication Administration	RXCUI
541703	prednisolone 5 MG [Prednoral]	Prescribing, Medication Administration	RXCUI
541704	prednisolone Oral Tablet [Prednoral]	Prescribing, Medication Administration	RXCUI
541705	Prednoral 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
547220	prednisolone 25 MG/ML [Pricortin]	Prescribing, Medication Administration	RXCUI
547221	prednisolone Injectable Suspension [Pricortin]	Prescribing, Medication Administration	RXCUI
547222	Pricortin 25 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
563157	prednisolone 5 MG [Stintisone]	Prescribing, Medication Administration	RXCUI
563254	prednisolone 16 MG/ML [Codelson]	Prescribing, Medication Administration	RXCUI
563270	prednisolone 5 MG/ML [Predsol]	Prescribing, Medication Administration	RXCUI
563538	prednisolone 5 MG [Predsol]	Prescribing, Medication Administration	RXCUI
564053	prednisolone 5 MG [Prednesol]	Prescribing, Medication Administration	RXCUI
574179	prednisolone 25 MG/ML [Key-Pred]	Prescribing, Medication Administration	RXCUI
574180	prednisolone 25 MG/ML [Predcor]	Prescribing, Medication Administration	RXCUI
574181	prednisolone 40 MG/ML [Depo-Predate]	Prescribing, Medication Administration	RXCUI
574182	prednisolone 50 MG/ML [Key-Pred]	Prescribing, Medication Administration	RXCUI
574183	prednisolone 50 MG/ML [Medicort]	Prescribing, Medication Administration	RXCUI
574184	prednisolone 50 MG/ML [Pred-Ject-50]	Prescribing, Medication Administration	RXCUI
574185	prednisolone 50 MG/ML [Predacort 50]	Prescribing, Medication Administration	RXCUI
574186	prednisolone 50 MG/ML [Predaject-50]	Prescribing, Medication Administration	RXCUI
574187	prednisolone 50 MG/ML [Predalone 50]	Prescribing, Medication Administration	RXCUI
574188	prednisolone 50 MG/ML [Predate-50]	Prescribing, Medication Administration	RXCUI
574189	prednisolone 50 MG/ML [Predcor]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
574190	prednisolone 50 MG/ML [Predicort-50]	Prescribing, Medication Administration	RXCUI
574191	prednisolone 50 MG/ML [Pri-Cortin 50]	Prescribing, Medication Administration	RXCUI
574192	prednisolone 80 MG/ML [Depo-Predate]	Prescribing, Medication Administration	RXCUI
574193	prednisolone 20 MG/ML [Hydeltrasol]	Prescribing, Medication Administration	RXCUI
574194	prednisolone 20 MG/ML [Key-Pred SP]	Prescribing, Medication Administration	RXCUI
574195	prednisolone 20 MG/ML [Predicort RP]	Prescribing, Medication Administration	RXCUI
574196	prednisolone 1 MG/ML [Pediapred]	Prescribing, Medication Administration	RXCUI
574626	prednisolone 25 MG/ML [Cotolone]	Prescribing, Medication Administration	RXCUI
574627	prednisolone 50 MG/ML [Cotolone]	Prescribing, Medication Administration	RXCUI
575438	prednisolone 5 MG [Cotolone]	Prescribing, Medication Administration	RXCUI
604202	prednisolone 1 MG/ML [Bubbli-Pred]	Prescribing, Medication Administration	RXCUI
604203	prednisolone Oral Solution [Bubbli-Pred]	Prescribing, Medication Administration	RXCUI
604204	Bubbli-Pred 1 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
643124	prednisolone 15 MG	Prescribing, Medication Administration	RXCUI
643126	prednisolone 30 MG	Prescribing, Medication Administration	RXCUI
647125	prednisolone 15 MG [Orapred]	Prescribing, Medication Administration	RXCUI
647126	prednisolone Disintegrating Oral Tablet [Orapred]	Prescribing, Medication Administration	RXCUI
668657	prednisolone 10 MG [Orapred]	Prescribing, Medication Administration	RXCUI
668659	prednisolone 30 MG [Orapred]	Prescribing, Medication Administration	RXCUI
755702	Prelone 15 MG in 5 mL Oral Solution	Prescribing, Medication Administration	RXCUI
755703	Prelone 5 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
755936	prednisolone acetate 3 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
795095	prednisolone 2 MG/ML [MILLIPRED]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
795096	prednisolone Oral Solution [MILLIPRED]	Prescribing, Medication Administration	RXCUI
795097	Millipred 10 MG in 5 mL Oral Solution	Prescribing, Medication Administration	RXCUI
803306	prednisolone 3 MG/ML [Flo-Pred]	Prescribing, Medication Administration	RXCUI
803307	prednisolone Oral Suspension [Flo-Pred]	Prescribing, Medication Administration	RXCUI
803308	Flo-Pred 15 MG per 3 ML Oral Suspension	Prescribing, Medication Administration	RXCUI
803309	prednisolone 1 MG/ML [Flo-Pred]	Prescribing, Medication Administration	RXCUI
803310	Flo-Pred 1 MG/ML Oral Suspension	Prescribing, Medication Administration	RXCUI
808116	prednisolone 5 MG [MILLIPRED]	Prescribing, Medication Administration	RXCUI
808117	prednisolone Oral Tablet [MILLIPRED]	Prescribing, Medication Administration	RXCUI
824887	prednisolone 4 MG/ML [Veripred]	Prescribing, Medication Administration	RXCUI
824888	prednisolone Oral Solution [Veripred]	Prescribing, Medication Administration	RXCUI
1012205	AsmalPred Plus	Prescribing, Medication Administration	RXCUI
1168054	Bubbli-Pred Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1168055	Bubbli-Pred Oral Product	Prescribing, Medication Administration	RXCUI
1169771	Flo-Pred Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1169772	Flo-Pred Oral Product	Prescribing, Medication Administration	RXCUI
1170721	Key-Pred Injectable Product	Prescribing, Medication Administration	RXCUI
1170722	Key-Pred SP Injectable Product	Prescribing, Medication Administration	RXCUI
1171632	Cotolone Injectable Product	Prescribing, Medication Administration	RXCUI
1171633	Cotolone Oral Product	Prescribing, Medication Administration	RXCUI
1171634	Cotolone Pill	Prescribing, Medication Administration	RXCUI
1172143	AsmalPred Plus Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1172144	AsmalPred Plus Oral Product	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1173111	Depo-Predate Injectable Product	Prescribing, Medication Administration	RXCUI
1173399	Hydeltra-T.B.A. Injectable Product	Prescribing, Medication Administration	RXCUI
1173400	Hydeltrasol Injectable Product	Prescribing, Medication Administration	RXCUI
1175156	Codelsol Injectable Product	Prescribing, Medication Administration	RXCUI
1175157	Codelson Injectable Product	Prescribing, Medication Administration	RXCUI
1177661	Pri-Cortin 50 Injectable Product	Prescribing, Medication Administration	RXCUI
1178234	Pricortin Injectable Product	Prescribing, Medication Administration	RXCUI
1179016	Stintisone Oral Product	Prescribing, Medication Administration	RXCUI
1180193	Stintisone Pill	Prescribing, Medication Administration	RXCUI
1181408	Temaril-P Oral Product	Prescribing, Medication Administration	RXCUI
1181409	Temaril-P Pill	Prescribing, Medication Administration	RXCUI
1183281	Medicort Injectable Product	Prescribing, Medication Administration	RXCUI
1183437	Orapred Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1183438	Orapred Oral Product	Prescribing, Medication Administration	RXCUI
1183439	Orapred Pill	Prescribing, Medication Administration	RXCUI
1184005	Pediapred Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1184006	Pediapred Oral Product	Prescribing, Medication Administration	RXCUI
1184933	MILLIPRED Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1184934	MILLIPRED Oral Product	Prescribing, Medication Administration	RXCUI
1184935	MILLIPRED Pill	Prescribing, Medication Administration	RXCUI
1185242	Pred-Ject-50 Injectable Product	Prescribing, Medication Administration	RXCUI
1185244	Predacort 50 Injectable Product	Prescribing, Medication Administration	RXCUI
1185246	Predaject-50 Injectable Product	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
1185247	Predalone 50 Injectable Product	Prescribing, Medication Administration	RXCUI
1185248	Predate-50 Injectable Product	Prescribing, Medication Administration	RXCUI
1185249	Predcor Injectable Product	Prescribing, Medication Administration	RXCUI
1185252	Predicort RP Injectable Product	Prescribing, Medication Administration	RXCUI
1185253	Predicort-50 Injectable Product	Prescribing, Medication Administration	RXCUI
1185254	Prednesol Oral Product	Prescribing, Medication Administration	RXCUI
1185255	Prednesol Pill	Prescribing, Medication Administration	RXCUI
1185263	Prednoral Oral Product	Prescribing, Medication Administration	RXCUI
1185264	Prednoral Pill	Prescribing, Medication Administration	RXCUI
1185831	Prelone Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1185832	Prelone Oral Product	Prescribing, Medication Administration	RXCUI
1187894	Veripred Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1187895	Veripred Oral Product	Prescribing, Medication Administration	RXCUI
1191678	Prednistab	Prescribing, Medication Administration	RXCUI
1191681	Prednistab Oral Product	Prescribing, Medication Administration	RXCUI
1191682	Prednistab Pill	Prescribing, Medication Administration	RXCUI
1296584	Orapred Disintegrating Oral Product	Prescribing, Medication Administration	RXCUI
1493166	Solu-Delta-Cortef	Prescribing, Medication Administration	RXCUI
1493169	Solu-Delta-Cortef Injectable Product	Prescribing, Medication Administration	RXCUI
152241	Prednesol	Prescribing, Medication Administration	RXCUI
202702	Medrol	Prescribing, Medication Administration	RXCUI
202760	Hydeltrasol	Prescribing, Medication Administration	RXCUI
203857	A-MethaPred	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
216258	Cotolone	Prescribing, Medication Administration	RXCUI
216464	Depo-Predate	Prescribing, Medication Administration	RXCUI
217592	Hydeltra-T.B.A.	Prescribing, Medication Administration	RXCUI
217898	Key-Pred	Prescribing, Medication Administration	RXCUI
217899	Key-Pred SP	Prescribing, Medication Administration	RXCUI
218285	Medicort	Prescribing, Medication Administration	RXCUI
219136	Pediapred	Prescribing, Medication Administration	RXCUI
219282	Poly Pred	Prescribing, Medication Administration	RXCUI
219341	Pred-Ject-50	Prescribing, Medication Administration	RXCUI
219342	Predacort 50	Prescribing, Medication Administration	RXCUI
219344	Predaject-50	Prescribing, Medication Administration	RXCUI
219345	Predalone 50	Prescribing, Medication Administration	RXCUI
219346	Predate-50	Prescribing, Medication Administration	RXCUI
219347	Predcor	Prescribing, Medication Administration	RXCUI
219348	Predicort RP	Prescribing, Medication Administration	RXCUI
219349	Predicort-50	Prescribing, Medication Administration	RXCUI
219356	Prelone	Prescribing, Medication Administration	RXCUI
219403	Pri-Cortin 50	Prescribing, Medication Administration	RXCUI
285077	Orapred	Prescribing, Medication Administration	RXCUI
353627	Codelsol	Prescribing, Medication Administration	RXCUI
353629	Stintisone	Prescribing, Medication Administration	RXCUI
385325	Codelson	Prescribing, Medication Administration	RXCUI
541702	Prednoral	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
547219	Pricortin	Prescribing, Medication Administration	RXCUI
604201	Bubbli-Pred	Prescribing, Medication Administration	RXCUI
792207	Flo-Pred	Prescribing, Medication Administration	RXCUI
795094	MILLIPRED	Prescribing, Medication Administration	RXCUI
824886	Veripred	Prescribing, Medication Administration	RXCUI
834023	Medrol Dosepak	Prescribing, Medication Administration	RXCUI
897060	Temaril-P	Prescribing, Medication Administration	RXCUI
1303131	Prednisone 1 MG	Prescribing, Medication Administration	RXCUI
1303134	Prednisone 2 MG	Prescribing, Medication Administration	RXCUI
1303137	Prednisone 5 MG	Prescribing, Medication Administration	RXCUI
198144	Prednisone 1 MG	Prescribing, Medication Administration	RXCUI
198145	Prednisone 10 MG	Prescribing, Medication Administration	RXCUI
198146	Prednisone 2.5 MG	Prescribing, Medication Administration	RXCUI
198148	Prednisone 50 MG	Prescribing, Medication Administration	RXCUI
205301	Prednisone 5 MG/ML	Prescribing, Medication Administration	RXCUI
312615	Prednisone 20 MG	Prescribing, Medication Administration	RXCUI
312617	Prednisone 5 MG	Prescribing, Medication Administration	RXCUI
315187	Prednisone 1 MG/ML	Prescribing, Medication Administration	RXCUI
763179	Prednisone 5 MG Oral Tablet 48 Count Pack	Prescribing, Medication Administration	RXCUI
763181	21 (Prednisone 5 MG Oral Tablet)	Prescribing, Medication Administration	RXCUI
763183	Prednisone 10 MG Oral Tablet 48 Count Pack	Prescribing, Medication Administration	RXCUI
763185	21 (Prednisone 10 MG Oral Tablet)	Prescribing, Medication Administration	RXCUI
795858	Prednisone 10 MG Oral Tablet 10 Count Pack	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
105412	Decortisyl 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
1161704	Prednisone Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1161705	Prednisone Oral Product	Prescribing, Medication Administration	RXCUI
1161706	Prednisone Pill	Prescribing, Medication Administration	RXCUI
1161707	Prednisone Rectal Product	Prescribing, Medication Administration	RXCUI
1165700	meprednisone Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1165701	meprednisone Oral Product	Prescribing, Medication Administration	RXCUI
1165702	meprednisone Pill	Prescribing, Medication Administration	RXCUI
1185261	Prednisone Intensol Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1185262	Prednisone Intensol Oral Product	Prescribing, Medication Administration	RXCUI
1303124	Prednisone Delayed Release Oral Tablet	Prescribing, Medication Administration	RXCUI
1303125	predniSONE 1 MG Delayed Release Oral Tablet	Prescribing, Medication Administration	RXCUI
1303127	Prednisone 1 MG [Rayos]	Prescribing, Medication Administration	RXCUI
1303128	Prednisone Delayed Release Oral Tablet [Rayos]	Prescribing, Medication Administration	RXCUI
1303132	predniSONE 2 MG Delayed Release Oral Tablet	Prescribing, Medication Administration	RXCUI
1303133	Prednisone 2 MG [Rayos]	Prescribing, Medication Administration	RXCUI
1303135	predniSONE 5 MG Delayed Release Oral Tablet	Prescribing, Medication Administration	RXCUI
1303136	Prednisone 5 MG [Rayos]	Prescribing, Medication Administration	RXCUI
1742508	meprednisone disodium phosphate	Prescribing, Medication Administration	RXCUI
201082	Econosone 1 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
201083	Econosone 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206199	Liquid Pred 1 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
206754	Meticorten 1 MG Oral Tablet	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
206755	Orasone 1 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206837	Deltasone 2.5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206954	Deltasone 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206955	Orasone 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206956	Prednicen-M 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206957	Sterapred 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206988	Deltasone 10 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206989	Orasone 10 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206990	Sterapred DS 10 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206997	Deltasone 20 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
206998	Orasone 20 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
207048	Deltasone 50 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
207049	Orasone 50 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
248682	meprednisone 8 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
248702	meprednisone 40 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
248725	meprednisone 4 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
248794	meprednisone 4 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
29523	meprednisone	Prescribing, Medication Administration	RXCUI
312616	predniSONE 25 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
316580	Prednisone 1 MG/ML	Prescribing, Medication Administration	RXCUI
316581	Prednisone 2.5 MG	Prescribing, Medication Administration	RXCUI
316582	Prednisone 20 MG	Prescribing, Medication Administration	RXCUI
316583	Prednisone 25 MG	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
316584	Prednisone 5 MG	Prescribing, Medication Administration	RXCUI
316585	Prednisone 5 MG/ML	Prescribing, Medication Administration	RXCUI
316586	Prednisone 50 MG	Prescribing, Medication Administration	RXCUI
317475	Prednisone 1 MG	Prescribing, Medication Administration	RXCUI
317663	Prednisone 10 MG	Prescribing, Medication Administration	RXCUI
334021	meprednisone 4 MG/ML	Prescribing, Medication Administration	RXCUI
334022	meprednisone 4 MG	Prescribing, Medication Administration	RXCUI
334023	meprednisone 40 MG	Prescribing, Medication Administration	RXCUI
334024	meprednisone 8 MG	Prescribing, Medication Administration	RXCUI
335473	Prednisone 2 MG	Prescribing, Medication Administration	RXCUI
351399	Prednicot 5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
351400	Prednicot 10 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
351401	Prednicot 20 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
364008	Prednisone Oral Solution [Liquid Pred]	Prescribing, Medication Administration	RXCUI
368654	Prednisone Oral Tablet [Prednicot]	Prescribing, Medication Administration	RXCUI
368790	Prednisone Oral Tablet [Orasone]	Prescribing, Medication Administration	RXCUI
368806	Prednisone Oral Tablet [Sterapred DS]	Prescribing, Medication Administration	RXCUI
368812	Prednisone Oral Tablet [Sterapred]	Prescribing, Medication Administration	RXCUI
368813	Prednisone Oral Tablet [Prednicen-M]	Prescribing, Medication Administration	RXCUI
368867	Prednisone Oral Tablet [Meticorten]	Prescribing, Medication Administration	RXCUI
372772	meprednisone Oral Solution	Prescribing, Medication Administration	RXCUI
372773	meprednisone Oral Tablet	Prescribing, Medication Administration	RXCUI
373583	Prednisone Oral Solution	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
373585	Prednisone Oral Tablet	Prescribing, Medication Administration	RXCUI
380827	Prednisone Oral Tablet [Econosone]	Prescribing, Medication Administration	RXCUI
380828	Prednisone Oral Tablet [Decortisyl]	Prescribing, Medication Administration	RXCUI
420771	Prednisone 5 MG Rectal Suppository	Prescribing, Medication Administration	RXCUI
420772	Prednisone 30 MG Rectal Suppository	Prescribing, Medication Administration	RXCUI
420773	Prednisone 100 MG Rectal Suppository	Prescribing, Medication Administration	RXCUI
420774	Prednisone 10 MG Rectal Suppository	Prescribing, Medication Administration	RXCUI
429331	Prednisone 8 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
429332	Prednisone 40 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
438434	Prednisone 0.005 MG/MG	Prescribing, Medication Administration	RXCUI
451141	Prednisone 100 MG	Prescribing, Medication Administration	RXCUI
451142	Prednisone Rectal Suppository	Prescribing, Medication Administration	RXCUI
451143	Prednisone 30 MG	Prescribing, Medication Administration	RXCUI
451144	Prednisone 40 MG	Prescribing, Medication Administration	RXCUI
451147	Prednisone 8 MG	Prescribing, Medication Administration	RXCUI
539946	Prednisone 1 MG/ML [Liquid Pred]	Prescribing, Medication Administration	RXCUI
541813	Prednisone 10 MG [Predone]	Prescribing, Medication Administration	RXCUI
541814	Prednisone Oral Tablet [Predone]	Prescribing, Medication Administration	RXCUI
541815	Predone 10 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
541871	Prednisone 20 MG [Predone]	Prescribing, Medication Administration	RXCUI
541872	Predone 20 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
564054	Prednisone 5 MG [Decortisyl]	Prescribing, Medication Administration	RXCUI
565678	Prednisone 1 MG [Econosone]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
565679	Prednisone 5 MG [Econosone]	Prescribing, Medication Administration	RXCUI
567565	Prednisone 1 MG [Meticorten]	Prescribing, Medication Administration	RXCUI
567566	Prednisone 1 MG [Orasone]	Prescribing, Medication Administration	RXCUI
567645	Prednisone 2.5 MG [Deltasone]	Prescribing, Medication Administration	RXCUI
567755	Prednisone 5 MG [Deltasone]	Prescribing, Medication Administration	RXCUI
567756	Prednisone 5 MG [Orasone]	Prescribing, Medication Administration	RXCUI
567757	Prednisone 5 MG [Prednicen-M]	Prescribing, Medication Administration	RXCUI
567758	Prednisone 5 MG [Sterapred]	Prescribing, Medication Administration	RXCUI
567784	Prednisone 10 MG [Deltasone]	Prescribing, Medication Administration	RXCUI
567785	Prednisone 10 MG [Orasone]	Prescribing, Medication Administration	RXCUI
567786	Prednisone 10 MG [Sterapred DS]	Prescribing, Medication Administration	RXCUI
567793	Prednisone 20 MG [Deltasone]	Prescribing, Medication Administration	RXCUI
567794	Prednisone 20 MG [Orasone]	Prescribing, Medication Administration	RXCUI
567841	Prednisone 50 MG [Deltasone]	Prescribing, Medication Administration	RXCUI
567842	Prednisone 50 MG [Orasone]	Prescribing, Medication Administration	RXCUI
575330	Prednisone 5 MG [Prednicot]	Prescribing, Medication Administration	RXCUI
575331	Prednisone 10 MG [Prednicot]	Prescribing, Medication Administration	RXCUI
575332	Prednisone 20 MG [Prednicot]	Prescribing, Medication Administration	RXCUI
582600	Prednisone Intensol	Prescribing, Medication Administration	RXCUI
582601	Prednisone 5 MG/ML [Prednisone Intensol]	Prescribing, Medication Administration	RXCUI
582602	Prednisone Oral Solution [Prednisone Intensol]	Prescribing, Medication Administration	RXCUI
582603	Prednisone Intensol 5 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
746379	Prednisone Oral Capsule	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
746380	Prednisone 10 MG Oral Capsule	Prescribing, Medication Administration	RXCUI
746836	Prednisone 20 MG Oral Capsule	Prescribing, Medication Administration	RXCUI
746837	Prednisone 5 MG Oral Capsule	Prescribing, Medication Administration	RXCUI
795854	{12 (Prednisone 5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
795855	{12 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred Uni-Pak 12 Day]	Prescribing, Medication Administration	RXCUI
795856	{6 (Prednisone 5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
795857	{6 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred Uni-Pak 6 Day]	Prescribing, Medication Administration	RXCUI
795860	{6 (Prednisone 10 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
795861	{6 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS Uni-Pak 6 Day]	Prescribing, Medication Administration	RXCUI
834395	{25 (Prednisone 10 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
845491	{48 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred 5 MG 12 Day Uni-Pak]	Prescribing, Medication Administration	RXCUI
845492	{21 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred 5 MG Uni-Pak]	Prescribing, Medication Administration	RXCUI
845493	{48 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS 12 Day Uni-Pak]	Prescribing, Medication Administration	RXCUI
845494	{21 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS Uni-Pak]	Prescribing, Medication Administration	RXCUI
8640	Prednisone	Prescribing, Medication Administration	RXCUI
92354	Prednisone Oral Tablet [Deltasone]	Prescribing, Medication Administration	RXCUI
1171028	Decortisyl Oral Product	Prescribing, Medication Administration	RXCUI
1171029	Decortisyl Pill	Prescribing, Medication Administration	RXCUI
1171797	Econosone Oral Product	Prescribing, Medication Administration	RXCUI
1171798	Econosone Pill	Prescribing, Medication Administration	RXCUI
1172410	Deltasone Oral Product	Prescribing, Medication Administration	RXCUI
1172411	Deltasone Pill	Prescribing, Medication Administration	RXCUI
1176945	Meticorten Oral Product	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
1176946	Meticorten Pill	Prescribing, Medication Administration	RXCUI
1178546	Liquid Pred Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1178547	Liquid Pred Oral Product	Prescribing, Medication Administration	RXCUI
1178982	Sterapred DS Oral Product	Prescribing, Medication Administration	RXCUI
1178983	Sterapred DS Pill	Prescribing, Medication Administration	RXCUI
1178984	Sterapred Oral Product	Prescribing, Medication Administration	RXCUI
1178985	Sterapred Pill	Prescribing, Medication Administration	RXCUI
1183442	Orasone Oral Product	Prescribing, Medication Administration	RXCUI
1183443	Orasone Pill	Prescribing, Medication Administration	RXCUI
1185256	Prednicen-M Oral Product	Prescribing, Medication Administration	RXCUI
1185257	Prednicen-M Pill	Prescribing, Medication Administration	RXCUI
1185258	Prednicot Oral Product	Prescribing, Medication Administration	RXCUI
1185259	Prednicot Pill	Prescribing, Medication Administration	RXCUI
1185265	Predone Oral Product	Prescribing, Medication Administration	RXCUI
1185266	Predone Pill	Prescribing, Medication Administration	RXCUI
1303126	Rayos	Prescribing, Medication Administration	RXCUI
1303129	Rayos Oral Product	Prescribing, Medication Administration	RXCUI
1303130	Rayos Pill	Prescribing, Medication Administration	RXCUI
151587	Decortisyl	Prescribing, Medication Administration	RXCUI
219350	Prednicen-M	Prescribing, Medication Administration	RXCUI
220028	Sterapred	Prescribing, Medication Administration	RXCUI
220029	Sterapred DS	Prescribing, Medication Administration	RXCUI
224927	Liquid Pred	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
224928	Meticorten	Prescribing, Medication Administration	RXCUI
224929	Orasone	Prescribing, Medication Administration	RXCUI
227730	Deltasone	Prescribing, Medication Administration	RXCUI
352903	Prednicot	Prescribing, Medication Administration	RXCUI
380826	Econosone	Prescribing, Medication Administration	RXCUI
541812	Predone	Prescribing, Medication Administration	RXCUI
539948	PREDNISONONE 1 MG/ML SYRUP [LIQUID PRED]	Prescribing, Medication Administration	RXCUI
539947	PREDNISONONE SYRUP [LIQUID PRED]	Prescribing, Medication Administration	RXCUI
312618	PREDNISONONE 1 MG/ML SYRUP	Prescribing, Medication Administration	RXCUI
373584	PREDNISONONE SYRUP	Prescribing, Medication Administration	RXCUI
795716	{12 (Dexamethasone 0.75 MG Oral Tablet [Decadron]) } Pack [Decadron 5-12]	Prescribing, Medication Administration	RXCUI
759696	{12 (Dexamethasone 0.75 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
1945071	{21 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Decadron 5-12]	Prescribing, Medication Administration	RXCUI
846192	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
847225	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 6 Day]	Prescribing, Medication Administration	RXCUI
2118829	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [HiDex 6-Day Taper]	Prescribing, Medication Administration	RXCUI
1998482	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 6 Day Taper]	Prescribing, Medication Administration	RXCUI
895526	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 6 Day]	Prescribing, Medication Administration	RXCUI
1943549	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [ZoDex 6 Day Taper]	Prescribing, Medication Administration	RXCUI
1869595	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
2118835	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 7-Day Taper]	Prescribing, Medication Administration	RXCUI
759697	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
797022	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 6 Day]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
895521	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 10 Day]	Prescribing, Medication Administration	RXCUI
2121587	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
2121735	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Dxevo 11 Day Taper]	Prescribing, Medication Administration	RXCUI
1869605	{41 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
1945072	{49 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Dec	Prescribing, Medication Administration	RXCUI
1943550	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
1998481	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 12 Day Taper]	Prescribing, Medication Administration	RXCUI
1943551	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zodex 12 Day Taper]	Prescribing, Medication Administration	RXCUI
759481	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication Administration	RXCUI
797023	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 13 Day]	Prescribing, Medication Administration	RXCUI
895525	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 13 Day]	Prescribing, Medication Administration	RXCUI
431720	12 HR Dexamethasone 1 MG / Theophylline 300 MG Extended Release Tablet	Prescribing, Medication Administration	RXCUI
901649	Baycadron 0.1 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
1374392	Dalalone 16 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
1374408	Dalalone 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
205628	Dalalone 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
1374410	Dalalone 8 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
205607	Dalalone D.P. 16 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
205594	Dalalone L.A. 8 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
205595	De-Sone LA 8 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
541484	Deca 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
541463	Deca 8 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
205596	Decadron-LA 8 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
755976	Decadron 0.1 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
205683	Decadron 0.25 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
105392	Decadron 0.5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
343040	Decadron 0.75 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
205710	Decadron 1.5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
1376070	Decadron 24 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
205712	Decadron 4 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
1375115	Decadron 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
351311	Decadron 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
205717	Decadron 6 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
205622	Decadron phosphate 24 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
205629	Decadron phosphate 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
205597	Decaject-L.A. 8 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
205630	Decaject 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
205631	Dexacen-4 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
205598	Dexacort-LA 8 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
205632	Dexacorten 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
814504	Dexamethasone / Indomethacin	Prescribing, Medication Administration	RXCUI
440625	Dexamethasone / Indomethacin Oral Capsule	Prescribing, Medication Administration	RXCUI
1154241	Dexamethasone / Indomethacin Oral Product	Prescribing, Medication Administration	RXCUI
372476	Dexamethasone / Indomethacin Oral Tablet	Prescribing, Medication Administration	RXCUI
1154242	Dexamethasone / Indomethacin Pill	Prescribing, Medication Administration	RXCUI
1154243	Dexamethasone / Indomethacin Rectal Product	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
440626	Dexamethasone / Indomethacin Rectal Suppository	Prescribing, Medication Administration	RXCUI
813683	Dexamethasone / Theophylline	Prescribing, Medication Administration	RXCUI
452064	Dexamethasone / Theophylline Extended Release Oral Tablet	Prescribing, Medication Administration	RXCUI
1154255	Dexamethasone / Theophylline Oral Product	Prescribing, Medication Administration	RXCUI
1154256	Dexamethasone / Theophylline Pill	Prescribing, Medication Administration	RXCUI
197576	Dexamethasone 0.25 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
1086701	Dexamethasone 0.25 MG Oral Tablet [Dexium]	Prescribing, Medication Administration	RXCUI
332984	Dexamethasone 0.4 MG	Prescribing, Medication Administration	RXCUI
2108017	Dexamethasone 0.4 MG [Dextenza]	Prescribing, Medication Administration	RXCUI
2108020	Dexamethasone 0.4 MG Drug Implant [Dextenza]	Prescribing, Medication Administration	RXCUI
411225	Dexamethasone 0.4 MG Oral Capsule	Prescribing, Medication Administration	RXCUI
315775	Dexamethasone 0.5 MG	Prescribing, Medication Administration	RXCUI
411549	Dexamethasone 0.5 MG / Indomethacin 25 MG Oral Capsule	Prescribing, Medication Administration	RXCUI
564044	Dexamethasone 0.5 MG [Decadron]	Prescribing, Medication Administration	RXCUI
566575	Dexamethasone 0.5 MG [Dexone]	Prescribing, Medication Administration	RXCUI
566207	Dexamethasone 0.5 MG [Oradexon]	Prescribing, Medication Administration	RXCUI
197577	Dexamethasone 0.5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
205684	Dexamethasone 0.5 MG Oral Tablet [Dexone]	Prescribing, Medication Administration	RXCUI
203976	Dexamethasone 0.5 MG Oral Tablet [Oradexon]	Prescribing, Medication Administration	RXCUI
854175	Dexamethasone 0.7 MG	Prescribing, Medication Administration	RXCUI
854179	Dexamethasone 0.7 MG [Ozurdex]	Prescribing, Medication Administration	RXCUI
854177	Dexamethasone 0.7 MG Drug Implant	Prescribing, Medication Administration	RXCUI
854181	Dexamethasone 0.7 MG Drug Implant [Ozurdex]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
345816	Dexamethasone 0.75 MG	Prescribing, Medication Administration	RXCUI
575233	Dexamethasone 0.75 MG [Decadron]	Prescribing, Medication Administration	RXCUI
566583	Dexamethasone 0.75 MG [Dexone]	Prescribing, Medication Administration	RXCUI
343033	Dexamethasone 0.75 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
205692	Dexamethasone 0.75 MG Oral Tablet [Dexone]	Prescribing, Medication Administration	RXCUI
315776	Dexamethasone 1 MG	Prescribing, Medication Administration	RXCUI
252621	Dexamethasone 1 MG / Terfenadine 120 MG Extended Release Oral Tablet	Prescribing, Medication Administration	RXCUI
250828	Dexamethasone 1 MG / Terfenadine 120 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
844882	Dexamethasone 1 MG / Theophylline 300 MG Extended Release Oral Tablet	Prescribing, Medication Administration	RXCUI
309684	Dexamethasone 1 MG in 1 mL Concentrate for Oral Solution	Prescribing, Medication Administration	RXCUI
197579	Dexamethasone 1 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
315777	Dexamethasone 1.5 MG	Prescribing, Medication Administration	RXCUI
566601	Dexamethasone 1.5 MG [Decadron]	Prescribing, Medication Administration	RXCUI
566602	Dexamethasone 1.5 MG [Dexone]	Prescribing, Medication Administration	RXCUI
197580	Dexamethasone 1.5 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
205711	Dexamethasone 1.5 MG Oral Tablet [Dexone]	Prescribing, Medication Administration	RXCUI
2045403	Dexamethasone 103.4 MG/ML	Prescribing, Medication Administration	RXCUI
2045406	Dexamethasone 103.4 MG/ML [Dexycu]	Prescribing, Medication Administration	RXCUI
2045410	Dexamethasone 103.4 MG/ML Injection	Prescribing, Medication Administration	RXCUI
2045411	Dexamethasone 103.4 MG/ML Injection [Dexycu]	Prescribing, Medication Administration	RXCUI
343643	Dexamethasone 16 MG/ML	Prescribing, Medication Administration	RXCUI
566504	Dexamethasone 16 MG/ML [Dalalone D.P.]	Prescribing, Medication Administration	RXCUI
393267	Dexamethasone 16 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
309687	Dexamethasone 16 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
317346	Dexamethasone 2 MG	Prescribing, Medication Administration	RXCUI
565676	Dexamethasone 2 MG [Oradexon]	Prescribing, Medication Administration	RXCUI
435681	Dexamethasone 2 MG in 1 ML Injectable Solution	Prescribing, Medication Administration	RXCUI
197581	Dexamethasone 2 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
201072	Dexamethasone 2 MG Oral Tablet [Oradexon]	Prescribing, Medication Administration	RXCUI
451789	Dexamethasone 2 MG/ML	Prescribing, Medication Administration	RXCUI
1049548	Dexamethasone 2 MG/ML [DexaJect]	Prescribing, Medication Administration	RXCUI
1087756	Dexamethasone 2 MG/ML [Dexasone]	Prescribing, Medication Administration	RXCUI
542937	Dexamethasone 2 MG/ML [Dexium brand of Dexamethasone]	Prescribing, Medication Administration	RXCUI
1049384	Dexamethasone 2 MG/ML [Dexium]	Prescribing, Medication Administration	RXCUI
1087757	Dexamethasone 2 MG/ML Injectable Solution [Dexasone]	Prescribing, Medication Administration	RXCUI
542939	Dexamethasone 2 MG/ML Injectable Solution [Dexium brand of	Prescribing, Medication Administration	RXCUI
1049386	Dexamethasone 2 MG/ML Injectable Solution [Dexium]	Prescribing, Medication Administration	RXCUI
438883	Dexamethasone 2.2 MG	Prescribing, Medication Administration	RXCUI
420697	Dexamethasone 2.2 MG Rectal Suppository	Prescribing, Medication Administration	RXCUI
329678	Dexamethasone 20 MG/ML	Prescribing, Medication Administration	RXCUI
315061	Dexamethasone 20 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
330680	Dexamethasone 24 MG/ML	Prescribing, Medication Administration	RXCUI
566514	Dexamethasone 24 MG/ML [Decadron phosphate]	Prescribing, Medication Administration	RXCUI
197584	Dexamethasone 24 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
451790	Dexamethasone 25 MG/ML	Prescribing, Medication Administration	RXCUI
415363	Dexamethasone 25 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
332981	Dexamethasone 3 MG/ML	Prescribing, Medication Administration	RXCUI
252361	Dexamethasone 3 MG/ML / sodium phosphate 3 MG/ML Injecta	Prescribing, Medication Administration	RXCUI
880655	Dexamethasone 3 MG/ML [DexaJect]	Prescribing, Medication Administration	RXCUI
1087918	Dexamethasone 3 MG/ML [Dexium]	Prescribing, Medication Administration	RXCUI
880649	Dexamethasone 3 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
1087919	Dexamethasone 3 MG/ML Injectable Solution [Dexium]	Prescribing, Medication Administration	RXCUI
332982	Dexamethasone 3.2 MG/ML	Prescribing, Medication Administration	RXCUI
247293	Dexamethasone 3.2 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
315778	Dexamethasone 4 MG	Prescribing, Medication Administration	RXCUI
566603	Dexamethasone 4 MG [Decadron]	Prescribing, Medication Administration	RXCUI
566604	Dexamethasone 4 MG [Dexone]	Prescribing, Medication Administration	RXCUI
566605	Dexamethasone 4 MG [Hexadrol]	Prescribing, Medication Administration	RXCUI
197582	Dexamethasone 4 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
205713	Dexamethasone 4 MG Oral Tablet [Dexone]	Prescribing, Medication Administration	RXCUI
205714	Dexamethasone 4 MG Oral Tablet [Hexadrol]	Prescribing, Medication Administration	RXCUI
330437	Dexamethasone 4 MG/ML	Prescribing, Medication Administration	RXCUI
566519	Dexamethasone 4 MG/ML [Adrenocot]	Prescribing, Medication Administration	RXCUI
575255	Dexamethasone 4 MG/ML [Cortastat]	Prescribing, Medication Administration	RXCUI
541479	Dexamethasone 4 MG/ML [Cortidex]	Prescribing, Medication Administration	RXCUI
566520	Dexamethasone 4 MG/ML [Dalalone]	Prescribing, Medication Administration	RXCUI
541482	Dexamethasone 4 MG/ML [Deca]	Prescribing, Medication Administration	RXCUI
566521	Dexamethasone 4 MG/ML [Decadron phosphate]	Prescribing, Medication Administration	RXCUI
575256	Dexamethasone 4 MG/ML [Decadron]	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
566522	Dexamethasone 4 MG/ML [Decaject]	Prescribing, Medication Administration	RXCUI
566523	Dexamethasone 4 MG/ML [Dexacen-4]	Prescribing, Medication Administration	RXCUI
566524	Dexamethasone 4 MG/ML [Dexacorten]	Prescribing, Medication Administration	RXCUI
566525	Dexamethasone 4 MG/ML [Dexasone]	Prescribing, Medication Administration	RXCUI
566526	Dexamethasone 4 MG/ML [Dexone]	Prescribing, Medication Administration	RXCUI
566527	Dexamethasone 4 MG/ML [Hexadrol Phosphate]	Prescribing, Medication Administration	RXCUI
566528	Dexamethasone 4 MG/ML [Medidex]	Prescribing, Medication Administration	RXCUI
541485	Dexamethasone 4 MG/ML [Metazone]	Prescribing, Medication Administration	RXCUI
563253	Dexamethasone 4 MG/ML [Oradexon]	Prescribing, Medication Administration	RXCUI
566529	Dexamethasone 4 MG/ML [Primethasone]	Prescribing, Medication Administration	RXCUI
566530	Dexamethasone 4 MG/ML [Solurex LA]	Prescribing, Medication Administration	RXCUI
566531	Dexamethasone 4 MG/ML [Solurex]	Prescribing, Medication Administration	RXCUI
309698	Dexamethasone 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
205633	Dexamethasone 4 MG/ML Injectable Solution [Dexasone]	Prescribing, Medication Administration	RXCUI
205634	Dexamethasone 4 MG/ML Injectable Solution [Dexone]	Prescribing, Medication Administration	RXCUI
205635	Dexamethasone 4 MG/ML Injectable Solution [Hexadrol Phosphate]	Prescribing, Medication Administration	RXCUI
205636	Dexamethasone 4 MG/ML Injectable Solution [Medidex]	Prescribing, Medication Administration	RXCUI
541487	Dexamethasone 4 MG/ML Injectable Solution [Metazone]	Prescribing, Medication Administration	RXCUI
103163	Dexamethasone 4 MG/ML Injectable Solution [Oradexon]	Prescribing, Medication Administration	RXCUI
205637	Dexamethasone 4 MG/ML Injectable Solution [Primethasone]	Prescribing, Medication Administration	RXCUI
205638	Dexamethasone 4 MG/ML Injectable Solution [Solurex LA]	Prescribing, Medication Administration	RXCUI
205639	Dexamethasone 4 MG/ML Injectable Solution [Solurex]	Prescribing, Medication Administration	RXCUI
1006791	Dexamethasone 4 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI

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Code	Description	Code Category	Code Type
331791	Dexamethasone 5 MG/ML	Prescribing, Medication Administration	RXCUI
565677	Dexamethasone 5 MG/ML [Oradexon]	Prescribing, Medication Administration	RXCUI
105394	Dexamethasone 5 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
201073	Dexamethasone 5 MG/ML Injectable Solution [Oradexon]	Prescribing, Medication Administration	RXCUI
315779	Dexamethasone 6 MG	Prescribing, Medication Administration	RXCUI
566608	Dexamethasone 6 MG [Decadron]	Prescribing, Medication Administration	RXCUI
197583	Dexamethasone 6 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
438885	Dexamethasone 8 MG	Prescribing, Medication Administration	RXCUI
429196	Dexamethasone 8 MG Oral Tablet	Prescribing, Medication Administration	RXCUI
323884	Dexamethasone 8 MG/ML	Prescribing, Medication Administration	RXCUI
249225	Dexamethasone 8 MG/ML / sodium phosphate 2 MG/ML Injecta	Prescribing, Medication Administration	RXCUI
566491	Dexamethasone 8 MG/ML [Adrenocot L.A.]	Prescribing, Medication Administration	RXCUI
575253	Dexamethasone 8 MG/ML [Cortastat LA]	Prescribing, Medication Administration	RXCUI
541476	Dexamethasone 8 MG/ML [Cortidex]	Prescribing, Medication Administration	RXCUI
566492	Dexamethasone 8 MG/ML [Dalalone L.A.]	Prescribing, Medication Administration	RXCUI
566493	Dexamethasone 8 MG/ML [De-Sone LA]	Prescribing, Medication Administration	RXCUI
541461	Dexamethasone 8 MG/ML [Deca]	Prescribing, Medication Administration	RXCUI
566494	Dexamethasone 8 MG/ML [Decadron-LA]	Prescribing, Medication Administration	RXCUI
566495	Dexamethasone 8 MG/ML [Decaject-L.A.]	Prescribing, Medication Administration	RXCUI
566496	Dexamethasone 8 MG/ML [Dexacort-LA]	Prescribing, Medication Administration	RXCUI
566497	Dexamethasone 8 MG/ML [Dexasone LA]	Prescribing, Medication Administration	RXCUI
1089818	Dexamethasone 8 MG/ML [Dexasone]	Prescribing, Medication Administration	RXCUI
566498	Dexamethasone 8 MG/ML [Dexone LA]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
566499	Dexamethasone 8 MG/ML [Medidex LA]	Prescribing, Medication Administration	RXCUI
541465	Dexamethasone 8 MG/ML [Metazone]	Prescribing, Medication Administration	RXCUI
541468	Dexamethasone 8 MG/ML [Primethasone]	Prescribing, Medication Administration	RXCUI
541472	Dexamethasone 8 MG/ML [Robadex]	Prescribing, Medication Administration	RXCUI
566500	Dexamethasone 8 MG/ML [Solurex LA]	Prescribing, Medication Administration	RXCUI
387080	Dexamethasone 8 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
309688	Dexamethasone 8 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
205599	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone LA]	Prescribing, Medication Administration	RXCUI
1089820	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone]	Prescribing, Medication Administration	RXCUI
205600	Dexamethasone 8 MG/ML Injectable Suspension [Dexone LA]	Prescribing, Medication Administration	RXCUI
205601	Dexamethasone 8 MG/ML Injectable Suspension [Medidex LA]	Prescribing, Medication Administration	RXCUI
541467	Dexamethasone 8 MG/ML Injectable Suspension [Metazone]	Prescribing, Medication Administration	RXCUI
541470	Dexamethasone 8 MG/ML Injectable Suspension [Primethasone]	Prescribing, Medication Administration	RXCUI
541474	Dexamethasone 8 MG/ML Injectable Suspension [Robadex]	Prescribing, Medication Administration	RXCUI
205602	Dexamethasone 8 MG/ML Injectable Suspension [Solurex LA]	Prescribing, Medication Administration	RXCUI
22690	dexamethasone acetate	Prescribing, Medication Administration	RXCUI
1374388	dexamethasone acetate 16 MG/ML	Prescribing, Medication Administration	RXCUI
1374390	dexamethasone acetate 16 MG/ML [Dalalone]	Prescribing, Medication Administration	RXCUI
1374389	dexamethasone acetate 16 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
1374371	dexamethasone acetate 8 MG/ML	Prescribing, Medication Administration	RXCUI
1374409	dexamethasone acetate 8 MG/ML [Dalalone]	Prescribing, Medication Administration	RXCUI
1534398	dexamethasone acetate 8 MG/ML [De-Sone LA]	Prescribing, Medication Administration	RXCUI
1534288	dexamethasone acetate 8 MG/ML [Decadron-LA]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
1534331	dexamethasone acetate 8 MG/ML [Dexacort-LA]	Prescribing, Medication Administration	RXCUI
1374386	dexamethasone acetate 8 MG/ML [Dexasone]	Prescribing, Medication Administration	RXCUI
1534289	dexamethasone acetate 8 MG/ML [Robadex]	Prescribing, Medication Administration	RXCUI
1374372	dexamethasone acetate 8 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
1374387	dexamethasone acetate 8 MG/ML Injectable Suspension [Dexasone]	Prescribing, Medication Administration	RXCUI
854176	Dexamethasone Drug Implant	Prescribing, Medication Administration	RXCUI
2108018	Dexamethasone Drug Implant [Dextenza]	Prescribing, Medication Administration	RXCUI
854180	Dexamethasone Drug Implant [Ozurdex]	Prescribing, Medication Administration	RXCUI
1154529	Dexamethasone Drug Implant Product	Prescribing, Medication Administration	RXCUI
438882	Dexamethasone Oral Capsule	Prescribing, Medication Administration	RXCUI
1154534	Dexamethasone Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1154535	Dexamethasone Oral Product	Prescribing, Medication Administration	RXCUI
371728	Dexamethasone Oral Solution	Prescribing, Medication Administration	RXCUI
901648	Dexamethasone Oral Solution [Baycadron]	Prescribing, Medication Administration	RXCUI
757087	Dexamethasone Oral Solution [Decadron]	Prescribing, Medication Administration	RXCUI
364896	Dexamethasone Oral Solution [Dexamethasone Intensol]	Prescribing, Medication Administration	RXCUI
757088	Dexamethasone Oral Solution [Hexadrol]	Prescribing, Medication Administration	RXCUI
371729	Dexamethasone Oral Tablet	Prescribing, Medication Administration	RXCUI
369461	Dexamethasone Oral Tablet [Decadron]	Prescribing, Medication Administration	RXCUI
1086700	Dexamethasone Oral Tablet [Dexium]	Prescribing, Medication Administration	RXCUI
369460	Dexamethasone Oral Tablet [Dexone]	Prescribing, Medication Administration	RXCUI
369516	Dexamethasone Oral Tablet [Hexadrol]	Prescribing, Medication Administration	RXCUI
369569	Dexamethasone Oral Tablet [Oradexon]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
1154536	Dexamethasone Otic Product	Prescribing, Medication Administration	RXCUI
371727	Dexamethasone Otic Solution	Prescribing, Medication Administration	RXCUI
1154537	Dexamethasone Pill	Prescribing, Medication Administration	RXCUI
1812094	Dexamethasone Prefilled Syringe	Prescribing, Medication Administration	RXCUI
1154538	Dexamethasone Rectal Product	Prescribing, Medication Administration	RXCUI
438884	Dexamethasone Rectal Suppository	Prescribing, Medication Administration	RXCUI
203704	Dexasone	Prescribing, Medication Administration	RXCUI
216384	De-Sone LA	Prescribing, Medication Administration	RXCUI
227682	Decadron	Prescribing, Medication Administration	RXCUI
309686	Dexamethasone 0.1 MG/ML Oral Solution	Prescribing, Medication Administration	RXCUI
566581	Dexamethasone 0.1 MG/ML [Decadron]	Prescribing, Medication Administration	RXCUI
1169579	De-Sone LA Injectable Product	Prescribing, Medication Administration	RXCUI
1170296	Decadron Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1170297	Decadron Oral Product	Prescribing, Medication Administration	RXCUI
1170298	Decadron Pill	Prescribing, Medication Administration	RXCUI
1175250	Dexasone Injectable Product	Prescribing, Medication Administration	RXCUI
1154531	Dexamethasone Injectable Product	Prescribing, Medication Administration	RXCUI
371725	Dexamethasone Injectable Solution	Prescribing, Medication Administration	RXCUI
363487	Dexamethasone Injectable Solution [Adrenocot]	Prescribing, Medication Administration	RXCUI
363213	Dexamethasone Injectable Solution [Cortastat 10]	Prescribing, Medication Administration	RXCUI
363214	Dexamethasone Injectable Solution [Cortastat]	Prescribing, Medication Administration	RXCUI
541480	Dexamethasone Injectable Solution [Cortidex]	Prescribing, Medication Administration	RXCUI
363486	Dexamethasone Injectable Solution [Dalalone]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
541483	Dexamethasone Injectable Solution [Deca]	Prescribing, Medication Administration	RXCUI
363003	Dexamethasone Injectable Solution [Decadron phosphate]	Prescribing, Medication Administration	RXCUI
363216	Dexamethasone Injectable Solution [Decadron]	Prescribing, Medication Administration	RXCUI
363485	Dexamethasone Injectable Solution [Decaject]	Prescribing, Medication Administration	RXCUI
363484	Dexamethasone Injectable Solution [Dexacen-4]	Prescribing, Medication Administration	RXCUI
363483	Dexamethasone Injectable Solution [Dexacorten]	Prescribing, Medication Administration	RXCUI
880656	Dexamethasone Injectable Solution [DexaJect]	Prescribing, Medication Administration	RXCUI
363482	Dexamethasone Injectable Solution [Dexasone]	Prescribing, Medication Administration	RXCUI
542938	Dexamethasone Injectable Solution [Dexium brand of Dexamethasone]	Prescribing, Medication Administration	RXCUI
1049385	Dexamethasone Injectable Solution [Dexium]	Prescribing, Medication Administration	RXCUI
363481	Dexamethasone Injectable Solution [Dexone]	Prescribing, Medication Administration	RXCUI
363480	Dexamethasone Injectable Solution [Hexadrol Phosphate]	Prescribing, Medication Administration	RXCUI
1375105	Dexamethasone Injectable Solution [Hexadrol]	Prescribing, Medication Administration	RXCUI
363479	Dexamethasone Injectable Solution [Medidex]	Prescribing, Medication Administration	RXCUI
541486	Dexamethasone Injectable Solution [Metazone]	Prescribing, Medication Administration	RXCUI
363584	Dexamethasone Injectable Solution [Oradexon]	Prescribing, Medication Administration	RXCUI
363478	Dexamethasone Injectable Solution [Primethasone]	Prescribing, Medication Administration	RXCUI
363477	Dexamethasone Injectable Solution [Solurex LA]	Prescribing, Medication Administration	RXCUI
363476	Dexamethasone Injectable Solution [Solurex]	Prescribing, Medication Administration	RXCUI
371721	Dexamethasone Injectable Suspension	Prescribing, Medication Administration	RXCUI
365676	Dexamethasone Injectable Suspension [Adrenocot L.A.]	Prescribing, Medication Administration	RXCUI
365611	Dexamethasone Injectable Suspension [Cortastat LA]	Prescribing, Medication Administration	RXCUI
541477	Dexamethasone Injectable Suspension [Cortidex]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
365667	Dexamethasone Injectable Suspension [Dalalone D.P.]	Prescribing, Medication Administration	RXCUI
365693	Dexamethasone Injectable Suspension [Dalalone L.A.]	Prescribing, Medication Administration	RXCUI
1374391	Dexamethasone Injectable Suspension [Dalalone]	Prescribing, Medication Administration	RXCUI
365692	Dexamethasone Injectable Suspension [De-Sone LA]	Prescribing, Medication Administration	RXCUI
541462	Dexamethasone Injectable Suspension [Deca]	Prescribing, Medication Administration	RXCUI
365691	Dexamethasone Injectable Suspension [Decadron-LA]	Prescribing, Medication Administration	RXCUI
365690	Dexamethasone Injectable Suspension [Decaject-L.A.]	Prescribing, Medication Administration	RXCUI
365689	Dexamethasone Injectable Suspension [Dexacort-LA]	Prescribing, Medication Administration	RXCUI
365688	Dexamethasone Injectable Suspension [Dexasone LA]	Prescribing, Medication Administration	RXCUI
1089819	Dexamethasone Injectable Suspension [Dexasone]	Prescribing, Medication Administration	RXCUI
365687	Dexamethasone Injectable Suspension [Dexone LA]	Prescribing, Medication Administration	RXCUI
365686	Dexamethasone Injectable Suspension [Medidex LA]	Prescribing, Medication Administration	RXCUI
541466	Dexamethasone Injectable Suspension [Metazone]	Prescribing, Medication Administration	RXCUI
541469	Dexamethasone Injectable Suspension [Primethasone]	Prescribing, Medication Administration	RXCUI
541473	Dexamethasone Injectable Suspension [Robadex]	Prescribing, Medication Administration	RXCUI
365685	Dexamethasone Injectable Suspension [Solurex LA]	Prescribing, Medication Administration	RXCUI
1812073	Dexamethasone Injection	Prescribing, Medication Administration	RXCUI
2045407	Dexamethasone Injection [Dexycu]	Prescribing, Medication Administration	RXCUI
1175245	Dexamethasone Intensol Oral Liquid Product	Prescribing, Medication Administration	RXCUI
1175246	Dexamethasone Intensol Oral Product	Prescribing, Medication Administration	RXCUI
308717	Betamethasone 3 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
213663	Betamethasone 4 MG/ML Injectable Solution [Adbeon]	Prescribing, Medication Administration	RXCUI
213664	Betamethasone 4 MG/ML Injectable Solution [Celestone phosphate]	Prescribing, Medication Administration	RXCUI

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
213665	Betamethasone 4 MG/ML Injectable Solution [Cell-U-Jec]	Prescribing, Medication Administration	RXCUI
213666	Betamethasone 4 MG/ML Injectable Solution [Selestoject]	Prescribing, Medication Administration	RXCUI
308718	Betamethasone 4 MG/ML Injectable Solution	Prescribing, Medication Administration	RXCUI
578803	betamethasone sodium phosphate / betamethasone acetate 6 MG/ML Injectable Suspension	Prescribing, Medication Administration	RXCUI
578806	Betamethasone 3 MG/ML / Betamethasone acetate 3 MG/ML Injectable Suspension [Celestone Soluspan]	Prescribing, Medication Administration	RXCUI
1870950	deflazacort 6 MG Oral Tablet [Emflaza]	Prescribing, Medication Administration	RXCUI
1870952	deflazacort 30 MG Oral Tablet [Emflaza]	Prescribing, Medication Administration	RXCUI
1870956	deflazacort 18 MG Oral Tablet [Emflaza]	Prescribing, Medication Administration	RXCUI
1870960	deflazacort 36 MG Oral Tablet [Emflaza]	Prescribing, Medication Administration	RXCUI
1870968	deflazacort 22.75 MG/ML Oral Suspension [Emflaza]	Prescribing, Medication Administration	RXCUI
COVID-19			
U07.1	COVID-19, virus identified [code effective April 1, 2020]	Diagnosis	ICD-10-CM
94307-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
94308-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
94309-2	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94314-2	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94316-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94500-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94533-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94534-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94559-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94565-9	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with non-probe detection	Lab	LOINC
94639-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94640-0	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94641-8	SARS-CoV-2 (COVID-19) S gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
94660-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94756-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
94757-2	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
94759-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with probe detection	Lab	LOINC
94760-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Nasopharynx by NAA with probe detection	Lab	LOINC
94766-3	SARS-CoV-2 (COVID-19) N gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94767-1	SARS-CoV-2 (COVID-19) S gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94822-4	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by Sequencing	Lab	LOINC
94845-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95406-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Nose by NAA with probe detection	Lab	LOINC
95409-9	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with probe detection	Lab	LOINC
95424-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
95425-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95608-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with non-probe detection	Lab	LOINC
95609-4	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by Sequencing	Lab	LOINC
95824-9	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96091-4	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96120-1	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Lower respiratory specimen by NAA with probe detection	Lab	LOINC
96123-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
96448-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
96765-3	SARS-CoV-2 (COVID-19) S gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96797-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Oropharyngeal wash by NAA with probe detection	Lab	LOINC
96829-7	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen from Donor by NAA with probe detection	Lab	LOINC

Appendix C. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-09-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS), and Healthcare Common Procedure Coding System (HCPCS) Codes Used to Define Inclusion/Exclusion Criteria for this Request

Code	Description	Code Category	Code Type
96958-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
96986-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with r	Lab	LOINC
94310-0	SARS-like coronavirus N gene [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94315-9	SARS-related coronavirus E gene [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94532-9	SARS-related coronavirus+MERS coronavirus RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94647-5	SARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94758-0	SARS-related coronavirus E gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94765-5	SARS-related coronavirus E gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
95423-0	Influenza virus A and B and SARS-CoV-2 (COVID-19) identified in Respiratory specimen by NAA with probe detection	Lab	LOINC
95823-1	SARS-related coronavirus E gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95826-4	SARS-CoV-2 (COVID-19) RNA panel - Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95970-0	SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements [Presence] in Blood by Sequencing	Lab	LOINC
96094-8	SARS-CoV-2 (COVID-19) and SARS-related CoV RNA panel - Respiratory specimen by NAA with probe detection	Lab	LOINC
96121-9	SARS-related coronavirus E gene [Presence] in Lower respiratory specimen by NAA with probe detection	Lab	LOINC
96122-7	SARS-related coronavirus E gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
96741-4	SARS-CoV-2 (COVID-19) variant [Type] in Specimen by Sequencing	Lab	LOINC
96751-3	SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96752-1	SARS-CoV-2 (COVID-19) S gene mutation [Presence] in Specimen by Molecular genetics method	Lab	LOINC
96763-8	SARS-CoV-2 (COVID-19) E gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
96894-1	SARS-CoV-2 (COVID-19) whole genome sequencing and identification panel - Specimen by Molecular genetics method	Lab	LOINC
96895-8	SARS-CoV-2 (COVID-19) lineage [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96896-6	SARS-CoV-2 (COVID-19) clade [Type] in Specimen by Molecular genetics method	Lab	LOINC

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Code	Description	Code Category	Code Type
96957-6	SARS-CoV-2 (COVID-19) M gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
97098-8	SARS-CoV-2 (COVID-19) Nsp2 gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
94764-8	SARS-CoV-2 (COVID-19) whole genome [Nucleotide sequence] in Isolate or Specimen by Sequencing	Lab	LOINC
94502-2	SARS-related coronavirus RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94306-8	SARS-CoV-2 (COVID-19) RNA panel - Unspecified specimen by NAA with probe detection	Lab	LOINC
96897-4	SARS-CoV-2 (COVID-19) RNA panel - Oropharyngeal wash by NAA with probe detection	Lab	LOINC

Appendix D. List of Generic and Brand Names of Medical Products Used to Define Inclusion/Exclusion Criteria in this Request

Generic Name	Brand Name
Remdesivir	
REMDESIVIR FOR IV	REMDESIVIR
remdesivir	Veklury
remdesivir	remdesivir
Systemic Corticosteroids	
betamethasone acetate and sodium phos in sterilewater/PF	betameth ac,sodphos(PF)-water
betamethasone acetate/betamethasone sodiumphosphate	BSP-0820
betamethasone acetate/betamethasone sodiumphosphate	Beta-1
betamethasone acetate/betamethasone sodiumphosphate	Pod-Care 100C
betamethasone acetate/betamethasone sodiumphosphate	ReadySharp Betamethasone
betamethasone acetate/betamethasone sodiumphosphate	betamethasone acet,sod phos
betamethasone acetate/betamethasone sodiumphosphate/water	betamethasone ace,sodphos-wtr
betamethasone sodium phosph in sterile water forinjection	betamethasone sodphosph-water
budesonide	Entocort EC
budesonide	Uceris
budesonide	budesonide
cortisone acetate	cortisone
deflazacort	Emflaza
dexamethasone	Decadron
dexamethasone	Dexabliss
dexamethasone	Dexamethasone Intensol
dexamethasone	Dxevo
dexamethasone	HiDex
dexamethasone	TaperDex
dexamethasone	dexamethasone
dexamethasone acetate and sodium phosphate insterile water	dexamethasone ac, sodph-water
dexamethasone acetate in sodium chloride,iso-osmotic	dexamethasoneace-NaCl,iso-osm
dexamethasone sodium phosphate	ReadySharp dexamethasone
dexamethasone sodium phosphate	dexamethasone sodiumphosphate
dexamethasone sodium phosphate in 0.9 %sodium chloride	dexamethasone-0.9 % sod.chlor
dexamethasone sodium phosphate/PF	Active Injection Kit D (PF)
dexamethasone sodium phosphate/PF	DoubleDex (PF)
dexamethasone sodium phosphate/PF	MAS Care-Pak (PF)
dexamethasone sodium phosphate/PF	dexamethasone sodium phos(PF)
hydrocortisone	Cortef
hydrocortisone	hydrocortisone
hydrocortisone sod succinate	A-Hydrocort
hydrocortisone sod succinate	Solu-Cortef
hydrocortisone sodium succinate/PF	Solu-Cortef Act-O-Vial (PF)

Appendix D. List of Generic and Brand Names of Medical Products Used to Define Inclusion/Exclusion Criteria in this Request

Generic Name	Brand Name
methylprednisolone	Medrol
methylprednisolone	Medrol (Pak)
methylprednisolone	Methylpred DP
methylprednisolone	methylprednisolone
methylprednisolone acetate	Depo-Medrol
methylprednisolone acetate	P-Care D40
methylprednisolone acetate	P-Care D80
methylprednisolone acetate	methylprednisolone acetate
methylprednisolone acetate in sodiumchloride,iso-osmotic/PF	methylpredac(PF)-NaCl,iso-osm
methylprednisolone acetate in sterile water forinjection	methylprednisoloneacet-water
methylprednisolone acetate/bupivacaine HCl in sterile water	methylprednisolac-bupivac-wat
methylprednisolone sodium succinate	Solu-Medrol
methylprednisolone sodium succinate	methylprednisolone sodiumsucc
methylprednisolone sodium succinate/PF	Solu-Medrol (PF)
prednisolone	Millipred
prednisolone	Millipred DP
prednisolone	prednisolone
prednisolone sodium phosphate	Orapred ODT
prednisolone sodium phosphate	Pediapred
prednisolone sodium phosphate	Veripred 20
prednisolone sodium phosphate	prednisolone sodiumphosphate
prednisone	Prednisone Intensol
prednisone	Rayos
prednisone	prednisone
triamcinolone acetonide	Kenalog
triamcinolone acetonide	Kenalog-80
triamcinolone acetonide	P-Care K40
triamcinolone acetonide	P-Care K80
triamcinolone acetonide	Pod-Care 100K
triamcinolone acetonide	Pro-C-Dure 5
triamcinolone acetonide	Pro-C-Dure 6
triamcinolone acetonide	triamcinolone acetonide
triamcinolone acetonide in 0.9 % sodium chloride	triamcinolone aceton-0.9%NaCl
triamcinolone acetonide/0.9% sodium chloride/PF	triamcinol ac (PF) in0.9%NaCl
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 % sodiumchloride/PF	triamcinolonedia(PF)-0.9%NaCl
triamcinolone hexacetonide	Aristospan Intra-Articular
triamcinolone hexacetonide	Aristospan Intralesional

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
COVID-19			
U07.1	COVID-19, virus identified [code effective April 1, 2020]	Diagnosis	ICD-10-CM
94307-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
94308-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
94309-2	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94314-2	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94316-7	SARS-CoV-2 (COVID-19) N gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94500-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94533-7		Lab	LOINC
94534-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94559-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94565-9	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with non-probe detection	Lab	LOINC
94639-2	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94640-0	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94641-8	SARS-CoV-2 (COVID-19) S gene [Presence] in Specimen by NAA with probe detection	Lab	LOINC
94660-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94756-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
94757-2	SARS-CoV-2 (COVID-19) N gene [Presence] in Respiratory specimen by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
94759-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Nasopharynx by NAA with probe detection	Lab	LOINC
94760-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Nasopharynx by NAA with probe detection	Lab	LOINC
94766-3	SARS-CoV-2 (COVID-19) N gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94767-1	SARS-CoV-2 (COVID-19) S gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
94822-4	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by Sequencing	Lab	LOINC
94845-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95406-5	SARS-CoV-2 (COVID-19) RNA [Presence] in Nose by NAA with probe detection	Lab	LOINC
95409-9	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with probe detection	Lab	LOINC
95424-8	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by Sequencing	Lab	LOINC

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Code	Description	Code Category	Code Type
95425-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95608-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Respiratory specimen by NAA with non-probe detection	Lab	LOINC
95609-4	SARS-CoV-2 (COVID-19) S gene [Presence] in Respiratory specimen by Sequencing	Lab	LOINC
95824-9	SARS-CoV-2 (COVID-19) ORF1ab region [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96091-4	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96120-1	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Lower respiratory specimen by NAA with probe detection	Lab	LOINC
96123-5	SARS-CoV-2 (COVID-19) RdRp gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
96448-6	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid amplification using CDC primer-probe set N1	Lab	LOINC
96765-3	SARS-CoV-2 (COVID-19) S gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
96797-6	SARS-CoV-2 (COVID-19) RNA [Presence] in Oropharyngeal wash by NAA with probe detection	Lab	LOINC
96829-7	SARS-CoV-2 (COVID-19) RNA [Presence] in Specimen from Donor by NAA with probe detection	Lab	LOINC
96958-4	SARS-CoV-2 (COVID-19) N gene [Presence] in Saliva (oral fluid) by Nucleic acid amplification using CDC primer-probe set N2	Lab	LOINC
96986-5	SARS-CoV-2 (COVID-19) N gene [Presence] in Nose by NAA with non-probe detection	Lab	LOINC
94310-0	SARS-like coronavirus N gene [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94315-9	SARS-related coronavirus E gene [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94532-9	SARS-related coronavirus+MERS coronavirus RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94647-5	SARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection	Lab	LOINC
94758-0	SARS-related coronavirus E gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94765-5	SARS-related coronavirus E gene [Presence] in Serum or Plasma by NAA with probe detection	Lab	LOINC
95423-0	Influenza virus A and B and SARS-CoV-2 (COVID-19) identified in Respiratory specimen by NAA with probe detection	Lab	LOINC
95823-1	SARS-related coronavirus E gene [Presence] in Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95826-4	SARS-CoV-2 (COVID-19) RNA panel - Saliva (oral fluid) by NAA with probe detection	Lab	LOINC
95970-0	SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements [Presence] in Blood by Sequencing	Lab	LOINC
96094-8	SARS-CoV-2 (COVID-19) and SARS-related CoV RNA panel - Respiratory specimen by NAA with probe detection	Lab	LOINC
96121-9	SARS-related coronavirus E gene [Presence] in Lower respiratory specimen by NAA with probe detection	Lab	LOINC
96122-7	SARS-related coronavirus E gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
96741-4	SARS-CoV-2 (COVID-19) variant [Type] in Specimen by Sequencing	Lab	LOINC
96751-3	SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96752-1	SARS-CoV-2 (COVID-19) S gene mutation [Presence] in Specimen by Molecular genetics method	Lab	LOINC
96763-8	SARS-CoV-2 (COVID-19) E gene [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
96894-1	SARS-CoV-2 (COVID-19) whole genome sequencing and identification panel - Specimen by Molecular genetics method	Lab	LOINC
96895-8	SARS-CoV-2 (COVID-19) lineage [Identifier] in Specimen by Molecular genetics method	Lab	LOINC
96896-6	SARS-CoV-2 (COVID-19) clade [Type] in Specimen by Molecular genetics method	Lab	LOINC
96957-6	SARS-CoV-2 (COVID-19) M gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
97098-8	SARS-CoV-2 (COVID-19) Nsp2 gene [Presence] in Upper respiratory specimen by NAA with probe detection	Lab	LOINC
94764-8	SARS-CoV-2 (COVID-19) whole genome [Nucleotide sequence] in Isolate or Specimen by Sequencing	Lab	LOINC
94502-2	SARS-related coronavirus RNA [Presence] in Respiratory specimen by NAA with probe detection	Lab	LOINC
94306-8	SARS-CoV-2 (COVID-19) RNA panel - Unspecified specimen by NAA with probe detection	Lab	LOINC
96897-4	SARS-CoV-2 (COVID-19) RNA panel - Oropharyngeal wash by NAA with probe detection	Lab	LOINC
O2 Administration			
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	Procedure	HCPCS
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	Procedure	HCPCS
A4575	Topical hyperbaric oxygen chamber, disposable	Procedure	HCPCS
A4608	Transtracheal oxygen catheter, each	Procedure	HCPCS
A4615	Cannula, nasal	Procedure	HCPCS
A4620	Variable concentration mask	Procedure	HCPCS
A4623	Tracheostomy, inner cannula	Procedure	HCPCS
A4624	Tracheal suction catheter, any type other than closed system, each	Procedure	HCPCS
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	Procedure	HCPCS
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Procedure	HCPCS
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	Procedure	HCPCS
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Procedure	HCPCS
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Procedure	HCPCS
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	Procedure	HCPCS
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	Procedure	HCPCS
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Procedure	HCPCS
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	Procedure	HCPCS
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Procedure	HCPCS
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	Procedure	HCPCS
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Procedure	HCPCS
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Procedure	HCPCS
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Procedure	HCPCS
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	Procedure	HCPCS
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Procedure	HCPCS
E0487	Spirometer, electronic, includes all accessories	Procedure	HCPCS
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Procedure	HCPCS
E1353	Regulator	Procedure	HCPCS
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	Procedure	HCPCS
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Procedure	HCPCS
E1392	Portable oxygen concentrator, rental	Procedure	HCPCS
E1405	Oxygen and water vapor enriching system with heated delivery	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E1406	Oxygen and water vapor enriching system without heated delivery	Procedure	HCPCS
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Procedure	HCPCS
A4616	Tubing (oxygen), per foot	Procedure	HCPCS
A4619	Face tent	Procedure	HCPCS
E0455	Oxygen tent, excluding croup or pediatric tents	Procedure	HCPCS
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	Procedure	HCPCS
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Procedure	HCPCS
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Procedure	HCPCS
E1355	Stand/rack	Procedure	HCPCS
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Procedure	HCPCS
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Procedure	HCPCS
Z9981	Dependence on supplemental oxygen	Diagnosis	ICD-10-CM
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	Procedure	HCPCS
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Procedure	HCPCS
Mechanical Ventilation			
G8569	Prolonged postoperative intubation (> 24 hrs) required	Procedure	HCPCS
31500	Intubation, endotracheal, emergency procedure	Procedure	HCPCS
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	Procedure	HCPCS
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	Procedure	HCPCS
A0396	ALS specialized service disposable supplies; esophageal intubation	Procedure	HCPCS
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	Procedure	HCPCS
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	Procedure	HCPCS
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	Procedure	HCPCS
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)	Procedure	HCPCS
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Procedure	HCPCS
E0481	Intrapulmonary percussive ventilation system and related accessories	Procedure	HCPCS
99504	Home visit for mechanical ventilation care	Procedure	HCPCS
94662	Continuous negative pressure ventilation (CNP), initiation and management	Procedure	HCPCS
09HN7BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
09HN8BZ	Insertion of Airway into Nasopharynx, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0BH13EZ	Insertion of Endotracheal Airway into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0BH17EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BH18EZ	Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0CHY7BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0CHY8BZ	Insertion of Airway into Mouth and Throat, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DH57BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH58BZ	Insertion of Airway into Esophagus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHQ73Z	Insertion of Infusion Device into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0WHQ7YZ	Insertion of Other Device into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
5A09357	Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09457	Assistance with Respiratory Ventilation, 24-96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A09557	Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours, Continuous Positive Airway Pressure	Procedure	ICD-10-PCS
5A1935Z	Respiratory Ventilation, Less than 24 Consecutive Hours	Procedure	ICD-10-PCS
5A1945Z	Respiratory Ventilation, 24-96 Consecutive Hours	Procedure	ICD-10-PCS
5A1955Z	Respiratory Ventilation, Greater than 96 Consecutive Hours	Procedure	ICD-10-PCS
31600	Tracheostomy, planned procedure	Procedure	HCPCS
31603	Tracheostomy, emergency procedure, transtracheal	Procedure	HCPCS
31605	Tracheostomy, emergency procedure, cricothyroid membrane	Procedure	HCPCS
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	Procedure	HCPCS
0B113F4	Insertion Of Endotracheal Airway Into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0B113Z4	Bypass Trachea To Cutaneous, Percutaneous Approach	Procedure	ICD-10-PCS
0B114F4	Insertion Of Endotracheal Airway Into Trachea, Percutaneous Approach	Procedure	ICD-10-PCS
0B114Z4	Bypass Trachea To Cutaneous, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0B21XEZ	Change Endotracheal Airway In Trachea, External Approach	Procedure	ICD-10-PCS
0B21XFZ	Change Endotracheal Airway In Trachea, External Approach	Procedure	ICD-10-PCS
5A19054	Respiratory Ventilation, Single, Nonmechanical	Procedure	ICD-10-PCS
A4623	Tracheostomy, inner cannula	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Procedure	HCPCS
Z9911	Dependence on respirator [ventilator] status	Diagnosis	ICD-10-CM
ECMO			
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	HCPCS
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	HCPCS
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Procedure	HCPCS
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Procedure	HCPCS
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Procedure	HCPCS
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	HCPCS
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	HCPCS
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	HCPCS
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Procedure	HCPCS
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open. 6 years and older	Procedure	HCPCS
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Procedure	HCPCS
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	HCPCS
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Procedure	HCPCS
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Procedure	HCPCS
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Procedure	HCPCS
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Procedure	HCPCS
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Procedure	HCPCS
5A15223	Extracorporeal Membrane Oxygenation, Continuous	Procedure	ICD-10-PCS
5A1522F	Extracorporeal Oxygenation, Membrane, Central	Procedure	ICD-10-PCS
5A1522G	Extracorporeal Oxygenation, Membrane, Peripheral Veno-arterial	Procedure	ICD-10-PCS
5A1522H	Extracorporeal Oxygenation, Membrane, Peripheral Veno-venous	Procedure	ICD-10-PCS
5A15A2F	Extracorporeal Oxygenation, Membrane, Central, Intraoperative	Procedure	ICD-10-PCS
5A15A2G	Extracorporeal Oxygenation, Membrane, Peripheral Veno-arterial, Intraoperative	Procedure	ICD-10-PCS
5A15A2H	Extracorporeal Oxygenation, Membrane, Peripheral Veno-venous, Intraoperative	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
Dyspnea			
R06.0	Dyspnea	Diagnosis	ICD-10-CM
R06.00	Dyspnea, unspecified	Diagnosis	ICD-10-CM
R06.01	Orthopnea	Diagnosis	ICD-10-CM
R06.02	Shortness of breath	Diagnosis	ICD-10-CM
R06.03	Acute respiratory distress	Diagnosis	ICD-10-CM
R06.09	Other forms of dyspnea	Diagnosis	ICD-10-CM
R06.2	Wheezing	Diagnosis	ICD-10-CM
R09.02	Hypoxemia	Diagnosis	ICD-10-CM
Pneumonia			
B97.29	Other viral pneumonia	Diagnosis	ICD-10-CM
J12	Viral pneumonia, not elsewhere classified	Diagnosis	ICD-10-CM
J12.8	Other viral pneumonia	Diagnosis	ICD-10-CM
J12.81	Pneumonia due to SARS-associated coronavirus	Diagnosis	ICD-10-CM
J12.82	Pneumonia due to coronavirus disease 2019	Diagnosis	ICD-10-CM
J12.89	Other viral pneumonia	Diagnosis	ICD-10-CM
J12.9	Viral pneumonia, unspecified	Diagnosis	ICD-10-CM
ARDS			
J80	Acute respiratory distress syndrome	Diagnosis	ICD-10-CM
Acute Respiratory Failure			
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.01	Acute respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.02	Acute respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.91	Respiratory failure, unspecified with hypoxia	Diagnosis	ICD-10-CM
J96.92	Respiratory failure, unspecified with hypercapnia	Diagnosis	ICD-10-CM
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	Diagnosis	ICD-10-CM
J96.21	Acute and chronic respiratory failure with hypoxia	Diagnosis	ICD-10-CM
J96.22	Acute and chronic respiratory failure with hypercapnia	Diagnosis	ICD-10-CM
R09.2	Respiratory arrest	Diagnosis	ICD-10-CM
Shock			
R57	Shock, not elsewhere classified	Diagnosis	ICD-10-CM
R57.0	Cardiogenic shock	Diagnosis	ICD-10-CM
R57.1	Hypovolemic shock	Diagnosis	ICD-10-CM
R57.8	Other shock	Diagnosis	ICD-10-CM
R57.9	Shock, unspecified	Diagnosis	ICD-10-CM
R65.21	Severe sepsis with septic shock	Diagnosis	ICD-10-CM
Loss of Taste and Smell			
R43.9	New loss of either taste or smell (disturbance of smell and taste)	Diagnosis	ICD-10-CM
R43.8	New loss of both taste and smell (disturbance of smell and taste)	Diagnosis	ICD-10-CM
Azithromycin			
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 g	Procedure	HCPCS
J0456	Injection, azithromycin, 500 mg	Procedure	HCPCS
750155	{1 (60 ML Azithromycin 16.7 MG/ML Oral Suspension [Zithromax]) / 1 (trovafloxacin 100 MG Oral Tablet [Trovan]) } Pack [Trovan/Zithromax Compliance Pak]	Prescribing, Medication	RXCUI
750152	{1 (60 ML Azithromycin 16.7 MG/ML Oral Suspension) / 1 (trovafloxacin 100 MG Oral Tablet) } Pack	Administration, Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1150984	{18 (Azithromycin 250 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
834043	{3 (Azithromycin 250 MG Oral Tablet [Zithromax]) } Pack [Z-Pak Sample]	Prescribing, Medication	RXCUI
834042	{3 (Azithromycin 250 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
750157	{3 (Azithromycin 500 MG Oral Tablet [Zithromax]) } Pack [TRI-PAK]	Prescribing, Medication	RXCUI
749780	{3 (Azithromycin 500 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
749782	{6 (Azithromycin 250 MG Oral Capsule) } Pack	Prescribing, Medication	RXCUI
750149	{6 (Azithromycin 250 MG Oral Tablet [Zithromax]) } Pack [Z-PAK]	Prescribing, Medication	RXCUI
749783	{6 (Azithromycin 250 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1148107	{6 (Azithromycin 500 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
750151	60 ML Azithromycin 16.7 MG/ML Oral Suspension	Prescribing, Medication	RXCUI
750154	60 ML Azithromycin 16.7 MG/ML Oral Suspension [Zithromax]	Prescribing, Medication	RXCUI
628530	Azithromycin 250 MG Oral Tablet	Prescribing, Medication	RXCUI
18631	Azithromycin	Prescribing, Medication	RXCUI
141962	azithromycin (as azithromycin dihydrate) 250 MG Oral Capsule	Prescribing, Medication	RXCUI
1668238	azithromycin (as azithromycin dihydrate) 500 MG Injection	Prescribing, Medication	RXCUI
861416	azithromycin 1 GM per 2 FL OZ Oral Suspension	Prescribing, Medication	RXCUI
706866	Azithromycin 10 MG/ML	Prescribing, Medication	RXCUI
308459	azithromycin 100 MG in 5 mL Oral Suspension	Prescribing, Medication	RXCUI
330842	Azithromycin 100 MG/ML	Prescribing, Medication	RXCUI
575572	Azithromycin 100 MG/ML [Zithromax]	Prescribing, Medication	RXCUI
308461	Azithromycin 100 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
351772	Azithromycin 100 MG/ML Injectable Solution [Zithromax]	Prescribing, Medication	RXCUI
434692	Azithromycin 1000 MG	Prescribing, Medication	RXCUI
1807496	Azithromycin 1000 MG [Zithromax]	Prescribing, Medication	RXCUI
427722	Azithromycin 1000 MG Oral Tablet	Prescribing, Medication	RXCUI
861417	Azithromycin 1000 MG Powder for Oral Suspension [Zithromax]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
141963	azithromycin 1200 MG per 30 ML Oral Suspension	Prescribing, Medication	RXCUI
750150	Azithromycin 16.7 MG/ML	Prescribing, Medication	RXCUI
750153	Azithromycin 16.7 MG/ML [Zithromax]	Prescribing, Medication	RXCUI
577378	azithromycin 2 GM in 60 mL Extended Release Oral Suspension	Prescribing, Medication	RXCUI
891293	Azithromycin 2 MG/ML	Prescribing, Medication	RXCUI
891294	Azithromycin 2 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
315448	Azithromycin 20 MG/ML	Prescribing, Medication	RXCUI
571749	Azithromycin 20 MG/ML [Zithromax]	Prescribing, Medication	RXCUI
211307	Azithromycin 20 MG/ML Oral Suspension [Zithromax]	Prescribing, Medication	RXCUI
315449	Azithromycin 250 MG	Prescribing, Medication	RXCUI
628528	Azithromycin 250 MG [Azinthromycin]	Prescribing, Medication	RXCUI
564001	Azithromycin 250 MG [Zithromax]	Prescribing, Medication	RXCUI
539820	Azithromycin 250 MG [ZPAK]	Prescribing, Medication	RXCUI
105259	Azithromycin 250 MG Oral Capsule [Zithromax]	Prescribing, Medication	RXCUI
308460	azithromycin 250 MG Oral Tablet	Prescribing, Medication	RXCUI
212446	Azithromycin 250 MG Oral Tablet [Zithromax]	Prescribing, Medication	RXCUI
539822	Azithromycin 250 MG Oral Tablet [ZPAK]	Prescribing, Medication	RXCUI
577161	Azithromycin 33.3 MG/ML	Prescribing, Medication	RXCUI
583480	Azithromycin 33.3 MG/ML [Zmax]	Prescribing, Medication	RXCUI
583482	Azithromycin 33.3 MG/ML Extended Release Suspension [Zmax]	Prescribing, Medication	RXCUI
577162	Azithromycin 33.3 MG/ML Oral Suspension	Prescribing, Medication	RXCUI
315450	Azithromycin 40 MG/ML	Prescribing, Medication	RXCUI
564002	Azithromycin 40 MG/ML [Zithromax]	Prescribing, Medication	RXCUI
105260	Azithromycin 40 MG/ML Oral Suspension [Zithromax]	Prescribing, Medication	RXCUI
434695	Azithromycin 50 MG	Prescribing, Medication	RXCUI
410626	Azithromycin 50 MG Oral Capsule	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
330623	Azithromycin 500 MG	Prescribing, Medication	RXCUI
248656	azithromycin 500 MG (as azithromycin monohydrate) Oral Tablet	Prescribing, Medication	RXCUI
574033	Azithromycin 500 MG [Zithromax]	Prescribing, Medication	RXCUI
1668240	Azithromycin 500 MG Injection [Zithromax]	Prescribing, Medication	RXCUI
226827	Azithromycin 500 MG Oral Tablet [Zithromax]	Prescribing, Medication	RXCUI
332566	Azithromycin 60 MG/ML	Prescribing, Medication	RXCUI
251860	Azithromycin 60 MG/ML Oral Suspension	Prescribing, Medication	RXCUI
315451	Azithromycin 600 MG	Prescribing, Medication	RXCUI
571893	Azithromycin 600 MG [Zithromax]	Prescribing, Medication	RXCUI
204844	azithromycin 600 MG Oral Tablet	Prescribing, Medication	RXCUI
211511	Azithromycin 600 MG Oral Tablet [Zithromax]	Prescribing, Medication	RXCUI
1299904	AZITHROMYCIN ANHYDROUS	Prescribing, Medication	RXCUI
253155	Azithromycin Dihydrate	Prescribing, Medication	RXCUI
577377	Azithromycin Extended Release Suspension	Prescribing, Medication	RXCUI
583481	Azithromycin Extended Release Suspension [Zmax]	Prescribing, Medication	RXCUI
1155008	Azithromycin Injectable Product	Prescribing, Medication	RXCUI
375766	Azithromycin Injectable Solution	Prescribing, Medication	RXCUI
362773	Azithromycin Injectable Solution [Zithromax]	Prescribing, Medication	RXCUI
1668237	Azithromycin Injection	Prescribing, Medication	RXCUI
1668239	Azithromycin Injection [Zithromax]	Prescribing, Medication	RXCUI
1298839	Azithromycin Monohydrate	Prescribing, Medication	RXCUI
370974	Azithromycin Oral Capsule	Prescribing, Medication	RXCUI
366555	Azithromycin Oral Capsule [Zithromax]	Prescribing, Medication	RXCUI
1155010	Azithromycin Oral Liquid Product	Prescribing, Medication	RXCUI
1807493	Azithromycin Oral Powder Product	Prescribing, Medication	RXCUI
1155011	Azithromycin Oral Product	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
370975	Azithromycin Oral Suspension	Prescribing, Medication	RXCUI
366000	Azithromycin Oral Suspension [Zithromax]	Prescribing, Medication	RXCUI
370976	Azithromycin Oral Tablet	Prescribing, Medication	RXCUI
628529	Azithromycin Oral Tablet [Azinthromycin]	Prescribing, Medication	RXCUI
367697	Azithromycin Oral Tablet [Zithromax]	Prescribing, Medication	RXCUI
539821	Azithromycin Oral Tablet [ZPAK]	Prescribing, Medication	RXCUI
1155012	Azithromycin Pill	Prescribing, Medication	RXCUI
1807494	Azithromycin Powder for Oral Suspension	Prescribing, Medication	RXCUI
1807497	Azithromycin Powder for Oral Suspension [Zithromax]	Prescribing, Medication	RXCUI
196474	ZITHROMAX	Prescribing, Medication	RXCUI
539819	ZPAK	Prescribing, Medication	RXCUI
598022	ZMAX	Prescribing, Medication	RXCUI
628527	AZINTHROMYCIN	Prescribing, Medication	RXCUI
212407	AZITHROMYCIN 100 MG/ML INJECTABLE SOLUTION [ZITHROMAX IV]	Prescribing, Medication	RXCUI
572596	AZITHROMYCIN 100 MG/ML [ZITHROMAX IV]	Prescribing, Medication	RXCUI
363188	AZITHROMYCIN INJECTABLE SOLUTION [ZITHROMAX IV]	Prescribing, Medication	RXCUI
1176325	AZINTHROMYCIN ORAL PRODUCT	Prescribing, Medication	RXCUI
1176326	AZINTHROMYCIN PILL	Prescribing, Medication	RXCUI
1186859	ZPAK ORAL PRODUCT	Prescribing, Medication	RXCUI
1186860	ZPAK PILL	Prescribing, Medication	RXCUI
1187672	ZITHROMAX INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1187673	ZITHROMAX ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1187674	ZITHROMAX ORAL PRODUCT	Prescribing, Medication	RXCUI
1187675	ZITHROMAX PILL	Prescribing, Medication	RXCUI
1187965	ZMAX ORAL PRODUCT	Prescribing, Medication	RXCUI
1296746	ZMAX ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1807498	ZITHROMAX ORAL POWDER PRODUCT	Prescribing, Medication	RXCUI
Dexamethasone			
J1094	Injection, dexamethasone acetate, 1 mg	Procedure	HCPCS
J1100	Injection, dexamethasone sodium phosphate, 1 mg	Procedure	HCPCS
J7637	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Procedure	HCPCS
J7638	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Procedure	HCPCS
J8540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
795716	{12 (Dexamethasone 0.75 MG Oral Tablet [Decadron]) } Pack [Decadron 5-12]	Prescribing, Medication	RXCUI
759696	{12 (Dexamethasone 0.75 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1945071	{21 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Decadron DP 6 Day]	Prescribing, Medication	RXCUI
846192	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
847225	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 6 Day]	Prescribing, Medication	RXCUI
2118829	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [HiDex 6-Day Taper]	Prescribing, Medication	RXCUI
1998482	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 6 Day Taper]	Prescribing, Medication	RXCUI
895526	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 6 Day]	Prescribing, Medication	RXCUI
1943549	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [ZoDex 6 Day Taper]	Prescribing, Medication	RXCUI
1869595	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
2118835	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 7-Day Taper]	Prescribing, Medication	RXCUI
759697	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
797022	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak Junior 10 Day]	Prescribing, Medication	RXCUI
895521	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 10 Day]	Prescribing, Medication	RXCUI
2121587	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
2121735	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Dxevo 11 Day Taper]	Prescribing, Medication	RXCUI
1869605	{41 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1945072	{49 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Decadron DP 12 Day]	Prescribing, Medication	RXCUI
1943550	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1998481	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 12 Day Taper]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1943551	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zodex 12 Day Taper]	Prescribing, Medication	RXCUI
759481	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
797023	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 13 Day]	Prescribing, Medication	RXCUI
895525	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 13 Day]	Prescribing, Medication	RXCUI
431720	12 HR Dexamethasone 1 MG / Theophylline 300 MG Extended Release Tablet	Prescribing, Medication	RXCUI
901649	Baycadron 0.1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
1374392	Dalalone 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
1374408	Dalalone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205628	Dalalone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
1374410	Dalalone 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205607	Dalalone D.P. 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205594	Dalalone L.A. 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205595	De-Sone LA 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
541484	Deca 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
541463	Deca 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205596	Decadron-LA 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
755976	Decadron 0.1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
205683	Decadron 0.25 MG Oral Tablet	Prescribing, Medication	RXCUI
105392	Decadron 0.5 MG Oral Tablet	Prescribing, Medication	RXCUI
343040	Decadron 0.75 MG Oral Tablet	Prescribing, Medication	RXCUI
205710	Decadron 1.5 MG Oral Tablet	Prescribing, Medication	RXCUI
1376070	Decadron 24 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205712	Decadron 4 MG Oral Tablet	Prescribing, Medication	RXCUI
1375115	Decadron 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
351311	Decadron 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205717	Decadron 6 MG Oral Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
205622	Decadron phosphate 24 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205629	Decadron phosphate 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205597	Decaject-L.A. 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205630	Decaject 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205631	Dexacen-4 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205598	Dexacort-LA 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205632	Dexacorten 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
814504	Dexamethasone / Indomethacin	Prescribing, Medication	RXCUI
440625	Dexamethasone / Indomethacin Oral Capsule	Prescribing, Medication	RXCUI
1154241	Dexamethasone / Indomethacin Oral Product	Prescribing, Medication	RXCUI
372476	Dexamethasone / Indomethacin Oral Tablet	Prescribing, Medication	RXCUI
1154242	Dexamethasone / Indomethacin Pill	Prescribing, Medication	RXCUI
1154243	Dexamethasone / Indomethacin Rectal Product	Prescribing, Medication	RXCUI
440626	Dexamethasone / Indomethacin Rectal Suppository	Prescribing, Medication	RXCUI
813683	Dexamethasone / Theophylline	Prescribing, Medication	RXCUI
452064	Dexamethasone / Theophylline Extended Release Oral Tablet	Prescribing, Medication	RXCUI
1154255	Dexamethasone / Theophylline Oral Product	Prescribing, Medication	RXCUI
1154256	Dexamethasone / Theophylline Pill	Prescribing, Medication	RXCUI
197576	dexamethasone 0.25 MG Oral Tablet	Prescribing, Medication	RXCUI
1086701	Dexamethasone 0.25 MG Oral Tablet [Dexium]	Prescribing, Medication	RXCUI
332984	Dexamethasone 0.4 MG	Prescribing, Medication	RXCUI
2108017	Dexamethasone 0.4 MG [Dextenza]	Prescribing, Medication	RXCUI
2108020	Dexamethasone 0.4 MG Drug Implant [Dextenza]	Prescribing, Medication	RXCUI
411225	Dexamethasone 0.4 MG Oral Capsule	Prescribing, Medication	RXCUI
315775	Dexamethasone 0.5 MG	Prescribing, Medication	RXCUI
411549	Dexamethasone 0.5 MG / Indomethacin 25 MG Oral Capsule	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
564044	Dexamethasone 0.5 MG [Decadron]	Prescribing, Medication	RXCUI
566575	Dexamethasone 0.5 MG [Dexone]	Prescribing, Medication	RXCUI
566207	Dexamethasone 0.5 MG [Oradexon]	Prescribing, Medication	RXCUI
197577	dexamethasone 0.5 MG Oral Tablet	Prescribing, Medication	RXCUI
205684	Dexamethasone 0.5 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
203976	Dexamethasone 0.5 MG Oral Tablet [Oradexon]	Prescribing, Medication	RXCUI
854175	Dexamethasone 0.7 MG	Prescribing, Medication	RXCUI
854179	Dexamethasone 0.7 MG [Ozurdex]	Prescribing, Medication	RXCUI
854177	Dexamethasone 0.7 MG Drug Implant	Prescribing, Medication	RXCUI
854181	Dexamethasone 0.7 MG Drug Implant [Ozurdex]	Prescribing, Medication	RXCUI
345816	Dexamethasone 0.75 MG	Prescribing, Medication	RXCUI
575233	Dexamethasone 0.75 MG [Decadron]	Prescribing, Medication	RXCUI
566583	Dexamethasone 0.75 MG [Dexone]	Prescribing, Medication	RXCUI
343033	dexamethasone 0.75 MG Oral Tablet	Prescribing, Medication	RXCUI
205692	Dexamethasone 0.75 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
315776	Dexamethasone 1 MG	Prescribing, Medication	RXCUI
252621	Dexamethasone 1 MG / Terfenadine 120 MG Extended Release Oral Tablet	Prescribing, Medication	RXCUI
250828	Dexamethasone 1 MG / Terfenadine 120 MG Oral Tablet	Prescribing, Medication	RXCUI
844882	Dexamethasone 1 MG / Theophylline 300 MG Extended Release Oral Tablet	Prescribing, Medication	RXCUI
309684	dexamethasone 1 MG in 1 mL Concentrate for Oral Solution	Prescribing, Medication	RXCUI
197579	dexamethasone 1 MG Oral Tablet	Prescribing, Medication	RXCUI
315777	Dexamethasone 1.5 MG	Prescribing, Medication	RXCUI
566601	Dexamethasone 1.5 MG [Decadron]	Prescribing, Medication	RXCUI
566602	Dexamethasone 1.5 MG [Dexone]	Prescribing, Medication	RXCUI
197580	dexamethasone 1.5 MG Oral Tablet	Prescribing, Medication	RXCUI
205711	Dexamethasone 1.5 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
2045403	Dexamethasone 103.4 MG/ML	Prescribing, Medication	RXCUI
2045406	Dexamethasone 103.4 MG/ML [Dexycu]	Prescribing, Medication	RXCUI
2045410	Dexamethasone 103.4 MG/ML Injection	Prescribing, Medication	RXCUI
2045411	Dexamethasone 103.4 MG/ML Injection [Dexycu]	Prescribing, Medication	RXCUI
343643	Dexamethasone 16 MG/ML	Prescribing, Medication	RXCUI
566504	Dexamethasone 16 MG/ML [Dalalone D.P.]	Prescribing, Medication	RXCUI
393267	Dexamethasone 16 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
309687	Dexamethasone 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
317346	Dexamethasone 2 MG	Prescribing, Medication	RXCUI
565676	Dexamethasone 2 MG [Oradexon]	Prescribing, Medication	RXCUI
435681	dexamethasone 2 MG in 1 ML Injectable Solution	Prescribing, Medication	RXCUI
197581	dexamethasone 2 MG Oral Tablet	Prescribing, Medication	RXCUI
201072	Dexamethasone 2 MG Oral Tablet [Oradexon]	Prescribing, Medication	RXCUI
451789	Dexamethasone 2 MG/ML	Prescribing, Medication	RXCUI
1049548	Dexamethasone 2 MG/ML [DexaJect]	Prescribing, Medication	RXCUI
1087756	Dexamethasone 2 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
542937	Dexamethasone 2 MG/ML [Dexium brand of Dexamethasone]	Prescribing, Medication	RXCUI
1049384	Dexamethasone 2 MG/ML [Dexium]	Prescribing, Medication	RXCUI
1087757	Dexamethasone 2 MG/ML Injectable Solution [Dexasone]	Prescribing, Medication	RXCUI
542939	Dexamethasone 2 MG/ML Injectable Solution [Dexium brand of Dexamethasone]	Prescribing, Medication	RXCUI
1049386	Dexamethasone 2 MG/ML Injectable Solution [Dexium]	Prescribing, Medication	RXCUI
438883	Dexamethasone 2.2 MG	Prescribing, Medication	RXCUI
420697	Dexamethasone 2.2 MG Rectal Suppository	Prescribing, Medication	RXCUI
329678	Dexamethasone 20 MG/ML	Prescribing, Medication	RXCUI
315061	Dexamethasone 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
330680	Dexamethasone 24 MG/ML	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
566514	Dexamethasone 24 MG/ML [Decadron phosphate]	Prescribing, Medication	RXCUI
197584	Dexamethasone 24 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
451790	Dexamethasone 25 MG/ML	Prescribing, Medication	RXCUI
415363	Dexamethasone 25 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
332981	Dexamethasone 3 MG/ML	Prescribing, Medication	RXCUI
252361	Dexamethasone 3 MG/ML / sodium phosphate 3 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
880655	Dexamethasone 3 MG/ML [DexaJect]	Prescribing, Medication	RXCUI
1087918	Dexamethasone 3 MG/ML [Dexium]	Prescribing, Medication	RXCUI
880649	Dexamethasone 3 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
1087919	Dexamethasone 3 MG/ML Injectable Solution [Dexium]	Prescribing, Medication	RXCUI
332982	Dexamethasone 3.2 MG/ML	Prescribing, Medication	RXCUI
247293	Dexamethasone 3.2 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
315778	Dexamethasone 4 MG	Prescribing, Medication	RXCUI
566603	Dexamethasone 4 MG [Decadron]	Prescribing, Medication	RXCUI
566604	Dexamethasone 4 MG [Dexone]	Prescribing, Medication	RXCUI
566605	Dexamethasone 4 MG [Hexadrol]	Prescribing, Medication	RXCUI
197582	dexamethasone 4 MG Oral Tablet	Prescribing, Medication	RXCUI
205713	Dexamethasone 4 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
205714	Dexamethasone 4 MG Oral Tablet [Hexadrol]	Prescribing, Medication	RXCUI
330437	Dexamethasone 4 MG/ML	Prescribing, Medication	RXCUI
566519	Dexamethasone 4 MG/ML [Adrenocot]	Prescribing, Medication	RXCUI
575255	Dexamethasone 4 MG/ML [Cortastat]	Prescribing, Medication	RXCUI
541479	Dexamethasone 4 MG/ML [Cortidex]	Prescribing, Medication	RXCUI
566520	Dexamethasone 4 MG/ML [Dalalone]	Prescribing, Medication	RXCUI
541482	Dexamethasone 4 MG/ML [Deca]	Prescribing, Medication	RXCUI
566521	Dexamethasone 4 MG/ML [Decadron phosphate]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
575256	Dexamethasone 4 MG/ML [Decadron]	Prescribing, Medication	RXCUI
566522	Dexamethasone 4 MG/ML [Decaject]	Prescribing, Medication	RXCUI
566523	Dexamethasone 4 MG/ML [Dexacen-4]	Prescribing, Medication	RXCUI
566524	Dexamethasone 4 MG/ML [Dexacorten]	Prescribing, Medication	RXCUI
566525	Dexamethasone 4 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
566526	Dexamethasone 4 MG/ML [Dexone]	Prescribing, Medication	RXCUI
566527	Dexamethasone 4 MG/ML [Hexadrol Phosphate]	Prescribing, Medication	RXCUI
566528	Dexamethasone 4 MG/ML [Medidex]	Prescribing, Medication	RXCUI
541485	Dexamethasone 4 MG/ML [Metazone]	Prescribing, Medication	RXCUI
563253	Dexamethasone 4 MG/ML [Oradexon]	Prescribing, Medication	RXCUI
566529	Dexamethasone 4 MG/ML [Primethasone]	Prescribing, Medication	RXCUI
566530	Dexamethasone 4 MG/ML [Solurex LA]	Prescribing, Medication	RXCUI
566531	Dexamethasone 4 MG/ML [Solurex]	Prescribing, Medication	RXCUI
309698	Dexamethasone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205633	Dexamethasone 4 MG/ML Injectable Solution [Dexasone]	Prescribing, Medication	RXCUI
205634	Dexamethasone 4 MG/ML Injectable Solution [Dexone]	Prescribing, Medication	RXCUI
205635	Dexamethasone 4 MG/ML Injectable Solution [Hexadrol Phosphate]	Prescribing, Medication	RXCUI
205636	Dexamethasone 4 MG/ML Injectable Solution [Medidex]	Prescribing, Medication	RXCUI
541487	Dexamethasone 4 MG/ML Injectable Solution [Metazone]	Prescribing, Medication	RXCUI
103163	Dexamethasone 4 MG/ML Injectable Solution [Oradexon]	Prescribing, Medication	RXCUI
205637	Dexamethasone 4 MG/ML Injectable Solution [Primethasone]	Prescribing, Medication	RXCUI
205638	Dexamethasone 4 MG/ML Injectable Solution [Solurex LA]	Prescribing, Medication	RXCUI
205639	Dexamethasone 4 MG/ML Injectable Solution [Solurex]	Prescribing, Medication	RXCUI
1006791	Dexamethasone 4 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
331791	Dexamethasone 5 MG/ML	Prescribing, Medication	RXCUI
565677	Dexamethasone 5 MG/ML [Oradexon]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
105394	Dexamethasone 5 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
201073	Dexamethasone 5 MG/ML Injectable Solution [Oradexon]	Prescribing, Medication	RXCUI
315779	Dexamethasone 6 MG	Prescribing, Medication	RXCUI
566608	Dexamethasone 6 MG [Decadron]	Prescribing, Medication	RXCUI
197583	dexamethasone 6 MG Oral Tablet	Prescribing, Medication	RXCUI
438885	Dexamethasone 8 MG	Prescribing, Medication	RXCUI
429196	Dexamethasone 8 MG Oral Tablet	Prescribing, Medication	RXCUI
323884	Dexamethasone 8 MG/ML	Prescribing, Medication	RXCUI
249225	Dexamethasone 8 MG/ML / sodium phosphate 2 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
566491	Dexamethasone 8 MG/ML [Adrenocot L.A.]	Prescribing, Medication	RXCUI
575253	Dexamethasone 8 MG/ML [Cortastat LA]	Prescribing, Medication	RXCUI
541476	Dexamethasone 8 MG/ML [Cortidex]	Prescribing, Medication	RXCUI
566492	Dexamethasone 8 MG/ML [Dalalone L.A.]	Prescribing, Medication	RXCUI
566493	Dexamethasone 8 MG/ML [De-Sone LA]	Prescribing, Medication	RXCUI
541461	Dexamethasone 8 MG/ML [Deca]	Prescribing, Medication	RXCUI
566494	Dexamethasone 8 MG/ML [Decadron-LA]	Prescribing, Medication	RXCUI
566495	Dexamethasone 8 MG/ML [Decaject-L.A.]	Prescribing, Medication	RXCUI
566496	Dexamethasone 8 MG/ML [Dexacort-LA]	Prescribing, Medication	RXCUI
566497	Dexamethasone 8 MG/ML [Dexasone LA]	Prescribing, Medication	RXCUI
1089818	Dexamethasone 8 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
566498	Dexamethasone 8 MG/ML [Dexone LA]	Prescribing, Medication	RXCUI
566499	Dexamethasone 8 MG/ML [Medidex LA]	Prescribing, Medication	RXCUI
541465	Dexamethasone 8 MG/ML [Metazone]	Prescribing, Medication	RXCUI
541468	Dexamethasone 8 MG/ML [Primethasone]	Prescribing, Medication	RXCUI
541472	Dexamethasone 8 MG/ML [Robadex]	Prescribing, Medication	RXCUI
566500	Dexamethasone 8 MG/ML [Solurex LA]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
387080	Dexamethasone 8 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
309688	Dexamethasone 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205599	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone LA]	Prescribing, Medication	RXCUI
1089820	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone]	Prescribing, Medication	RXCUI
205600	Dexamethasone 8 MG/ML Injectable Suspension [Dexone LA]	Prescribing, Medication	RXCUI
205601	Dexamethasone 8 MG/ML Injectable Suspension [Medidex LA]	Prescribing, Medication	RXCUI
541467	Dexamethasone 8 MG/ML Injectable Suspension [Metazone]	Prescribing, Medication	RXCUI
541470	Dexamethasone 8 MG/ML Injectable Suspension [Primethasone]	Prescribing, Medication	RXCUI
541474	Dexamethasone 8 MG/ML Injectable Suspension [Robadex]	Prescribing, Medication	RXCUI
205602	Dexamethasone 8 MG/ML Injectable Suspension [Solurex LA]	Prescribing, Medication	RXCUI
22690	dexamethasone acetate	Prescribing, Medication	RXCUI
1374388	dexamethasone acetate 16 MG/ML	Prescribing, Medication	RXCUI
1374390	dexamethasone acetate 16 MG/ML [Dalalone]	Prescribing, Medication	RXCUI
1374389	dexamethasone acetate 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
1374371	dexamethasone acetate 8 MG/ML	Prescribing, Medication	RXCUI
1374409	dexamethasone acetate 8 MG/ML [Dalalone]	Prescribing, Medication	RXCUI
1534398	dexamethasone acetate 8 MG/ML [De-Sone LA]	Prescribing, Medication	RXCUI
1534288	dexamethasone acetate 8 MG/ML [Decadron-LA]	Prescribing, Medication	RXCUI
1534331	dexamethasone acetate 8 MG/ML [Dexacort-LA]	Prescribing, Medication	RXCUI
1374386	dexamethasone acetate 8 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
1534289	dexamethasone acetate 8 MG/ML [Robadex]	Prescribing, Medication	RXCUI
1374372	dexamethasone acetate 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
1374387	dexamethasone acetate 8 MG/ML Injectable Suspension [Dexasone]	Prescribing, Medication	RXCUI
854176	Dexamethasone Drug Implant	Prescribing, Medication	RXCUI
2108018	Dexamethasone Drug Implant [Dextenza]	Prescribing, Medication	RXCUI
854180	Dexamethasone Drug Implant [Ozurdex]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1154529	Dexamethasone Drug Implant Product	Prescribing, Medication	RXCUI
1154530	Dexamethasone Inhalant Product	Prescribing, Medication	RXCUI
377280	Dexamethasone Inhalant Solution	Prescribing, Medication	RXCUI
361870	Dexamethasone Inhalant Solution [Dexacort Phosphate in Respighaler]	Prescribing, Medication	RXCUI
1154531	Dexamethasone Injectable Product	Prescribing, Medication	RXCUI
371725	Dexamethasone Injectable Solution	Prescribing, Medication	RXCUI
363487	Dexamethasone Injectable Solution [Adrenocot]	Prescribing, Medication	RXCUI
363213	Dexamethasone Injectable Solution [Cortastat 10]	Prescribing, Medication	RXCUI
363214	Dexamethasone Injectable Solution [Cortastat]	Prescribing, Medication	RXCUI
541480	Dexamethasone Injectable Solution [Cortidex]	Prescribing, Medication	RXCUI
363486	Dexamethasone Injectable Solution [Dalalone]	Prescribing, Medication	RXCUI
541483	Dexamethasone Injectable Solution [Deca]	Prescribing, Medication	RXCUI
363003	Dexamethasone Injectable Solution [Decadron phosphate]	Prescribing, Medication	RXCUI
363216	Dexamethasone Injectable Solution [Decadron]	Prescribing, Medication	RXCUI
363485	Dexamethasone Injectable Solution [Decaject]	Prescribing, Medication	RXCUI
363484	Dexamethasone Injectable Solution [Dexacen-4]	Prescribing, Medication	RXCUI
363483	Dexamethasone Injectable Solution [Dexacorten]	Prescribing, Medication	RXCUI
880656	Dexamethasone Injectable Solution [DexaJect]	Prescribing, Medication	RXCUI
363482	Dexamethasone Injectable Solution [Dexasone]	Prescribing, Medication	RXCUI
542938	Dexamethasone Injectable Solution [Dexium brand of Dexamethasone]	Prescribing, Medication	RXCUI
1049385	Dexamethasone Injectable Solution [Dexium]	Prescribing, Medication	RXCUI
363481	Dexamethasone Injectable Solution [Dexone]	Prescribing, Medication	RXCUI
363480	Dexamethasone Injectable Solution [Hexadrol Phosphate]	Prescribing, Medication	RXCUI
1375105	Dexamethasone Injectable Solution [Hexadrol]	Prescribing, Medication	RXCUI
363479	Dexamethasone Injectable Solution [Medidex]	Prescribing, Medication	RXCUI
541486	Dexamethasone Injectable Solution [Metazone]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
363584	Dexamethasone Injectable Solution [Oradexon]	Prescribing, Medication	RXCUI
363478	Dexamethasone Injectable Solution [Primethasone]	Prescribing, Medication	RXCUI
363477	Dexamethasone Injectable Solution [Solurex LA]	Prescribing, Medication	RXCUI
363476	Dexamethasone Injectable Solution [Solurex]	Prescribing, Medication	RXCUI
371721	Dexamethasone Injectable Suspension	Prescribing, Medication	RXCUI
365676	Dexamethasone Injectable Suspension [Adrenocot L.A.]	Prescribing, Medication	RXCUI
365611	Dexamethasone Injectable Suspension [Cortastat LA]	Prescribing, Medication	RXCUI
541477	Dexamethasone Injectable Suspension [Cortidex]	Prescribing, Medication	RXCUI
365667	Dexamethasone Injectable Suspension [Dalalone D.P.]	Prescribing, Medication	RXCUI
365693	Dexamethasone Injectable Suspension [Dalalone L.A.]	Prescribing, Medication	RXCUI
1374391	Dexamethasone Injectable Suspension [Dalalone]	Prescribing, Medication	RXCUI
365692	Dexamethasone Injectable Suspension [De-Sone LA]	Prescribing, Medication	RXCUI
541462	Dexamethasone Injectable Suspension [Deca]	Prescribing, Medication	RXCUI
365691	Dexamethasone Injectable Suspension [Decadron-LA]	Prescribing, Medication	RXCUI
365690	Dexamethasone Injectable Suspension [Decaject-L.A.]	Prescribing, Medication	RXCUI
365689	Dexamethasone Injectable Suspension [Dexacort-LA]	Prescribing, Medication	RXCUI
365688	Dexamethasone Injectable Suspension [Dexasone LA]	Prescribing, Medication	RXCUI
1089819	Dexamethasone Injectable Suspension [Dexasone]	Prescribing, Medication	RXCUI
365687	Dexamethasone Injectable Suspension [Dexone LA]	Prescribing, Medication	RXCUI
365686	Dexamethasone Injectable Suspension [Medidex LA]	Prescribing, Medication	RXCUI
541466	Dexamethasone Injectable Suspension [Metazone]	Prescribing, Medication	RXCUI
541469	Dexamethasone Injectable Suspension [Primethasone]	Prescribing, Medication	RXCUI
541473	Dexamethasone Injectable Suspension [Robadex]	Prescribing, Medication	RXCUI
365685	Dexamethasone Injectable Suspension [Solurex LA]	Prescribing, Medication	RXCUI
1812073	Dexamethasone Injection	Prescribing, Medication	RXCUI
2045407	Dexamethasone Injection [Dexycu]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1175245	Dexamethasone Intensol Oral Liquid Product	Prescribing, Medication	RXCUI
1175246	Dexamethasone Intensol Oral Product	Prescribing, Medication	RXCUI
3265	Dexamethasone Isonicotinate	Prescribing, Medication	RXCUI
2108345	Dexamethasone Metered Dose Inhaler	Prescribing, Medication	RXCUI
2108348	Dexamethasone Metered Dose Inhaler [Dexacort Phosphate in Respihaler]	Prescribing, Medication	RXCUI
438882	Dexamethasone Oral Capsule	Prescribing, Medication	RXCUI
1154534	Dexamethasone Oral Liquid Product	Prescribing, Medication	RXCUI
1154535	Dexamethasone Oral Product	Prescribing, Medication	RXCUI
371728	Dexamethasone Oral Solution	Prescribing, Medication	RXCUI
901648	Dexamethasone Oral Solution [Baycadron]	Prescribing, Medication	RXCUI
757087	Dexamethasone Oral Solution [Decadron]	Prescribing, Medication	RXCUI
364896	Dexamethasone Oral Solution [Dexamethasone Intensol]	Prescribing, Medication	RXCUI
757088	Dexamethasone Oral Solution [Hexadrol]	Prescribing, Medication	RXCUI
371729	Dexamethasone Oral Tablet	Prescribing, Medication	RXCUI
369461	Dexamethasone Oral Tablet [Decadron]	Prescribing, Medication	RXCUI
1086700	Dexamethasone Oral Tablet [Dexium]	Prescribing, Medication	RXCUI
369460	Dexamethasone Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
369516	Dexamethasone Oral Tablet [Hexadrol]	Prescribing, Medication	RXCUI
369569	Dexamethasone Oral Tablet [Oradexon]	Prescribing, Medication	RXCUI
1154536	Dexamethasone Otic Product	Prescribing, Medication	RXCUI
371727	Dexamethasone Otic Solution	Prescribing, Medication	RXCUI
1154537	Dexamethasone Pill	Prescribing, Medication	RXCUI
1812094	Dexamethasone Prefilled Syringe	Prescribing, Medication	RXCUI
1154538	Dexamethasone Rectal Product	Prescribing, Medication	RXCUI
438884	Dexamethasone Rectal Suppository	Prescribing, Medication	RXCUI
203704	Dexasone	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
216384	De-Sone LA	Prescribing, Medication	RXCUI
227682	Decadron	Prescribing, Medication	RXCUI
309686	dexamethasone 0.1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
566581	dexamethasone 0.1 MG/ML [Decadron]	Prescribing, Medication	RXCUI
1169579	De-Sone LA Injectable Product	Prescribing, Medication	RXCUI
1170296	Decadron Oral Liquid Product	Prescribing, Medication	RXCUI
1170297	Decadron Oral Product	Prescribing, Medication	RXCUI
1170298	Decadron Pill	Prescribing, Medication	RXCUI
1175250	Dexasone Injectable Product	Prescribing, Medication	RXCUI
Baricitinib			
XW0DXM6	Introduction of baricitinib into mouth and pharynx, external approach, new technology group 6	Procedure	ICD-10-PCS
XW0G7M6	Introduction of baricitinib into upper GI, via natural or artificial opening, new technology group 6	Procedure	ICD-10-PCS
XW0H7M6	Introduction of baricitinib into lower GI, via natural or artificial opening, new technology group 6	Procedure	ICD-10-PCS
XW0DXF5	Introduction of other new technology therapeutic substance into mouth and pharynx, external approach, new technology group 5	Procedure	ICD-10-PCS
3E0G7GC	Introduction of other therapeutic substance into upper G.I. via natural or artificial opening	Procedure	ICD-10-PCS
3E0H7GC	Introduction of other therapeutic substance into lower G.I. via natural or artificial opening	Procedure	ICD-10-PCS
2047232	baricitinib	Prescribing, Medication	RXCUI
2047237	baricitinib 2 MG	Prescribing, Medication	RXCUI
2047243	baricitinib 2 MG [Olumiant]	Prescribing, Medication	RXCUI
2047241	baricitinib 2 MG Oral Tablet	Prescribing, Medication	RXCUI
2047247	baricitinib 2 MG Oral Tablet [Olumiant]	Prescribing, Medication	RXCUI
2047238	baricitinib Oral Product	Prescribing, Medication	RXCUI
2047240	baricitinib Oral Tablet	Prescribing, Medication	RXCUI
2047244	baricitinib Oral Tablet [Olumiant]	Prescribing, Medication	RXCUI
2047239	baricitinib Pill	Prescribing, Medication	RXCUI
2047242	Olumiant	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
2047245	Olumiant Oral Product	Prescribing, Medication	RXCUI
2047246	Olumiant Pill	Prescribing, Medication	RXCUI
2205473	baricitinib	Prescribing, Medication	RXCUI
2205472	baricitinib	Prescribing, Medication	RXCUI
2205471	baricitinib	Prescribing, Medication	RXCUI
2205474	baricitinib	Prescribing, Medication	RXCUI
Remdesivir			
XW033E5	Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW043E5	Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
2284960	remdesivir 100 MG Injection	Prescribing, Medication	RXCUI
2284957	remdesivir 100 MG	Prescribing, Medication	RXCUI
2284958	remdesivir Injectable Product	Prescribing, Medication	RXCUI
2284959	remdesivir Injection	Prescribing, Medication	RXCUI
2284718	remdesivir	Prescribing, Medication	RXCUI
2367757	remdesivir 5 MG/ML	Prescribing, Medication	RXCUI
2367758	20 ML remdesivir 5 MG/ML Injection	Prescribing, Medication	RXCUI
2395499	remdesivir 100 MG [Veklury]	Prescribing, Medication	RXCUI
2395500	remdesivir Injection [Veklury]	Prescribing, Medication	RXCUI
2395502	remdesivir 100 MG Injection [Veklury]	Prescribing, Medication	RXCUI
2395503	remdesivir 5 MG/ML [Veklury]	Prescribing, Medication	RXCUI
2395504	20 ML remdesivir 5 MG/ML Injection [Veklury]	Prescribing, Medication	RXCUI
Tocilizumab			
XW033H5	Introduction of Tocilizumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
J3262	Injection, tocilizumab, 1 mg	Procedure	HCPCS
2106077	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
1441532	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
895764	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1657978	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
895763	tocilizumab Injectable Solution	Prescribing, Medication	RXCUI
2106076	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
1441531	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
895760	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
1657977	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
895759	tocilizumab Injectable Solution	Prescribing, Medication	RXCUI
2106075	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
1441530	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
1657980	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
1657982	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
1657976	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
1441528	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
895762	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
2106074	tocilizumab Auto-Injector	Prescribing, Medication	RXCUI
1657975	tocilizumab Injection	Prescribing, Medication	RXCUI
1441529	tocilizumab Prefilled Syringe	Prescribing, Medication	RXCUI
2106073	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
1441527	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
1657979	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
1657981	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
1657974	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
612865	tocilizumab	Prescribing, Medication	RXCUI
1441525	tocilizumab 180 MG/ML	Prescribing, Medication	RXCUI
895758	tocilizumab 20 MG/ML	Prescribing, Medication	RXCUI
2106072	tocilizumab Auto-Injector	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1162729	tocilizumab Injectable Product	Prescribing, Medication	RXCUI
1657973	tocilizumab Injection	Prescribing, Medication	RXCUI
1441526	tocilizumab Prefilled Syringe	Prescribing, Medication	RXCUI
1649574	Introduction of Tocilizumab into Central Vein, Percutaneous Approach, New Technology Group 5	Prescribing, Medication	RXCUI
Systemic Corticosteroids			
J1700	Injection, hydrocortisone acetate, up to 25 mg	Procedure	HCPCS
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	Procedure	HCPCS
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	Procedure	HCPCS
J1020	Injection, methylprednisolone acetate, 20 mg	Procedure	HCPCS
J1030	Injection, methylprednisolone acetate, 40 mg	Procedure	HCPCS
J1040	Injection, methylprednisolone acetate, 80 mg	Procedure	HCPCS
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Procedure	HCPCS
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Procedure	HCPCS
J2650	Injection, prednisolone acetate, up to 1 ml	Procedure	HCPCS
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Procedure	HCPCS
J1094	Injection, dexamethasone acetate, 1 mg	Procedure	HCPCS
J1100	Injection, dexamethasone sodium phosphate, 1 mg	Procedure	HCPCS
J8540	Dexamethasone, oral, 0.25 mg	Procedure	HCPCS
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	Procedure	HCPCS
858138	beclomethasone dipropionate 1 MG Oral Tablet	Prescribing, Medication	RXCUI
858134	beclomethasone dipropionate 1 MG	Prescribing, Medication	RXCUI
858137	beclomethasone Oral Tablet	Prescribing, Medication	RXCUI
1155695	beclomethasone Oral Product	Prescribing, Medication	RXCUI
1155696	beclomethasone Pill	Prescribing, Medication	RXCUI
1366551	UCERIS	Prescribing, Medication	RXCUI
153171	ENTOCORT	Prescribing, Medication	RXCUI
2273102	ORTIKOS	Prescribing, Medication	RXCUI
19831	BUDESONIDE	Prescribing, Medication	RXCUI
1367172	BUDESONIDE (11.BETA.,16.ALPHA.(S))	Prescribing, Medication	RXCUI
1244213	24 HR BUDESONIDE 3 MG EXTENDED RELEASE ENTERIC COATED CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
1244215	BUDESONIDE 3 MG DELAYED RELEASE ORAL CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
1366556	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing, Medication	RXCUI
1366558	BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
152595	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Prescribing, Medication	RXCUI
2273107	24 HR BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication	RXCUI
2273108	BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication	RXCUI
2273110	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication	RXCUI
2273111	BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication	RXCUI
844427	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Prescribing, Medication	RXCUI
991401	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
991402	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
1366552	BUDESONIDE 9 MG [UCERIS]	Prescribing, Medication	RXCUI
2273103	BUDESONIDE 6 MG [ORTIKOS]	Prescribing, Medication	RXCUI
2273109	BUDESONIDE 9 MG [ORTIKOS]	Prescribing, Medication	RXCUI
564993	BUDESONIDE 3 MG [ENTOCORT EC]	Prescribing, Medication	RXCUI
991399	BUDESONIDE 3 MG [ENTOCORT]	Prescribing, Medication	RXCUI
1244212	BUDESONIDE EXTENDED RELEASE ENTERIC COATED CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
1366553	BUDESONIDE EXTENDED RELEASE ORAL TABLET [UCERIS]	Prescribing, Medication	RXCUI
1489772	BUDESONIDE DELAYED RELEASE ORAL CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
2273104	BUDESONIDE EXTENDED RELEASE ORAL CAPSULE [ORTIKOS]	Prescribing, Medication	RXCUI
367142	BUDESONIDE 24 HOUR EXTENDED RELEASE CAPSULE [ENTOCORT EC]	Prescribing, Medication	RXCUI
991400	BUDESONIDE EXTENDED RELEASE CAPSULE [ENTOCORT]	Prescribing, Medication	RXCUI
1167031	ENTOCORT ORAL PRODUCT	Prescribing, Medication	RXCUI
1167032	ENTOCORT PILL	Prescribing, Medication	RXCUI
1366554	UCERIS ORAL PRODUCT	Prescribing, Medication	RXCUI
1366555	UCERIS PILL	Prescribing, Medication	RXCUI
2273105	ORTIKOS ORAL PRODUCT	Prescribing, Medication	RXCUI
2273106	ORTIKOS PILL	Prescribing, Medication	RXCUI
1006089	BUDESONIDE 3 MG ENTERIC COATED CAPSULE	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1244211	24 HR BUDESONIDE 3 MG EXTENDED RELEASE ENTERIC COATED CAPSULE	Prescribing, Medication	RXCUI
1244214	BUDESONIDE 3 MG DELAYED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
1366550	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1366557	BUDESONIDE 9 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
152594	24 HR BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
2048810	BUDESONIDE 3 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
2269305	24 HR BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
2269306	BUDESONIDE 6 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
2269307	24 HR BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
2269308	BUDESONIDE 9 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
249241	BUDESONIDE 3 MG ORAL TABLET	Prescribing, Medication	RXCUI
387015	BUDESONIDE 3 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
484697	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
844426	BUDESONIDE 3 MG EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
1366548	BUDESONIDE 9 MG	Prescribing, Medication	RXCUI
2269303	BUDESONIDE 6 MG	Prescribing, Medication	RXCUI
332685	BUDESONIDE 3 MG	Prescribing, Medication	RXCUI
1006088	BUDESONIDE ENTERIC COATED CAPSULE	Prescribing, Medication	RXCUI
1244210	BUDESONIDE EXTENDED RELEASE ENTERIC COATED CAPSULE	Prescribing, Medication	RXCUI
1366549	BUDESONIDE EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1489770	BUDESONIDE DELAYED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
2048809	BUDESONIDE ORAL CAPSULE	Prescribing, Medication	RXCUI
2269304	BUDESONIDE EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
376186	BUDESONIDE ORAL TABLET	Prescribing, Medication	RXCUI
379057	BUDESONIDE 24 HOUR EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
393140	BUDESONIDE ORAL CAPSULE	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
484696	BUDESONIDE EXTENDED RELEASE CAPSULE	Prescribing, Medication	RXCUI
1151338	BUDESONIDE ORAL PRODUCT	Prescribing, Medication	RXCUI
1151339	BUDESONIDE PILL	Prescribing, Medication	RXCUI
329479	Cortisone 10 MG	Prescribing, Medication	RXCUI
197543	Cortisone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
329229	Cortisone 5 MG	Prescribing, Medication	RXCUI
543434	Cortisone 5 MG [Cortone]	Prescribing, Medication	RXCUI
197545	Cortisone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
543436	Cortisone 5 MG Oral Tablet [Cortone]	Prescribing, Medication	RXCUI
315722	Cortisone 50 MG/ML	Prescribing, Medication	RXCUI
567278	Cortisone 50 MG/ML [Cortone acetate]	Prescribing, Medication	RXCUI
309542	Cortisone 50 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
206445	Cortisone 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
206446	Cortisone 50 MG/ML Injectable Suspension [Cortone acetate]	Prescribing, Medication	RXCUI
21655	cortisone acetate	Prescribing, Medication	RXCUI
828247	cortisone acetate 25 MG	Prescribing, Medication	RXCUI
828283	cortisone acetate 25 MG [Cortone]	Prescribing, Medication	RXCUI
828248	cortisone acetate 25 MG Oral Tablet	Prescribing, Medication	RXCUI
828284	cortisone acetate 25 MG Oral Tablet [Cortone]	Prescribing, Medication	RXCUI
828285	cortisone acetate 25 MG/ML	Prescribing, Medication	RXCUI
828286	cortisone acetate 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
1155527	Cortisone Injectable Product	Prescribing, Medication	RXCUI
375724	Cortisone Injectable Solution	Prescribing, Medication	RXCUI
371634	Cortisone Injectable Suspension	Prescribing, Medication	RXCUI
365662	Cortisone Injectable Suspension [Cortone acetate]	Prescribing, Medication	RXCUI
1155528	Cortisone Oral Product	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
371635	Cortisone Oral Tablet	Prescribing, Medication	RXCUI
543435	Cortisone Oral Tablet [Cortone]	Prescribing, Medication	RXCUI
1155815	Cortisone Pill	Prescribing, Medication	RXCUI
202645	Cortef	Prescribing, Medication	RXCUI
203592	Solu-Cortef	Prescribing, Medication	RXCUI
203594	A-Hydrocort	Prescribing, Medication	RXCUI
208680	hydrocortisone 5 MG Oral Tablet [Cortef]	Prescribing, Medication	RXCUI
208712	hydrocortisone 10 MG Oral Tablet [Cortef]	Prescribing, Medication	RXCUI
208816	hydrocortisone 20 MG Oral Tablet [Cortef]	Prescribing, Medication	RXCUI
105398	hydrocortisone 100 MG Injection [Solu-Cortef]	Prescribing, Medication	RXCUI
208947	hydrocortisone 100 MG Injection [A-Hydrocort]	Prescribing, Medication	RXCUI
1738589	hydrocortisone 1000 MG Injection [Solu-Cortef]	Prescribing, Medication	RXCUI
1738592	hydrocortisone 250 MG Injection [Solu-Cortef]	Prescribing, Medication	RXCUI
1738596	hydrocortisone 500 MG Injection [Solu-Cortef]	Prescribing, Medication	RXCUI
569343	hydrocortisone 5 MG [Cortef]	Prescribing, Medication	RXCUI
569375	hydrocortisone 10 MG [Cortef]	Prescribing, Medication	RXCUI
569465	hydrocortisone 20 MG [Cortef]	Prescribing, Medication	RXCUI
1738587	hydrocortisone 1000 MG [Solu-Cortef]	Prescribing, Medication	RXCUI
1738591	hydrocortisone 250 MG [Solu-Cortef]	Prescribing, Medication	RXCUI
1738595	hydrocortisone 500 MG [Solu-Cortef]	Prescribing, Medication	RXCUI
1738600	hydrocortisone 100 MG [Solu-Cortef]	Prescribing, Medication	RXCUI
1738602	hydrocortisone 100 MG [A-Hydrocort]	Prescribing, Medication	RXCUI
197782	hydrocortisone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
197783	hydrocortisone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
197787	hydrocortisone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
1738590	hydrocortisone 250 MG Injection	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
238755	hydrocortisone 100 MG Injection	Prescribing, Medication	RXCUI
1738586	hydrocortisone 1000 MG Injection	Prescribing, Medication	RXCUI
1738594	hydrocortisone 500 MG Injection	Prescribing, Medication	RXCUI
316056	hydrocortisone 10 MG	Prescribing, Medication	RXCUI
316058	hydrocortisone 20 MG	Prescribing, Medication	RXCUI
317387	hydrocortisone 5 MG	Prescribing, Medication	RXCUI
446496	hydrocortisone 250 MG	Prescribing, Medication	RXCUI
1738584	hydrocortisone 1000 MG	Prescribing, Medication	RXCUI
1738593	hydrocortisone 500 MG	Prescribing, Medication	RXCUI
1738598	hydrocortisone 100 MG	Prescribing, Medication	RXCUI
370649	hydrocortisone Oral Tablet	Prescribing, Medication	RXCUI
1738585	hydrocortisone Injection	Prescribing, Medication	RXCUI
1164007	hydrocortisone Oral Product	Prescribing, Medication	RXCUI
1164010	hydrocortisone Pill	Prescribing, Medication	RXCUI
1165880	A-Hydrocort Injectable Product	Prescribing, Medication	RXCUI
1170955	Cortef Oral Product	Prescribing, Medication	RXCUI
1170956	Cortef Pill	Prescribing, Medication	RXCUI
1184839	Solu-Cortef Injectable Product	Prescribing, Medication	RXCUI
105403	Methylprednisolone 125 MG/ML	Prescribing, Medication	RXCUI
1357888	Methylprednisolone 2000 MG	Prescribing, Medication	RXCUI
1358512	methylprednisolone acetate 20 MG/ML	Prescribing, Medication	RXCUI
1358610	methylprednisolone acetate 40 MG/ML	Prescribing, Medication	RXCUI
1358612	methylprednisolone acetate 40 MG/ML	Prescribing, Medication	RXCUI
1358617	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
1358619	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
1743704	Methylprednisolone 125 MG	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1743707	Methylprednisolone 125 MG	Prescribing, Medication	RXCUI
1743720	Methylprednisolone 500 MG	Prescribing, Medication	RXCUI
1743722	Methylprednisolone 500 MG	Prescribing, Medication	RXCUI
1743726	Methylprednisolone 1000 MG	Prescribing, Medication	RXCUI
1743729	Methylprednisolone 1000 MG	Prescribing, Medication	RXCUI
1743779	methylprednisolone acetate 40 MG/ML	Prescribing, Medication	RXCUI
1743781	methylprednisolone acetate 40 MG/ML	Prescribing, Medication	RXCUI
1743855	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
1743856	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
197971	Methylprednisolone 32 MG	Prescribing, Medication	RXCUI
197973	Methylprednisolone 8 MG	Prescribing, Medication	RXCUI
207136	Methylprednisolone 2 MG	Prescribing, Medication	RXCUI
207137	Methylprednisolone 8 MG	Prescribing, Medication	RXCUI
207138	Methylprednisolone 16 MG	Prescribing, Medication	RXCUI
207141	Methylprednisolone 32 MG	Prescribing, Medication	RXCUI
207143	Methylprednisolone 20 MG/ML	Prescribing, Medication	RXCUI
207168	Methylprednisolone 40 MG/ML	Prescribing, Medication	RXCUI
207179	Methylprednisolone 80 MG/ML	Prescribing, Medication	RXCUI
207189	Methylprednisolone 125 MG/ML	Prescribing, Medication	RXCUI
207191	Methylprednisolone 40 MG	Prescribing, Medication	RXCUI
207193	Methylprednisolone 62.5 MG/ML	Prescribing, Medication	RXCUI
213010	Methylprednisolone 65.3 MG/ML	Prescribing, Medication	RXCUI
238760	Methylprednisolone 80 MG/ML	Prescribing, Medication	RXCUI
259966	Methylprednisolone 4 MG	Prescribing, Medication	RXCUI
260330	Methylprednisolone 4 MG	Prescribing, Medication	RXCUI
311659	Methylprednisolone 40 MG/ML	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
314099	Methylprednisolone 62.5 MG/ML	Prescribing, Medication	RXCUI
328161	Methylprednisolone 16 MG	Prescribing, Medication	RXCUI
346535	Methylprednisolone 40 MG/ML	Prescribing, Medication	RXCUI
762675	21 (Methylprednisolone 4 MG Oral Tablet)	Prescribing, Medication	RXCUI
1008080	Aspirin / Methylprednisolone	Prescribing, Medication	RXCUI
105399	Solu-Medrone 40 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
105400	Solu-Medrone 62.5 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
105401	Solu-Medrone 125 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
105402	Solu-Medrone 65.3 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
105404	methylprednisolone (as methylprednisolone sodium succinate) 50 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
1163488	Methylprednisolone Oral Product	Prescribing, Medication	RXCUI
1163489	Methylprednisolone Pill	Prescribing, Medication	RXCUI
1357885	Methylprednisolone 65.4 MG/ML	Prescribing, Medication	RXCUI
1357886	methylprednisolone (as methylprednisolone sodium succinate) 65.4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
1357887	Methylprednisolone 65.4 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
1358509	methylprednisolone acetate 20 MG/ML	Prescribing, Medication	RXCUI
1358510	methylprednisolone acetate 20 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
1358511	methylprednisolone acetate 20 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
1358611	methylprednisolone acetate 40 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
1358616	methylprednisolone acetate 80 MG/ML	Prescribing, Medication	RXCUI
1358618	methylprednisolone acetate 80 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
1358745	methylprednisolone acetate 10 MG/ML	Prescribing, Medication	RXCUI
1358747	methylprednisolone acetate 16 MG/ML	Prescribing, Medication	RXCUI
1358748	methylprednisolone acetate 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
1358749	methylprednisolone acetate 2.5 MG/ML	Prescribing, Medication	RXCUI
1358760	methylprednisolone acetate 40 MG	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1358761	methylprednisolone acetate 40 MG Enema	Prescribing, Medication	RXCUI
1545708	methylprednisolone acetate 40 ML	Prescribing, Medication	RXCUI
1545709	methylprednisolone acetate 40 ML Injectable Suspension	Prescribing, Medication	RXCUI
1545711	methylprednisolone acetate 40 ML [Depo-Medrol]	Prescribing, Medication	RXCUI
1545712	Depo-Medrol 40 ML Injectable Suspension	Prescribing, Medication	RXCUI
1743702	Methylprednisolone 125 MG	Prescribing, Medication	RXCUI
1743703	Methylprednisolone Injection	Prescribing, Medication	RXCUI
1743705	Methylprednisolone 125 MG [Solu-Medrol]	Prescribing, Medication	RXCUI
1743706	Methylprednisolone Injection [Solu-Medrol]	Prescribing, Medication	RXCUI
1743719	Methylprednisolone 500 MG	Prescribing, Medication	RXCUI
1743721	Methylprednisolone 500 MG [Solu-Medrol]	Prescribing, Medication	RXCUI
1743725	Methylprednisolone 1000 MG	Prescribing, Medication	RXCUI
1743727	Methylprednisolone 1000 MG [Solu-Medrol]	Prescribing, Medication	RXCUI
1743780	Methylprednisolone Injection [Depo-Medrol]	Prescribing, Medication	RXCUI
1743782	methylprednisolone acetate 40 MG/ML Injection	Prescribing, Medication	RXCUI
1743783	Depo-Medrol 40 MG/ML Injection	Prescribing, Medication	RXCUI
1743857	methylprednisolone acetate 80 MG/ML Injection	Prescribing, Medication	RXCUI
1743858	Depo-Medrol 80 MG/ML Injection	Prescribing, Medication	RXCUI
1744013	Methylprednisolone 2000 MG	Prescribing, Medication	RXCUI
1744015	Methylprednisolone 2000 MG [Solu-Medrol]	Prescribing, Medication	RXCUI
1744018	Methylprednisolone 40 MG [Solu-Medrol]	Prescribing, Medication	RXCUI
1744020	Methylprednisolone 40 MG [A-MethaPred]	Prescribing, Medication	RXCUI
1744021	Methylprednisolone Injection [A-MethaPred]	Prescribing, Medication	RXCUI
1744024	Methylprednisolone 125 MG [A-MethaPred]	Prescribing, Medication	RXCUI
197969	methylPREDNISolone 2 MG Oral Tablet	Prescribing, Medication	RXCUI
197970	methylPREDNISolone 24 MG Oral Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
199771	methylPREDNISolone 100 MG Oral Tablet	Prescribing, Medication	RXCUI
203189	Methylprednisolone Sodium Succinate	Prescribing, Medication	RXCUI
207139	Medrol 24 MG Oral Tablet	Prescribing, Medication	RXCUI
207166	Adlone-40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207167	Depmedalone 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207169	Depopred 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207170	Duralone 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207171	Medipred 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207172	Medralone 40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207173	Methylcotol 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207174	Methylone 40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207176	Adlone-80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207177	Dep Medalone 80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207178	Depmedalone 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207180	Depoject-80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207181	Duralone 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207183	Medipred 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207184	Medralone 80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207185	Medralone 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207186	Methylone 80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207187	Predacorten 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
207190	A-MethaPred (as methylprednisolone sodium succinate) 40 MG Injection	Prescribing, Medication	RXCUI
207192	A-MethaPred (as methylprednisolone sodium succinate) 125 MG Injection	Prescribing, Medication	RXCUI
238759	Methylprednisolone 20 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
248298	Methylprednisolone 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
311658	Methylprednisolone 65.3 MG/ML Injectable Solution	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
316285	Methylprednisolone 2 MG	Prescribing, Medication	RXCUI
316286	Methylprednisolone 24 MG	Prescribing, Medication	RXCUI
316287	Methylprednisolone 32 MG	Prescribing, Medication	RXCUI
316288	Methylprednisolone 8 MG	Prescribing, Medication	RXCUI
317426	Methylprednisolone 16 MG	Prescribing, Medication	RXCUI
317427	Methylprednisolone 4 MG	Prescribing, Medication	RXCUI
323973	Methylprednisolone 40 MG/ML	Prescribing, Medication	RXCUI
330037	Methylprednisolone 40 MG	Prescribing, Medication	RXCUI
332216	Methylprednisolone 100 MG	Prescribing, Medication	RXCUI
334063	Methylprednisolone 16 MG/ML	Prescribing, Medication	RXCUI
334064	Methylprednisolone 1.5 MG	Prescribing, Medication	RXCUI
337312	Methylprednisolone 20 MG/ML	Prescribing, Medication	RXCUI
337313	Methylprednisolone 80 MG/ML	Prescribing, Medication	RXCUI
340167	Methylprednisolone 1 MG/ML	Prescribing, Medication	RXCUI
343730	Methylprednisolone 125 MG/ML	Prescribing, Medication	RXCUI
346173	Methylprednisolone 62.5 MG/ML	Prescribing, Medication	RXCUI
346269	Methylprednisolone 2.5 MG/ML	Prescribing, Medication	RXCUI
346438	Methylprednisolone 65.3 MG/ML	Prescribing, Medication	RXCUI
351409	Methylpred DP 4 MG Oral Tablet	Prescribing, Medication	RXCUI
351410	Med-Jec-40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
351411	Methacort 40 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
351412	Methacort 80 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
351413	Methylcortolone 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
360536	Methylprednisolone 50 MG/ML	Prescribing, Medication	RXCUI
362769	Methylprednisolone Injectable Solution [Solu-Medrone]	Prescribing, Medication	RXCUI
362772	Methylprednisolone Injectable Solution [Solu-Medrol]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
363303	Methylprednisolone Injectable Solution [A-MethaPred]	Prescribing, Medication	RXCUI
365568	Methylprednisolone Injectable Suspension [Duralone]	Prescribing, Medication	RXCUI
365569	Methylprednisolone Injectable Suspension [Depopred]	Prescribing, Medication	RXCUI
365570	Methylprednisolone Injectable Suspension [Depo-Medrol]	Prescribing, Medication	RXCUI
365571	Methylprednisolone Injectable Suspension [Depmedalone]	Prescribing, Medication	RXCUI
365572	Methylprednisolone Injectable Suspension [Adlone-40]	Prescribing, Medication	RXCUI
365605	Methylprednisolone Injectable Suspension [Med-Jec-40]	Prescribing, Medication	RXCUI
365606	Methylprednisolone Injectable Suspension [Methacort 40]	Prescribing, Medication	RXCUI
365607	Methylprednisolone Injectable Suspension [Methacort 80]	Prescribing, Medication	RXCUI
365608	Methylprednisolone Injectable Suspension [Methylcotolone]	Prescribing, Medication	RXCUI
365649	Methylprednisolone Injectable Suspension [Predacorten]	Prescribing, Medication	RXCUI
365650	Methylprednisolone Injectable Suspension [Methylone 80]	Prescribing, Medication	RXCUI
365651	Methylprednisolone Injectable Suspension [Medralone]	Prescribing, Medication	RXCUI
365652	Methylprednisolone Injectable Suspension [Medralone 80]	Prescribing, Medication	RXCUI
365653	Methylprednisolone Injectable Suspension [Medipred]	Prescribing, Medication	RXCUI
365655	Methylprednisolone Injectable Suspension [Depoject-80]	Prescribing, Medication	RXCUI
365656	Methylprednisolone Injectable Suspension [Dep Medalone 80]	Prescribing, Medication	RXCUI
365657	Methylprednisolone Injectable Suspension [Adlone-80]	Prescribing, Medication	RXCUI
365658	Methylprednisolone Injectable Suspension [Methylone 40]	Prescribing, Medication	RXCUI
365659	Methylprednisolone Injectable Suspension [Methylcotol]	Prescribing, Medication	RXCUI
365660	Methylprednisolone Injectable Suspension [Medralone 40]	Prescribing, Medication	RXCUI
367690	Methylprednisolone Oral Tablet [Methylpred DP]	Prescribing, Medication	RXCUI
368772	Methylprednisolone Oral Tablet [Medrol]	Prescribing, Medication	RXCUI
372868	Methylprednisolone Oral Tablet	Prescribing, Medication	RXCUI
429197	Methylprednisolone 40 MG Oral Tablet	Prescribing, Medication	RXCUI
431738	Methylprednisolone 4 MG Extended Release Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
431739	Methylprednisolone 8 MG Extended Release Tablet	Prescribing, Medication	RXCUI
446398	Methylprednisolone Extended Release Tablet	Prescribing, Medication	RXCUI
446407	Methylprednisolone 10 MG/ML	Prescribing, Medication	RXCUI
446408	Methylprednisolone 5 MG/ML	Prescribing, Medication	RXCUI
542401	Methylprednisolone 4 MG [Methylpred]	Prescribing, Medication	RXCUI
542402	Methylprednisolone Oral Tablet [Methylpred]	Prescribing, Medication	RXCUI
542403	Methylpred 4 MG Oral Tablet	Prescribing, Medication	RXCUI
544685	Methylprednisolone 40 MG/ML [Methylcortolone]	Prescribing, Medication	RXCUI
544686	Methylprednisolone Injectable Solution [Methylcortolone]	Prescribing, Medication	RXCUI
544687	Methylcortolone 40 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
544688	Methylcortolone 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
544694	Methylprednisolone 40 MG/ML [Sano-Drol]	Prescribing, Medication	RXCUI
544695	Methylprednisolone Injectable Suspension [Sano-Drol]	Prescribing, Medication	RXCUI
544696	Sano-Drol 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
544701	Methylprednisolone 80 MG/ML [Cortimed]	Prescribing, Medication	RXCUI
544702	Methylprednisolone Injectable Suspension [Cortimed]	Prescribing, Medication	RXCUI
544703	Cortimed 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
544705	Methylprednisolone 80 MG/ML [Duro Cort]	Prescribing, Medication	RXCUI
544706	Methylprednisolone Injectable Suspension [Duro Cort]	Prescribing, Medication	RXCUI
544707	Duro Cort 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
544733	Methylprednisolone 80 MG/ML [Pri-Methylate]	Prescribing, Medication	RXCUI
544734	Methylprednisolone Injectable Suspension [Pri-Methylate]	Prescribing, Medication	RXCUI
544735	Pri-Methylate 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
544736	Methylprednisolone 80 MG/ML [Sano-Drol]	Prescribing, Medication	RXCUI
544737	Sano-Drol 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
544778	Methylprednisolone 125 MG/ML [A-MethaPred]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
544779	A-MethaPred (as methylprednisolone sodium succinate) 125 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
564049	Methylprednisolone 40 MG/ML [Solu-Medrone]	Prescribing, Medication	RXCUI
564050	Methylprednisolone 62.5 MG/ML [Solu-Medrone]	Prescribing, Medication	RXCUI
564051	Methylprednisolone 125 MG/ML [Solu-Medrone]	Prescribing, Medication	RXCUI
564052	Methylprednisolone 65.3 MG/ML [Solu-Medrone]	Prescribing, Medication	RXCUI
567927	Methylprednisolone 2 MG [Medrol]	Prescribing, Medication	RXCUI
567928	Methylprednisolone 8 MG [Medrol]	Prescribing, Medication	RXCUI
567929	Methylprednisolone 16 MG [Medrol]	Prescribing, Medication	RXCUI
567930	Methylprednisolone 24 MG [Medrol]	Prescribing, Medication	RXCUI
567932	Methylprednisolone 32 MG [Medrol]	Prescribing, Medication	RXCUI
567934	Methylprednisolone 20 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
567957	Methylprednisolone 40 MG/ML [Adlone-40]	Prescribing, Medication	RXCUI
567958	Methylprednisolone 40 MG/ML [Depmedalone]	Prescribing, Medication	RXCUI
567959	Methylprednisolone 40 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
567960	Methylprednisolone 40 MG/ML [Depopred]	Prescribing, Medication	RXCUI
567961	Methylprednisolone 40 MG/ML [Duralone]	Prescribing, Medication	RXCUI
567962	Methylprednisolone 40 MG/ML [Medipred]	Prescribing, Medication	RXCUI
567963	Methylprednisolone 40 MG/ML [Medralone 40]	Prescribing, Medication	RXCUI
567964	Methylprednisolone 40 MG/ML [Methylcotol]	Prescribing, Medication	RXCUI
567965	Methylprednisolone 40 MG/ML [Methylone 40]	Prescribing, Medication	RXCUI
567967	Methylprednisolone 80 MG/ML [Adlone-80]	Prescribing, Medication	RXCUI
567968	Methylprednisolone 80 MG/ML [Dep Medalone 80]	Prescribing, Medication	RXCUI
567969	Methylprednisolone 80 MG/ML [Depmedalone]	Prescribing, Medication	RXCUI
567970	Methylprednisolone 80 MG/ML [Depo-Medrol]	Prescribing, Medication	RXCUI
567971	Methylprednisolone 80 MG/ML [Depoject-80]	Prescribing, Medication	RXCUI
567972	Methylprednisolone 80 MG/ML [Duralone]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
567974	Methylprednisolone 80 MG/ML [Medipred]	Prescribing, Medication	RXCUI
567975	Methylprednisolone 80 MG/ML [Medralone 80]	Prescribing, Medication	RXCUI
567976	Methylprednisolone 80 MG/ML [Medralone]	Prescribing, Medication	RXCUI
567977	Methylprednisolone 80 MG/ML [Methylone 80]	Prescribing, Medication	RXCUI
567978	Methylprednisolone 80 MG/ML [Predacorten]	Prescribing, Medication	RXCUI
567980	Methylprednisolone 125 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
567981	Methylprednisolone 40 MG/ML [A-MethaPred]	Prescribing, Medication	RXCUI
567982	Methylprednisolone 40 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
567983	Methylprednisolone 62.5 MG/ML [A-MethaPred]	Prescribing, Medication	RXCUI
567984	Methylprednisolone 62.5 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
572956	Methylprednisolone 65.3 MG/ML [Solu-Medrol]	Prescribing, Medication	RXCUI
574125	Methylprednisolone 4 MG [Medrol]	Prescribing, Medication	RXCUI
575340	Methylprednisolone 4 MG [Methylpred DP]	Prescribing, Medication	RXCUI
575341	Methylprednisolone 40 MG/ML [Med-Jec-40]	Prescribing, Medication	RXCUI
575342	Methylprednisolone 40 MG/ML [Methacort 40]	Prescribing, Medication	RXCUI
575343	Methylprednisolone 80 MG/ML [Methacort 80]	Prescribing, Medication	RXCUI
575344	Methylprednisolone 80 MG/ML [Methylcotolone]	Prescribing, Medication	RXCUI
804173	{14 (Methylprednisolone 16 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
203856	SOLU-MEDROL	Prescribing, Medication	RXCUI
22584	DEPO-MEDROL	Prescribing, Medication	RXCUI
1165881	A-METHAPRED INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1183797	MEDROL PILL	Prescribing, Medication	RXCUI
1173110	DEPO-MEDROL INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1183796	MEDROL ORAL PRODUCT	Prescribing, Medication	RXCUI
1184840	SOLU-MEDROL INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1005831	Millipred DP 12 Day Pack	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1235042	Millipred DP 21 Count 6 Day Dose Pack	Prescribing, Medication	RXCUI
249066	prednisolone 25 MG (prednisolone sodium phosphate 33.6 MG) per 5 ML Oral Solution	Prescribing, Medication	RXCUI
260409	Pediapred 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
283077	prednisolone 15 mg (as prednisolone sodium phosphate 20.2 MG) per 5 ML Oral Solution	Prescribing, Medication	RXCUI
312614	prednisolone 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
643123	prednisolone 10 MG (prednisolone sodium phosphate 13.4 MG) Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
643125	prednisolone 15 MG (prednisolone sodium phosphate 20.2 MG) Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
643127	prednisolone 30 MG (as prednisolone sodium phosphate 40.3 MG) Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
647127	Orapred 15 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
668658	Orapred 10 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
668660	Orapred 30 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
702306	prednisolone 20 MG (as prednisolone sodium phosphate 26.9 MG) per 5 ML Oral Solution	Prescribing, Medication	RXCUI
794979	prednisolone 10 MG per 5 ML Oral Solution	Prescribing, Medication	RXCUI
808118	MILLIPRED 5 MG Oral Tablet	Prescribing, Medication	RXCUI
824889	Veripred 20 20 MG per 5 ML Oral Solution	Prescribing, Medication	RXCUI
1005830	{48 (prednisolone 5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1012206	prednisolone 3 MG/ML [AsmalPred Plus]	Prescribing, Medication	RXCUI
1012207	prednisolone Oral Solution [AsmalPred Plus]	Prescribing, Medication	RXCUI
1012208	AsmalPred Plus 0.3 % Oral Solution	Prescribing, Medication	RXCUI
1013114	{21 (prednisolone 5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
102857	Codelsol 16 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
102858	Stintisone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
102859	prednisolone 16 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
103166	Codelson 16 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
105407	Prednesol 5 MG Oral Tablet	Prescribing, Medication	RXCUI
105408	prednisolone 2.5 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
105409	prednisolone 5 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
105410	prednisolone 5 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
105411	prednisolone 2.5 MG Oral Tablet	Prescribing, Medication	RXCUI
1153745	Aspirin / Methylprednisolone Oral Product	Prescribing, Medication	RXCUI
1153746	Aspirin / Methylprednisolone Pill	Prescribing, Medication	RXCUI
1156758	prednisolone Pill	Prescribing, Medication	RXCUI
1161445	Fluprednisolone Oral Product	Prescribing, Medication	RXCUI
1161446	Fluprednisolone Pill	Prescribing, Medication	RXCUI
1165753	prednisolone / Trimeprazine Oral Product	Prescribing, Medication	RXCUI
1165754	prednisolone / Trimeprazine Pill	Prescribing, Medication	RXCUI
1165758	prednisolone Oral Liquid Product	Prescribing, Medication	RXCUI
1191679	prednisolone 20 MG [Prednistab]	Prescribing, Medication	RXCUI
1191680	prednisolone Oral Tablet [Prednistab]	Prescribing, Medication	RXCUI
1191683	Prednistab 20 MG Oral Tablet	Prescribing, Medication	RXCUI
1191685	prednisolone 5 MG [Prednistab]	Prescribing, Medication	RXCUI
1191686	Prednistab 5 MG Oral Tablet	Prescribing, Medication	RXCUI
1295508	prednisolone Disintegrating Oral Product	Prescribing, Medication	RXCUI
1493167	prednisolone 10 MG/ML [Solu-Delta-Cortef]	Prescribing, Medication	RXCUI
1493168	prednisolone Injectable Solution [Solu-Delta-Cortef]	Prescribing, Medication	RXCUI
1493170	Solu-Delta-Cortef (as prednisolone sodium succinate) 100 MG per 10 ML Injectable Solution	Prescribing, Medication	RXCUI
1493171	prednisolone 50 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
1493172	prednisolone 50 MG/ML [Solu-Delta-Cortef]	Prescribing, Medication	RXCUI
1493173	Solu-Delta-Cortef (as prednisolone sodium succinate) 500 MG per 10 ML Injectable Solution	Prescribing, Medication	RXCUI
198142	prednisolone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
199343	prednisolone 1 MG Oral Tablet	Prescribing, Medication	RXCUI
199967	prednisolone 25 MG Oral Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
208988	prednisolone acetate 5 MG Oral Tablet	Prescribing, Medication	RXCUI
245993	ASA 300 MG / Methylprednisolone 1.5 MG Oral Tablet	Prescribing, Medication	RXCUI
260125	prednisolone 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260126	prednisolone 40 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
260127	prednisolone 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260391	Key-Pred 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260392	Predcor 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260393	Depo-Predate 40 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260394	Key-Pred 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260395	Medicort 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260396	Pred-Ject-50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260397	Predacort 50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260398	Predaject-50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260399	Predalone 50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260400	Predate-50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260401	Predcor 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260402	Predicort-50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260403	Pri-Cortin 50 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260404	Depo-Predate 80 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
260405	Hydeltrasol 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
260406	Key-Pred SP 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
260407	Predicort RP 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
260408	prednisolone acetate 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
261992	Cotolone 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
261993	Cotolone 50 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
284275	Prelone 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
284516	Orapred 15 MG in 5 mL Oral Solution	Prescribing, Medication	RXCUI
312609	prednisolone 100 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
316579	prednisolone 5 MG	Prescribing, Medication	RXCUI
323918	prednisolone 80 MG/ML	Prescribing, Medication	RXCUI
323977	prednisolone 40 MG/ML	Prescribing, Medication	RXCUI
330164	prednisolone 100 MG/ML	Prescribing, Medication	RXCUI
335532	prednisolone 100 MG	Prescribing, Medication	RXCUI
336584	prednisolone 20 MG	Prescribing, Medication	RXCUI
337411	prednisolone 25 MG/ML	Prescribing, Medication	RXCUI
343660	prednisolone 50 MG/ML	Prescribing, Medication	RXCUI
348428	prednisolone 50 MG Oral Tablet	Prescribing, Medication	RXCUI
349801	prednisolone 50 MG	Prescribing, Medication	RXCUI
351159	prednisolone 25 MG/ML Oral Solution	Prescribing, Medication	RXCUI
351519	Cotolone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
363277	prednisolone Injectable Solution [Predicort RP]	Prescribing, Medication	RXCUI
363278	prednisolone Injectable Solution [Key-Pred SP]	Prescribing, Medication	RXCUI
363559	prednisolone Injectable Solution [Codelsol]	Prescribing, Medication	RXCUI
364214	prednisolone Oral Solution [Prelone]	Prescribing, Medication	RXCUI
364478	prednisolone Oral Solution [Orapred]	Prescribing, Medication	RXCUI
365356	prednisolone Otic Solution [Predsol]	Prescribing, Medication	RXCUI
365598	prednisolone Injectable Suspension [Hydeltra-T.B.A.]	Prescribing, Medication	RXCUI
365614	prednisolone Injectable Suspension [Depo-Predate]	Prescribing, Medication	RXCUI
365615	prednisolone Injectable Suspension [Pri-Cortin 50]	Prescribing, Medication	RXCUI
365616	prednisolone Injectable Suspension [Predicort-50]	Prescribing, Medication	RXCUI
365617	prednisolone Injectable Suspension [Predcor]	Prescribing, Medication	RXCUI
365618	prednisolone Injectable Suspension [Predate-50]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
365619	prednisolone Injectable Suspension [Predalone 50]	Prescribing, Medication	RXCUI
365620	prednisolone Injectable Suspension [Predaject-50]	Prescribing, Medication	RXCUI
365621	prednisolone Injectable Suspension [Predacort 50]	Prescribing, Medication	RXCUI
365622	prednisolone Injectable Suspension [Pred-Ject-50]	Prescribing, Medication	RXCUI
365623	prednisolone Injectable Suspension [Medicort]	Prescribing, Medication	RXCUI
365624	prednisolone Injectable Suspension [Key-Pred]	Prescribing, Medication	RXCUI
365625	prednisolone Injectable Suspension [Cotolone]	Prescribing, Medication	RXCUI
369438	prednisolone Oral Tablet [Cotolone]	Prescribing, Medication	RXCUI
369537	prednisolone Oral Tablet [Stintisone]	Prescribing, Medication	RXCUI
372870	Aspirin / Methylprednisolone Oral Tablet	Prescribing, Medication	RXCUI
373572	prednisolone Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
373575	prednisolone Oral Solution	Prescribing, Medication	RXCUI
373578	prednisolone Oral Tablet	Prescribing, Medication	RXCUI
373579	prednisolone Injectable Solution	Prescribing, Medication	RXCUI
379264	prednisolone Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
385141	prednisolone Oral Tablet [Prednesol]	Prescribing, Medication	RXCUI
385326	prednisolone Injectable Solution [Codelson]	Prescribing, Medication	RXCUI
429198	prednisolone 2 MG Oral Tablet	Prescribing, Medication	RXCUI
429199	prednisolone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
436279	prednisolone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
436507	prednisolone 100 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
452820	prednisolone 10 MG	Prescribing, Medication	RXCUI
541703	prednisolone 5 MG [Prednoral]	Prescribing, Medication	RXCUI
541704	prednisolone Oral Tablet [Prednoral]	Prescribing, Medication	RXCUI
541705	Prednoral 5 MG Oral Tablet	Prescribing, Medication	RXCUI
547220	prednisolone 25 MG/ML [Pricortin]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
547221	prednisolone Injectable Suspension [Pricortin]	Prescribing, Medication	RXCUI
547222	Pricortin 25 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
563157	prednisolone 5 MG [Stintisone]	Prescribing, Medication	RXCUI
563254	prednisolone 16 MG/ML [Codelson]	Prescribing, Medication	RXCUI
563270	prednisolone 5 MG/ML [Predsol]	Prescribing, Medication	RXCUI
563538	prednisolone 5 MG [Predsol]	Prescribing, Medication	RXCUI
564053	prednisolone 5 MG [Prednesol]	Prescribing, Medication	RXCUI
574179	prednisolone 25 MG/ML [Key-Pred]	Prescribing, Medication	RXCUI
574180	prednisolone 25 MG/ML [Predcor]	Prescribing, Medication	RXCUI
574181	prednisolone 40 MG/ML [Depo-Predate]	Prescribing, Medication	RXCUI
574182	prednisolone 50 MG/ML [Key-Pred]	Prescribing, Medication	RXCUI
574183	prednisolone 50 MG/ML [Medicort]	Prescribing, Medication	RXCUI
574184	prednisolone 50 MG/ML [Pred-Ject-50]	Prescribing, Medication	RXCUI
574185	prednisolone 50 MG/ML [Predacort 50]	Prescribing, Medication	RXCUI
574186	prednisolone 50 MG/ML [Predaject-50]	Prescribing, Medication	RXCUI
574187	prednisolone 50 MG/ML [Predalone 50]	Prescribing, Medication	RXCUI
574188	prednisolone 50 MG/ML [Predate-50]	Prescribing, Medication	RXCUI
574189	prednisolone 50 MG/ML [Predcor]	Prescribing, Medication	RXCUI
574190	prednisolone 50 MG/ML [Predicort-50]	Prescribing, Medication	RXCUI
574191	prednisolone 50 MG/ML [Pri-Cortin 50]	Prescribing, Medication	RXCUI
574192	prednisolone 80 MG/ML [Depo-Predate]	Prescribing, Medication	RXCUI
574193	prednisolone 20 MG/ML [Hydeltrasol]	Prescribing, Medication	RXCUI
574194	prednisolone 20 MG/ML [Key-Pred SP]	Prescribing, Medication	RXCUI
574195	prednisolone 20 MG/ML [Predicort RP]	Prescribing, Medication	RXCUI
574196	prednisolone 1 MG/ML [Pediapred]	Prescribing, Medication	RXCUI
574626	prednisolone 25 MG/ML [Cotolone]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
574627	prednisolone 50 MG/ML [Cotolone]	Prescribing, Medication	RXCUI
575438	prednisolone 5 MG [Cotolone]	Prescribing, Medication	RXCUI
604202	prednisolone 1 MG/ML [Bubbli-Pred]	Prescribing, Medication	RXCUI
604203	prednisolone Oral Solution [Bubbli-Pred]	Prescribing, Medication	RXCUI
604204	Bubbli-Pred 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
643124	prednisolone 15 MG	Prescribing, Medication	RXCUI
643126	prednisolone 30 MG	Prescribing, Medication	RXCUI
647125	prednisolone 15 MG [Orapred]	Prescribing, Medication	RXCUI
647126	prednisolone Disintegrating Oral Tablet [Orapred]	Prescribing, Medication	RXCUI
668657	prednisolone 10 MG [Orapred]	Prescribing, Medication	RXCUI
668659	prednisolone 30 MG [Orapred]	Prescribing, Medication	RXCUI
755702	Prelone 15 MG in 5 mL Oral Solution	Prescribing, Medication	RXCUI
755703	Prelone 5 MG/ML Oral Solution	Prescribing, Medication	RXCUI
755936	prednisolone acetate 3 MG/ML Oral Solution	Prescribing, Medication	RXCUI
795095	prednisolone 2 MG/ML [MILLIPRED]	Prescribing, Medication	RXCUI
795096	prednisolone Oral Solution [MILLIPRED]	Prescribing, Medication	RXCUI
795097	Millipred 10 MG in 5 mL Oral Solution	Prescribing, Medication	RXCUI
803306	prednisolone 3 MG/ML [Flo-Pred]	Prescribing, Medication	RXCUI
803307	prednisolone Oral Suspension [Flo-Pred]	Prescribing, Medication	RXCUI
803308	Flo-Pred 15 MG per 3 ML Oral Suspension	Prescribing, Medication	RXCUI
803309	prednisolone 1 MG/ML [Flo-Pred]	Prescribing, Medication	RXCUI
803310	Flo-Pred 1 MG/ML Oral Suspension	Prescribing, Medication	RXCUI
808116	prednisolone 5 MG [MILLIPRED]	Prescribing, Medication	RXCUI
808117	prednisolone Oral Tablet [MILLIPRED]	Prescribing, Medication	RXCUI
824887	prednisolone 4 MG/ML [Veripred]	Prescribing, Medication	RXCUI
824888	prednisolone Oral Solution [Veripred]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1012205	AsmalPred Plus	Prescribing, Medication	RXCUI
1168054	Bubbli-Pred Oral Liquid Product	Prescribing, Medication	RXCUI
1168055	Bubbli-Pred Oral Product	Prescribing, Medication	RXCUI
1169771	Flo-Pred Oral Liquid Product	Prescribing, Medication	RXCUI
1169772	Flo-Pred Oral Product	Prescribing, Medication	RXCUI
1170721	Key-Pred Injectable Product	Prescribing, Medication	RXCUI
1170722	Key-Pred SP Injectable Product	Prescribing, Medication	RXCUI
1171632	Cotolone Injectable Product	Prescribing, Medication	RXCUI
1171633	Cotolone Oral Product	Prescribing, Medication	RXCUI
1171634	Cotolone Pill	Prescribing, Medication	RXCUI
1172143	AsmalPred Plus Oral Liquid Product	Prescribing, Medication	RXCUI
1172144	AsmalPred Plus Oral Product	Prescribing, Medication	RXCUI
1173111	Depo-Predate Injectable Product	Prescribing, Medication	RXCUI
1173399	Hydeltra-T.B.A. Injectable Product	Prescribing, Medication	RXCUI
1173400	Hydeltrasol Injectable Product	Prescribing, Medication	RXCUI
1175156	Codelsol Injectable Product	Prescribing, Medication	RXCUI
1175157	Codelson Injectable Product	Prescribing, Medication	RXCUI
1177661	Pri-Cortin 50 Injectable Product	Prescribing, Medication	RXCUI
1178234	Pricortin Injectable Product	Prescribing, Medication	RXCUI
1179016	Stintisone Oral Product	Prescribing, Medication	RXCUI
1180193	Stintisone Pill	Prescribing, Medication	RXCUI
1181408	Temaril-P Oral Product	Prescribing, Medication	RXCUI
1181409	Temaril-P Pill	Prescribing, Medication	RXCUI
1183281	Medicort Injectable Product	Prescribing, Medication	RXCUI
1183437	Orapred Oral Liquid Product	Prescribing, Medication	RXCUI
1183438	Orapred Oral Product	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1183439	Orapred Pill	Prescribing, Medication	RXCUI
1184005	Pediapred Oral Liquid Product	Prescribing, Medication	RXCUI
1184006	Pediapred Oral Product	Prescribing, Medication	RXCUI
1184933	MILLIPRED Oral Liquid Product	Prescribing, Medication	RXCUI
1184934	MILLIPRED Oral Product	Prescribing, Medication	RXCUI
1184935	MILLIPRED Pill	Prescribing, Medication	RXCUI
1185242	Pred-Ject-50 Injectable Product	Prescribing, Medication	RXCUI
1185244	Predacort 50 Injectable Product	Prescribing, Medication	RXCUI
1185246	Predaject-50 Injectable Product	Prescribing, Medication	RXCUI
1185247	Predalone 50 Injectable Product	Prescribing, Medication	RXCUI
1185248	Predate-50 Injectable Product	Prescribing, Medication	RXCUI
1185249	Predcor Injectable Product	Prescribing, Medication	RXCUI
1185252	Predicort RP Injectable Product	Prescribing, Medication	RXCUI
1185253	Predicort-50 Injectable Product	Prescribing, Medication	RXCUI
1185254	Prednesol Oral Product	Prescribing, Medication	RXCUI
1185255	Prednesol Pill	Prescribing, Medication	RXCUI
1185263	Prednoral Oral Product	Prescribing, Medication	RXCUI
1185264	Prednoral Pill	Prescribing, Medication	RXCUI
1185831	Prelone Oral Liquid Product	Prescribing, Medication	RXCUI
1185832	Prelone Oral Product	Prescribing, Medication	RXCUI
1187894	Veripred Oral Liquid Product	Prescribing, Medication	RXCUI
1187895	Veripred Oral Product	Prescribing, Medication	RXCUI
1191678	Prednistab	Prescribing, Medication	RXCUI
1191681	Prednistab Oral Product	Prescribing, Medication	RXCUI
1191682	Prednistab Pill	Prescribing, Medication	RXCUI
1296584	Orapred Disintegrating Oral Product	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1493166	Solu-Delta-Cortef	Prescribing, Medication	RXCUI
1493169	Solu-Delta-Cortef Injectable Product	Prescribing, Medication	RXCUI
152241	Prednesol	Prescribing, Medication	RXCUI
202702	Medrol	Prescribing, Medication	RXCUI
202760	Hydeltrasol	Prescribing, Medication	RXCUI
203857	A-MethaPred	Prescribing, Medication	RXCUI
216258	Cotolone	Prescribing, Medication	RXCUI
216464	Depo-Predate	Prescribing, Medication	RXCUI
217592	Hydeltra-T.B.A.	Prescribing, Medication	RXCUI
217898	Key-Pred	Prescribing, Medication	RXCUI
217899	Key-Pred SP	Prescribing, Medication	RXCUI
218285	Medicort	Prescribing, Medication	RXCUI
219136	Pediapred	Prescribing, Medication	RXCUI
219282	Poly Pred	Prescribing, Medication	RXCUI
219341	Pred-Ject-50	Prescribing, Medication	RXCUI
219342	Predacort 50	Prescribing, Medication	RXCUI
219344	Predaject-50	Prescribing, Medication	RXCUI
219345	Predalone 50	Prescribing, Medication	RXCUI
219346	Predate-50	Prescribing, Medication	RXCUI
219347	Predcor	Prescribing, Medication	RXCUI
219348	Predicort RP	Prescribing, Medication	RXCUI
219349	Predicort-50	Prescribing, Medication	RXCUI
219356	Prelone	Prescribing, Medication	RXCUI
219403	Pri-Cortin 50	Prescribing, Medication	RXCUI
285077	Orapred	Prescribing, Medication	RXCUI
353627	Codelsol	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
353629	Stintisone	Prescribing, Medication	RXCUI
385325	Codelson	Prescribing, Medication	RXCUI
541702	Prednoral	Prescribing, Medication	RXCUI
547219	Pricortin	Prescribing, Medication	RXCUI
604201	Bubbli-Pred	Prescribing, Medication	RXCUI
792207	Flo-Pred	Prescribing, Medication	RXCUI
795094	MILLIPRED	Prescribing, Medication	RXCUI
824886	Veripred	Prescribing, Medication	RXCUI
834023	Medrol Dosepak	Prescribing, Medication	RXCUI
897060	Temaril-P	Prescribing, Medication	RXCUI
1303131	Prednisone 1 MG	Prescribing, Medication	RXCUI
1303134	Prednisone 2 MG	Prescribing, Medication	RXCUI
1303137	Prednisone 5 MG	Prescribing, Medication	RXCUI
198144	Prednisone 1 MG	Prescribing, Medication	RXCUI
198145	Prednisone 10 MG	Prescribing, Medication	RXCUI
198146	Prednisone 2.5 MG	Prescribing, Medication	RXCUI
198148	Prednisone 50 MG	Prescribing, Medication	RXCUI
205301	Prednisone 5 MG/ML	Prescribing, Medication	RXCUI
312615	Prednisone 20 MG	Prescribing, Medication	RXCUI
312617	Prednisone 5 MG	Prescribing, Medication	RXCUI
315187	Prednisone 1 MG/ML	Prescribing, Medication	RXCUI
763179	Prednisone 5 MG Oral Tablet 48 Count Pack	Prescribing, Medication	RXCUI
763181	21 (Prednisone 5 MG Oral Tablet)	Prescribing, Medication	RXCUI
763183	Prednisone 10 MG Oral Tablet 48 Count Pack	Prescribing, Medication	RXCUI
763185	21 (Prednisone 10 MG Oral Tablet)	Prescribing, Medication	RXCUI
795858	Prednisone 10 MG Oral Tablet 10 Count Pack	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
105412	Decortisyl 5 MG Oral Tablet	Prescribing, Medication	RXCUI
1161704	Prednisone Oral Liquid Product	Prescribing, Medication	RXCUI
1161705	Prednisone Oral Product	Prescribing, Medication	RXCUI
1161706	Prednisone Pill	Prescribing, Medication	RXCUI
1161707	Prednisone Rectal Product	Prescribing, Medication	RXCUI
1165700	meprednisone Oral Liquid Product	Prescribing, Medication	RXCUI
1165701	meprednisone Oral Product	Prescribing, Medication	RXCUI
1165702	meprednisone Pill	Prescribing, Medication	RXCUI
1185261	Prednisone Intensol Oral Liquid Product	Prescribing, Medication	RXCUI
1185262	Prednisone Intensol Oral Product	Prescribing, Medication	RXCUI
1303124	Prednisone Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
1303125	predniSONE 1 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
1303127	Prednisone 1 MG [Rayos]	Prescribing, Medication	RXCUI
1303128	Prednisone Delayed Release Oral Tablet [Rayos]	Prescribing, Medication	RXCUI
1303132	predniSONE 2 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
1303133	Prednisone 2 MG [Rayos]	Prescribing, Medication	RXCUI
1303135	predniSONE 5 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
1303136	Prednisone 5 MG [Rayos]	Prescribing, Medication	RXCUI
1742508	meprednisone disodium phosphate	Prescribing, Medication	RXCUI
201082	Econosone 1 MG Oral Tablet	Prescribing, Medication	RXCUI
201083	Econosone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
206199	Liquid Pred 1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
206754	Meticorten 1 MG Oral Tablet	Prescribing, Medication	RXCUI
206755	Orasone 1 MG Oral Tablet	Prescribing, Medication	RXCUI
206837	Deltasone 2.5 MG Oral Tablet	Prescribing, Medication	RXCUI
206954	Deltasone 5 MG Oral Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
206955	Orasone 5 MG Oral Tablet	Prescribing, Medication	RXCUI
206956	Prednicen-M 5 MG Oral Tablet	Prescribing, Medication	RXCUI
206957	Sterapred 5 MG Oral Tablet	Prescribing, Medication	RXCUI
206988	Deltasone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
206989	Orasone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
206990	Sterapred DS 10 MG Oral Tablet	Prescribing, Medication	RXCUI
206997	Deltasone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
206998	Orasone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
207048	Deltasone 50 MG Oral Tablet	Prescribing, Medication	RXCUI
207049	Orasone 50 MG Oral Tablet	Prescribing, Medication	RXCUI
248682	meprednisone 8 MG Oral Tablet	Prescribing, Medication	RXCUI
248702	meprednisone 40 MG Oral Tablet	Prescribing, Medication	RXCUI
248725	meprednisone 4 MG Oral Tablet	Prescribing, Medication	RXCUI
248794	meprednisone 4 MG/ML Oral Solution	Prescribing, Medication	RXCUI
29523	meprednisone	Prescribing, Medication	RXCUI
312616	predniSONE 25 MG Oral Tablet	Prescribing, Medication	RXCUI
316580	Prednisone 1 MG/ML	Prescribing, Medication	RXCUI
316581	Prednisone 2.5 MG	Prescribing, Medication	RXCUI
316582	Prednisone 20 MG	Prescribing, Medication	RXCUI
316583	Prednisone 25 MG	Prescribing, Medication	RXCUI
316584	Prednisone 5 MG	Prescribing, Medication	RXCUI
316585	Prednisone 5 MG/ML	Prescribing, Medication	RXCUI
316586	Prednisone 50 MG	Prescribing, Medication	RXCUI
317475	Prednisone 1 MG	Prescribing, Medication	RXCUI
317663	Prednisone 10 MG	Prescribing, Medication	RXCUI
334021	meprednisone 4 MG/ML	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
334022	meprednisone 4 MG	Prescribing, Medication	RXCUI
334023	meprednisone 40 MG	Prescribing, Medication	RXCUI
334024	meprednisone 8 MG	Prescribing, Medication	RXCUI
335473	Prednisone 2 MG	Prescribing, Medication	RXCUI
351399	Prednicot 5 MG Oral Tablet	Prescribing, Medication	RXCUI
351400	Prednicot 10 MG Oral Tablet	Prescribing, Medication	RXCUI
351401	Prednicot 20 MG Oral Tablet	Prescribing, Medication	RXCUI
364008	Prednisone Oral Solution [Liquid Pred]	Prescribing, Medication	RXCUI
368654	Prednisone Oral Tablet [Prednicot]	Prescribing, Medication	RXCUI
368790	Prednisone Oral Tablet [Orasone]	Prescribing, Medication	RXCUI
368806	Prednisone Oral Tablet [Sterapred DS]	Prescribing, Medication	RXCUI
368812	Prednisone Oral Tablet [Sterapred]	Prescribing, Medication	RXCUI
368813	Prednisone Oral Tablet [Prednicen-M]	Prescribing, Medication	RXCUI
368867	Prednisone Oral Tablet [Meticorten]	Prescribing, Medication	RXCUI
372772	meprednisone Oral Solution	Prescribing, Medication	RXCUI
372773	meprednisone Oral Tablet	Prescribing, Medication	RXCUI
373583	Prednisone Oral Solution	Prescribing, Medication	RXCUI
373585	Prednisone Oral Tablet	Prescribing, Medication	RXCUI
380827	Prednisone Oral Tablet [Econosone]	Prescribing, Medication	RXCUI
380828	Prednisone Oral Tablet [Decortisyl]	Prescribing, Medication	RXCUI
420771	Prednisone 5 MG Rectal Suppository	Prescribing, Medication	RXCUI
420772	Prednisone 30 MG Rectal Suppository	Prescribing, Medication	RXCUI
420773	Prednisone 100 MG Rectal Suppository	Prescribing, Medication	RXCUI
420774	Prednisone 10 MG Rectal Suppository	Prescribing, Medication	RXCUI
429331	Prednisone 8 MG Oral Tablet	Prescribing, Medication	RXCUI
429332	Prednisone 40 MG Oral Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
438434	Prednisone 0.005 MG/MG	Prescribing, Medication	RXCUI
451141	Prednisone 100 MG	Prescribing, Medication	RXCUI
451142	Prednisone Rectal Suppository	Prescribing, Medication	RXCUI
451143	Prednisone 30 MG	Prescribing, Medication	RXCUI
451144	Prednisone 40 MG	Prescribing, Medication	RXCUI
451147	Prednisone 8 MG	Prescribing, Medication	RXCUI
539946	Prednisone 1 MG/ML [Liquid Pred]	Prescribing, Medication	RXCUI
541813	Prednisone 10 MG [Predone]	Prescribing, Medication	RXCUI
541814	Prednisone Oral Tablet [Predone]	Prescribing, Medication	RXCUI
541815	Predone 10 MG Oral Tablet	Prescribing, Medication	RXCUI
541871	Prednisone 20 MG [Predone]	Prescribing, Medication	RXCUI
541872	Predone 20 MG Oral Tablet	Prescribing, Medication	RXCUI
564054	Prednisone 5 MG [Decortisyl]	Prescribing, Medication	RXCUI
565678	Prednisone 1 MG [Econosone]	Prescribing, Medication	RXCUI
565679	Prednisone 5 MG [Econosone]	Prescribing, Medication	RXCUI
567565	Prednisone 1 MG [Meticorten]	Prescribing, Medication	RXCUI
567566	Prednisone 1 MG [Orasone]	Prescribing, Medication	RXCUI
567645	Prednisone 2.5 MG [Deltasone]	Prescribing, Medication	RXCUI
567755	Prednisone 5 MG [Deltasone]	Prescribing, Medication	RXCUI
567756	Prednisone 5 MG [Orasone]	Prescribing, Medication	RXCUI
567757	Prednisone 5 MG [Prednicen-M]	Prescribing, Medication	RXCUI
567758	Prednisone 5 MG [Sterapred]	Prescribing, Medication	RXCUI
567784	Prednisone 10 MG [Deltasone]	Prescribing, Medication	RXCUI
567785	Prednisone 10 MG [Orasone]	Prescribing, Medication	RXCUI
567786	Prednisone 10 MG [Sterapred DS]	Prescribing, Medication	RXCUI
567793	Prednisone 20 MG [Deltasone]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
567794	Prednisone 20 MG [Orasone]	Prescribing, Medication	RXCUI
567841	Prednisone 50 MG [Deltasone]	Prescribing, Medication	RXCUI
567842	Prednisone 50 MG [Orasone]	Prescribing, Medication	RXCUI
575330	Prednisone 5 MG [Prednicot]	Prescribing, Medication	RXCUI
575331	Prednisone 10 MG [Prednicot]	Prescribing, Medication	RXCUI
575332	Prednisone 20 MG [Prednicot]	Prescribing, Medication	RXCUI
582600	Prednisone Intensol	Prescribing, Medication	RXCUI
582601	Prednisone 5 MG/ML [Prednisone Intensol]	Prescribing, Medication	RXCUI
582602	Prednisone Oral Solution [Prednisone Intensol]	Prescribing, Medication	RXCUI
582603	Prednisone Intensol 5 MG/ML Oral Solution	Prescribing, Medication	RXCUI
746379	Prednisone Oral Capsule	Prescribing, Medication	RXCUI
746380	Prednisone 10 MG Oral Capsule	Prescribing, Medication	RXCUI
746836	Prednisone 20 MG Oral Capsule	Prescribing, Medication	RXCUI
746837	Prednisone 5 MG Oral Capsule	Prescribing, Medication	RXCUI
795854	{12 (Prednisone 5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
795855	{12 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred Uni-Pak 12 Day]	Prescribing, Medication	RXCUI
795856	{6 (Prednisone 5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
795857	{6 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred Uni-Pak 6 Day]	Prescribing, Medication	RXCUI
795860	{6 (Prednisone 10 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
795861	{6 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS Uni-Pak 6 Day]	Prescribing, Medication	RXCUI
834395	{25 (Prednisone 10 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
845491	{48 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred 5 MG 12 Day Uni-Pak]	Prescribing, Medication	RXCUI
845492	{21 (Prednisone 5 MG Oral Tablet [Sterapred]) } Pack [Sterapred 5 MG Uni-Pak]	Prescribing, Medication	RXCUI
845493	{48 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS 12 Day Uni-Pak]	Prescribing, Medication	RXCUI
845494	{21 (Prednisone 10 MG Oral Tablet [Sterapred DS]) } Pack [Sterapred DS Uni-Pak]	Prescribing, Medication	RXCUI
8640	Prednisone	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
92354	Prednisone Oral Tablet [Deltasone]	Prescribing, Medication	RXCUI
1171028	Decortisyl Oral Product	Prescribing, Medication	RXCUI
1171029	Decortisyl Pill	Prescribing, Medication	RXCUI
1171797	Econosone Oral Product	Prescribing, Medication	RXCUI
1171798	Econosone Pill	Prescribing, Medication	RXCUI
1172410	Deltasone Oral Product	Prescribing, Medication	RXCUI
1172411	Deltasone Pill	Prescribing, Medication	RXCUI
1176945	Meticorten Oral Product	Prescribing, Medication	RXCUI
1176946	Meticorten Pill	Prescribing, Medication	RXCUI
1178546	Liquid Pred Oral Liquid Product	Prescribing, Medication	RXCUI
1178547	Liquid Pred Oral Product	Prescribing, Medication	RXCUI
1178982	Sterapred DS Oral Product	Prescribing, Medication	RXCUI
1178983	Sterapred DS Pill	Prescribing, Medication	RXCUI
1178984	Sterapred Oral Product	Prescribing, Medication	RXCUI
1178985	Sterapred Pill	Prescribing, Medication	RXCUI
1183442	Orasone Oral Product	Prescribing, Medication	RXCUI
1183443	Orasone Pill	Prescribing, Medication	RXCUI
1185256	Prednicen-M Oral Product	Prescribing, Medication	RXCUI
1185257	Prednicen-M Pill	Prescribing, Medication	RXCUI
1185258	Prednicot Oral Product	Prescribing, Medication	RXCUI
1185259	Prednicot Pill	Prescribing, Medication	RXCUI
1185265	Predone Oral Product	Prescribing, Medication	RXCUI
1185266	Predone Pill	Prescribing, Medication	RXCUI
1303126	Rayos	Prescribing, Medication	RXCUI
1303129	Rayos Oral Product	Prescribing, Medication	RXCUI
1303130	Rayos Pill	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
151587	Decortisyl	Prescribing, Medication	RXCUI
219350	Prednicen-M	Prescribing, Medication	RXCUI
220028	Sterapred	Prescribing, Medication	RXCUI
220029	Sterapred DS	Prescribing, Medication	RXCUI
224927	Liquid Pred	Prescribing, Medication	RXCUI
224928	Meticorten	Prescribing, Medication	RXCUI
224929	Orasone	Prescribing, Medication	RXCUI
227730	Deltasone	Prescribing, Medication	RXCUI
352903	Prednicot	Prescribing, Medication	RXCUI
380826	Econosone	Prescribing, Medication	RXCUI
541812	Predone	Prescribing, Medication	RXCUI
539948	PREDNISONONE 1 MG/ML SYRUP [LIQUID PRED]	Prescribing, Medication	RXCUI
539947	PREDNISONONE SYRUP [LIQUID PRED]	Prescribing, Medication	RXCUI
312618	PREDNISONONE 1 MG/ML SYRUP	Prescribing, Medication	RXCUI
373584	PREDNISONONE SYRUP	Prescribing, Medication	RXCUI
795716	{12 (Dexamethasone 0.75 MG Oral Tablet [Decadron]) } Pack [Decadron 5-12]	Prescribing, Medication	RXCUI
759696	{12 (Dexamethasone 0.75 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1945071	{21 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Decadron DP 6 Day]	Prescribing, Medication	RXCUI
846192	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
847225	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 6 Day]	Prescribing, Medication	RXCUI
2118829	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [HiDex 6-Day Taper]	Prescribing, Medication	RXCUI
1998482	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 6 Day Taper]	Prescribing, Medication	RXCUI
895526	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 6 Day]	Prescribing, Medication	RXCUI
1943549	{21 (Dexamethasone 1.5 MG Oral Tablet) } Pack [ZoDex 6 Day Taper]	Prescribing, Medication	RXCUI
1869595	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
2118835	{27 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 7-Day Taper]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
759697	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
797022	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak Junior 10 Day]	Prescribing, Medication	RXCUI
895521	{35 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 10 Day]	Prescribing, Medication	RXCUI
2121587	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
2121735	{39 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Dxevo 11 Day Taper]	Prescribing, Medication	RXCUI
1869605	{41 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1945072	{49 (Dexamethasone 1.5 MG Oral Tablet [Decadron]) } Pack [Decadron DP 12 Day]	Prescribing, Medication	RXCUI
1943550	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1998481	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [TaperDex 12 Day Taper]	Prescribing, Medication	RXCUI
1943551	{49 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zodex 12 Day Taper]	Prescribing, Medication	RXCUI
759481	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
797023	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [DexPak TaperPak 13 Day]	Prescribing, Medication	RXCUI
895525	{51 (Dexamethasone 1.5 MG Oral Tablet) } Pack [Zema Pak 13 Day]	Prescribing, Medication	RXCUI
431720	12 HR Dexamethasone 1 MG / Theophylline 300 MG Extended Release Tablet	Prescribing, Medication	RXCUI
901649	Baycadron 0.1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
1374392	Dalalone 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
1374408	Dalalone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205628	Dalalone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
1374410	Dalalone 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205607	Dalalone D.P. 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205594	Dalalone L.A. 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205595	De-Sone LA 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
541484	Deca 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
541463	Deca 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205596	Decadron-LA 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
755976	Decadron 0.1 MG/ML Oral Solution	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
205683	Decadron 0.25 MG Oral Tablet	Prescribing, Medication	RXCUI
105392	Decadron 0.5 MG Oral Tablet	Prescribing, Medication	RXCUI
343040	Decadron 0.75 MG Oral Tablet	Prescribing, Medication	RXCUI
205710	Decadron 1.5 MG Oral Tablet	Prescribing, Medication	RXCUI
1376070	Decadron 24 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205712	Decadron 4 MG Oral Tablet	Prescribing, Medication	RXCUI
1375115	Decadron 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
351311	Decadron 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205717	Decadron 6 MG Oral Tablet	Prescribing, Medication	RXCUI
205622	Decadron phosphate 24 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205629	Decadron phosphate 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205597	Decaject-L.A. 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205630	Decaject 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205631	Dexacen-4 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205598	Dexacort-LA 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205632	Dexacorten 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
814504	Dexamethasone / Indomethacin	Prescribing, Medication	RXCUI
440625	Dexamethasone / Indomethacin Oral Capsule	Prescribing, Medication	RXCUI
1154241	Dexamethasone / Indomethacin Oral Product	Prescribing, Medication	RXCUI
372476	Dexamethasone / Indomethacin Oral Tablet	Prescribing, Medication	RXCUI
1154242	Dexamethasone / Indomethacin Pill	Prescribing, Medication	RXCUI
1154243	Dexamethasone / Indomethacin Rectal Product	Prescribing, Medication	RXCUI
440626	Dexamethasone / Indomethacin Rectal Suppository	Prescribing, Medication	RXCUI
813683	Dexamethasone / Theophylline	Prescribing, Medication	RXCUI
452064	Dexamethasone / Theophylline Extended Release Oral Tablet	Prescribing, Medication	RXCUI
1154255	Dexamethasone / Theophylline Oral Product	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1154256	Dexamethasone / Theophylline Pill	Prescribing, Medication	RXCUI
197576	dexamethasone 0.25 MG Oral Tablet	Prescribing, Medication	RXCUI
1086701	Dexamethasone 0.25 MG Oral Tablet [Dexium]	Prescribing, Medication	RXCUI
332984	Dexamethasone 0.4 MG	Prescribing, Medication	RXCUI
2108017	Dexamethasone 0.4 MG [Dextenza]	Prescribing, Medication	RXCUI
2108020	Dexamethasone 0.4 MG Drug Implant [Dextenza]	Prescribing, Medication	RXCUI
411225	Dexamethasone 0.4 MG Oral Capsule	Prescribing, Medication	RXCUI
315775	Dexamethasone 0.5 MG	Prescribing, Medication	RXCUI
411549	Dexamethasone 0.5 MG / Indomethacin 25 MG Oral Capsule	Prescribing, Medication	RXCUI
564044	Dexamethasone 0.5 MG [Decadron]	Prescribing, Medication	RXCUI
566575	Dexamethasone 0.5 MG [Dexone]	Prescribing, Medication	RXCUI
566207	Dexamethasone 0.5 MG [Oradexon]	Prescribing, Medication	RXCUI
197577	dexamethasone 0.5 MG Oral Tablet	Prescribing, Medication	RXCUI
205684	Dexamethasone 0.5 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
203976	Dexamethasone 0.5 MG Oral Tablet [Oradexon]	Prescribing, Medication	RXCUI
854175	Dexamethasone 0.7 MG	Prescribing, Medication	RXCUI
854179	Dexamethasone 0.7 MG [Ozurdex]	Prescribing, Medication	RXCUI
854177	Dexamethasone 0.7 MG Drug Implant	Prescribing, Medication	RXCUI
854181	Dexamethasone 0.7 MG Drug Implant [Ozurdex]	Prescribing, Medication	RXCUI
345816	Dexamethasone 0.75 MG	Prescribing, Medication	RXCUI
575233	Dexamethasone 0.75 MG [Decadron]	Prescribing, Medication	RXCUI
566583	Dexamethasone 0.75 MG [Dexone]	Prescribing, Medication	RXCUI
343033	dexamethasone 0.75 MG Oral Tablet	Prescribing, Medication	RXCUI
205692	Dexamethasone 0.75 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
315776	Dexamethasone 1 MG	Prescribing, Medication	RXCUI
252621	Dexamethasone 1 MG / Terfenadine 120 MG Extended Release Oral Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
250828	Dexamethasone 1 MG / Terfenadine 120 MG Oral Tablet	Prescribing, Medication	RXCUI
844882	Dexamethasone 1 MG / Theophylline 300 MG Extended Release Oral Tablet	Prescribing, Medication	RXCUI
309684	dexamethasone 1 MG in 1 mL Concentrate for Oral Solution	Prescribing, Medication	RXCUI
197579	dexamethasone 1 MG Oral Tablet	Prescribing, Medication	RXCUI
315777	Dexamethasone 1.5 MG	Prescribing, Medication	RXCUI
566601	Dexamethasone 1.5 MG [Decadron]	Prescribing, Medication	RXCUI
566602	Dexamethasone 1.5 MG [Dexone]	Prescribing, Medication	RXCUI
197580	dexamethasone 1.5 MG Oral Tablet	Prescribing, Medication	RXCUI
205711	Dexamethasone 1.5 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
2045403	Dexamethasone 103.4 MG/ML	Prescribing, Medication	RXCUI
2045406	Dexamethasone 103.4 MG/ML [Dexycu]	Prescribing, Medication	RXCUI
2045410	Dexamethasone 103.4 MG/ML Injection	Prescribing, Medication	RXCUI
2045411	Dexamethasone 103.4 MG/ML Injection [Dexycu]	Prescribing, Medication	RXCUI
343643	Dexamethasone 16 MG/ML	Prescribing, Medication	RXCUI
566504	Dexamethasone 16 MG/ML [Dalalone D.P.]	Prescribing, Medication	RXCUI
393267	Dexamethasone 16 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
309687	Dexamethasone 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
317346	Dexamethasone 2 MG	Prescribing, Medication	RXCUI
565676	Dexamethasone 2 MG [Oradexon]	Prescribing, Medication	RXCUI
435681	dexamethasone 2 MG in 1 ML Injectable Solution	Prescribing, Medication	RXCUI
197581	dexamethasone 2 MG Oral Tablet	Prescribing, Medication	RXCUI
201072	Dexamethasone 2 MG Oral Tablet [Oradexon]	Prescribing, Medication	RXCUI
451789	Dexamethasone 2 MG/ML	Prescribing, Medication	RXCUI
1049548	Dexamethasone 2 MG/ML [DexaJect]	Prescribing, Medication	RXCUI
1087756	Dexamethasone 2 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
542937	Dexamethasone 2 MG/ML [Dexium brand of Dexamethasone]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1049384	Dexamethasone 2 MG/ML [Dexium]	Prescribing, Medication	RXCUI
1087757	Dexamethasone 2 MG/ML Injectable Solution [Dexasone]	Prescribing, Medication	RXCUI
542939	Dexamethasone 2 MG/ML Injectable Solution [Dexium brand of Dexamethasone]	Prescribing, Medication	RXCUI
1049386	Dexamethasone 2 MG/ML Injectable Solution [Dexium]	Prescribing, Medication	RXCUI
438883	Dexamethasone 2.2 MG	Prescribing, Medication	RXCUI
420697	Dexamethasone 2.2 MG Rectal Suppository	Prescribing, Medication	RXCUI
329678	Dexamethasone 20 MG/ML	Prescribing, Medication	RXCUI
315061	Dexamethasone 20 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
330680	Dexamethasone 24 MG/ML	Prescribing, Medication	RXCUI
566514	Dexamethasone 24 MG/ML [Decadron phosphate]	Prescribing, Medication	RXCUI
197584	Dexamethasone 24 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
451790	Dexamethasone 25 MG/ML	Prescribing, Medication	RXCUI
415363	Dexamethasone 25 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
332981	Dexamethasone 3 MG/ML	Prescribing, Medication	RXCUI
252361	Dexamethasone 3 MG/ML / sodium phosphate 3 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
880655	Dexamethasone 3 MG/ML [DexaJect]	Prescribing, Medication	RXCUI
1087918	Dexamethasone 3 MG/ML [Dexium]	Prescribing, Medication	RXCUI
880649	Dexamethasone 3 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
1087919	Dexamethasone 3 MG/ML Injectable Solution [Dexium]	Prescribing, Medication	RXCUI
332982	Dexamethasone 3.2 MG/ML	Prescribing, Medication	RXCUI
247293	Dexamethasone 3.2 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
315778	Dexamethasone 4 MG	Prescribing, Medication	RXCUI
566603	Dexamethasone 4 MG [Decadron]	Prescribing, Medication	RXCUI
566604	Dexamethasone 4 MG [Dexone]	Prescribing, Medication	RXCUI
566605	Dexamethasone 4 MG [Hexadrol]	Prescribing, Medication	RXCUI
197582	dexamethasone 4 MG Oral Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
205713	Dexamethasone 4 MG Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
205714	Dexamethasone 4 MG Oral Tablet [Hexadrol]	Prescribing, Medication	RXCUI
330437	Dexamethasone 4 MG/ML	Prescribing, Medication	RXCUI
566519	Dexamethasone 4 MG/ML [Adrenocot]	Prescribing, Medication	RXCUI
575255	Dexamethasone 4 MG/ML [Cortastat]	Prescribing, Medication	RXCUI
541479	Dexamethasone 4 MG/ML [Cortidex]	Prescribing, Medication	RXCUI
566520	Dexamethasone 4 MG/ML [Dalalone]	Prescribing, Medication	RXCUI
541482	Dexamethasone 4 MG/ML [Deca]	Prescribing, Medication	RXCUI
566521	Dexamethasone 4 MG/ML [Decadron phosphate]	Prescribing, Medication	RXCUI
575256	Dexamethasone 4 MG/ML [Decadron]	Prescribing, Medication	RXCUI
566522	Dexamethasone 4 MG/ML [Decaject]	Prescribing, Medication	RXCUI
566523	Dexamethasone 4 MG/ML [Dexacen-4]	Prescribing, Medication	RXCUI
566524	Dexamethasone 4 MG/ML [Dexacorten]	Prescribing, Medication	RXCUI
566525	Dexamethasone 4 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
566526	Dexamethasone 4 MG/ML [Dexone]	Prescribing, Medication	RXCUI
566527	Dexamethasone 4 MG/ML [Hexadrol Phosphate]	Prescribing, Medication	RXCUI
566528	Dexamethasone 4 MG/ML [Medidex]	Prescribing, Medication	RXCUI
541485	Dexamethasone 4 MG/ML [Metazone]	Prescribing, Medication	RXCUI
563253	Dexamethasone 4 MG/ML [Oradexon]	Prescribing, Medication	RXCUI
566529	Dexamethasone 4 MG/ML [Primethasone]	Prescribing, Medication	RXCUI
566530	Dexamethasone 4 MG/ML [Solurex LA]	Prescribing, Medication	RXCUI
566531	Dexamethasone 4 MG/ML [Solurex]	Prescribing, Medication	RXCUI
309698	Dexamethasone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
205633	Dexamethasone 4 MG/ML Injectable Solution [Dexasone]	Prescribing, Medication	RXCUI
205634	Dexamethasone 4 MG/ML Injectable Solution [Dexone]	Prescribing, Medication	RXCUI
205635	Dexamethasone 4 MG/ML Injectable Solution [Hexadrol Phosphate]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
205636	Dexamethasone 4 MG/ML Injectable Solution [Medidex]	Prescribing, Medication	RXCUI
541487	Dexamethasone 4 MG/ML Injectable Solution [Metazone]	Prescribing, Medication	RXCUI
103163	Dexamethasone 4 MG/ML Injectable Solution [Oradexon]	Prescribing, Medication	RXCUI
205637	Dexamethasone 4 MG/ML Injectable Solution [Primethasone]	Prescribing, Medication	RXCUI
205638	Dexamethasone 4 MG/ML Injectable Solution [Solurex LA]	Prescribing, Medication	RXCUI
205639	Dexamethasone 4 MG/ML Injectable Solution [Solurex]	Prescribing, Medication	RXCUI
1006791	Dexamethasone 4 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
331791	Dexamethasone 5 MG/ML	Prescribing, Medication	RXCUI
565677	Dexamethasone 5 MG/ML [Oradexon]	Prescribing, Medication	RXCUI
105394	Dexamethasone 5 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
201073	Dexamethasone 5 MG/ML Injectable Solution [Oradexon]	Prescribing, Medication	RXCUI
315779	Dexamethasone 6 MG	Prescribing, Medication	RXCUI
566608	Dexamethasone 6 MG [Decadron]	Prescribing, Medication	RXCUI
197583	dexamethasone 6 MG Oral Tablet	Prescribing, Medication	RXCUI
438885	Dexamethasone 8 MG	Prescribing, Medication	RXCUI
429196	Dexamethasone 8 MG Oral Tablet	Prescribing, Medication	RXCUI
323884	Dexamethasone 8 MG/ML	Prescribing, Medication	RXCUI
249225	Dexamethasone 8 MG/ML / sodium phosphate 2 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
566491	Dexamethasone 8 MG/ML [Adrenocot L.A.]	Prescribing, Medication	RXCUI
575253	Dexamethasone 8 MG/ML [Cortastat LA]	Prescribing, Medication	RXCUI
541476	Dexamethasone 8 MG/ML [Cortidex]	Prescribing, Medication	RXCUI
566492	Dexamethasone 8 MG/ML [Dalalone L.A.]	Prescribing, Medication	RXCUI
566493	Dexamethasone 8 MG/ML [De-Sone LA]	Prescribing, Medication	RXCUI
541461	Dexamethasone 8 MG/ML [Deca]	Prescribing, Medication	RXCUI
566494	Dexamethasone 8 MG/ML [Decadron-LA]	Prescribing, Medication	RXCUI
566495	Dexamethasone 8 MG/ML [Decaject-L.A.]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
566496	Dexamethasone 8 MG/ML [Dexacort-LA]	Prescribing, Medication	RXCUI
566497	Dexamethasone 8 MG/ML [Dexasone LA]	Prescribing, Medication	RXCUI
1089818	Dexamethasone 8 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
566498	Dexamethasone 8 MG/ML [Dexone LA]	Prescribing, Medication	RXCUI
566499	Dexamethasone 8 MG/ML [Medidex LA]	Prescribing, Medication	RXCUI
541465	Dexamethasone 8 MG/ML [Metazone]	Prescribing, Medication	RXCUI
541468	Dexamethasone 8 MG/ML [Primethasone]	Prescribing, Medication	RXCUI
541472	Dexamethasone 8 MG/ML [Robadex]	Prescribing, Medication	RXCUI
566500	Dexamethasone 8 MG/ML [Solurex LA]	Prescribing, Medication	RXCUI
387080	Dexamethasone 8 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
309688	Dexamethasone 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
205599	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone LA]	Prescribing, Medication	RXCUI
1089820	Dexamethasone 8 MG/ML Injectable Suspension [Dexasone]	Prescribing, Medication	RXCUI
205600	Dexamethasone 8 MG/ML Injectable Suspension [Dexone LA]	Prescribing, Medication	RXCUI
205601	Dexamethasone 8 MG/ML Injectable Suspension [Medidex LA]	Prescribing, Medication	RXCUI
541467	Dexamethasone 8 MG/ML Injectable Suspension [Metazone]	Prescribing, Medication	RXCUI
541470	Dexamethasone 8 MG/ML Injectable Suspension [Primethasone]	Prescribing, Medication	RXCUI
541474	Dexamethasone 8 MG/ML Injectable Suspension [Robadex]	Prescribing, Medication	RXCUI
205602	Dexamethasone 8 MG/ML Injectable Suspension [Solurex LA]	Prescribing, Medication	RXCUI
22690	dexamethasone acetate	Prescribing, Medication	RXCUI
1374388	dexamethasone acetate 16 MG/ML	Prescribing, Medication	RXCUI
1374390	dexamethasone acetate 16 MG/ML [Dalalone]	Prescribing, Medication	RXCUI
1374389	dexamethasone acetate 16 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
1374371	dexamethasone acetate 8 MG/ML	Prescribing, Medication	RXCUI
1374409	dexamethasone acetate 8 MG/ML [Dalalone]	Prescribing, Medication	RXCUI
1534398	dexamethasone acetate 8 MG/ML [De-Sone LA]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1534288	dexamethasone acetate 8 MG/ML [Decadron-LA]	Prescribing, Medication	RXCUI
1534331	dexamethasone acetate 8 MG/ML [Dexacort-LA]	Prescribing, Medication	RXCUI
1374386	dexamethasone acetate 8 MG/ML [Dexasone]	Prescribing, Medication	RXCUI
1534289	dexamethasone acetate 8 MG/ML [Robadex]	Prescribing, Medication	RXCUI
1374372	dexamethasone acetate 8 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
1374387	dexamethasone acetate 8 MG/ML Injectable Suspension [Dexasone]	Prescribing, Medication	RXCUI
854176	Dexamethasone Drug Implant	Prescribing, Medication	RXCUI
2108018	Dexamethasone Drug Implant [Dextenza]	Prescribing, Medication	RXCUI
854180	Dexamethasone Drug Implant [Ozurdex]	Prescribing, Medication	RXCUI
1154529	Dexamethasone Drug Implant Product	Prescribing, Medication	RXCUI
438882	Dexamethasone Oral Capsule	Prescribing, Medication	RXCUI
1154534	Dexamethasone Oral Liquid Product	Prescribing, Medication	RXCUI
1154535	Dexamethasone Oral Product	Prescribing, Medication	RXCUI
371728	Dexamethasone Oral Solution	Prescribing, Medication	RXCUI
901648	Dexamethasone Oral Solution [Baycadron]	Prescribing, Medication	RXCUI
757087	Dexamethasone Oral Solution [Decadron]	Prescribing, Medication	RXCUI
364896	Dexamethasone Oral Solution [Dexamethasone Intenso]	Prescribing, Medication	RXCUI
757088	Dexamethasone Oral Solution [Hexadrol]	Prescribing, Medication	RXCUI
371729	Dexamethasone Oral Tablet	Prescribing, Medication	RXCUI
369461	Dexamethasone Oral Tablet [Decadron]	Prescribing, Medication	RXCUI
1086700	Dexamethasone Oral Tablet [Dexium]	Prescribing, Medication	RXCUI
369460	Dexamethasone Oral Tablet [Dexone]	Prescribing, Medication	RXCUI
369516	Dexamethasone Oral Tablet [Hexadrol]	Prescribing, Medication	RXCUI
369569	Dexamethasone Oral Tablet [Oradexon]	Prescribing, Medication	RXCUI
1154536	Dexamethasone Otic Product	Prescribing, Medication	RXCUI
371727	Dexamethasone Otic Solution	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1154537	Dexamethasone Pill	Prescribing, Medication	RXCUI
1812094	Dexamethasone Prefilled Syringe	Prescribing, Medication	RXCUI
1154538	Dexamethasone Rectal Product	Prescribing, Medication	RXCUI
438884	Dexamethasone Rectal Suppository	Prescribing, Medication	RXCUI
203704	Dexasone	Prescribing, Medication	RXCUI
216384	De-Sone LA	Prescribing, Medication	RXCUI
227682	Decadron	Prescribing, Medication	RXCUI
309686	dexamethasone 0.1 MG/ML Oral Solution	Prescribing, Medication	RXCUI
566581	dexamethasone 0.1 MG/ML [Decadron]	Prescribing, Medication	RXCUI
1169579	De-Sone LA Injectable Product	Prescribing, Medication	RXCUI
1170296	Decadron Oral Liquid Product	Prescribing, Medication	RXCUI
1170297	Decadron Oral Product	Prescribing, Medication	RXCUI
1170298	Decadron Pill	Prescribing, Medication	RXCUI
1175250	Dexasone Injectable Product	Prescribing, Medication	RXCUI
1154531	Dexamethasone Injectable Product	Prescribing, Medication	RXCUI
371725	Dexamethasone Injectable Solution	Prescribing, Medication	RXCUI
363487	Dexamethasone Injectable Solution [Adrenocot]	Prescribing, Medication	RXCUI
363213	Dexamethasone Injectable Solution [Cortastat 10]	Prescribing, Medication	RXCUI
363214	Dexamethasone Injectable Solution [Cortastat]	Prescribing, Medication	RXCUI
541480	Dexamethasone Injectable Solution [Cortidex]	Prescribing, Medication	RXCUI
363486	Dexamethasone Injectable Solution [Dalalone]	Prescribing, Medication	RXCUI
541483	Dexamethasone Injectable Solution [Deca]	Prescribing, Medication	RXCUI
363003	Dexamethasone Injectable Solution [Decadron phosphate]	Prescribing, Medication	RXCUI
363216	Dexamethasone Injectable Solution [Decadron]	Prescribing, Medication	RXCUI
363485	Dexamethasone Injectable Solution [Decaject]	Prescribing, Medication	RXCUI
363484	Dexamethasone Injectable Solution [Dexacen-4]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
363483	Dexamethasone Injectable Solution [Dexacorten]	Prescribing, Medication	RXCUI
880656	Dexamethasone Injectable Solution [DexaJect]	Prescribing, Medication	RXCUI
363482	Dexamethasone Injectable Solution [Dexasone]	Prescribing, Medication	RXCUI
542938	Dexamethasone Injectable Solution [Dexium brand of Dexamethasone]	Prescribing, Medication	RXCUI
1049385	Dexamethasone Injectable Solution [Dexium]	Prescribing, Medication	RXCUI
363481	Dexamethasone Injectable Solution [Dexone]	Prescribing, Medication	RXCUI
363480	Dexamethasone Injectable Solution [Hexadrol Phosphate]	Prescribing, Medication	RXCUI
1375105	Dexamethasone Injectable Solution [Hexadrol]	Prescribing, Medication	RXCUI
363479	Dexamethasone Injectable Solution [Medidex]	Prescribing, Medication	RXCUI
541486	Dexamethasone Injectable Solution [Metazone]	Prescribing, Medication	RXCUI
363584	Dexamethasone Injectable Solution [Oradexon]	Prescribing, Medication	RXCUI
363478	Dexamethasone Injectable Solution [Primethasone]	Prescribing, Medication	RXCUI
363477	Dexamethasone Injectable Solution [Solurex LA]	Prescribing, Medication	RXCUI
363476	Dexamethasone Injectable Solution [Solurex]	Prescribing, Medication	RXCUI
371721	Dexamethasone Injectable Suspension	Prescribing, Medication	RXCUI
365676	Dexamethasone Injectable Suspension [Adrenocot L.A.]	Prescribing, Medication	RXCUI
365611	Dexamethasone Injectable Suspension [Cortastat LA]	Prescribing, Medication	RXCUI
541477	Dexamethasone Injectable Suspension [Cortidex]	Prescribing, Medication	RXCUI
365667	Dexamethasone Injectable Suspension [Dalalone D.P.]	Prescribing, Medication	RXCUI
365693	Dexamethasone Injectable Suspension [Dalalone L.A.]	Prescribing, Medication	RXCUI
1374391	Dexamethasone Injectable Suspension [Dalalone]	Prescribing, Medication	RXCUI
365692	Dexamethasone Injectable Suspension [De-Sone LA]	Prescribing, Medication	RXCUI
541462	Dexamethasone Injectable Suspension [Deca]	Prescribing, Medication	RXCUI
365691	Dexamethasone Injectable Suspension [Decadron-LA]	Prescribing, Medication	RXCUI
365690	Dexamethasone Injectable Suspension [Decaject-L.A.]	Prescribing, Medication	RXCUI
365689	Dexamethasone Injectable Suspension [Dexacort-LA]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
365688	Dexamethasone Injectable Suspension [Dexasone LA]	Prescribing, Medication	RXCUI
1089819	Dexamethasone Injectable Suspension [Dexasone]	Prescribing, Medication	RXCUI
365687	Dexamethasone Injectable Suspension [Dexone LA]	Prescribing, Medication	RXCUI
365686	Dexamethasone Injectable Suspension [Medidex LA]	Prescribing, Medication	RXCUI
541466	Dexamethasone Injectable Suspension [Metazone]	Prescribing, Medication	RXCUI
541469	Dexamethasone Injectable Suspension [Primethasone]	Prescribing, Medication	RXCUI
541473	Dexamethasone Injectable Suspension [Robadex]	Prescribing, Medication	RXCUI
365685	Dexamethasone Injectable Suspension [Solurex LA]	Prescribing, Medication	RXCUI
1812073	Dexamethasone Injection	Prescribing, Medication	RXCUI
2045407	Dexamethasone Injection [Dexycu]	Prescribing, Medication	RXCUI
1175245	Dexamethasone Intensol Oral Liquid Product	Prescribing, Medication	RXCUI
1175246	Dexamethasone Intensol Oral Product	Prescribing, Medication	RXCUI
308717	Betamethasone 3 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
213663	Betamethasone 4 MG/ML Injectable Solution [Adbeon]	Prescribing, Medication	RXCUI
213664	Betamethasone 4 MG/ML Injectable Solution [Celestone phosphate]	Prescribing, Medication	RXCUI
213665	Betamethasone 4 MG/ML Injectable Solution [Cell-U-Jec]	Prescribing, Medication	RXCUI
213666	Betamethasone 4 MG/ML Injectable Solution [Selestoject]	Prescribing, Medication	RXCUI
308718	Betamethasone 4 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
578803	betamethasone sodium phosphate / betamethasone acetate 6 MG/ML Injectable Suspension	Prescribing, Medication	RXCUI
578806	Betamethasone 3 MG/ML / Betamethasone acetate 3 MG/ML Injectable Suspension [Celestone Soluspan]	Prescribing, Medication	RXCUI
1870950	deflazacort 6 MG Oral Tablet [Emflaza]	Prescribing, Medication	RXCUI
1870952	deflazacort 30 MG Oral Tablet [Emflaza]	Prescribing, Medication	RXCUI
1870956	deflazacort 18 MG Oral Tablet [Emflaza]	Prescribing, Medication	RXCUI
1870960	deflazacort 36 MG Oral Tablet [Emflaza]	Prescribing, Medication	RXCUI
1870968	deflazacort 22.75 MG/ML Oral Suspension [Emflaza]	Prescribing, Medication	RXCUI

Inhaled Corticosteroids

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
J7637	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	Procedure	HCPCS
J7638	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	Procedure	HCPCS
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	Procedure	HCPCS
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	Procedure	HCPCS
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg	Procedure	HCPCS
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg	Procedure	HCPCS
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg	Procedure	HCPCS
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	Procedure	HCPCS
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	Procedure	HCPCS
K0527	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram	Procedure	HCPCS
K0528	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram	Procedure	HCPCS
1797917	beclomethasone dipropionate 0.042 MG/ACTUAT Metered Dose Nasal Spray [Beconase]	Prescribing, Medication	RXCUI
1797921	beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Nasal Spray [Qnasl]	Prescribing, Medication	RXCUI
1797902	beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Nasal Spray [Qnasl]	Prescribing, Medication	RXCUI
1797916	beclomethasone Metered Dose Nasal Spray [Beconase]	Prescribing, Medication	RXCUI
1797901	beclomethasone Metered Dose Nasal Spray [Qnasl]	Prescribing, Medication	RXCUI
1801247	Qnasl Nasal Product	Prescribing, Medication	RXCUI
1801243	Beconase Nasal Product	Prescribing, Medication	RXCUI
1797926	beclomethasone dipropionate 0.084 MG/ACTUAT Metered Dose Nasal Spray	Prescribing, Medication	RXCUI
562655	beclomethasone 0.05 MG/ACTUAT Nasal Spray	Prescribing, Medication	RXCUI
1797910	beclomethasone dipropionate 0.042 MG/ACTUAT Metered Dose Nasal Spray	Prescribing, Medication	RXCUI
1797920	beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Nasal Spray	Prescribing, Medication	RXCUI
1797900	beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Nasal Spray	Prescribing, Medication	RXCUI
370992	beclomethasone Nasal Spray	Prescribing, Medication	RXCUI
1797899	beclomethasone Metered Dose Nasal Spray	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1155694	beclomethasone Nasal Product	Prescribing, Medication	RXCUI
966542	100 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler [Qvar]	Prescribing, Medication	RXCUI
966538	100 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler [Qvar]	Prescribing, Medication	RXCUI
1490668	120 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler [Qvar]	Prescribing, Medication	RXCUI
1490774	120 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler [Qvar]	Prescribing, Medication	RXCUI
1998772	Breath-Actuated 120 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler [Qvar]	Prescribing, Medication	RXCUI
1998774	Breath-Actuated 120 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler [Qvar]	Prescribing, Medication	RXCUI
801854	beclomethasone Metered Dose Inhaler [Qvar]	Prescribing, Medication	RXCUI
1169359	Beconase Inhalant Product	Prescribing, Medication	RXCUI
1177118	Qvar Inhalant Product	Prescribing, Medication	RXCUI
1248844	Qnasl Inhalant Product	Prescribing, Medication	RXCUI
966540	100 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler	Prescribing, Medication	RXCUI
966675	120 ACTUAT beclomethasone dipropionate 0.084 MG/ACTUAT Metered Dose Inhaler	Prescribing, Medication	RXCUI
966536	100 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler	Prescribing, Medication	RXCUI
1490773	120 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler	Prescribing, Medication	RXCUI
1490666	120 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler	Prescribing, Medication	RXCUI
1998771	Breath-Actuated 120 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler	Prescribing, Medication	RXCUI
1998773	Breath-Actuated 120 ACTUAT beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Inhaler	Prescribing, Medication	RXCUI
746190	beclomethasone Metered Dose Inhaler	Prescribing, Medication	RXCUI
1155693	beclomethasone Inhalant Product	Prescribing, Medication	RXCUI
330936	beclomethasone 0.05 MG/ACTUAT	Prescribing, Medication	RXCUI
966535	beclomethasone dipropionate 0.04 MG/ACTUAT	Prescribing, Medication	RXCUI
1598636	beclomethasone dipropionate 0.04 MG/ACTUAT [Qnasl]	Prescribing, Medication	RXCUI
966537	beclomethasone dipropionate 0.04 MG/ACTUAT [Qvar]	Prescribing, Medication	RXCUI
966544	beclomethasone dipropionate 0.042 MG/ACTUAT	Prescribing, Medication	RXCUI
966546	beclomethasone dipropionate 0.042 MG/ACTUAT [Beconase]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
966539	beclomethasone dipropionate 0.08 MG/ACTUAT	Prescribing, Medication	RXCUI
1248842	beclomethasone dipropionate 0.08 MG/ACTUAT [Qnasl]	Prescribing, Medication	RXCUI
966541	beclomethasone dipropionate 0.08 MG/ACTUAT [Qvar]	Prescribing, Medication	RXCUI
966563	beclomethasone dipropionate 0.084 MG/ACTUAT	Prescribing, Medication	RXCUI
151414	Beconase	Prescribing, Medication	RXCUI
1248841	Qnasl	Prescribing, Medication	RXCUI
226084	Qvar	Prescribing, Medication	RXCUI
1154530	Dexamethasone Inhalant Product	Prescribing, Medication	RXCUI
377280	Dexamethasone Inhalant Solution	Prescribing, Medication	RXCUI
361870	Dexamethasone Inhalant Solution [Dexacort Phosphate in Respighaler]	Prescribing, Medication	RXCUI
19831	Budesonide	Prescribing, Medication	RXCUI
274964	ciclesonide	Prescribing, Medication	RXCUI
25120	flunisolide	Prescribing, Medication	RXCUI
41126	fluticasone	Prescribing, Medication	RXCUI
108118	Mometasone	Prescribing, Medication	RXCUI
10759	Triamcinolone	Prescribing, Medication	RXCUI
Oral Anticoagulants			
G8967	Warfarin or another fda approved oral anticoagulant is prescribed	Procedure	HCPCS
855324	warfarin sodium 4 MG Oral Tablet	Prescribing, Medication	RXCUI
855334	warfarin sodium 5 MG Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI
855290	warfarin sodium 1 MG Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI
855304	warfarin sodium 2 MG Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI
855314	warfarin sodium 2.5 MG Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI
855326	warfarin sodium 4 MG Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI
855346	warfarin sodium 7.5 MG Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI
855298	warfarin sodium 10 MG Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI
855320	warfarin sodium 3 MG Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
855340	warfarin sodium 6 MG Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI
855296	warfarin sodium 10 MG Oral Tablet	Prescribing, Medication	RXCUI
855288	warfarin sodium 1 MG Oral Tablet	Prescribing, Medication	RXCUI
855312	warfarin sodium 2.5 MG Oral Tablet	Prescribing, Medication	RXCUI
855338	warfarin sodium 6 MG Oral Tablet	Prescribing, Medication	RXCUI
855344	warfarin sodium 7.5 MG Oral Tablet	Prescribing, Medication	RXCUI
855332	warfarin sodium 5 MG Oral Tablet	Prescribing, Medication	RXCUI
855318	warfarin sodium 3 MG Oral Tablet	Prescribing, Medication	RXCUI
368417	warfarin Oral Tablet [Coumadin]	Prescribing, Medication	RXCUI
374319	warfarin Oral Tablet	Prescribing, Medication	RXCUI
855350	warfarin sodium 0.5 MG Oral Tablet	Prescribing, Medication	RXCUI
855336	warfarin sodium 5 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
855292	warfarin sodium 1 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
855306	warfarin sodium 2 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
855316	warfarin sodium 2.5 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
855328	warfarin sodium 4 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
855348	warfarin sodium 7.5 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
855300	warfarin sodium 10 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
855322	warfarin sodium 3 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
855342	warfarin sodium 6 MG Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
406078	warfarin Oral Tablet [Jantoven]	Prescribing, Medication	RXCUI
855302	warfarin sodium 2 MG Oral Tablet	Prescribing, Medication	RXCUI
1161790	warfarin Oral Product	Prescribing, Medication	RXCUI
1161791	warfarin Pill	Prescribing, Medication	RXCUI
1167808	Jantoven Oral Product	Prescribing, Medication	RXCUI
1167809	Jantoven Pill	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1171655	Coumadin Oral Product	Prescribing, Medication	RXCUI
1171656	Coumadin Pill	Prescribing, Medication	RXCUI
1114197	rivaroxaban Oral Tablet	Prescribing, Medication	RXCUI
1114198	rivaroxaban 10 MG Oral Tablet	Prescribing, Medication	RXCUI
1114201	rivaroxaban Oral Tablet [Xarelto]	Prescribing, Medication	RXCUI
1114202	rivaroxaban 10 MG Oral Tablet [Xarelto]	Prescribing, Medication	RXCUI
1157968	rivaroxaban Oral Product	Prescribing, Medication	RXCUI
1157969	rivaroxaban Pill	Prescribing, Medication	RXCUI
1186304	Xarelto Oral Product	Prescribing, Medication	RXCUI
1186305	Xarelto Pill	Prescribing, Medication	RXCUI
1232082	rivaroxaban 15 MG Oral Tablet	Prescribing, Medication	RXCUI
1232084	rivaroxaban 15 MG Oral Tablet [Xarelto]	Prescribing, Medication	RXCUI
1232086	rivaroxaban 20 MG Oral Tablet	Prescribing, Medication	RXCUI
1232088	rivaroxaban 20 MG Oral Tablet [Xarelto]	Prescribing, Medication	RXCUI
1549682	{42 (rivaroxaban 15 MG Oral Tablet) / 9 (rivaroxaban 20 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1549683	{42 (rivaroxaban 15 MG Oral Tablet [Xarelto]) / 9 (rivaroxaban 20 MG Oral Tablet [Xarelto]) } Pack [Xarelto Kit]	Prescribing, Medication	RXCUI
2059015	rivaroxaban 2.5 MG Oral Tablet	Prescribing, Medication	RXCUI
2059017	rivaroxaban 2.5 MG Oral Tablet [Xarelto]	Prescribing, Medication	RXCUI
1364432	apixaban Oral Product	Prescribing, Medication	RXCUI
1364434	apixaban Oral Tablet	Prescribing, Medication	RXCUI
1364435	apixaban 2.5 MG Oral Tablet	Prescribing, Medication	RXCUI
1364438	apixaban Oral Tablet [Eliquis]	Prescribing, Medication	RXCUI
1364439	Eliquis Oral Product	Prescribing, Medication	RXCUI
1364441	apixaban 2.5 MG Oral Tablet [Eliquis]	Prescribing, Medication	RXCUI
1364445	apixaban 5 MG Oral Tablet	Prescribing, Medication	RXCUI
1364447	apixaban 5 MG Oral Tablet [Eliquis]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1992427	{74 (apixaban 5 MG Oral Tablet) } Pack	Prescribing, Medication	RXCUI
1992428	{74 (apixaban 5 MG Oral Tablet [Eliquis]) } Pack [Eliquis 30-Day Starter Pack]	Prescribing, Medication	RXCUI
1599557	edoxaban 60 MG Oral Tablet [Savaysa]	Prescribing, Medication	RXCUI
1599553	edoxaban 30 MG Oral Tablet [Savaysa]	Prescribing, Medication	RXCUI
1599549	edoxaban 15 MG Oral Tablet [Savaysa]	Prescribing, Medication	RXCUI
1599555	edoxaban 60 MG Oral Tablet	Prescribing, Medication	RXCUI
1599551	edoxaban 30 MG Oral Tablet	Prescribing, Medication	RXCUI
1599543	edoxaban 15 MG Oral Tablet	Prescribing, Medication	RXCUI
1599546	edoxaban Oral Tablet [Savaysa]	Prescribing, Medication	RXCUI
1599548	Savaysa Pill	Prescribing, Medication	RXCUI
1599547	Savaysa Oral Product	Prescribing, Medication	RXCUI
1599542	edoxaban Oral Tablet	Prescribing, Medication	RXCUI
1599541	edoxaban Pill	Prescribing, Medication	RXCUI
1599540	edoxaban Oral Product	Prescribing, Medication	RXCUI
1927853	betrixaban Oral Product	Prescribing, Medication	RXCUI
1927854	betrixaban Pill	Prescribing, Medication	RXCUI
1927855	betrixaban Oral Capsule	Prescribing, Medication	RXCUI
1927856	betrixaban 40 MG Oral Capsule	Prescribing, Medication	RXCUI
1927859	betrixaban Oral Capsule [Bevyxxa]	Prescribing, Medication	RXCUI
1927860	Bevyxxa Oral Product	Prescribing, Medication	RXCUI
1927861	Bevyxxa Pill	Prescribing, Medication	RXCUI
1927862	betrixaban 40 MG Oral Capsule [Bevyxxa]	Prescribing, Medication	RXCUI
1927864	betrixaban 80 MG Oral Capsule	Prescribing, Medication	RXCUI
1927866	betrixaban 80 MG Oral Capsule [Bevyxxa]	Prescribing, Medication	RXCUI
1037044	dabigatran etexilate Oral Capsule	Prescribing, Medication	RXCUI
1037045	dabigatran etexilate 150 MG Oral Capsule	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1037048	dabigatran etexilate Oral Capsule [Pradaxa]	Prescribing, Medication	RXCUI
1037049	dabigatran etexilate 150 MG Oral Capsule [Pradaxa]	Prescribing, Medication	RXCUI
1037179	dabigatran etexilate 75 MG Oral Capsule	Prescribing, Medication	RXCUI
1037181	dabigatran etexilate 75 MG Oral Capsule [Pradaxa]	Prescribing, Medication	RXCUI
1156646	dabigatran etexilate Oral Product	Prescribing, Medication	RXCUI
1156647	dabigatran etexilate Pill	Prescribing, Medication	RXCUI
1184616	Pradaxa Oral Product	Prescribing, Medication	RXCUI
1184617	Pradaxa Pill	Prescribing, Medication	RXCUI
1723478	dabigatran etexilate 110 MG Oral Capsule [Pradaxa]	Prescribing, Medication	RXCUI
1723476	dabigatran etexilate 110 MG Oral Capsule	Prescribing, Medication	RXCUI
11289	warfarin	Prescribing, Medication	RXCUI
82118	warfarin potassium	Prescribing, Medication	RXCUI
114194	warfarin sodium	Prescribing, Medication	RXCUI
202421	Coumadin	Prescribing, Medication	RXCUI
405155	Jantoven	Prescribing, Medication	RXCUI
855287	warfarin sodium 1 MG	Prescribing, Medication	RXCUI
855289	warfarin sodium 1 MG [Coumadin]	Prescribing, Medication	RXCUI
855291	warfarin sodium 1 MG [Jantoven]	Prescribing, Medication	RXCUI
855295	warfarin sodium 10 MG	Prescribing, Medication	RXCUI
855297	warfarin sodium 10 MG [Coumadin]	Prescribing, Medication	RXCUI
855299	warfarin sodium 10 MG [Jantoven]	Prescribing, Medication	RXCUI
855301	warfarin sodium 2 MG	Prescribing, Medication	RXCUI
855303	warfarin sodium 2 MG [Coumadin]	Prescribing, Medication	RXCUI
855305	warfarin sodium 2 MG [Jantoven]	Prescribing, Medication	RXCUI
855311	warfarin sodium 2.5 MG	Prescribing, Medication	RXCUI
855313	warfarin sodium 2.5 MG [Coumadin]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
855315	warfarin sodium 2.5 MG [Jantoven]	Prescribing, Medication	RXCUI
855317	warfarin sodium 3 MG	Prescribing, Medication	RXCUI
855319	warfarin sodium 3 MG [Coumadin]	Prescribing, Medication	RXCUI
855321	warfarin sodium 3 MG [Jantoven]	Prescribing, Medication	RXCUI
855323	warfarin sodium 4 MG	Prescribing, Medication	RXCUI
855325	warfarin sodium 4 MG [Coumadin]	Prescribing, Medication	RXCUI
855327	warfarin sodium 4 MG [Jantoven]	Prescribing, Medication	RXCUI
855331	warfarin sodium 5 MG	Prescribing, Medication	RXCUI
855333	warfarin sodium 5 MG [Coumadin]	Prescribing, Medication	RXCUI
855335	warfarin sodium 5 MG [Jantoven]	Prescribing, Medication	RXCUI
855337	warfarin sodium 6 MG	Prescribing, Medication	RXCUI
855339	warfarin sodium 6 MG [Coumadin]	Prescribing, Medication	RXCUI
855341	warfarin sodium 6 MG [Jantoven]	Prescribing, Medication	RXCUI
855343	warfarin sodium 7.5 MG	Prescribing, Medication	RXCUI
855345	warfarin sodium 7.5 MG [Coumadin]	Prescribing, Medication	RXCUI
855347	warfarin sodium 7.5 MG [Jantoven]	Prescribing, Medication	RXCUI
855349	warfarin sodium 0.5 MG	Prescribing, Medication	RXCUI

Non-Oral Anticoagulants

J0583	Injection, bivalirudin, 1 mg	Procedure	HCPCS
J0883	Injection, argatroban, 1 mg (for non-esrd use)	Procedure	HCPCS
J1644	Injection, heparin sodium, per 1000 units	Procedure	HCPCS
J1645	Injection, dalteparin sodium, per 2500 iu	Procedure	HCPCS
J1650	Injection, enoxaparin sodium, 10 mg	Procedure	HCPCS
J1652	Injection, fondaparinux sodium, 0.5 mg	Procedure	HCPCS
J1945	Injection, lepirudin, 50 mg	Procedure	HCPCS
978725	0.2 ML dalteparin sodium 12500 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
978727	0.2 ML dalteparin sodium 12500 UNT/ML Prefilled Syringe [Fragmin]	Prescribing, Medication	RXCUI
978733	0.2 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
978735	0.2 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
978736	0.3 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
978737	0.3 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing, Medication	RXCUI
854228	0.3 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
854232	0.3 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Prescribing, Medication	RXCUI
854235	0.4 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
854236	0.4 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Prescribing, Medication	RXCUI
861363	0.4 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
861364	0.4 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe [Arixtra]	Prescribing, Medication	RXCUI
978740	0.5 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
978741	0.5 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing, Medication	RXCUI
861360	0.5 ML fondaparinux sodium 5 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
861362	0.5 ML fondaparinux sodium 5 MG/ML Prefilled Syringe [Arixtra]	Prescribing, Medication	RXCUI
1361853	0.5 ML heparin sodium, porcine 10000 UNT/ML Cartridge	Prescribing, Medication	RXCUI
1658634	0.5 ML heparin sodium, porcine 10000 UNT/ML Injection	Prescribing, Medication	RXCUI
2121591	0.5 ML heparin sodium, porcine 10000 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
978744	0.6 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
978745	0.6 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing, Medication	RXCUI
854238	0.6 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
854239	0.6 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Prescribing, Medication	RXCUI
861365	0.6 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
861366	0.6 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe [Arixtra]	Prescribing, Medication	RXCUI
978746	0.72 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
978747	0.72 ML dalteparin sodium 25000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing, Medication	RXCUI
854241	0.8 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
854242	0.8 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Prescribing, Medication	RXCUI
854245	0.8 ML enoxaparin sodium 150 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
854247	0.8 ML enoxaparin sodium 150 MG/ML Prefilled Syringe [Lovenox]	Prescribing, Medication	RXCUI
861356	0.8 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
861358	0.8 ML fondaparinux sodium 12.5 MG/ML Prefilled Syringe [Arixtra]	Prescribing, Medication	RXCUI
978755	1 ML dalteparin sodium 10000 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
978757	1 ML dalteparin sodium 10000 UNT/ML Prefilled Syringe [Fragmin]	Prescribing, Medication	RXCUI
854248	1 ML enoxaparin sodium 100 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
854249	1 ML enoxaparin sodium 100 MG/ML Prefilled Syringe [Lovenox]	Prescribing, Medication	RXCUI
854252	1 ML enoxaparin sodium 150 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
854253	1 ML enoxaparin sodium 150 MG/ML Prefilled Syringe [Lovenox]	Prescribing, Medication	RXCUI
1658659	1 ML heparin sodium, porcine 1000 UNT/ML Injection	Prescribing, Medication	RXCUI
1658637	1 ML heparin sodium, porcine 10000 UNT/ML Injection	Prescribing, Medication	RXCUI
1659260	1 ML heparin sodium, porcine 5000 UNT/ML Cartridge	Prescribing, Medication	RXCUI
1659263	1 ML heparin sodium, porcine 5000 UNT/ML Injection	Prescribing, Medication	RXCUI
1798389	1 ML heparin sodium, porcine 5000 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
1361577	10 ML heparin sodium, porcine 2500 UNT/ML Injection	Prescribing, Medication	RXCUI
1997017	100 ML bivalirudin 5 MG/ML Injection	Prescribing, Medication	RXCUI
1804737	125 ML argatroban 1 MG/ML Injection	Prescribing, Medication	RXCUI
1658647	2 ML heparin sodium, porcine 1000 UNT/ML Injection	Prescribing, Medication	RXCUI
308351	2.5 ML argatroban 100 MG/ML Injection	Prescribing, Medication	RXCUI
1804738	250 ML argatroban 1 MG/ML Injection	Prescribing, Medication	RXCUI
1362067	3 ML heparin sodium, porcine 2000 UNT/ML Prefilled Syringe	Prescribing, Medication	RXCUI
1361568	5 ML heparin sodium, porcine 2000 UNT/ML Injection	Prescribing, Medication	RXCUI
1804735	50 ML argatroban 1 MG/ML Injection	Prescribing, Medication	RXCUI
1997015	50 ML bivalirudin 5 MG/ML Injection	Prescribing, Medication	RXCUI
204210	Activase	Prescribing, Medication	RXCUI
1169913	Activase Injectable Product	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
8410	alteplase	Prescribing, Medication	RXCUI
1804797	alteplase 100 MG	Prescribing, Medication	RXCUI
1804800	alteplase 100 MG [Activase]	Prescribing, Medication	RXCUI
1804799	alteplase 100 MG Injection	Prescribing, Medication	RXCUI
1804802	alteplase 100 MG Injection [Activase]	Prescribing, Medication	RXCUI
1804803	alteplase 50 MG	Prescribing, Medication	RXCUI
1804805	alteplase 50 MG [Activase]	Prescribing, Medication	RXCUI
1804804	alteplase 50 MG Injection	Prescribing, Medication	RXCUI
1804806	alteplase 50 MG Injection [Activase]	Prescribing, Medication	RXCUI
1155608	alteplase Injectable Product	Prescribing, Medication	RXCUI
1804798	alteplase Injection	Prescribing, Medication	RXCUI
1804801	alteplase Injection [Activase]	Prescribing, Medication	RXCUI
285044	Angiomax	Prescribing, Medication	RXCUI
1176229	Angiomax Injectable Product	Prescribing, Medication	RXCUI
15202	argatroban	Prescribing, Medication	RXCUI
1110707	argatroban 1 MG/ML	Prescribing, Medication	RXCUI
329284	argatroban 100 MG/ML	Prescribing, Medication	RXCUI
1546207	argatroban anhydrous	Prescribing, Medication	RXCUI
1158258	argatroban Injectable Product	Prescribing, Medication	RXCUI
1804730	argatroban Injection	Prescribing, Medication	RXCUI
322155	Arixtra	Prescribing, Medication	RXCUI
1170763	Arixtra Injectable Product	Prescribing, Medication	RXCUI
60819	bivalirudin	Prescribing, Medication	RXCUI
1657990	bivalirudin 250 MG	Prescribing, Medication	RXCUI
1657993	bivalirudin 250 MG [Angiomax]	Prescribing, Medication	RXCUI
308769	bivalirudin 250 MG Injection	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
284534	bivalirudin 250 MG Injection [Angiomax]	Prescribing, Medication	RXCUI
1997014	bivalirudin 5 MG/ML	Prescribing, Medication	RXCUI
1161844	bivalirudin Injectable Product	Prescribing, Medication	RXCUI
1657991	bivalirudin Injection	Prescribing, Medication	RXCUI
1657994	bivalirudin Injection [Angiomax]	Prescribing, Medication	RXCUI
67109	dalteparin	Prescribing, Medication	RXCUI
371679	dalteparin Injectable Solution	Prescribing, Medication	RXCUI
363135	dalteparin Injectable Solution [Fragmin]	Prescribing, Medication	RXCUI
727382	dalteparin Prefilled Syringe	Prescribing, Medication	RXCUI
753110	dalteparin Prefilled Syringe [Fragmin]	Prescribing, Medication	RXCUI
82137	dalteparin sodium	Prescribing, Medication	RXCUI
978759	dalteparin sodium 10000 UNT/ML Injectable Solution	Prescribing, Medication	RXCUI
978774	dalteparin sodium 2500 UNT/ML Injectable Solution	Prescribing, Medication	RXCUI
978777	dalteparin sodium 25000 UNT/ML Injectable Solution	Prescribing, Medication	RXCUI
978778	dalteparin sodium 25000 UNT/ML Injectable Solution [Fragmin]	Prescribing, Medication	RXCUI
114934	desirudin	Prescribing, Medication	RXCUI
1807808	desirudin 15 MG	Prescribing, Medication	RXCUI
1807811	desirudin 15 MG [Iprivask]	Prescribing, Medication	RXCUI
402248	desirudin 15 MG Injection	Prescribing, Medication	RXCUI
402249	desirudin 15 MG Injection [Iprivask]	Prescribing, Medication	RXCUI
1157753	desirudin Injectable Product	Prescribing, Medication	RXCUI
1807809	desirudin Injection	Prescribing, Medication	RXCUI
1807812	desirudin Injection [Iprivask]	Prescribing, Medication	RXCUI
67108	enoxaparin	Prescribing, Medication	RXCUI
372012	enoxaparin Injectable Solution	Prescribing, Medication	RXCUI
362788	enoxaparin Injectable Solution [Lovenox]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
727722	enoxaparin Prefilled Syringe	Prescribing, Medication	RXCUI
759594	enoxaparin Prefilled Syringe [Lovenox]	Prescribing, Medication	RXCUI
221095	enoxaparin sodium	Prescribing, Medication	RXCUI
854227	enoxaparin sodium 100 MG/ML	Prescribing, Medication	RXCUI
854255	enoxaparin sodium 100 MG/ML Injectable Solution	Prescribing, Medication	RXCUI
854256	enoxaparin sodium 100 MG/ML Injectable Solution [Lovenox]	Prescribing, Medication	RXCUI
321208	fondaparinux	Prescribing, Medication	RXCUI
1165637	fondaparinux Injectable Product	Prescribing, Medication	RXCUI
727559	fondaparinux Prefilled Syringe	Prescribing, Medication	RXCUI
727561	fondaparinux Prefilled Syringe [Arixtra]	Prescribing, Medication	RXCUI
322154	fondaparinux sodium	Prescribing, Medication	RXCUI
545075	fondaparinux sodium 12.5 MG/ML	Prescribing, Medication	RXCUI
861357	fondaparinux sodium 12.5 MG/ML [Arixtra]	Prescribing, Medication	RXCUI
861359	fondaparinux sodium 5 MG/ML	Prescribing, Medication	RXCUI
861361	fondaparinux sodium 5 MG/ML [Arixtra]	Prescribing, Medication	RXCUI
281554	Fragmin	Prescribing, Medication	RXCUI
849698	heparin calcium 25000 UNT/ML	Prescribing, Medication	RXCUI
849760	heparin calcium 25000 UNT/ML Injectable Solution	Prescribing, Medication	RXCUI
1361225	heparin sodium, porcine 1000 UNT/ML	Prescribing, Medication	RXCUI
1361226	heparin sodium, porcine 1000 UNT/ML Injectable Solution	Prescribing, Medication	RXCUI
1361852	heparin sodium, porcine 10000 UNT/ML	Prescribing, Medication	RXCUI
1362831	heparin sodium, porcine 10000 UNT/ML Injectable Solution	Prescribing, Medication	RXCUI
1361567	heparin sodium, porcine 2000 UNT/ML	Prescribing, Medication	RXCUI
1361573	heparin sodium, porcine 20000 UNT/ML	Prescribing, Medication	RXCUI
1361574	heparin sodium, porcine 20000 UNT/ML Injectable Solution	Prescribing, Medication	RXCUI
1361576	heparin sodium, porcine 2500 UNT/ML	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1361614	heparin sodium, porcine 5000 UNT/ML	Prescribing, Medication	RXCUI
1361615	heparin sodium, porcine 5000 UNT/ML Injectable Solution	Prescribing, Medication	RXCUI
383613	lprivask	Prescribing, Medication	RXCUI
1176754	lprivask Injectable Product	Prescribing, Medication	RXCUI
225036	Lovenox	Prescribing, Medication	RXCUI
219642	Retavase	Prescribing, Medication	RXCUI
1182533	Retavase Injectable Product	Prescribing, Medication	RXCUI
76895	reteplase	Prescribing, Medication	RXCUI
1867708	reteplase 10 UNT	Prescribing, Medication	RXCUI
1867711	reteplase 10 UNT [Retavase]	Prescribing, Medication	RXCUI
763138	reteplase 10 UNT Injection	Prescribing, Medication	RXCUI
763141	reteplase 10 UNT Injection [Retavase]	Prescribing, Medication	RXCUI
1164834	reteplase Injectable Product	Prescribing, Medication	RXCUI
1867709	reteplase Injection	Prescribing, Medication	RXCUI
1867712	reteplase Injection [Retavase]	Prescribing, Medication	RXCUI
259280	tenecteplase	Prescribing, Medication	RXCUI
1809070	tenecteplase 50 MG	Prescribing, Medication	RXCUI
1809073	tenecteplase 50 MG [Tnkase]	Prescribing, Medication	RXCUI
313212	tenecteplase 50 MG Injection	Prescribing, Medication	RXCUI
284422	tenecteplase 50 MG Injection [Tnkase]	Prescribing, Medication	RXCUI
1164230	tenecteplase Injectable Product	Prescribing, Medication	RXCUI
1809071	tenecteplase Injection	Prescribing, Medication	RXCUI
1809074	tenecteplase Injection [Tnkase]	Prescribing, Medication	RXCUI
284879	Tnkase	Prescribing, Medication	RXCUI
1177312	Tnkase Injectable Product	Prescribing, Medication	RXCUI
1161789	warfarin Injectable Product	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
Antiplatelets			
G8598	Aspirin or another antiplatelet therapy used	Procedure	HCPCS
M1055	Aspirin or another antiplatelet therapy used	Procedure	HCPCS
G9793	Patient is currently on a daily aspirin or other antiplatelet	Procedure	HCPCS
C9460	Injection, cangrelor, 1 mg	Procedure	HCPCS
J3246	Injection, tirofiban hcl, 0.25 mg	Procedure	HCPCS
J1245	Injection, dipyridamole, per 10 mg	Procedure	HCPCS
J1327	Injection, eptifibatide, 5 mg	Procedure	HCPCS
XW03392	Introduction of Defibrotide Sodium Anticoagulant into Peripheral Vein, Percutaneous Approach, New Technology Group 2	Procedure	ICD-10-PCS
XW04392	Introduction of Defibrotide Sodium Anticoagulant into Central Vein, Percutaneous Approach, New Technology Group 2	Procedure	ICD-10-PCS
32968	clopidogrel	Prescribing, Medication	RXCUI
174742	Plavix	Prescribing, Medication	RXCUI
213169	clopidogrel 75 MG Oral Tablet [Plavix]	Prescribing, Medication	RXCUI
236991	clopidogrel bisulfate	Prescribing, Medication	RXCUI
309362	clopidogrel 75 MG Oral Tablet	Prescribing, Medication	RXCUI
329449	clopidogrel 75 MG	Prescribing, Medication	RXCUI
368301	clopidogrel Oral Tablet [Plavix]	Prescribing, Medication	RXCUI
374583	clopidogrel Oral Tablet	Prescribing, Medication	RXCUI
573094	clopidogrel 75 MG [Plavix]	Prescribing, Medication	RXCUI
749198	clopidogrel 300 MG Oral Tablet [Plavix]	Prescribing, Medication	RXCUI
749195	clopidogrel 300 MG	Prescribing, Medication	RXCUI
749196	clopidogrel 300 MG Oral Tablet	Prescribing, Medication	RXCUI
749197	clopidogrel 300 MG [Plavix]	Prescribing, Medication	RXCUI
1163766	clopidogrel Oral Product	Prescribing, Medication	RXCUI
1163767	clopidogrel Pill	Prescribing, Medication	RXCUI
1181790	Plavix Oral Product	Prescribing, Medication	RXCUI
1181791	Plavix Pill	Prescribing, Medication	RXCUI
1116632	ticagrelor	Prescribing, Medication	RXCUI
1116633	ticagrelor 90 MG	Prescribing, Medication	RXCUI
1116634	ticagrelor Oral Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1116635	ticagrelor 90 MG Oral Tablet	Prescribing, Medication	RXCUI
1116636	Brilinta	Prescribing, Medication	RXCUI
1116637	ticagrelor 90 MG [Brilinta]	Prescribing, Medication	RXCUI
1116638	ticagrelor Oral Tablet [Brilinta]	Prescribing, Medication	RXCUI
1116639	ticagrelor 90 MG Oral Tablet [Brilinta]	Prescribing, Medication	RXCUI
1157089	ticagrelor Oral Product	Prescribing, Medication	RXCUI
1157090	ticagrelor Pill	Prescribing, Medication	RXCUI
1176340	Brilinta Oral Product	Prescribing, Medication	RXCUI
1176341	Brilinta Pill	Prescribing, Medication	RXCUI
1666331	ticagrelor 60 MG	Prescribing, Medication	RXCUI
1666332	ticagrelor 60 MG Oral Tablet	Prescribing, Medication	RXCUI
1666333	ticagrelor 60 MG [Brilinta]	Prescribing, Medication	RXCUI
1666334	ticagrelor 60 MG Oral Tablet [Brilinta]	Prescribing, Medication	RXCUI
97	ticlopidine hydrochloride	Prescribing, Medication	RXCUI
10594	ticlopidine	Prescribing, Medication	RXCUI
208558	ticlopidine hydrochloride 250 MG Oral Tablet [Ticlid]	Prescribing, Medication	RXCUI
227257	Ticlid	Prescribing, Medication	RXCUI
313406	ticlopidine hydrochloride 250 MG Oral Tablet	Prescribing, Medication	RXCUI
328741	ticlopidine hydrochloride 250 MG	Prescribing, Medication	RXCUI
369232	ticlopidine Oral Tablet [Ticlid]	Prescribing, Medication	RXCUI
374131	ticlopidine Oral Tablet	Prescribing, Medication	RXCUI
569235	ticlopidine hydrochloride 250 MG [Ticlid]	Prescribing, Medication	RXCUI
1157092	ticlopidine Oral Product	Prescribing, Medication	RXCUI
1157093	ticlopidine Pill	Prescribing, Medication	RXCUI
1178492	Ticlid Oral Product	Prescribing, Medication	RXCUI
1178493	Ticlid Pill	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
613391	prasugrel	Prescribing, Medication	RXCUI
847020	prasugrel hydrochloride	Prescribing, Medication	RXCUI
855810	prasugrel 10 MG	Prescribing, Medication	RXCUI
855811	prasugrel Oral Tablet	Prescribing, Medication	RXCUI
855812	prasugrel 10 MG Oral Tablet	Prescribing, Medication	RXCUI
855814	prasugrel 10 MG [Effient]	Prescribing, Medication	RXCUI
855815	prasugrel Oral Tablet [Effient]	Prescribing, Medication	RXCUI
855816	prasugrel 10 MG Oral Tablet [Effient]	Prescribing, Medication	RXCUI
855817	prasugrel 5 MG	Prescribing, Medication	RXCUI
855818	prasugrel 5 MG Oral Tablet	Prescribing, Medication	RXCUI
855819	prasugrel 5 MG [Effient]	Prescribing, Medication	RXCUI
855820	prasugrel 5 MG Oral Tablet [Effient]	Prescribing, Medication	RXCUI
855813	Effient	Prescribing, Medication	RXCUI
1165745	prasugrel Oral Product	Prescribing, Medication	RXCUI
1165746	prasugrel Pill	Prescribing, Medication	RXCUI
1173221	Effient Oral Product	Prescribing, Medication	RXCUI
1173222	Effient Pill	Prescribing, Medication	RXCUI
1656052	cangrelor	Prescribing, Medication	RXCUI
1656051	cangrelor tetrasodium	Prescribing, Medication	RXCUI
1656061	cangrelor 50 MG Injection [Kengreal]	Prescribing, Medication	RXCUI
1656056	cangrelor 50 MG Injection	Prescribing, Medication	RXCUI
1656057	Kengreal	Prescribing, Medication	RXCUI
1656058	cangrelor 50 MG [Kengreal]	Prescribing, Medication	RXCUI
1656059	cangrelor Injection [Kengreal]	Prescribing, Medication	RXCUI
1656060	Kengreal Injectable Product	Prescribing, Medication	RXCUI
1656053	cangrelor 50 MG	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1656055	cangrelor Injection	Prescribing, Medication	RXCUI
1656054	cangrelor Injectable Product	Prescribing, Medication	RXCUI
3521	dipyridamole	Prescribing, Medication	RXCUI
197622	dipyridamole 50 MG Oral Tablet	Prescribing, Medication	RXCUI
199314	dipyridamole 100 MG Oral Tablet	Prescribing, Medication	RXCUI
203015	Persantine	Prescribing, Medication	RXCUI
206714	dipyridamole 25 MG Oral Tablet [Persantine]	Prescribing, Medication	RXCUI
207569	dipyridamole 50 MG Oral Tablet [Persantine]	Prescribing, Medication	RXCUI
208316	dipyridamole 75 MG Oral Tablet [Persantine]	Prescribing, Medication	RXCUI
226716	aspirin / dipyridamole	Prescribing, Medication	RXCUI
226718	Aggrenox	Prescribing, Medication	RXCUI
259081	12 HR aspirin 25 MG / dipyridamole 200 MG Extended Release Oral Capsule	Prescribing, Medication	RXCUI
309952	dipyridamole 25 MG Oral Tablet	Prescribing, Medication	RXCUI
309955	dipyridamole 75 MG Oral Tablet	Prescribing, Medication	RXCUI
315837	dipyridamole 25 MG	Prescribing, Medication	RXCUI
315838	dipyridamole 5 MG/ML	Prescribing, Medication	RXCUI
315839	dipyridamole 75 MG	Prescribing, Medication	RXCUI
317358	dipyridamole 50 MG	Prescribing, Medication	RXCUI
329296	dipyridamole 200 MG	Prescribing, Medication	RXCUI
331837	dipyridamole 100 MG	Prescribing, Medication	RXCUI
368100	dipyridamole Oral Tablet [Persantine]	Prescribing, Medication	RXCUI
371916	dipyridamole Extended Release Oral Capsule	Prescribing, Medication	RXCUI
371917	dipyridamole Oral Tablet	Prescribing, Medication	RXCUI
392451	dipyridamole 10 MG/ML Oral Suspension	Prescribing, Medication	RXCUI
393521	dipyridamole 10 MG/ML	Prescribing, Medication	RXCUI
393522	dipyridamole Oral Suspension	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
411653	12 HR dipyridamole 200 MG Extended Release Oral Capsule	Prescribing, Medication	RXCUI
574548	aspirin 25 MG / dipyridamole 200 MG [Aggrenox]	Prescribing, Medication	RXCUI
567526	dipyridamole 25 MG [Persantine]	Prescribing, Medication	RXCUI
568326	dipyridamole 50 MG [Persantine]	Prescribing, Medication	RXCUI
569024	dipyridamole 75 MG [Persantine]	Prescribing, Medication	RXCUI
1362082	12 HR aspirin 25 MG / dipyridamole 200 MG Extended Release Oral Capsule [Aggrenox]	Prescribing, Medication	RXCUI
1153731	aspirin / dipyridamole Oral Product	Prescribing, Medication	RXCUI
1153732	aspirin / dipyridamole Pill	Prescribing, Medication	RXCUI
1158988	dipyridamole Injectable Product	Prescribing, Medication	RXCUI
1158989	dipyridamole Oral Liquid Product	Prescribing, Medication	RXCUI
1158990	dipyridamole Oral Product	Prescribing, Medication	RXCUI
1158991	dipyridamole Pill	Prescribing, Medication	RXCUI
1172780	Aggrenox Oral Product	Prescribing, Medication	RXCUI
1172781	Aggrenox Pill	Prescribing, Medication	RXCUI
1178211	Persantine Oral Product	Prescribing, Medication	RXCUI
1178212	Persantine Pill	Prescribing, Medication	RXCUI
309953	10 ML dipyridamole 5 MG/ML Injection	Prescribing, Medication	RXCUI
1812189	dipyridamole Injection	Prescribing, Medication	RXCUI
1856540	aspirin / dipyridamole Extended Release Oral Capsule [Aggrenox]	Prescribing, Medication	RXCUI
1856538	aspirin / dipyridamole Extended Release Oral Capsule	Prescribing, Medication	RXCUI
1537034	vorapaxar	Prescribing, Medication	RXCUI
1537045	vorapaxar 2.08 MG Oral Tablet [Zontivity]	Prescribing, Medication	RXCUI
1537050	vorapaxar sulfate	Prescribing, Medication	RXCUI
1537040	Zontivity	Prescribing, Medication	RXCUI
1537041	vorapaxar 2.08 MG [Zontivity]	Prescribing, Medication	RXCUI
1537042	vorapaxar Oral Tablet [Zontivity]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1537044	Zontivity Pill	Prescribing, Medication	RXCUI
1537043	Zontivity Oral Product	Prescribing, Medication	RXCUI
1537039	vorapaxar 2.08 MG Oral Tablet	Prescribing, Medication	RXCUI
1537035	vorapaxar 2.08 MG	Prescribing, Medication	RXCUI
1537038	vorapaxar Oral Tablet	Prescribing, Medication	RXCUI
1537037	vorapaxar Pill	Prescribing, Medication	RXCUI
1537036	vorapaxar Oral Product	Prescribing, Medication	RXCUI
1191	aspirin	Prescribing, Medication	RXCUI
685589	aspirin 1.5 MG/ML Oral Solution	Prescribing, Medication	RXCUI
103863	aspirin 150 MG Rectal Suppository	Prescribing, Medication	RXCUI
103954	aspirin 75 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
104474	aspirin 75 MG Oral Tablet	Prescribing, Medication	RXCUI
104475	aspirin 75 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
104899	aspirin 300 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
1154071	aspirin Rectal Product	Prescribing, Medication	RXCUI
688214	aspirin 2.5 MG/ML Oral Solution	Prescribing, Medication	RXCUI
198461	aspirin 120 MG Rectal Suppository	Prescribing, Medication	RXCUI
198463	aspirin 200 MG Rectal Suppository	Prescribing, Medication	RXCUI
198464	aspirin 300 MG Rectal Suppository	Prescribing, Medication	RXCUI
198467	aspirin 325 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
198477	aspirin 162 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
199281	aspirin 300 MG Oral Tablet	Prescribing, Medication	RXCUI
830530	aspirin 325 MG Oral Tablet [Ascriptin]	Prescribing, Medication	RXCUI
825180	aspirin 81 MG Chewable Tablet [Bayer Aspirin]	Prescribing, Medication	RXCUI
211832	aspirin 81 MG Chewable Tablet [St. Joseph Aspirin]	Prescribing, Medication	RXCUI
1189781	aspirin 81 MG Delayed Release Oral Tablet [Ecotrin]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
211835	aspirin 81 MG Delayed Release Oral Tablet [Halfprin]	Prescribing, Medication	RXCUI
211874	aspirin 325 MG Oral Tablet [Bayer Aspirin]	Prescribing, Medication	RXCUI
211881	aspirin 325 MG Oral Tablet [Norwich Aspirin]	Prescribing, Medication	RXCUI
212033	aspirin 325 MG Oral Tablet	Prescribing, Medication	RXCUI
212086	aspirin 325 MG Delayed Release Oral Tablet [Ecotrin]	Prescribing, Medication	RXCUI
215568	Bayer Aspirin	Prescribing, Medication	RXCUI
218783	Norwich Aspirin	Prescribing, Medication	RXCUI
220011	St. Joseph Aspirin	Prescribing, Medication	RXCUI
1154069	aspirin Oral Product	Prescribing, Medication	RXCUI
243670	aspirin 81 MG Oral Tablet	Prescribing, Medication	RXCUI
749795	aspirin 81 MG Delayed Release Oral Tablet [St. Joseph Aspirin]	Prescribing, Medication	RXCUI
308403	aspirin 165 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
308416	aspirin 81 MG Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
315413	aspirin 150 MG	Prescribing, Medication	RXCUI
315414	aspirin 165 MG	Prescribing, Medication	RXCUI
315418	aspirin 300 MG	Prescribing, Medication	RXCUI
315420	aspirin 356.4 MG	Prescribing, Medication	RXCUI
315422	aspirin 400 MG	Prescribing, Medication	RXCUI
315425	aspirin 60 MG	Prescribing, Medication	RXCUI
315429	aspirin 75 MG	Prescribing, Medication	RXCUI
315431	aspirin 81 MG	Prescribing, Medication	RXCUI
317297	aspirin 120 MG	Prescribing, Medication	RXCUI
317298	aspirin 162 MG	Prescribing, Medication	RXCUI
317299	aspirin 200 MG	Prescribing, Medication	RXCUI
317300	aspirin 325 MG	Prescribing, Medication	RXCUI
318272	aspirin 81 MG Chewable Tablet	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
329295	aspirin 25 MG	Prescribing, Medication	RXCUI
329547	aspirin 228 MG	Prescribing, Medication	RXCUI
333834	aspirin 60 MG Chewable Tablet	Prescribing, Medication	RXCUI
335933	aspirin 389 MG	Prescribing, Medication	RXCUI
335953	aspirin 250 MG	Prescribing, Medication	RXCUI
335993	aspirin 210 MG	Prescribing, Medication	RXCUI
336010	aspirin 385 MG	Prescribing, Medication	RXCUI
336028	aspirin 230 MG	Prescribing, Medication	RXCUI
336430	aspirin 227 MG	Prescribing, Medication	RXCUI
830524	aspirin Oral Tablet [Ascriptin]	Prescribing, Medication	RXCUI
368457	aspirin Oral Tablet [Bayer Aspirin]	Prescribing, Medication	RXCUI
368468	aspirin Oral Tablet [Norwich Aspirin]	Prescribing, Medication	RXCUI
369693	aspirin Chewable Tablet [St. Joseph Aspirin]	Prescribing, Medication	RXCUI
369814	aspirin Delayed Release Oral Tablet [Ecotrin]	Prescribing, Medication	RXCUI
369817	aspirin Delayed Release Oral Tablet [Halfprin]	Prescribing, Medication	RXCUI
370609	aspirin Rectal Suppository	Prescribing, Medication	RXCUI
370611	aspirin Oral Tablet	Prescribing, Medication	RXCUI
370612	aspirin Extended Release Oral Tablet	Prescribing, Medication	RXCUI
370614	aspirin Chewable Tablet	Prescribing, Medication	RXCUI
370939	aspirin Delayed Release Oral Tablet	Prescribing, Medication	RXCUI
370940	aspirin Oral Capsule	Prescribing, Medication	RXCUI
375972	aspirin Oral Solution	Prescribing, Medication	RXCUI
376394	aspirin Extended Release Oral Capsule	Prescribing, Medication	RXCUI
379422	aspirin Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
379497	aspirin Oral Powder	Prescribing, Medication	RXCUI
387090	aspirin 325 MG Delayed Release Oral Tablet [Bayer Aspirin]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
393300	aspirin Delayed Release Oral Tablet [Bayer Aspirin]	Prescribing, Medication	RXCUI
405802	aspirin Delayed Release Oral Capsule	Prescribing, Medication	RXCUI
433353	aspirin 300 MG Chewable Tablet	Prescribing, Medication	RXCUI
572163	aspirin 81 MG [St. Joseph Aspirin]	Prescribing, Medication	RXCUI
1189780	aspirin 81 MG [Ecotrin]	Prescribing, Medication	RXCUI
572166	aspirin 81 MG [Halfprin]	Prescribing, Medication	RXCUI
572203	aspirin 325 MG [Bayer Aspirin]	Prescribing, Medication	RXCUI
572210	aspirin 325 MG [Norwich Aspirin]	Prescribing, Medication	RXCUI
572393	aspirin 325 MG [Ecotrin]	Prescribing, Medication	RXCUI
647977	aspirin 360 MG	Prescribing, Medication	RXCUI
685588	aspirin 1.5 MG/ML	Prescribing, Medication	RXCUI
688213	aspirin 2.5 MG/ML	Prescribing, Medication	RXCUI
794229	aspirin 81 MG Delayed Release Oral Tablet [Bayer Aspirin]	Prescribing, Medication	RXCUI
747236	aspirin 81 MG Disintegrating Oral Tablet [Fasprin]	Prescribing, Medication	RXCUI
747211	aspirin 81 MG Disintegrating Oral Tablet	Prescribing, Medication	RXCUI
747234	aspirin 81 MG [Fasprin]	Prescribing, Medication	RXCUI
747235	aspirin Disintegrating Oral Tablet [Fasprin]	Prescribing, Medication	RXCUI
749794	aspirin Delayed Release Oral Tablet [St. Joseph Aspirin]	Prescribing, Medication	RXCUI
794228	aspirin 81 MG [Bayer Aspirin]	Prescribing, Medication	RXCUI
830529	aspirin 325 MG [Ascriptin]	Prescribing, Medication	RXCUI
847089	aspirin 81 MG [Miniprin]	Prescribing, Medication	RXCUI
863185	aspirin 410 MG	Prescribing, Medication	RXCUI
900469	aspirin 1 MG/MG	Prescribing, Medication	RXCUI
900470	aspirin 1 MG/MG Oral Powder	Prescribing, Medication	RXCUI
1001474	aspirin 325 MG [Ecpirin]	Prescribing, Medication	RXCUI
1001475	aspirin Delayed Release Oral Tablet [Ecpirin]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1001476	aspirin 325 MG Delayed Release Oral Tablet [Ecpirin]	Prescribing, Medication	RXCUI
1050241	aspirin 325 MG Oral Powder	Prescribing, Medication	RXCUI
1052677	aspirin Delayed Release Oral Tablet [Miniprin]	Prescribing, Medication	RXCUI
1052678	aspirin 81 MG Delayed Release Oral Tablet [Miniprin]	Prescribing, Medication	RXCUI
1154068	aspirin Oral Liquid Product	Prescribing, Medication	RXCUI
1154070	aspirin Pill	Prescribing, Medication	RXCUI
1168628	Bayer Aspirin Oral Product	Prescribing, Medication	RXCUI
1168631	Bayer Aspirin Pill	Prescribing, Medication	RXCUI
1177581	Norwich Aspirin Oral Product	Prescribing, Medication	RXCUI
1177582	Norwich Aspirin Pill	Prescribing, Medication	RXCUI
1177786	St. Joseph Aspirin Oral Product	Prescribing, Medication	RXCUI
1177787	St. Joseph Aspirin Pill	Prescribing, Medication	RXCUI
1293661	aspirin 81 MG [Aspir-Low]	Prescribing, Medication	RXCUI
1293662	aspirin Delayed Release Oral Tablet [Aspir-Low]	Prescribing, Medication	RXCUI
1293665	aspirin 81 MG Delayed Release Oral Tablet [Aspir-Low]	Prescribing, Medication	RXCUI
1294937	aspirin Chewable Product	Prescribing, Medication	RXCUI
1295715	aspirin Disintegrating Oral Product	Prescribing, Medication	RXCUI
1295740	aspirin Oral Powder Product	Prescribing, Medication	RXCUI
1295926	St. Joseph Aspirin Chewable Product	Prescribing, Medication	RXCUI
1295996	Bayer Aspirin Chewable Product	Prescribing, Medication	RXCUI
1433630	aspirin 120 MG Chewable Tablet	Prescribing, Medication	RXCUI
1535484	aspirin 81 MG Oral Film	Prescribing, Medication	RXCUI
1600991	aspirin 81 MG Delayed Release Oral Tablet [Aspi-Cor]	Prescribing, Medication	RXCUI
1600987	aspirin 81 MG [Aspi-Cor]	Prescribing, Medication	RXCUI
1600988	aspirin Delayed Release Oral Tablet [Aspi-Cor]	Prescribing, Medication	RXCUI
1665355	aspirin 162.5 MG	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1665356	24 HR aspirin 162.5 MG Extended Release Oral Capsule	Prescribing, Medication	RXCUI
1665358	aspirin 162.5 MG [Durlaza]	Prescribing, Medication	RXCUI
1665359	aspirin Extended Release Oral Capsule [Durlaza]	Prescribing, Medication	RXCUI
1665362	24 HR aspirin 162.5 MG Extended Release Oral Capsule [Durlaza]	Prescribing, Medication	RXCUI
1673786	aspirin 220 MG	Prescribing, Medication	RXCUI
202554	Ecotrin	Prescribing, Medication	RXCUI
215431	Aspir-Low	Prescribing, Medication	RXCUI
217481	Halfprin	Prescribing, Medication	RXCUI
847088	Miniprin	Prescribing, Medication	RXCUI
1176688	Halfprin Oral Product	Prescribing, Medication	RXCUI
1176689	Halfprin Pill	Prescribing, Medication	RXCUI
1179769	Miniprin Oral Product	Prescribing, Medication	RXCUI
1179770	Miniprin Pill	Prescribing, Medication	RXCUI
1293663	Aspir-Low Oral Product	Prescribing, Medication	RXCUI
1293664	Aspir-Low Pill	Prescribing, Medication	RXCUI
1665357	Durlaza	Prescribing, Medication	RXCUI
1665360	Durlaza Oral Product	Prescribing, Medication	RXCUI
1665361	Durlaza Pill	Prescribing, Medication	RXCUI
242461	cilostazol 100 MG Oral Tablet	Prescribing, Medication	RXCUI
242462	cilostazol 50 MG Oral Tablet	Prescribing, Medication	RXCUI
261116	cilostazol 100 MG Oral Tablet [Pletal]	Prescribing, Medication	RXCUI
284370	Pletal 50 MG Oral Tablet	Prescribing, Medication	RXCUI
1163137	cilostazol Oral Product	Prescribing, Medication	RXCUI
1163138	cilostazol Pill	Prescribing, Medication	RXCUI
21107	cilostazol	Prescribing, Medication	RXCUI
315675	cilostazol 100 MG	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
315676	cilostazol 50 MG	Prescribing, Medication	RXCUI
368249	cilostazol Oral Tablet [Pletal]	Prescribing, Medication	RXCUI
371508	cilostazol Oral Tablet	Prescribing, Medication	RXCUI
574361	cilostazol 100 MG [Pletal]	Prescribing, Medication	RXCUI
574820	cilostazol 50 MG [Pletal]	Prescribing, Medication	RXCUI
Convalescent Plasma			
XW13325	Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW14325	Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous Approach, New Technology Group 6	Procedure	ICD-10-PCS
Hydroxychloroquine			
202462	PLAQUENIL	Prescribing, Medication	RXCUI
219565	QUINEPROX	Prescribing, Medication	RXCUI
5521	HYDROXYCHLOROQUINE	Prescribing, Medication	RXCUI
153972	HYDROXYCHLOROQUINE SULFATE	Prescribing, Medication	RXCUI
202317	HYDROXYCHLOROQUINE 200 MG ORAL TABLET [PLAQUENIL]	Prescribing, Medication	RXCUI
206630	HYDROXYCHLOROQUINE 200 MG ORAL TABLET [QUINEPROX]	Prescribing, Medication	RXCUI
979094	HYDROXYCHLOROQUINE SULFATE 200 MG ORAL TABLET [PLAQUENIL]	Prescribing, Medication	RXCUI
979097	HYDROXYCHLOROQUINE SULFATE 200 MG ORAL TABLET [QUINEPROX]	Prescribing, Medication	RXCUI
566152	HYDROXYCHLOROQUINE 200 MG [PLAQUENIL]	Prescribing, Medication	RXCUI
567454	HYDROXYCHLOROQUINE 200 MG [QUINEPROX]	Prescribing, Medication	RXCUI
979093	HYDROXYCHLOROQUINE SULFATE 200 MG [PLAQUENIL]	Prescribing, Medication	RXCUI
979096	HYDROXYCHLOROQUINE SULFATE 200 MG [QUINEPROX]	Prescribing, Medication	RXCUI
368893	HYDROXYCHLOROQUINE ORAL TABLET [QUINEPROX]	Prescribing, Medication	RXCUI
93787	HYDROXYCHLOROQUINE ORAL TABLET [PLAQUENIL]	Prescribing, Medication	RXCUI
1181266	PLAQUENIL ORAL PRODUCT	Prescribing, Medication	RXCUI
1181267	PLAQUENIL PILL	Prescribing, Medication	RXCUI
1185918	QUINEPROX ORAL PRODUCT	Prescribing, Medication	RXCUI
1185919	QUINEPROX PILL	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1119312	HYDROXYCHLOROQUINE SULFATE 400 MG ORAL TABLET	Prescribing, Medication	RXCUI
197796	HYDROXYCHLOROQUINE 200 MG ORAL TABLET	Prescribing, Medication	RXCUI
433859	HYDROXYCHLOROQUINE 400 MG ORAL TABLET	Prescribing, Medication	RXCUI
979092	HYDROXYCHLOROQUINE SULFATE 200 MG ORAL TABLET	Prescribing, Medication	RXCUI
1119311	HYDROXYCHLOROQUINE SULFATE 400 MG	Prescribing, Medication	RXCUI
329852	HYDROXYCHLOROQUINE 200 MG	Prescribing, Medication	RXCUI
440422	HYDROXYCHLOROQUINE 400 MG	Prescribing, Medication	RXCUI
979091	HYDROXYCHLOROQUINE SULFATE 200 MG	Prescribing, Medication	RXCUI
370656	HYDROXYCHLOROQUINE ORAL TABLET	Prescribing, Medication	RXCUI
1164627	HYDROXYCHLOROQUINE ORAL PRODUCT	Prescribing, Medication	RXCUI
1164628	HYDROXYCHLOROQUINE PILL	Prescribing, Medication	RXCUI
Chloroquine			
J0390	Injection, chloroquine hydrochloride, up to 250 mg	Procedure	HCPCS
215391	ARALEN HYDROCHLORIDE	Prescribing, Medication	RXCUI
215392	ARALEN PHOSPHATE	Prescribing, Medication	RXCUI
226389	MALARIVON	Prescribing, Medication	RXCUI
2393	CHLOROQUINE	Prescribing, Medication	RXCUI
484572	CHLOROQUINE HYDROCHLORIDE	Prescribing, Medication	RXCUI
689303	CHLOROQUINE / PRIMAQUINE	Prescribing, Medication	RXCUI
203119	CHLOROQUINE SULFATE	Prescribing, Medication	RXCUI
20863	CHLOROQUINE PHOSPHATE	Prescribing, Medication	RXCUI
451796	CHLOROQUINE HYDROCHLORIDE	Prescribing, Medication	RXCUI
102821	CHLOROQUINE 50 MG/ML SYRUP [MALARIVON]	Prescribing, Medication	RXCUI
108543	CHLOROQUINE 40 MG/ML INJECTABLE SOLUTION [NIVAQUINE]	Prescribing, Medication	RXCUI
1116756	CHLOROQUINE HYDROCHLORIDE 50 MG/ML INJECTABLE SOLUTION [ARALEN HYDROCHLORIDE]	Prescribing, Medication	RXCUI
1116760	CHLOROQUINE PHOSPHATE 500 MG ORAL TABLET [ARALEN PHOSPHATE]	Prescribing, Medication	RXCUI
213353	CHLOROQUINE 50 MG/ML INJECTABLE SOLUTION [ARALEN HYDROCHLORIDE]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
213378	CHLOROQUINE 500 MG ORAL TABLET [ARALEN PHOSPHATE]	Prescribing, Medication	RXCUI
540221	CHLOROQUINE 500 MG ORAL TABLET [CLOROQUINE]	Prescribing, Medication	RXCUI
754877	CHLOROQUINE 50 MG/ML ORAL SOLUTION [MALARIVON]	Prescribing, Medication	RXCUI
1116755	CHLOROQUINE HYDROCHLORIDE 50 MG/ML [ARALEN HYDROCHLORIDE]	Prescribing, Medication	RXCUI
1116759	CHLOROQUINE PHOSPHATE 500 MG [ARALEN PHOSPHATE]	Prescribing, Medication	RXCUI
540219	CHLOROQUINE 500 MG [CLOROQUINE]	Prescribing, Medication	RXCUI
563148	CHLOROQUINE 50 MG/ML [MALARIVON]	Prescribing, Medication	RXCUI
564563	CHLOROQUINE 40 MG/ML [NIVAQUINE]	Prescribing, Medication	RXCUI
573248	CHLOROQUINE 50 MG/ML [ARALEN HYDROCHLORIDE]	Prescribing, Medication	RXCUI
573272	CHLOROQUINE 500 MG [ARALEN PHOSPHATE]	Prescribing, Medication	RXCUI
362759	CHLOROQUINE INJECTABLE SOLUTION [NIVAQUINE]	Prescribing, Medication	RXCUI
365284	CHLOROQUINE SYRUP [MALARIVON]	Prescribing, Medication	RXCUI
368265	CHLOROQUINE ORAL TABLET [ARALEN PHOSPHATE]	Prescribing, Medication	RXCUI
540220	CHLOROQUINE ORAL TABLET [CLOROQUINE]	Prescribing, Medication	RXCUI
756409	CHLOROQUINE ORAL SOLUTION [MALARIVON]	Prescribing, Medication	RXCUI
91840	CHLOROQUINE INJECTABLE SOLUTION [ARALEN HYDROCHLORIDE]	Prescribing, Medication	RXCUI
1170090	ARALEN HYDROCHLORIDE INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1170091	ARALEN PHOSPHATE ORAL PRODUCT	Prescribing, Medication	RXCUI
1170092	ARALEN PHOSPHATE PILL	Prescribing, Medication	RXCUI
1179719	MALARIVON ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1179720	MALARIVON ORAL PRODUCT	Prescribing, Medication	RXCUI
105334	CHLOROQUINE 40 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1116754	CHLOROQUINE HYDROCHLORIDE 50 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1116758	CHLOROQUINE PHOSPHATE 500 MG ORAL TABLET	Prescribing, Medication	RXCUI
1117346	CHLOROQUINE PHOSPHATE 16 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
1117351	CHLOROQUINE SULFATE 13.6 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1117353	CHLOROQUINE SULFATE 200 MG ORAL TABLET	Prescribing, Medication	RXCUI
1117531	CHLOROQUINE PHOSPHATE 250 MG ORAL TABLET	Prescribing, Medication	RXCUI
1119304	CHLOROQUINE SULFATE 200 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
1119306	CHLOROQUINE PHOSPHATE 25 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
1119308	CHLOROQUINE PHOSPHATE 500 MG / PRIMAQUINE PHOSPHATE 79 MG ORAL TABLET	Prescribing, Medication	RXCUI
1119310	CHLOROQUINE SULFATE 54.5 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1119497	CHLOROQUINE PHOSPHATE 81 MG ORAL TABLET	Prescribing, Medication	RXCUI
197474	CHLOROQUINE 250 MG ORAL TABLET	Prescribing, Medication	RXCUI
226388	CHLOROQUINE 16 MG/ML SYRUP	Prescribing, Medication	RXCUI
249571	CHLOROQUINE 100 MG ORAL TABLET	Prescribing, Medication	RXCUI
249663	CHLOROQUINE 200 MG ORAL TABLET	Prescribing, Medication	RXCUI
249789	CHLOROQUINE 7.5 MG/ML SYRUP	Prescribing, Medication	RXCUI
250175	CHLOROQUINE 10 MG/ML SYRUP	Prescribing, Medication	RXCUI
251714	CHLOROQUINE 200 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
251716	CHLOROQUINE 150 MG ORAL TABLET	Prescribing, Medication	RXCUI
261104	CHLOROQUINE 500 MG ORAL TABLET	Prescribing, Medication	RXCUI
309195	CHLOROQUINE 50 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
309196	CHLOROQUINE 500 MG / PRIMAQUINE 79 MG ORAL TABLET	Prescribing, Medication	RXCUI
413761	CHLOROQUINE 54.4 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
422430	CHLOROQUINE 24.3 MG/ML ORAL SUSPENSION	Prescribing, Medication	RXCUI
426977	CHLOROQUINE 25 MG/ML SYRUP	Prescribing, Medication	RXCUI
426986	CHLOROQUINE 5 MG/ML SYRUP	Prescribing, Medication	RXCUI
429878	CHLOROQUANIDE 100 MG / CHLOROQUINE 250 MG ORAL TABLET	Prescribing, Medication	RXCUI
432898	CHLOROQUINE 300 MG ORAL TABLET	Prescribing, Medication	RXCUI
433862	CHLOROQUINE 81 MG ORAL TABLET	Prescribing, Medication	RXCUI
484045	CHLOROQUINE 54.5 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
562006	CHLOROQUINE 50 MG/ML SYRUP	Prescribing, Medication	RXCUI
755534	CHLOROQUINE 7.5 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
755624	CHLOROQUINE 10 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
755625	CHLOROQUINE 16 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
755626	CHLOROQUINE 25 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
755627	CHLOROQUINE 5 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
755628	CHLOROQUINE 50 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
1116753	CHLOROQUINE HYDROCHLORIDE 50 MG/ML	Prescribing, Medication	RXCUI
1116757	CHLOROQUINE PHOSPHATE 500 MG	Prescribing, Medication	RXCUI
1117345	CHLOROQUINE PHOSPHATE 16 MG/ML	Prescribing, Medication	RXCUI
1117350	CHLOROQUINE SULFATE 13.6 MG/ML	Prescribing, Medication	RXCUI
1117352	CHLOROQUINE SULFATE 200 MG	Prescribing, Medication	RXCUI
1117530	CHLOROQUINE PHOSPHATE 250 MG	Prescribing, Medication	RXCUI
1119305	CHLOROQUINE PHOSPHATE 25 MG/ML	Prescribing, Medication	RXCUI
1119309	CHLOROQUINE SULFATE 54.5 MG/ML	Prescribing, Medication	RXCUI
1119496	CHLOROQUINE PHOSPHATE 81 MG	Prescribing, Medication	RXCUI
329403	CHLOROQUINE 250 MG	Prescribing, Medication	RXCUI
329404	CHLOROQUINE 50 MG/ML	Prescribing, Medication	RXCUI
329405	CHLOROQUINE 500 MG	Prescribing, Medication	RXCUI
332778	CHLOROQUINE 7.5 MG/ML	Prescribing, Medication	RXCUI
332779	CHLOROQUINE 150 MG	Prescribing, Medication	RXCUI
332780	CHLOROQUINE 200 MG	Prescribing, Medication	RXCUI
332781	CHLOROQUINE 10 MG/ML	Prescribing, Medication	RXCUI
332782	CHLOROQUINE 100 MG	Prescribing, Medication	RXCUI
360917	CHLOROQUINE 40 MG/ML	Prescribing, Medication	RXCUI
385597	CHLOROQUINE 16 MG/ML	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
438455	CHLOROQUINE 25 MG/ML	Prescribing, Medication	RXCUI
438456	CHLOROQUINE 81 MG	Prescribing, Medication	RXCUI
438457	CHLOROQUINE 24.3 MG/ML	Prescribing, Medication	RXCUI
438460	CHLOROQUINE 5 MG/ML	Prescribing, Medication	RXCUI
438461	CHLOROQUINE 300 MG	Prescribing, Medication	RXCUI
438477	CHLOROQUINE 54.4 MG/ML	Prescribing, Medication	RXCUI
484044	CHLOROQUINE 54.5 MG/ML	Prescribing, Medication	RXCUI
371404	CHLOROQUINE / PRIMAQUINE ORAL TABLET	Prescribing, Medication	RXCUI
371405	CHLOROQUINE INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
371406	CHLOROQUINE SYRUP	Prescribing, Medication	RXCUI
371407	CHLOROQUINE ORAL TABLET	Prescribing, Medication	RXCUI
371408	CHLOROQUINE ORAL CAPSULE	Prescribing, Medication	RXCUI
438458	CHLOROQUINE ORAL SUSPENSION	Prescribing, Medication	RXCUI
756408	CHLOROQUINE ORAL SOLUTION	Prescribing, Medication	RXCUI
1153855	CHLOROQUINE / PRIMAQUINE ORAL PRODUCT	Prescribing, Medication	RXCUI
1153856	CHLOROQUINE / PRIMAQUINE PILL	Prescribing, Medication	RXCUI
1153859	CHLOROQUINE INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1153860	CHLOROQUINE ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1153861	CHLOROQUINE ORAL PRODUCT	Prescribing, Medication	RXCUI
1153862	CHLOROQUINE PILL	Prescribing, Medication	RXCUI
Hospitalized Stroke/TIA			
G45	Transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G450	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G451	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G452	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G453	Amaurosis fugax	Diagnosis	ICD-10-CM
G454	Transient global amnesia	Diagnosis	ICD-10-CM
G458	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G459	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46	Vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
G460	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM
G461	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
G462	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G463	Brain stem stroke syndrome	Diagnosis	ICD-10-CM
G464	Cerebellar stroke syndrome	Diagnosis	ICD-10-CM
G465	Pure motor lacunar syndrome	Diagnosis	ICD-10-CM
G466	Pure sensory lacunar syndrome	Diagnosis	ICD-10-CM
G467	Other lacunar syndromes	Diagnosis	ICD-10-CM
G468	Other vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
I60	Nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I600	Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I6000	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I6001	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I6002	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I601	Nontraumatic subarachnoid hemorrhage from middle cerebral artery	Diagnosis	ICD-10-CM
I6010	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6011	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I6012	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I602	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
I6020	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery	Diagnosis	ICD-10-CM
I6021	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery	Diagnosis	ICD-10-CM
I6022	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery	Diagnosis	ICD-10-CM
I603	Nontraumatic subarachnoid hemorrhage from posterior communicating artery	Diagnosis	ICD-10-CM
I6030	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	Diagnosis	ICD-10-CM
I6031	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I6032	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I604	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
I605	Nontraumatic subarachnoid hemorrhage from vertebral artery	Diagnosis	ICD-10-CM
I6050	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
I6051	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
I6052	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
I606	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
I607	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
I608	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I609	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I61	Nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I610	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I611	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I612	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I613	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
I614	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I615	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I616	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
I618	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I619	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62	Other and unspecified nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I620	Nontraumatic subdural hemorrhage	Diagnosis	ICD-10-CM
I6200	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
I6201	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM
I6202	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
I6203	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
I621	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
I629	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63	Cerebral infarction	Diagnosis	ICD-10-CM
I630	Cerebral infarction due to thrombosis of precerebral arteries	Diagnosis	ICD-10-CM
I6300	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I6301	Cerebral infarction due to thrombosis of vertebral artery	Diagnosis	ICD-10-CM
I63011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
I63012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
I63013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I6302	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
I6303	Cerebral infarction due to thrombosis of carotid artery	Diagnosis	ICD-10-CM
I63031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I6309	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I631	Cerebral infarction due to embolism of precerebral arteries	Diagnosis	ICD-10-CM
I6310	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I6311	Cerebral infarction due to embolism of vertebral artery	Diagnosis	ICD-10-CM
I63111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I6312	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I6313	Cerebral infarction due to embolism of carotid artery	Diagnosis	ICD-10-CM
I63131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I6319	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I632	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I6320	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	Diagnosis	ICD-10-CM
I6321	Cerebral infarction due to unspecified occlusion or stenosis of vertebral arteries	Diagnosis	ICD-10-CM
I63211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I6322	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I6323	Cerebral infarction due to unspecified occlusion or stenosis of carotid arteries	Diagnosis	ICD-10-CM
I63231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
I63232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
I63233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I6329	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I633	Cerebral infarction due to thrombosis of cerebral arteries	Diagnosis	ICD-10-CM
I6330	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I6331	Cerebral infarction due to thrombosis of middle cerebral artery	Diagnosis	ICD-10-CM
I63311	Cerebral infarction due to thrombosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63312	Cerebral infarction due to thrombosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6332	Cerebral infarction due to thrombosis of anterior cerebral artery	Diagnosis	ICD-10-CM
I63321	Cerebral infarction due to thrombosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63322	Cerebral infarction due to thrombosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I6333	Cerebral infarction due to thrombosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I63331	Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I63333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I6334	Cerebral infarction due to thrombosis of cerebellar artery	Diagnosis	ICD-10-CM
I63341	Cerebral infarction due to thrombosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63342	Cerebral infarction due to thrombosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I6339	Cerebral infarction due to thrombosis of other cerebral artery	Diagnosis	ICD-10-CM
I634	Cerebral infarction due to embolism of cerebral arteries	Diagnosis	ICD-10-CM
I6340	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I6341	Cerebral infarction due to embolism of middle cerebral artery	Diagnosis	ICD-10-CM
I63411	Cerebral infarction due to embolism of right middle cerebral artery	Diagnosis	ICD-10-CM
I63412	Cerebral infarction due to embolism of left middle cerebral artery	Diagnosis	ICD-10-CM
I63413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63419	Cerebral infarction due to embolism of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6342	Cerebral infarction due to embolism of anterior cerebral artery	Diagnosis	ICD-10-CM
I63421	Cerebral infarction due to embolism of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63422	Cerebral infarction due to embolism of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I6343	Cerebral infarction due to embolism of posterior cerebral artery	Diagnosis	ICD-10-CM
I63431	Cerebral infarction due to embolism of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63432	Cerebral infarction due to embolism of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I6344	Cerebral infarction due to embolism of cerebellar artery	Diagnosis	ICD-10-CM
I63441	Cerebral infarction due to embolism of right cerebellar artery	Diagnosis	ICD-10-CM
I63442	Cerebral infarction due to embolism of left cerebellar artery	Diagnosis	ICD-10-CM
I63443	Cerebral infarction due to embolism of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63449	Cerebral infarction due to embolism of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I6349	Cerebral infarction due to embolism of other cerebral artery	Diagnosis	ICD-10-CM
I635	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	Diagnosis	ICD-10-CM
I6350	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I6351	Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I63511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6352	Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery	Diagnosis	ICD-10-CM
I63521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I6353	Cerebral infarction due to unspecified occlusion or stenosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I63531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I6354	Cerebral infarction due to unspecified occlusion or stenosis of cerebellar artery	Diagnosis	ICD-10-CM
I63541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I6359	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I636	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I638	Other cerebral infarction	Diagnosis	ICD-10-CM
I6381	Other cerebral infarction due to occlusion or stenosis of small artery	Diagnosis	ICD-10-CM
I6389	Other cerebral infarction	Diagnosis	ICD-10-CM
I639	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
Other Hospitalized Cerebrovascular Disease (CVD)			
I65	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
I65.0	Occlusion and stenosis of vertebral artery	Diagnosis	ICD-10-CM
I65.01	Occlusion and stenosis of right vertebral artery	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I65.02	Occlusion and stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I65.03	Occlusion and stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I65.09	Occlusion and stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I65.1	Occlusion and stenosis of basilar artery	Diagnosis	ICD-10-CM
I65.2	Occlusion and stenosis of carotid artery	Diagnosis	ICD-10-CM
I65.21	Occlusion and stenosis of right carotid artery	Diagnosis	ICD-10-CM
I65.22	Occlusion and stenosis of left carotid artery	Diagnosis	ICD-10-CM
I65.23	Occlusion and stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I65.29	Occlusion and stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I65.8	Occlusion and stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I65.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I66	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
I66.0	Occlusion and stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
I66.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I66.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I66.1	Occlusion and stenosis of anterior cerebral artery	Diagnosis	ICD-10-CM
I66.11	Occlusion and stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I66.12	Occlusion and stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I66.2	Occlusion and stenosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I66.21	Occlusion and stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I66.22	Occlusion and stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I66.3	Occlusion and stenosis of cerebellar arteries	Diagnosis	ICD-10-CM
I66.8	Occlusion and stenosis of other cerebral arteries	Diagnosis	ICD-10-CM
I66.9	Occlusion and stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I67	Other cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.0	Dissection of cerebral arteries, nonruptured	Diagnosis	ICD-10-CM
I67.1	Cerebral aneurysm, nonruptured	Diagnosis	ICD-10-CM
I67.2	Cerebral atherosclerosis	Diagnosis	ICD-10-CM
I67.3	Progressive vascular leukoencephalopathy	Diagnosis	ICD-10-CM
I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
I67.5	Moyamoya disease	Diagnosis	ICD-10-CM
I67.6	Nonpyogenic thrombosis of intracranial venous system	Diagnosis	ICD-10-CM
I67.7	Cerebral arteritis, not elsewhere classified	Diagnosis	ICD-10-CM
I67.8	Other specified cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.81	Acute cerebrovascular insufficiency	Diagnosis	ICD-10-CM
I67.82	Cerebral ischemia	Diagnosis	ICD-10-CM
I67.83	Posterior reversible encephalopathy syndrome	Diagnosis	ICD-10-CM
I67.84	Cerebral vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
I67.841	Reversible cerebrovascular vasoconstriction syndrome	Diagnosis	ICD-10-CM
I67.848	Other cerebrovascular vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
I67.85	Hereditary cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy	Diagnosis	ICD-10-CM
I67.858	Other hereditary cerebrovascular disease	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I67.9	Cerebrovascular disease, unspecified	Diagnosis	ICD-10-CM
I68	Cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I68.0	Cerebral amyloid angiopathy	Diagnosis	ICD-10-CM
I68.2	Cerebral arteritis in other diseases classified elsewhere	Diagnosis	ICD-10-CM
I68.8	Other cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I69	Sequelae of cerebrovascular disease	Diagnosis	ICD-10-CM
I69.0	Sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.01	Cognitive deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.2	Sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.22	Speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.23	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.24	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.25	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.26	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.29	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.3	Sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.32	Speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.33	Monoplegia of upper limb following cerebral infarction	Diagnosis	ICD-10-CM
I69.34	Monoplegia of lower limb following cerebral infarction	Diagnosis	ICD-10-CM
I69.35	Hemiplegia and hemiparesis following cerebral infarction	Diagnosis	ICD-10-CM
I69.36	Other paralytic syndrome following cerebral infarction	Diagnosis	ICD-10-CM
I69.39	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.02	Speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.03	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.04	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.05	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.06	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.09	Other sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.1	Sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.11	Cognitive deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.12	Speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.13	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.14	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.15	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.16	Other paralytic syndrome following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.19	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.21	Cognitive deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.290	Apraxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.293	Ataxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.31	Cognitive deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.310	Attention and concentration deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.311	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
I69.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.321	Dysphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CM
I69.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CM
I69.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.390	Apraxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.391	Dysphagia following cerebral infarction	Diagnosis	ICD-10-CM
I69.392	Facial weakness following cerebral infarction	Diagnosis	ICD-10-CM
I69.393	Ataxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.398	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.8	Sequelae of other cerebrovascular diseases	Diagnosis	ICD-10-CM
I69.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.81	Cognitive deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.82	Speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.820	Aphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.821	Dysphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.822	Dysarthria following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.823	Fluency disorder following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.828	Other speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.83	Monoplegia of upper limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.84	Monoplegia of lower limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.85	Hemiplegia and hemiparesis following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.86	Other paralytic syndrome following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.89	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.890	Apraxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.891	Dysphagia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.892	Facial weakness following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.893	Ataxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.898	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.9	Sequelae of unspecified cerebrovascular diseases	Diagnosis	ICD-10-CM
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.91	Cognitive deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.92	Speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.920	Aphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.921	Dysphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.922	Dysarthria following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.923	Fluency disorder following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.93	Monoplegia of upper limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.94	Monoplegia of lower limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.95	Hemiplegia and hemiparesis following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.96	Other paralytic syndrome following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.99	Other sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
Non-Hospitalized Stroke, TIA, CVD			
G45	Transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G450	Vertebro-basilar artery syndrome	Diagnosis	ICD-10-CM
G451	Carotid artery syndrome (hemispheric)	Diagnosis	ICD-10-CM
G452	Multiple and bilateral precerebral artery syndromes	Diagnosis	ICD-10-CM
G453	Amaurosis fugax	Diagnosis	ICD-10-CM
G454	Transient global amnesia	Diagnosis	ICD-10-CM
G458	Other transient cerebral ischemic attacks and related syndromes	Diagnosis	ICD-10-CM
G459	Transient cerebral ischemic attack, unspecified	Diagnosis	ICD-10-CM
G46	Vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
G460	Middle cerebral artery syndrome	Diagnosis	ICD-10-CM
G461	Anterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G462	Posterior cerebral artery syndrome	Diagnosis	ICD-10-CM
G463	Brain stem stroke syndrome	Diagnosis	ICD-10-CM
G464	Cerebellar stroke syndrome	Diagnosis	ICD-10-CM
G465	Pure motor lacunar syndrome	Diagnosis	ICD-10-CM
G466	Pure sensory lacunar syndrome	Diagnosis	ICD-10-CM
G467	Other lacunar syndromes	Diagnosis	ICD-10-CM
G468	Other vascular syndromes of brain in cerebrovascular diseases	Diagnosis	ICD-10-CM
I60	Nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I600	Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I6000	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I6001	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I6002	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation	Diagnosis	ICD-10-CM
I601	Nontraumatic subarachnoid hemorrhage from middle cerebral artery	Diagnosis	ICD-10-CM
I6010	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6011	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery	Diagnosis	ICD-10-CM
I6012	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery	Diagnosis	ICD-10-CM
I602	Nontraumatic subarachnoid hemorrhage from anterior communicating artery	Diagnosis	ICD-10-CM
I6020	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery	Diagnosis	ICD-10-CM
I6021	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery	Diagnosis	ICD-10-CM
I6022	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery	Diagnosis	ICD-10-CM
I603	Nontraumatic subarachnoid hemorrhage from posterior communicating artery	Diagnosis	ICD-10-CM
I6030	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery	Diagnosis	ICD-10-CM
I6031	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery	Diagnosis	ICD-10-CM
I6032	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery	Diagnosis	ICD-10-CM
I604	Nontraumatic subarachnoid hemorrhage from basilar artery	Diagnosis	ICD-10-CM
I605	Nontraumatic subarachnoid hemorrhage from vertebral artery	Diagnosis	ICD-10-CM
I6050	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery	Diagnosis	ICD-10-CM
I6051	Nontraumatic subarachnoid hemorrhage from right vertebral artery	Diagnosis	ICD-10-CM
I6052	Nontraumatic subarachnoid hemorrhage from left vertebral artery	Diagnosis	ICD-10-CM
I606	Nontraumatic subarachnoid hemorrhage from other intracranial arteries	Diagnosis	ICD-10-CM
I607	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery	Diagnosis	ICD-10-CM
I608	Other nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I609	Nontraumatic subarachnoid hemorrhage, unspecified	Diagnosis	ICD-10-CM
I61	Nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I610	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical	Diagnosis	ICD-10-CM
I611	Nontraumatic intracerebral hemorrhage in hemisphere, cortical	Diagnosis	ICD-10-CM
I612	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified	Diagnosis	ICD-10-CM
I613	Nontraumatic intracerebral hemorrhage in brain stem	Diagnosis	ICD-10-CM
I614	Nontraumatic intracerebral hemorrhage in cerebellum	Diagnosis	ICD-10-CM
I615	Nontraumatic intracerebral hemorrhage, intraventricular	Diagnosis	ICD-10-CM
I616	Nontraumatic intracerebral hemorrhage, multiple localized	Diagnosis	ICD-10-CM
I618	Other nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I619	Nontraumatic intracerebral hemorrhage, unspecified	Diagnosis	ICD-10-CM
I62	Other and unspecified nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I620	Nontraumatic subdural hemorrhage	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I6200	Nontraumatic subdural hemorrhage, unspecified	Diagnosis	ICD-10-CM
I6201	Nontraumatic acute subdural hemorrhage	Diagnosis	ICD-10-CM
I6202	Nontraumatic subacute subdural hemorrhage	Diagnosis	ICD-10-CM
I6203	Nontraumatic chronic subdural hemorrhage	Diagnosis	ICD-10-CM
I621	Nontraumatic extradural hemorrhage	Diagnosis	ICD-10-CM
I629	Nontraumatic intracranial hemorrhage, unspecified	Diagnosis	ICD-10-CM
I63	Cerebral infarction	Diagnosis	ICD-10-CM
I630	Cerebral infarction due to thrombosis of precerebral arteries	Diagnosis	ICD-10-CM
I6300	Cerebral infarction due to thrombosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I6301	Cerebral infarction due to thrombosis of vertebral artery	Diagnosis	ICD-10-CM
I63011	Cerebral infarction due to thrombosis of right vertebral artery	Diagnosis	ICD-10-CM
I63012	Cerebral infarction due to thrombosis of left vertebral artery	Diagnosis	ICD-10-CM
I63013	Cerebral infarction due to thrombosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63019	Cerebral infarction due to thrombosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I6302	Cerebral infarction due to thrombosis of basilar artery	Diagnosis	ICD-10-CM
I6303	Cerebral infarction due to thrombosis of carotid artery	Diagnosis	ICD-10-CM
I63031	Cerebral infarction due to thrombosis of right carotid artery	Diagnosis	ICD-10-CM
I63032	Cerebral infarction due to thrombosis of left carotid artery	Diagnosis	ICD-10-CM
I63033	Cerebral infarction due to thrombosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63039	Cerebral infarction due to thrombosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I6309	Cerebral infarction due to thrombosis of other precerebral artery	Diagnosis	ICD-10-CM
I631	Cerebral infarction due to embolism of precerebral arteries	Diagnosis	ICD-10-CM
I6310	Cerebral infarction due to embolism of unspecified precerebral artery	Diagnosis	ICD-10-CM
I6311	Cerebral infarction due to embolism of vertebral artery	Diagnosis	ICD-10-CM
I63111	Cerebral infarction due to embolism of right vertebral artery	Diagnosis	ICD-10-CM
I63112	Cerebral infarction due to embolism of left vertebral artery	Diagnosis	ICD-10-CM
I63113	Cerebral infarction due to embolism of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63119	Cerebral infarction due to embolism of unspecified vertebral artery	Diagnosis	ICD-10-CM
I6312	Cerebral infarction due to embolism of basilar artery	Diagnosis	ICD-10-CM
I6313	Cerebral infarction due to embolism of carotid artery	Diagnosis	ICD-10-CM
I63131	Cerebral infarction due to embolism of right carotid artery	Diagnosis	ICD-10-CM
I63132	Cerebral infarction due to embolism of left carotid artery	Diagnosis	ICD-10-CM
I63133	Cerebral infarction due to embolism of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63139	Cerebral infarction due to embolism of unspecified carotid artery	Diagnosis	ICD-10-CM
I6319	Cerebral infarction due to embolism of other precerebral artery	Diagnosis	ICD-10-CM
I632	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	Diagnosis	ICD-10-CM
I6320	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries	Diagnosis	ICD-10-CM
I6321	Cerebral infarction due to unspecified occlusion or stenosis of vertebral arteries	Diagnosis	ICD-10-CM
I63211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I63212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I63213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I63219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I6322	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery	Diagnosis	ICD-10-CM
I6323	Cerebral infarction due to unspecified occlusion or stenosis of carotid arteries	Diagnosis	ICD-10-CM
I63231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries	Diagnosis	ICD-10-CM
I63232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries	Diagnosis	ICD-10-CM
I63233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I63239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I6329	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I633	Cerebral infarction due to thrombosis of cerebral arteries	Diagnosis	ICD-10-CM
I6330	Cerebral infarction due to thrombosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I6331	Cerebral infarction due to thrombosis of middle cerebral artery	Diagnosis	ICD-10-CM
I63311	Cerebral infarction due to thrombosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63312	Cerebral infarction due to thrombosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6332	Cerebral infarction due to thrombosis of anterior cerebral artery	Diagnosis	ICD-10-CM
I63321	Cerebral infarction due to thrombosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63322	Cerebral infarction due to thrombosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I6333	Cerebral infarction due to thrombosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I63331	Cerebral infarction due to thrombosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63332	Cerebral infarction due to thrombosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I6334	Cerebral infarction due to thrombosis of cerebellar artery	Diagnosis	ICD-10-CM
I63341	Cerebral infarction due to thrombosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63342	Cerebral infarction due to thrombosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63349	Cerebral infarction due to thrombosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I6339	Cerebral infarction due to thrombosis of other cerebral artery	Diagnosis	ICD-10-CM
I634	Cerebral infarction due to embolism of cerebral arteries	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I6340	Cerebral infarction due to embolism of unspecified cerebral artery	Diagnosis	ICD-10-CM
I6341	Cerebral infarction due to embolism of middle cerebral artery	Diagnosis	ICD-10-CM
I63411	Cerebral infarction due to embolism of right middle cerebral artery	Diagnosis	ICD-10-CM
I63412	Cerebral infarction due to embolism of left middle cerebral artery	Diagnosis	ICD-10-CM
I63413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63419	Cerebral infarction due to embolism of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6342	Cerebral infarction due to embolism of anterior cerebral artery	Diagnosis	ICD-10-CM
I63421	Cerebral infarction due to embolism of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63422	Cerebral infarction due to embolism of left anterior cerebral artery	Diagnosis	ICD-10-CM
I63423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I6343	Cerebral infarction due to embolism of posterior cerebral artery	Diagnosis	ICD-10-CM
I63431	Cerebral infarction due to embolism of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63432	Cerebral infarction due to embolism of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63439	Cerebral infarction due to embolism of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I6344	Cerebral infarction due to embolism of cerebellar artery	Diagnosis	ICD-10-CM
I63441	Cerebral infarction due to embolism of right cerebellar artery	Diagnosis	ICD-10-CM
I63442	Cerebral infarction due to embolism of left cerebellar artery	Diagnosis	ICD-10-CM
I63443	Cerebral infarction due to embolism of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63449	Cerebral infarction due to embolism of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I6349	Cerebral infarction due to embolism of other cerebral artery	Diagnosis	ICD-10-CM
I635	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	Diagnosis	ICD-10-CM
I6350	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I6351	Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
I63511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM
I63512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I63513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I63519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I6352	Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery	Diagnosis	ICD-10-CM
I63521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I63522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I63523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I63529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I6353	Cerebral infarction due to unspecified occlusion or stenosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I63531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I63532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I63533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I63539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I6354	Cerebral infarction due to unspecified occlusion or stenosis of cerebellar artery	Diagnosis	ICD-10-CM
I63541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery	Diagnosis	ICD-10-CM
I63542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery	Diagnosis	ICD-10-CM
I63543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries	Diagnosis	ICD-10-CM
I63549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery	Diagnosis	ICD-10-CM
I6359	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery	Diagnosis	ICD-10-CM
I636	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	Diagnosis	ICD-10-CM
I638	Other cerebral infarction	Diagnosis	ICD-10-CM
I6381	Other cerebral infarction due to occlusion or stenosis of small artery	Diagnosis	ICD-10-CM
I6389	Other cerebral infarction	Diagnosis	ICD-10-CM
I639	Cerebral infarction, unspecified	Diagnosis	ICD-10-CM
I65	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
I65.0	Occlusion and stenosis of vertebral artery	Diagnosis	ICD-10-CM
I65.01	Occlusion and stenosis of right vertebral artery	Diagnosis	ICD-10-CM
I65.02	Occlusion and stenosis of left vertebral artery	Diagnosis	ICD-10-CM
I65.03	Occlusion and stenosis of bilateral vertebral arteries	Diagnosis	ICD-10-CM
I65.09	Occlusion and stenosis of unspecified vertebral artery	Diagnosis	ICD-10-CM
I65.1	Occlusion and stenosis of basilar artery	Diagnosis	ICD-10-CM
I65.2	Occlusion and stenosis of carotid artery	Diagnosis	ICD-10-CM
I65.21	Occlusion and stenosis of right carotid artery	Diagnosis	ICD-10-CM
I65.22	Occlusion and stenosis of left carotid artery	Diagnosis	ICD-10-CM
I65.23	Occlusion and stenosis of bilateral carotid arteries	Diagnosis	ICD-10-CM
I65.29	Occlusion and stenosis of unspecified carotid artery	Diagnosis	ICD-10-CM
I65.8	Occlusion and stenosis of other precerebral arteries	Diagnosis	ICD-10-CM
I65.9	Occlusion and stenosis of unspecified precerebral artery	Diagnosis	ICD-10-CM
I66	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction	Diagnosis	ICD-10-CM
I66.0	Occlusion and stenosis of middle cerebral artery	Diagnosis	ICD-10-CM
I66.01	Occlusion and stenosis of right middle cerebral artery	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I66.02	Occlusion and stenosis of left middle cerebral artery	Diagnosis	ICD-10-CM
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries	Diagnosis	ICD-10-CM
I66.09	Occlusion and stenosis of unspecified middle cerebral artery	Diagnosis	ICD-10-CM
I66.1	Occlusion and stenosis of anterior cerebral artery	Diagnosis	ICD-10-CM
I66.11	Occlusion and stenosis of right anterior cerebral artery	Diagnosis	ICD-10-CM
I66.12	Occlusion and stenosis of left anterior cerebral artery	Diagnosis	ICD-10-CM
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries	Diagnosis	ICD-10-CM
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery	Diagnosis	ICD-10-CM
I66.2	Occlusion and stenosis of posterior cerebral artery	Diagnosis	ICD-10-CM
I66.21	Occlusion and stenosis of right posterior cerebral artery	Diagnosis	ICD-10-CM
I66.22	Occlusion and stenosis of left posterior cerebral artery	Diagnosis	ICD-10-CM
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries	Diagnosis	ICD-10-CM
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery	Diagnosis	ICD-10-CM
I66.3	Occlusion and stenosis of cerebellar arteries	Diagnosis	ICD-10-CM
I66.8	Occlusion and stenosis of other cerebral arteries	Diagnosis	ICD-10-CM
I66.9	Occlusion and stenosis of unspecified cerebral artery	Diagnosis	ICD-10-CM
I67	Other cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.0	Dissection of cerebral arteries, nonruptured	Diagnosis	ICD-10-CM
I67.1	Cerebral aneurysm, nonruptured	Diagnosis	ICD-10-CM
I67.2	Cerebral atherosclerosis	Diagnosis	ICD-10-CM
I67.3	Progressive vascular leukoencephalopathy	Diagnosis	ICD-10-CM
I67.4	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
I67.5	Moyamoya disease	Diagnosis	ICD-10-CM
I67.6	Nonpyogenic thrombosis of intracranial venous system	Diagnosis	ICD-10-CM
I67.7	Cerebral arteritis, not elsewhere classified	Diagnosis	ICD-10-CM
I67.8	Other specified cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.81	Acute cerebrovascular insufficiency	Diagnosis	ICD-10-CM
I67.82	Cerebral ischemia	Diagnosis	ICD-10-CM
I67.83	Posterior reversible encephalopathy syndrome	Diagnosis	ICD-10-CM
I67.84	Cerebral vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
I67.841	Reversible cerebrovascular vasoconstriction syndrome	Diagnosis	ICD-10-CM
I67.848	Other cerebrovascular vasospasm and vasoconstriction	Diagnosis	ICD-10-CM
I67.85	Hereditary cerebrovascular diseases	Diagnosis	ICD-10-CM
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy	Diagnosis	ICD-10-CM
I67.858	Other hereditary cerebrovascular disease	Diagnosis	ICD-10-CM
I67.89	Other cerebrovascular disease	Diagnosis	ICD-10-CM
I67.9	Cerebrovascular disease, unspecified	Diagnosis	ICD-10-CM
I68	Cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I68.0	Cerebral amyloid angiopathy	Diagnosis	ICD-10-CM
I68.2	Cerebral arteritis in other diseases classified elsewhere	Diagnosis	ICD-10-CM
I68.8	Other cerebrovascular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
I69	Sequelae of cerebrovascular disease	Diagnosis	ICD-10-CM
I69.0	Sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.01	Cognitive deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.2	Sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.22	Speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.23	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.24	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.25	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.26	Other paralytic syndrome following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.29	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.3	Sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.32	Speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.33	Monoplegia of upper limb following cerebral infarction	Diagnosis	ICD-10-CM
I69.34	Monoplegia of lower limb following cerebral infarction	Diagnosis	ICD-10-CM
I69.35	Hemiplegia and hemiparesis following cerebral infarction	Diagnosis	ICD-10-CM
I69.36	Other paralytic syndrome following cerebral infarction	Diagnosis	ICD-10-CM
I69.39	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.02	Speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.03	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.04	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.05	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.06	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.09	Other sequelae of nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage	Diagnosis	ICD-10-CM
I69.1	Sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.11	Cognitive deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.111	Memory deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.12	Speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.120	Aphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.13	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.14	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.15	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.16	Other paralytic syndrome following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.19	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.190	Apraxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.193	Ataxia following nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage	Diagnosis	ICD-10-CM
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.21	Cognitive deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.211	Memory deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.220	Aphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side	Diagnosis	ICD-10-CM
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side	Diagnosis	ICD-10-CM
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral	Diagnosis	ICD-10-CM
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side	Diagnosis	ICD-10-CM
I69.290	Apraxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.293	Ataxia following other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage	Diagnosis	ICD-10-CM
I69.30	Unspecified sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.31	Cognitive deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.310	Attention and concentration deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.311	Memory deficit following cerebral infarction	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.312	Visuospatial deficit and spatial neglect following cerebral infarction	Diagnosis	ICD-10-CM
I69.313	Psychomotor deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.314	Frontal lobe and executive function deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.315	Cognitive social or emotional deficit following cerebral infarction	Diagnosis	ICD-10-CM
I69.318	Other symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction	Diagnosis	ICD-10-CM
I69.320	Aphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.321	Dysphasia following cerebral infarction	Diagnosis	ICD-10-CM
I69.322	Dysarthria following cerebral infarction	Diagnosis	ICD-10-CM
I69.323	Fluency disorder following cerebral infarction	Diagnosis	ICD-10-CM
I69.328	Other speech and language deficits following cerebral infarction	Diagnosis	ICD-10-CM
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side	Diagnosis	ICD-10-CM
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side	Diagnosis	ICD-10-CM
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.365	Other paralytic syndrome following cerebral infarction, bilateral	Diagnosis	ICD-10-CM
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side	Diagnosis	ICD-10-CM
I69.390	Apraxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.391	Dysphagia following cerebral infarction	Diagnosis	ICD-10-CM
I69.392	Facial weakness following cerebral infarction	Diagnosis	ICD-10-CM
I69.393	Ataxia following cerebral infarction	Diagnosis	ICD-10-CM
I69.398	Other sequelae of cerebral infarction	Diagnosis	ICD-10-CM
I69.8	Sequelae of other cerebrovascular diseases	Diagnosis	ICD-10-CM
I69.80	Unspecified sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.81	Cognitive deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.810	Attention and concentration deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.811	Memory deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.813	Psychomotor deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.82	Speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.820	Aphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.821	Dysphasia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.822	Dysarthria following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.823	Fluency disorder following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.828	Other speech and language deficits following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.83	Monoplegia of upper limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.84	Monoplegia of lower limb following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.85	Hemiplegia and hemiparesis following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.86	Other paralytic syndrome following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.89	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.890	Apraxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.891	Dysphagia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.892	Facial weakness following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.893	Ataxia following other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.898	Other sequelae of other cerebrovascular disease	Diagnosis	ICD-10-CM
I69.9	Sequelae of unspecified cerebrovascular diseases	Diagnosis	ICD-10-CM
I69.90	Unspecified sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.91	Cognitive deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.911	Memory deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.913	Psychomotor deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.92	Speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.920	Aphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.921	Dysphasia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.922	Dysarthria following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.923	Fluency disorder following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.928	Other speech and language deficits following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.93	Monoplegia of upper limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.94	Monoplegia of lower limb following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.95	Hemiplegia and hemiparesis following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.96	Other paralytic syndrome following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side	Diagnosis	ICD-10-CM
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side	Diagnosis	ICD-10-CM
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side	Diagnosis	ICD-10-CM
I69.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral	Diagnosis	ICD-10-CM
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side	Diagnosis	ICD-10-CM
I69.99	Other sequelae of unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.990	Apraxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.991	Dysphagia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.992	Facial weakness following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.993	Ataxia following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
I69.998	Other sequelae following unspecified cerebrovascular disease	Diagnosis	ICD-10-CM
Atrial Fibrillation			
I48	Atrial fibrillation and flutter	Diagnosis	ICD-10-CM
I480	Paroxysmal atrial fibrillation	Diagnosis	ICD-10-CM
I481	Persistent atrial fibrillation	Diagnosis	ICD-10-CM
I4811	Longstanding persistent atrial fibrillation	Diagnosis	ICD-10-CM
I4819	Other persistent atrial fibrillation	Diagnosis	ICD-10-CM
I482	Chronic atrial fibrillation	Diagnosis	ICD-10-CM
I4820	Chronic atrial fibrillation, unspecified	Diagnosis	ICD-10-CM
I4821	Permanent atrial fibrillation	Diagnosis	ICD-10-CM
I483	Typical atrial flutter	Diagnosis	ICD-10-CM
I484	Atypical atrial flutter	Diagnosis	ICD-10-CM
I489	Unspecified atrial fibrillation and atrial flutter	Diagnosis	ICD-10-CM
I4891	Unspecified atrial fibrillation	Diagnosis	ICD-10-CM
I4892	Unspecified atrial flutter	Diagnosis	ICD-10-CM
Coronary Revascularization			
Z951	Presence of aortocoronary bypass graft	Diagnosis	ICD-10-CM
Z955	Presence of coronary angioplasty implant and graft	Diagnosis	ICD-10-CM
Z9861	Coronary angioplasty status	Diagnosis	ICD-10-CM
0210083	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210088	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210089	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021008W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0210093	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0210098	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0210099	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
021009F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021009W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02100A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02100J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02100K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02100Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
02100Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02100Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02100ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02100ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0210344	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02103D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0210444	Bypass Coronary Artery, One Artery from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210483	Bypass Coronary Artery, One Artery from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210488	Bypass Coronary Artery, One Artery from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210489	Bypass Coronary Artery, One Artery from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048C	Bypass Coronary Artery, One Artery from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048F	Bypass Coronary Artery, One Artery from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021048W	Bypass Coronary Artery, One Artery from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210493	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210498	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0210499	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049C	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049F	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021049W	Bypass Coronary Artery, One Artery from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A3	Bypass Coronary Artery, One Artery from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104A9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AC	Bypass Coronary Artery, One Artery from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AF	Bypass Coronary Artery, One Artery from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104AW	Bypass Coronary Artery, One Artery from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104D4	Bypass Coronary Artery, One Artery from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J3	Bypass Coronary Artery, One Artery from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104J9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02104JC	Bypass Coronary Artery, One Artery from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104JF	Bypass Coronary Artery, One Artery from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104JW	Bypass Coronary Artery, One Artery from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K3	Bypass Coronary Artery, One Artery from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K8	Bypass Coronary Artery, One Artery from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104K9	Bypass Coronary Artery, One Artery from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KC	Bypass Coronary Artery, One Artery from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KF	Bypass Coronary Artery, One Artery from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104KW	Bypass Coronary Artery, One Artery from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z3	Bypass Coronary Artery, One Artery from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z8	Bypass Coronary Artery, One Artery from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104Z9	Bypass Coronary Artery, One Artery from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104ZC	Bypass Coronary Artery, One Artery from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02104ZF	Bypass Coronary Artery, One Artery from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211083	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211088	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211089	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021108W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0211093	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0211098	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0211099	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
021109C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021109W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02110A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02110J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02110K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02110Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
02110Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02110Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02110ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02110ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0211344	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02113D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0211444	Bypass Coronary Artery, Two Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211483	Bypass Coronary Artery, Two Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211488	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211489	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021148W	Bypass Coronary Artery, Two Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211493	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211498	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0211499	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149C	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149F	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021149W	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114A9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114AW	Bypass Coronary Artery, Two Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114D4	Bypass Coronary Artery, Two Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114J8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02114J9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114JW	Bypass Coronary Artery, Two Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K3	Bypass Coronary Artery, Two Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114K9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KC	Bypass Coronary Artery, Two Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KF	Bypass Coronary Artery, Two Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114KW	Bypass Coronary Artery, Two Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z3	Bypass Coronary Artery, Two Arteries from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z8	Bypass Coronary Artery, Two Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114Z9	Bypass Coronary Artery, Two Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114ZC	Bypass Coronary Artery, Two Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02114ZF	Bypass Coronary Artery, Two Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212083	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212088	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212089	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
021208W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0212093	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0212098	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0212099	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021209W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02120A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02120J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02120K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02120Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS
02120Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02120Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02120ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02120ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0212344	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02123D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0212444	Bypass Coronary Artery, Three Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212483	Bypass Coronary Artery, Three Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212488	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212489	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021248W	Bypass Coronary Artery, Three Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212493	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212498	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0212499	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249C	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249F	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021249W	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124A9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124AW	Bypass Coronary Artery, Three Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124D4	Bypass Coronary Artery, Three Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02124J3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124J9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124JW	Bypass Coronary Artery, Three Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K3	Bypass Coronary Artery, Three Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124K9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KC	Bypass Coronary Artery, Three Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KF	Bypass Coronary Artery, Three Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124KW	Bypass Coronary Artery, Three Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z3	Bypass Coronary Artery, Three Arteries from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z8	Bypass Coronary Artery, Three Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124Z9	Bypass Coronary Artery, Three Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZC	Bypass Coronary Artery, Three Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02124ZF	Bypass Coronary Artery, Three Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213083	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplasic Tissue, Open Approach	Procedure	ICD-10-PCS
0213088	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplasic Tissue, Open Approach	Procedure	ICD-10-PCS
0213089	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplasic Tissue, Open Approach	Procedure	ICD-10-PCS
021308C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplasic Tissue, Open Approach	Procedure	ICD-10-PCS
021308F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplasic Tissue, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
021308W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Open Approach	Procedure	ICD-10-PCS
0213093	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0213098	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
0213099	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
021309W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Open Approach	Procedure	ICD-10-PCS
02130A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Open Approach	Procedure	ICD-10-PCS
02130J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Open Approach	Procedure	ICD-10-PCS
02130K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Open Approach	Procedure	ICD-10-PCS
02130Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02130Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02130Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Open Approach	Procedure	ICD-10-PCS
02130ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Open Approach	Procedure	ICD-10-PCS
02130ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Open Approach	Procedure	ICD-10-PCS
0213344	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02133D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0213444	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213483	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213488	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213489	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021348W	Bypass Coronary Artery, Four or More Arteries from Aorta with Zooplastic Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213493	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213498	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0213499	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349C	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349F	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
021349W	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Venous Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134A8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02134A9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134AW	Bypass Coronary Artery, Four or More Arteries from Aorta with Autologous Arterial Tissue, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134D4	Bypass Coronary Artery, Four or More Arteries from Coronary Vein with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134J9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134JW	Bypass Coronary Artery, Four or More Arteries from Aorta with Synthetic Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134K9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134KC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134KF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134KW	Bypass Coronary Artery, Four or More Arteries from Aorta with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z3	Bypass Coronary Artery, Four or More Arteries from Coronary Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z8	Bypass Coronary Artery, Four or More Arteries from Right Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134Z9	Bypass Coronary Artery, Four or More Arteries from Left Internal Mammary, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02134ZC	Bypass Coronary Artery, Four or More Arteries from Thoracic Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02134ZF	Bypass Coronary Artery, Four or More Arteries from Abdominal Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270046	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027004Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0270056	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027005Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270066	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027006Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0270076	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027007Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02700T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02700Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02700ZZ	Dilation of Coronary Artery, One Artery, Open Approach	Procedure	ICD-10-PCS
0270346	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027034Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0270356	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027035Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0270366	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027036Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0270376	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027037Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02703T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02703Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02703ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Approach	Procedure	ICD-10-PCS
0270446	Dilation of Coronary Artery, One Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027044Z	Dilation of Coronary Artery, One Artery with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270456	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027045Z	Dilation of Coronary Artery, One Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270466	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027046Z	Dilation of Coronary Artery, One Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0270476	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027047Z	Dilation of Coronary Artery, One Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704D6	Dilation of Coronary Artery, One Artery, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02704DZ	Dilation of Coronary Artery, One Artery with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704E6	Dilation of Coronary Artery, One Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704EZ	Dilation of Coronary Artery, One Artery with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704F6	Dilation of Coronary Artery, One Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704FZ	Dilation of Coronary Artery, One Artery with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704G6	Dilation of Coronary Artery, One Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704GZ	Dilation of Coronary Artery, One Artery with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704T6	Dilation of Coronary Artery, One Artery, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704TZ	Dilation of Coronary Artery, One Artery with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704Z6	Dilation of Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02704ZZ	Dilation of Coronary Artery, One Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271046	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027104Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0271056	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027105Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0271066	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027106Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0271076	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027107Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02710G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02710T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02710Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02710ZZ	Dilation of Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
0271346	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027134Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0271356	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027135Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0271366	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027136Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0271376	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027137Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02713T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02713Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02713ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0271446	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027144Z	Dilation of Coronary Artery, Two Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271456	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027145Z	Dilation of Coronary Artery, Two Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271466	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027146Z	Dilation of Coronary Artery, Two Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0271476	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027147Z	Dilation of Coronary Artery, Two Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714D6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714DZ	Dilation of Coronary Artery, Two Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714E6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714EZ	Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714F6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714FZ	Dilation of Coronary Artery, Two Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714G6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714GZ	Dilation of Coronary Artery, Two Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714T6	Dilation of Coronary Artery, Two Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714TZ	Dilation of Coronary Artery, Two Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714Z6	Dilation of Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02714ZZ	Dilation of Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272046	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027204Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0272056	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027205Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0272066	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027206Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0272076	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027207Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02720T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02720Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02720ZZ	Dilation of Coronary Artery, Three Arteries, Open Approach	Procedure	ICD-10-PCS
0272346	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027234Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0272356	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027235Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0272366	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027236Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0272376	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027237Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02723E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02723T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02723Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02723ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0272446	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027244Z	Dilation of Coronary Artery, Three Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272456	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027245Z	Dilation of Coronary Artery, Three Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272466	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027246Z	Dilation of Coronary Artery, Three Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0272476	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027247Z	Dilation of Coronary Artery, Three Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724D6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724DZ	Dilation of Coronary Artery, Three Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724E6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724EZ	Dilation of Coronary Artery, Three Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724F6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724FZ	Dilation of Coronary Artery, Three Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02724G6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724GZ	Dilation of Coronary Artery, Three Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724T6	Dilation of Coronary Artery, Three Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724TZ	Dilation of Coronary Artery, Three Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724Z6	Dilation of Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02724ZZ	Dilation of Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273046	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
027304Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
0273056	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027305Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0273066	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027306Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
0273076	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
027307Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Open Approach	Procedure	ICD-10-PCS
02730T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Open Approach	Procedure	ICD-10-PCS
02730Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02730ZZ	Dilation of Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
0273346	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
027334Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
0273356	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027335Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0273366	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027336Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
0273376	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
027337Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Approach	Procedure	ICD-10-PCS
02733T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Approach	Procedure	ICD-10-PCS
02733Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02733ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
0273446	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027344Z	Dilation of Coronary Artery, Four or More Arteries with Drug-eluting Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273456	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
027345Z	Dilation of Coronary Artery, Four or More Arteries with Two Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273466	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027346Z	Dilation of Coronary Artery, Four or More Arteries with Three Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0273476	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
027347Z	Dilation of Coronary Artery, Four or More Arteries with Four or More Drug-eluting Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734D6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734DZ	Dilation of Coronary Artery, Four or More Arteries with Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734E6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734EZ	Dilation of Coronary Artery, Four or More Arteries with Two Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734F6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734FZ	Dilation of Coronary Artery, Four or More Arteries with Three Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734G6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734GZ	Dilation of Coronary Artery, Four or More Arteries with Four or More Intraluminal Devices, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734T6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734TZ	Dilation of Coronary Artery, Four or More Arteries with Radioactive Intraluminal Device, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734Z6	Dilation of Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02734ZZ	Dilation of Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C00Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C00ZZ	Extirpation of Matter from Coronary Artery, One Artery, Open Approach	Procedure	ICD-10-PCS
02C03Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach	Procedure	ICD-10-PCS
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
02C10Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C10ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Open Approach	Procedure	ICD-10-PCS
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C20Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C20ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Open Approach	Procedure	ICD-10-PCS
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C30Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Open Approach	Procedure	ICD-10-PCS
02C30ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Open Approach	Procedure	ICD-10-PCS
02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach	Procedure	ICD-10-PCS
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach	Procedure	ICD-10-PCS
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Congestive Heart Failure

I0981	Rheumatic heart failure	Diagnosis	ICD-10-CM
I110	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I130	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I132	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I2601	Septic pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I2602	Saddle embolus of pulmonary artery with acute cor pulmonale	Diagnosis	ICD-10-CM
I2609	Other pulmonary embolism with acute cor pulmonale	Diagnosis	ICD-10-CM
I2781	Cor pulmonale (chronic)	Diagnosis	ICD-10-CM
I2783	Eisenmenger's syndrome	Diagnosis	ICD-10-CM
I502	Systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5020	Unspecified systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5021	Acute systolic (congestive) heart failure	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I5022	Chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5023	Acute on chronic systolic (congestive) heart failure	Diagnosis	ICD-10-CM
I503	Diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5030	Unspecified diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5031	Acute diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5032	Chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5033	Acute on chronic diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I504	Combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5040	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5041	Acute combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5042	Chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5043	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	Diagnosis	ICD-10-CM
I5081	Right heart failure	Diagnosis	ICD-10-CM
I50810	Right heart failure, unspecified	Diagnosis	ICD-10-CM
I50811	Acute right heart failure	Diagnosis	ICD-10-CM
I50812	Chronic right heart failure	Diagnosis	ICD-10-CM
I50813	Acute on chronic right heart failure	Diagnosis	ICD-10-CM
I50814	Right heart failure due to left heart failure	Diagnosis	ICD-10-CM
I5082	Biventricular heart failure	Diagnosis	ICD-10-CM
I5083	High output heart failure	Diagnosis	ICD-10-CM
I5084	End stage heart failure	Diagnosis	ICD-10-CM
I5089	Other heart failure	Diagnosis	ICD-10-CM
I509	Heart failure, unspecified	Diagnosis	ICD-10-CM
G8694	Left ventricular ejection fraction (lvef) < 40%	Procedure	HCPCS
G8923	Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function	Procedure	HCPCS
G8934	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function	Procedure	HCPCS
G8451	Beta-blocker therapy for lvef < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, or other reasons attributable to the healthcare system)	Procedure	HCPCS

Hospitalized AMI

I21	Acute myocardial infarction	Diagnosis	ICD-10-CM
I210	ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I2101	ST elevation (STEMI) myocardial infarction involving left main coronary artery	Diagnosis	ICD-10-CM
I2102	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	Diagnosis	ICD-10-CM
I2109	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	Diagnosis	ICD-10-CM
I211	ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I2111	ST elevation (STEMI) myocardial infarction involving right coronary artery	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I2119	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	Diagnosis	ICD-10-CM
I2121	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	Diagnosis	ICD-10-CM
I2129	ST elevation (STEMI) myocardial infarction involving other sites	Diagnosis	ICD-10-CM
I213	ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
I214	Non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I219	Acute myocardial infarction, unspecified	Diagnosis	ICD-10-CM
I212	ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I21A	Other type of myocardial infarction	Diagnosis	ICD-10-CM
I21A1	Myocardial infarction type 2	Diagnosis	ICD-10-CM
I21A9	Other myocardial infarction type	Diagnosis	ICD-10-CM
I22	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I220	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	Diagnosis	ICD-10-CM
I221	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	Diagnosis	ICD-10-CM
I222	Subsequent non-ST elevation (NSTEMI) myocardial infarction	Diagnosis	ICD-10-CM
I228	Subsequent ST elevation (STEMI) myocardial infarction of other sites	Diagnosis	ICD-10-CM
I229	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	Diagnosis	ICD-10-CM
Hypertension			
I10	Essential (primary) hypertension	Diagnosis	ICD-10-CM
I11	Hypertensive heart disease	Diagnosis	ICD-10-CM
I110	Hypertensive heart disease with heart failure	Diagnosis	ICD-10-CM
I119	Hypertensive heart disease without heart failure	Diagnosis	ICD-10-CM
I12	Hypertensive chronic kidney disease	Diagnosis	ICD-10-CM
I120	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I129	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I13	Hypertensive heart and chronic kidney disease	Diagnosis	ICD-10-CM
I130	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I131	Hypertensive heart and chronic kidney disease without heart failure	Diagnosis	ICD-10-CM
I1310	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I1311	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I132	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I15	Secondary hypertension	Diagnosis	ICD-10-CM
I150	Renovascular hypertension	Diagnosis	ICD-10-CM
I151	Hypertension secondary to other renal disorders	Diagnosis	ICD-10-CM
I152	Hypertension secondary to endocrine disorders	Diagnosis	ICD-10-CM
I158	Other secondary hypertension	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I159	Secondary hypertension, unspecified	Diagnosis	ICD-10-CM
I16	Hypertensive crisis	Diagnosis	ICD-10-CM
I160	Hypertensive urgency	Diagnosis	ICD-10-CM
I161	Hypertensive emergency	Diagnosis	ICD-10-CM
I169	Hypertensive crisis, unspecified	Diagnosis	ICD-10-CM
I674	Hypertensive encephalopathy	Diagnosis	ICD-10-CM
Asthma			
J4520	Mild intermittent asthma, uncomplicated	Diagnosis	ICD-10-CM
J4521	Mild intermittent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J4522	Mild intermittent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J4530	Mild persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J4531	Mild persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J4532	Mild persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J4540	Moderate persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J4541	Moderate persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J4542	Moderate persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J4550	Severe persistent asthma, uncomplicated	Diagnosis	ICD-10-CM
J4551	Severe persistent asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J4552	Severe persistent asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45901	Unspecified asthma with (acute) exacerbation	Diagnosis	ICD-10-CM
J45902	Unspecified asthma with status asthmaticus	Diagnosis	ICD-10-CM
J45909	Unspecified asthma, uncomplicated	Diagnosis	ICD-10-CM
J45990	Exercise induced bronchospasm	Diagnosis	ICD-10-CM
J45991	Cough variant asthma	Diagnosis	ICD-10-CM
J45998	Other asthma	Diagnosis	ICD-10-CM
J45	Asthma	Diagnosis	ICD-10-CM
J452	Mild intermittent asthma	Diagnosis	ICD-10-CM
J453	Mild persistent asthma	Diagnosis	ICD-10-CM
J454	Moderate persistent asthma	Diagnosis	ICD-10-CM
J455	Severe persistent asthma	Diagnosis	ICD-10-CM
J459	Other and unspecified asthma	Diagnosis	ICD-10-CM
J4590	Unspecified asthma	Diagnosis	ICD-10-CM
COPD			
J41	Simple and mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J410	Simple chronic bronchitis	Diagnosis	ICD-10-CM
J411	Mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J418	Mixed simple and mucopurulent chronic bronchitis	Diagnosis	ICD-10-CM
J42	Unspecified chronic bronchitis	Diagnosis	ICD-10-CM
J44	Other chronic obstructive pulmonary disease	Diagnosis	ICD-10-CM
J440	Chronic obstructive pulmonary disease with acute lower respiratory infection	Diagnosis	ICD-10-CM
J441	Chronic obstructive pulmonary disease with (acute) exacerbation	Diagnosis	ICD-10-CM
J449	Chronic obstructive pulmonary disease, unspecified	Diagnosis	ICD-10-CM
Interstitial Lung Disease			
J82	Pulmonary eosinophilia, not elsewhere classified	Diagnosis	ICD-10-CM
J84	Other interstitial pulmonary diseases	Diagnosis	ICD-10-CM
J840	Alveolar and parieto-alveolar conditions	Diagnosis	ICD-10-CM
J8401	Alveolar proteinosis	Diagnosis	ICD-10-CM
J8402	Pulmonary alveolar microlithiasis	Diagnosis	ICD-10-CM
J8403	Idiopathic pulmonary hemosiderosis	Diagnosis	ICD-10-CM
J8409	Other alveolar and parieto-alveolar conditions	Diagnosis	ICD-10-CM
J841	Other interstitial pulmonary diseases with fibrosis	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
J8410	Pulmonary fibrosis, unspecified	Diagnosis	ICD-10-CM
J8411	Idiopathic interstitial pneumonia	Diagnosis	ICD-10-CM
J84111	Idiopathic interstitial pneumonia, not otherwise specified	Diagnosis	ICD-10-CM
J84112	Idiopathic pulmonary fibrosis	Diagnosis	ICD-10-CM
J84113	Idiopathic non-specific interstitial pneumonitis	Diagnosis	ICD-10-CM
J84115	Respiratory bronchiolitis interstitial lung disease	Diagnosis	ICD-10-CM
J84116	Cryptogenic organizing pneumonia	Diagnosis	ICD-10-CM
J84117	Desquamative interstitial pneumonia	Diagnosis	ICD-10-CM
J8417	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere	Diagnosis	ICD-10-CM
J842	Lymphoid interstitial pneumonia	Diagnosis	ICD-10-CM
J8481	Lymphangioleiomyomatosis	Diagnosis	ICD-10-CM
J8482	Adult pulmonary Langerhans cell histiocytosis	Diagnosis	ICD-10-CM
J8483	Surfactant mutations of the lung	Diagnosis	ICD-10-CM
J84841	Neuroendocrine cell hyperplasia of infancy	Diagnosis	ICD-10-CM
J84842	Pulmonary interstitial glycogenosis	Diagnosis	ICD-10-CM
J84843	Alveolar capillary dysplasia with vein misalignment	Diagnosis	ICD-10-CM
J84848	Other interstitial lung diseases of childhood	Diagnosis	ICD-10-CM
J8489	Other specified interstitial pulmonary diseases	Diagnosis	ICD-10-CM
J849	Interstitial pulmonary disease, unspecified	Diagnosis	ICD-10-CM
J828	Pulmonary eosinophilia, not elsewhere classified	Diagnosis	ICD-10-CM
J8281	Chronic eosinophilic pneumonia	Diagnosis	ICD-10-CM
J8282	Acute eosinophilic pneumonia	Diagnosis	ICD-10-CM
J8283	Eosinophilic asthma	Diagnosis	ICD-10-CM
J8289	Other pulmonary eosinophilia, not elsewhere classified	Diagnosis	ICD-10-CM
J84114	Acute interstitial pneumonitis	Diagnosis	ICD-10-CM
J84170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere	Diagnosis	ICD-10-CM
J84178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere	Diagnosis	ICD-10-CM
J848	Other specified interstitial pulmonary diseases	Diagnosis	ICD-10-CM
J8484	Other interstitial lung diseases of childhood	Diagnosis	ICD-10-CM
Hypersensitivity Pneumonitis			
J60	Coalworker's pneumoconiosis	Diagnosis	ICD-10-CM
J61	Pneumoconiosis due to asbestos and other mineral fibers	Diagnosis	ICD-10-CM
J62	Pneumoconiosis due to dust containing silica	Diagnosis	ICD-10-CM
J620	Pneumoconiosis due to talc dust	Diagnosis	ICD-10-CM
J628	Pneumoconiosis due to other dust containing silica	Diagnosis	ICD-10-CM
J63	Pneumoconiosis due to other inorganic dusts	Diagnosis	ICD-10-CM
J630	Aluminosis (of lung)	Diagnosis	ICD-10-CM
J631	Bauxite fibrosis (of lung)	Diagnosis	ICD-10-CM
J632	Berylliosis	Diagnosis	ICD-10-CM
J633	Graphite fibrosis (of lung)	Diagnosis	ICD-10-CM
J634	Siderosis	Diagnosis	ICD-10-CM
J635	Stannosis	Diagnosis	ICD-10-CM
J636	Pneumoconiosis due to other specified inorganic dusts	Diagnosis	ICD-10-CM
J64	Unspecified pneumoconiosis	Diagnosis	ICD-10-CM
J65	Pneumoconiosis associated with tuberculosis	Diagnosis	ICD-10-CM
J66	Airway disease due to specific organic dusts	Diagnosis	ICD-10-CM
J660	Byssinosis	Diagnosis	ICD-10-CM
J661	Flax-dressers' disease	Diagnosis	ICD-10-CM
J662	Cannabinosis	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
J668	Airway disease due to other specific organic dusts	Diagnosis	ICD-10-CM
J67	Hypersensitivity pneumonitis due to organic dust	Diagnosis	ICD-10-CM
J670	Farmer's lung	Diagnosis	ICD-10-CM
J671	Bagassosis	Diagnosis	ICD-10-CM
J672	Bird fancier's lung	Diagnosis	ICD-10-CM
J673	Suberosis	Diagnosis	ICD-10-CM
J674	Maltworker's lung	Diagnosis	ICD-10-CM
J675	Mushroom-worker's lung	Diagnosis	ICD-10-CM
J676	Maple-bark-stripper's lung	Diagnosis	ICD-10-CM
J677	Air conditioner and humidifier lung	Diagnosis	ICD-10-CM
J678	Hypersensitivity pneumonitis due to other organic dusts	Diagnosis	ICD-10-CM
J679	Hypersensitivity pneumonitis due to unspecified organic dust	Diagnosis	ICD-10-CM
J68	Respiratory conditions due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J680	Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J681	Pulmonary edema due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J682	Upper respiratory inflammation due to chemicals, gases, fumes and vapors, not elsewhere classified	Diagnosis	ICD-10-CM
J684	Chronic respiratory conditions due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J688	Other respiratory conditions due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J689	Unspecified respiratory condition due to chemicals, gases, fumes and vapors	Diagnosis	ICD-10-CM
J70	Respiratory conditions due to other external agents	Diagnosis	ICD-10-CM
J700	Acute pulmonary manifestations due to radiation	Diagnosis	ICD-10-CM
J701	Chronic and other pulmonary manifestations due to radiation	Diagnosis	ICD-10-CM
J703	Chronic drug-induced interstitial lung disorders	Diagnosis	ICD-10-CM
J705	Respiratory conditions due to smoke inhalation	Diagnosis	ICD-10-CM
J708	Respiratory conditions due to other specified external agents	Diagnosis	ICD-10-CM
J709	Respiratory conditions due to unspecified external agent	Diagnosis	ICD-10-CM
Bronchiectasis			
J470	Bronchiectasis with acute lower respiratory infection	Diagnosis	ICD-10-CM
J471	Bronchiectasis with (acute) exacerbation	Diagnosis	ICD-10-CM
J479	Bronchiectasis, uncomplicated	Diagnosis	ICD-10-CM
Idiopathic Pulmonary Fibrosis			
J84.10	Pulmonary fibrosis, unspecified	Diagnosis	ICD-10-CM
J84.112	Idiopathic pulmonary fibrosis	Diagnosis	ICD-10-CM
Pulmonary Hypertension			
I27.0	Primary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.2	Other secondary pulmonary hypertension	Diagnosis	ICD-10-CM
I27.20	Pulmonary hypertension, unspecified	Diagnosis	ICD-10-CM
I27.21	Secondary pulmonary arterial hypertension	Diagnosis	ICD-10-CM
I27.22	Pulmonary hypertension due to left heart disease	Diagnosis	ICD-10-CM
I27.23	Pulmonary hypertension due to lung diseases and hypoxia	Diagnosis	ICD-10-CM
I27.24	Chronic thromboembolic pulmonary hypertension	Diagnosis	ICD-10-CM
I27.29	Other secondary pulmonary hypertension	Diagnosis	ICD-10-CM
Diabetes			
E08	Diabetes mellitus due to underlying condition	Diagnosis	ICD-10-CM
E080	Diabetes mellitus due to underlying condition with hyperosmolarity	Diagnosis	ICD-10-CM
E0800	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E0801	Diabetes mellitus due to underlying condition with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E081	Diabetes mellitus due to underlying condition with ketoacidosis	Diagnosis	ICD-10-CM
E0810	Diabetes mellitus due to underlying condition with ketoacidosis without coma	Diagnosis	ICD-10-CM
E0811	Diabetes mellitus due to underlying condition with ketoacidosis with coma	Diagnosis	ICD-10-CM
E082	Diabetes mellitus due to underlying condition with kidney complications	Diagnosis	ICD-10-CM
E0821	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E0822	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E0829	Diabetes mellitus due to underlying condition with other diabetic kidney complication	Diagnosis	ICD-10-CM
E083	Diabetes mellitus due to underlying condition with ophthalmic complications	Diagnosis	ICD-10-CM
E0831	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E08311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E08319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E0832	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E083211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E083212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E083213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E083219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E083291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E083292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E083293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E083299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E0833	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E083311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E083312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E083313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E083319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E083391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E083392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E083393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E083399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E0834	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E083411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E083412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E083413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E083419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E083491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E083492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E083493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E083499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E0835	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E08351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E083511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E083512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E083513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E083519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E08352	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula	Diagnosis	ICD-10-CM
E083521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E083522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E083523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E083529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08353	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula	Diagnosis	ICD-10-CM
E083531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E083532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E083533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E083539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E08354	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E083541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E083542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E083543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E083549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E08355	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E083551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E083552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E083553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E083559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E08359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E083591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E083592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E083593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E083599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E0836	Diabetes mellitus due to underlying condition with diabetic cataract	Diagnosis	ICD-10-CM
E0837	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment	Diagnosis	ICD-10-CM
E0837X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E0837X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E0837X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E0837X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E0839	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E084	Diabetes mellitus due to underlying condition with neurological complications	Diagnosis	ICD-10-CM
E0840	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E0841	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E0842	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E0843	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E0844	Diabetes mellitus due to underlying condition with diabetic amyotrophy	Diagnosis	ICD-10-CM
E0849	Diabetes mellitus due to underlying condition with other diabetic neurological complication	Diagnosis	ICD-10-CM
E085	Diabetes mellitus due to underlying condition with circulatory complications	Diagnosis	ICD-10-CM
E0851	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E0852	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E0859	Diabetes mellitus due to underlying condition with other circulatory complications	Diagnosis	ICD-10-CM
E086	Diabetes mellitus due to underlying condition with other specified complications	Diagnosis	ICD-10-CM
E08610	Diabetes mellitus due to underlying condition with diabetic arthropathy	Diagnosis	ICD-10-CM
E08618	Diabetes mellitus due to underlying condition with other diabetic arthropathy	Diagnosis	ICD-10-CM
E08620	Diabetes mellitus due to underlying condition with skin complications	Diagnosis	ICD-10-CM
E08621	Diabetes mellitus due to underlying condition with foot ulcer	Diagnosis	ICD-10-CM
E08622	Diabetes mellitus due to underlying condition with other skin ulcer	Diagnosis	ICD-10-CM
E08628	Diabetes mellitus due to underlying condition with other skin complications	Diagnosis	ICD-10-CM
E08630	Diabetes mellitus due to underlying condition with oral complications	Diagnosis	ICD-10-CM
E08638	Diabetes mellitus due to underlying condition with other oral complications	Diagnosis	ICD-10-CM
E0864	Diabetes mellitus due to underlying condition with hypoglycemia	Diagnosis	ICD-10-CM
E08641	Diabetes mellitus due to underlying condition with hypoglycemia with coma	Diagnosis	ICD-10-CM
E08649	Diabetes mellitus due to underlying condition with hypoglycemia without coma	Diagnosis	ICD-10-CM
E0865	Diabetes mellitus due to underlying condition with hyperglycemia	Diagnosis	ICD-10-CM
E0869	Diabetes mellitus due to underlying condition with other specified complication	Diagnosis	ICD-10-CM
E088	Diabetes mellitus due to underlying condition with unspecified complications	Diagnosis	ICD-10-CM
E089	Diabetes mellitus due to underlying condition without complications	Diagnosis	ICD-10-CM
E09	Drug or chemical induced diabetes mellitus	Diagnosis	ICD-10-CM
E090	Drug or chemical induced diabetes mellitus with hyperosmolarity	Diagnosis	ICD-10-CM
E0900	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E0901	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E091	Drug or chemical induced diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E0910	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E0911	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E092	Drug or chemical induced diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E0921	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E0922	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E0929	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E093	Drug or chemical induced diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E0931	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E09311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E09319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E0932	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E09321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E093211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E093212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E093213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E093219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E093291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E093292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E093293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E093299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E0933	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E09331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E093311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E093312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E093313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E093319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E093391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E093392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E093393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E093399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E0934	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E09341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E093411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E093412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E093413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E093419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E093491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E093492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E093493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E093499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E0935	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E09351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E093511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E093512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E093513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E093519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E09352	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula	Diagnosis	ICD-10-CM
E093521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E093522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E093523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E093529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09353	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula	Diagnosis	ICD-10-CM
E093531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E093532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E093533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E093539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E09354	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E093541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E093542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E093543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E093549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E09355	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E093551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E093552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E093553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E093559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E09359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E093591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E093592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E093593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E093599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E0936	Drug or chemical induced diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E0937	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment	Diagnosis	ICD-10-CM
E0937X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E0937X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E0937X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E0937X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E0939	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E094	Drug or chemical induced diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E0940	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E0941	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E0942	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E0943	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E0944	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy	Diagnosis	ICD-10-CM
E0949	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication	Diagnosis	ICD-10-CM
E095	Drug or chemical induced diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E0951	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E0952	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E0959	Drug or chemical induced diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E096	Drug or chemical induced diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E09610	Drug or chemical induced diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E09618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E09620	Drug or chemical induced diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E09621	Drug or chemical induced diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E09622	Drug or chemical induced diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E09628	Drug or chemical induced diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E09630	Drug or chemical induced diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E09638	Drug or chemical induced diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E0964	Drug or chemical induced diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
E09641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E09649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E0965	Drug or chemical induced diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E0969	Drug or chemical induced diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E098	Drug or chemical induced diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E099	Drug or chemical induced diabetes mellitus without complications	Diagnosis	ICD-10-CM
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E1011	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E1021	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1022	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1029	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E10311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E10319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E10321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E103211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E103212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E103213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E103219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E103291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E103292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E103293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E103299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E103311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E103312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E103313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E103319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E103391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E103392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E103393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E103399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E103411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E103412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E103413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E103419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E103491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E103492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E103493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E103499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E10351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E103511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E103512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E103513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E103519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E103521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E103522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E103523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E103529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E103531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E103532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E103533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E103539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E103541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E103542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E103543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E103549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E103551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E103552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E103553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E103559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E10359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E103591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E103592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E103593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E103599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E1036	Type 1 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E1037X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E1037X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E1037X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E1037X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E1039	Type 1 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E1040	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E1043	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E1044	Type 1 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E1049	Type 1 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E1051	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E1052	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E1059	Type 1 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E10610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E10618	Type 1 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E10620	Type 1 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E10621	Type 1 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E10622	Type 1 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E10628	Type 1 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E10630	Type 1 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E10638	Type 1 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E10641	Type 1 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E10649	Type 1 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E1065	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E1069	Type 1 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E108	Type 1 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E109	Type 1 diabetes mellitus without complications	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E1110	Type 2 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E1111	Type 2 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E1121	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1129	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E11311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E11319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E11321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E113211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E113212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E113213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E113219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E113291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E113292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E113293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E113299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E113311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E113312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E113313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E113319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E113391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E113392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E113393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E113399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E11341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E113411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E113412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E113413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E113419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E113491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E113492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E113493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E113499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E11351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E113511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E113512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E113513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E113519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E113521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E113522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM
E113523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E113529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E113531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E113532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E113533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E113539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E113541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E113542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E113543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E113549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E113551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E113552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E113553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E113559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E11359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E113591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E113592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E113593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E113599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E1136	Type 2 diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E1137X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM
E1137X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E1137X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E1137X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E1139	Type 2 diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E1144	Type 2 diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E1149	Type 2 diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E1159	Type 2 diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E11610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E11618	Type 2 diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E11620	Type 2 diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E11621	Type 2 diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E11622	Type 2 diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E11628	Type 2 diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E11630	Type 2 diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E11638	Type 2 diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E11641	Type 2 diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E11649	Type 2 diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E1165	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E1169	Type 2 diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E118	Type 2 diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E119	Type 2 diabetes mellitus without complications	Diagnosis	ICD-10-CM
E1300	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Diagnosis	ICD-10-CM
E1301	Other specified diabetes mellitus with hyperosmolarity with coma	Diagnosis	ICD-10-CM
E1310	Other specified diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E1311	Other specified diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E1321	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1322	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1329	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E13311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E13319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E13321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E133211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E133212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E133213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E133219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E133291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E133292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E133293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E133299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E133311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E133312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E133313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E133319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E133339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E133391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E133392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E133393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E133399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E133411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E133412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E133413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E133419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E133491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E133492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E133493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E133499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E13351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema	Diagnosis	ICD-10-CM
E133511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	Diagnosis	ICD-10-CM
E133512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	Diagnosis	ICD-10-CM
E133513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	Diagnosis	ICD-10-CM
E133519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	Diagnosis	ICD-10-CM
E133521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	Diagnosis	ICD-10-CM
E133522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E133523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Diagnosis	ICD-10-CM
E133529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E133531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Diagnosis	ICD-10-CM
E133532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Diagnosis	ICD-10-CM
E133533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	Diagnosis	ICD-10-CM
E133539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Diagnosis	ICD-10-CM
E133541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Diagnosis	ICD-10-CM
E133542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	Diagnosis	ICD-10-CM
E133543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	Diagnosis	ICD-10-CM
E133549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	Diagnosis	ICD-10-CM
E133551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	Diagnosis	ICD-10-CM
E133552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	Diagnosis	ICD-10-CM
E133553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	Diagnosis	ICD-10-CM
E133559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	Diagnosis	ICD-10-CM
E13359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema	Diagnosis	ICD-10-CM
E133591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	Diagnosis	ICD-10-CM
E133592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	Diagnosis	ICD-10-CM
E133593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	Diagnosis	ICD-10-CM
E133599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	Diagnosis	ICD-10-CM
E1336	Other specified diabetes mellitus with diabetic cataract	Diagnosis	ICD-10-CM
E1337X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E1337X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	Diagnosis	ICD-10-CM
E1337X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	Diagnosis	ICD-10-CM
E1337X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	Diagnosis	ICD-10-CM
E1339	Other specified diabetes mellitus with other diabetic ophthalmic complication	Diagnosis	ICD-10-CM
E1340	Other specified diabetes mellitus with diabetic neuropathy, unspecified	Diagnosis	ICD-10-CM
E1341	Other specified diabetes mellitus with diabetic mononeuropathy	Diagnosis	ICD-10-CM
E1342	Other specified diabetes mellitus with diabetic polyneuropathy	Diagnosis	ICD-10-CM
E1343	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy	Diagnosis	ICD-10-CM
E1344	Other specified diabetes mellitus with diabetic amyotrophy	Diagnosis	ICD-10-CM
E1349	Other specified diabetes mellitus with other diabetic neurological complication	Diagnosis	ICD-10-CM
E1351	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene	Diagnosis	ICD-10-CM
E1352	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene	Diagnosis	ICD-10-CM
E1359	Other specified diabetes mellitus with other circulatory complications	Diagnosis	ICD-10-CM
E13610	Other specified diabetes mellitus with diabetic neuropathic arthropathy	Diagnosis	ICD-10-CM
E13618	Other specified diabetes mellitus with other diabetic arthropathy	Diagnosis	ICD-10-CM
E13620	Other specified diabetes mellitus with diabetic dermatitis	Diagnosis	ICD-10-CM
E13621	Other specified diabetes mellitus with foot ulcer	Diagnosis	ICD-10-CM
E13622	Other specified diabetes mellitus with other skin ulcer	Diagnosis	ICD-10-CM
E13628	Other specified diabetes mellitus with other skin complications	Diagnosis	ICD-10-CM
E13630	Other specified diabetes mellitus with periodontal disease	Diagnosis	ICD-10-CM
E13638	Other specified diabetes mellitus with other oral complications	Diagnosis	ICD-10-CM
E13641	Other specified diabetes mellitus with hypoglycemia with coma	Diagnosis	ICD-10-CM
E13649	Other specified diabetes mellitus with hypoglycemia without coma	Diagnosis	ICD-10-CM
E1365	Other specified diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E1369	Other specified diabetes mellitus with other specified complication	Diagnosis	ICD-10-CM
E138	Other specified diabetes mellitus with unspecified complications	Diagnosis	ICD-10-CM
E139	Other specified diabetes mellitus without complications	Diagnosis	ICD-10-CM
O240	Pre-existing type 1 diabetes mellitus, in pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O2401	Pre-existing type 1 diabetes mellitus, in pregnancy	Diagnosis	ICD-10-CM
O24011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24019	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O2402	Pre-existing type 1 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O2403	Pre-existing type 1 diabetes mellitus, in the puerperium	Diagnosis	ICD-10-CM
O241	Pre-existing type 2 diabetes mellitus, in pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O2411	Pre-existing type 2 diabetes mellitus, in pregnancy	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
O24111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O2412	Pre-existing type 2 diabetes mellitus, in childbirth	Diagnosis	ICD-10-CM
O2413	Pre-existing type 2 diabetes mellitus, in the puerperium	Diagnosis	ICD-10-CM
O243	Unspecified pre-existing diabetes mellitus in pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O2431	Unspecified pre-existing diabetes mellitus in pregnancy	Diagnosis	ICD-10-CM
O24311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O2432	Unspecified pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O2433	Unspecified pre-existing diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
O2441	Gestational diabetes mellitus in pregnancy	Diagnosis	ICD-10-CM
O24410	Gestational diabetes mellitus in pregnancy, diet controlled	Diagnosis	ICD-10-CM
O24414	Gestational diabetes mellitus in pregnancy, insulin controlled	Diagnosis	ICD-10-CM
O24415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24419	Gestational diabetes mellitus in pregnancy, unspecified control	Diagnosis	ICD-10-CM
O2442	Gestational diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O24420	Gestational diabetes mellitus in childbirth, diet controlled	Diagnosis	ICD-10-CM
O24424	Gestational diabetes mellitus in childbirth, insulin controlled	Diagnosis	ICD-10-CM
O24425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24429	Gestational diabetes mellitus in childbirth, unspecified control	Diagnosis	ICD-10-CM
O2443	Gestational diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
O24430	Gestational diabetes mellitus in the puerperium, diet controlled	Diagnosis	ICD-10-CM
O24434	Gestational diabetes mellitus in the puerperium, insulin controlled	Diagnosis	ICD-10-CM
O24435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs	Diagnosis	ICD-10-CM
O24439	Gestational diabetes mellitus in the puerperium, unspecified control	Diagnosis	ICD-10-CM
O24811	Other pre-existing diabetes mellitus in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24812	Other pre-existing diabetes mellitus in pregnancy, second trimester	Diagnosis	ICD-10-CM
O24813	Other pre-existing diabetes mellitus in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O2482	Other pre-existing diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O2483	Other pre-existing diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
O249	Unspecified diabetes mellitus in pregnancy, childbirth and the puerperium	Diagnosis	ICD-10-CM
O2491	Unspecified diabetes mellitus in pregnancy	Diagnosis	ICD-10-CM
O24911	Unspecified diabetes mellitus in pregnancy, first trimester	Diagnosis	ICD-10-CM
O24912	Unspecified diabetes mellitus in pregnancy, second trimester	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
O24913	Unspecified diabetes mellitus in pregnancy, third trimester	Diagnosis	ICD-10-CM
O24919	Unspecified diabetes mellitus in pregnancy, unspecified trimester	Diagnosis	ICD-10-CM
O2492	Unspecified diabetes mellitus in childbirth	Diagnosis	ICD-10-CM
O2493	Unspecified diabetes mellitus in the puerperium	Diagnosis	ICD-10-CM
E0861	Diabetes mellitus due to underlying condition with diabetic arthropathy	Diagnosis	ICD-10-CM
E0862	Diabetes mellitus due to underlying condition with skin complications	Diagnosis	ICD-10-CM
E0863	Diabetes mellitus due to underlying condition with oral complications	Diagnosis	ICD-10-CM
E0961	Drug or chemical induced diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E0962	Drug or chemical induced diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E0963	Drug or chemical induced diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E10	Type 1 diabetes mellitus	Diagnosis	ICD-10-CM
E101	Type 1 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E102	Type 1 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E103	Type 1 diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E1031	Type 1 diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E1032	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1033	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1034	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1035	Type 1 diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E10352	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula	Diagnosis	ICD-10-CM
E10353	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula	Diagnosis	ICD-10-CM
E10354	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	Diagnosis	ICD-10-CM
E10355	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1037	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment	Diagnosis	ICD-10-CM
E104	Type 1 diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E105	Type 1 diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E106	Type 1 diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E1061	Type 1 diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E1062	Type 1 diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E1063	Type 1 diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E1064	Type 1 diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
E11	Type 2 diabetes mellitus	Diagnosis	ICD-10-CM
E110	Type 2 diabetes mellitus with hyperosmolarity	Diagnosis	ICD-10-CM
E111	Type 2 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E112	Type 2 diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E113	Type 2 diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E1131	Type 2 diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E1132	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1133	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1134	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1135	Type 2 diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E11352	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula	Diagnosis	ICD-10-CM
E11353	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula	Diagnosis	ICD-10-CM
E11354	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	Diagnosis	ICD-10-CM
E11355	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1137	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment	Diagnosis	ICD-10-CM
E114	Type 2 diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E115	Type 2 diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E116	Type 2 diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E1161	Type 2 diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E1162	Type 2 diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E1163	Type 2 diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E1164	Type 2 diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
E13	Other specified diabetes mellitus	Diagnosis	ICD-10-CM
E130	Other specified diabetes mellitus with hyperosmolarity	Diagnosis	ICD-10-CM
E131	Other specified diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E132	Other specified diabetes mellitus with kidney complications	Diagnosis	ICD-10-CM
E133	Other specified diabetes mellitus with ophthalmic complications	Diagnosis	ICD-10-CM
E1331	Other specified diabetes mellitus with unspecified diabetic retinopathy	Diagnosis	ICD-10-CM
E1332	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1333	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1334	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E1335	Other specified diabetes mellitus with proliferative diabetic retinopathy	Diagnosis	ICD-10-CM
E13352	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula	Diagnosis	ICD-10-CM
E13353	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula	Diagnosis	ICD-10-CM
E13354	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	Diagnosis	ICD-10-CM
E13355	Other specified diabetes mellitus with stable proliferative diabetic retinopathy	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E1337	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment	Diagnosis	ICD-10-CM
E134	Other specified diabetes mellitus with neurological complications	Diagnosis	ICD-10-CM
E135	Other specified diabetes mellitus with circulatory complications	Diagnosis	ICD-10-CM
E136	Other specified diabetes mellitus with other specified complications	Diagnosis	ICD-10-CM
E1361	Other specified diabetes mellitus with diabetic arthropathy	Diagnosis	ICD-10-CM
E1362	Other specified diabetes mellitus with skin complications	Diagnosis	ICD-10-CM
E1363	Other specified diabetes mellitus with oral complications	Diagnosis	ICD-10-CM
E1364	Other specified diabetes mellitus with hypoglycemia	Diagnosis	ICD-10-CM
O24	Diabetes mellitus in pregnancy, childbirth, and the puerperium	Diagnosis	ICD-10-CM
O244	Gestational diabetes mellitus	Diagnosis	ICD-10-CM
O248	Other pre-existing diabetes mellitus in pregnancy, childbirth, and the puerperium	Diagnosis	ICD-10-CM
O2481	Other pre-existing diabetes mellitus in pregnancy	Diagnosis	ICD-10-CM
Chronic Liver Disease			
K700	Alcoholic fatty liver	Diagnosis	ICD-10-CM
K7010	Alcoholic hepatitis without ascites	Diagnosis	ICD-10-CM
K7011	Alcoholic hepatitis with ascites	Diagnosis	ICD-10-CM
K702	Alcoholic fibrosis and sclerosis of liver	Diagnosis	ICD-10-CM
K7030	Alcoholic cirrhosis of liver without ascites	Diagnosis	ICD-10-CM
K7031	Alcoholic cirrhosis of liver with ascites	Diagnosis	ICD-10-CM
K7040	Alcoholic hepatic failure without coma	Diagnosis	ICD-10-CM
K7041	Alcoholic hepatic failure with coma	Diagnosis	ICD-10-CM
K709	Alcoholic liver disease, unspecified	Diagnosis	ICD-10-CM
K7110	Toxic liver disease with hepatic necrosis, without coma	Diagnosis	ICD-10-CM
K7111	Toxic liver disease with hepatic necrosis, with coma	Diagnosis	ICD-10-CM
K713	Toxic liver disease with chronic persistent hepatitis	Diagnosis	ICD-10-CM
K714	Toxic liver disease with chronic lobular hepatitis	Diagnosis	ICD-10-CM
K715	Toxic liver disease with chronic active hepatitis	Diagnosis	ICD-10-CM
K7150	Toxic liver disease with chronic active hepatitis without ascites	Diagnosis	ICD-10-CM
K7151	Toxic liver disease with chronic active hepatitis with ascites	Diagnosis	ICD-10-CM
K716	Toxic liver disease with hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K717	Toxic liver disease with fibrosis and cirrhosis of liver	Diagnosis	ICD-10-CM
K718	Toxic liver disease with other disorders of liver	Diagnosis	ICD-10-CM
K719	Toxic liver disease, unspecified	Diagnosis	ICD-10-CM
K721	Chronic hepatic failure	Diagnosis	ICD-10-CM
K7210	Chronic hepatic failure without coma	Diagnosis	ICD-10-CM
K7211	Chronic hepatic failure with coma	Diagnosis	ICD-10-CM
K7290	Hepatic failure, unspecified without coma	Diagnosis	ICD-10-CM
K7291	Hepatic failure, unspecified with coma	Diagnosis	ICD-10-CM
K730	Chronic persistent hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K731	Chronic lobular hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K732	Chronic active hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K738	Other chronic hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K739	Chronic hepatitis, unspecified	Diagnosis	ICD-10-CM
K740	Hepatic fibrosis	Diagnosis	ICD-10-CM
K741	Hepatic sclerosis	Diagnosis	ICD-10-CM
K742	Hepatic fibrosis with hepatic sclerosis	Diagnosis	ICD-10-CM
K743	Primary biliary cirrhosis	Diagnosis	ICD-10-CM
K744	Secondary biliary cirrhosis	Diagnosis	ICD-10-CM
K745	Biliary cirrhosis, unspecified	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
K7460	Unspecified cirrhosis of liver	Diagnosis	ICD-10-CM
K7469	Other cirrhosis of liver	Diagnosis	ICD-10-CM
K753	Granulomatous hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K754	Autoimmune hepatitis	Diagnosis	ICD-10-CM
K758	Other specified inflammatory liver diseases	Diagnosis	ICD-10-CM
K7581	Nonalcoholic steatohepatitis (NASH)	Diagnosis	ICD-10-CM
K7589	Other specified inflammatory liver diseases	Diagnosis	ICD-10-CM
K759	Inflammatory liver disease, unspecified	Diagnosis	ICD-10-CM
K760	Fatty (change of) liver, not elsewhere classified	Diagnosis	ICD-10-CM
K70	Alcoholic liver disease	Diagnosis	ICD-10-CM
K701	Alcoholic hepatitis	Diagnosis	ICD-10-CM
K703	Alcoholic cirrhosis of liver	Diagnosis	ICD-10-CM
K704	Alcoholic hepatic failure	Diagnosis	ICD-10-CM
K71	Toxic liver disease	Diagnosis	ICD-10-CM
K710	Toxic liver disease with cholestasis	Diagnosis	ICD-10-CM
K711	Toxic liver disease with hepatic necrosis	Diagnosis	ICD-10-CM
K729	Hepatic failure, unspecified	Diagnosis	ICD-10-CM
K73	Chronic hepatitis, not elsewhere classified	Diagnosis	ICD-10-CM
K74	Fibrosis and cirrhosis of liver	Diagnosis	ICD-10-CM
K746	Other and unspecified cirrhosis of liver	Diagnosis	ICD-10-CM
Chronic Kidney Disease			
N183	Chronic kidney disease, stage 3	Diagnosis	ICD-10-CM
N184	Chronic kidney disease, stage 4	Diagnosis	ICD-10-CM
N185	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM
N186	End stage renal disease	Diagnosis	ICD-10-CM
N189	Chronic kidney disease, unspecified	Diagnosis	ICD-10-CM
N19	Unspecified kidney failure	Diagnosis	ICD-10-CM
I120	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM
I129	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I130	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I1310	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	Diagnosis	ICD-10-CM
I1311	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I132	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
Z9115	Patient's noncompliance with renal dialysis	Diagnosis	ICD-10-CM
E0821	Diabetes mellitus due to underlying condition with diabetic nephropathy	Diagnosis	ICD-10-CM
E0822	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E0829	Diabetes mellitus due to underlying condition with other diabetic kidney complication	Diagnosis	ICD-10-CM
E0921	Drug or chemical induced diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E0922	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E0929	Drug or chemical induced diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E1021	Type 1 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1022	Type 1 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1029	Type 1 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E1121	Type 2 diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1129	Type 2 diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
E1321	Other specified diabetes mellitus with diabetic nephropathy	Diagnosis	ICD-10-CM
E1322	Other specified diabetes mellitus with diabetic chronic kidney disease	Diagnosis	ICD-10-CM
E1329	Other specified diabetes mellitus with other diabetic kidney complication	Diagnosis	ICD-10-CM
Rheumatological and Inflammatory Disease			
D860	Sarcoidosis of lung	Diagnosis	ICD-10-CM
D861	Sarcoidosis of lymph nodes	Diagnosis	ICD-10-CM
D862	Sarcoidosis of lung with sarcoidosis of lymph nodes	Diagnosis	ICD-10-CM
D863	Sarcoidosis of skin	Diagnosis	ICD-10-CM
D8681	Sarcoid meningitis	Diagnosis	ICD-10-CM
D8682	Multiple cranial nerve palsies in sarcoidosis	Diagnosis	ICD-10-CM
D8683	Sarcoid iridocyclitis	Diagnosis	ICD-10-CM
D8684	Sarcoid pyelonephritis	Diagnosis	ICD-10-CM
D8685	Sarcoid myocarditis	Diagnosis	ICD-10-CM
D8686	Sarcoid arthropathy	Diagnosis	ICD-10-CM
D8687	Sarcoid myositis	Diagnosis	ICD-10-CM
D8689	Sarcoidosis of other sites	Diagnosis	ICD-10-CM
D869	Sarcoidosis, unspecified	Diagnosis	ICD-10-CM
E850	Non-neuropathic hereditary amyloidosis	Diagnosis	ICD-10-CM
E851	Neuropathic hereditary amyloidosis	Diagnosis	ICD-10-CM
E852	Hereditary amyloidosis, unspecified	Diagnosis	ICD-10-CM
E853	Secondary systemic amyloidosis	Diagnosis	ICD-10-CM
E854	Organ-limited amyloidosis	Diagnosis	ICD-10-CM
E8581	Light chain (AL) amyloidosis	Diagnosis	ICD-10-CM
E8582	Wild-type transthyretin-related (ATTR) amyloidosis	Diagnosis	ICD-10-CM
E8589	Other amyloidosis	Diagnosis	ICD-10-CM
E859	Amyloidosis, unspecified	Diagnosis	ICD-10-CM
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G360	Neuromyelitis optica [Devic]	Diagnosis	ICD-10-CM
G370	Diffuse sclerosis of central nervous system	Diagnosis	ICD-10-CM
G371	Central demyelination of corpus callosum	Diagnosis	ICD-10-CM
G372	Central pontine myelinolysis	Diagnosis	ICD-10-CM
G373	Acute transverse myelitis in demyelinating disease of central nervous system	Diagnosis	ICD-10-CM
G374	Subacute necrotizing myelitis of central nervous system	Diagnosis	ICD-10-CM
G375	Concentric sclerosis [Balo] of central nervous system	Diagnosis	ICD-10-CM
G378	Other specified demyelinating diseases of central nervous system	Diagnosis	ICD-10-CM
G6181	Chronic inflammatory demyelinating polyneuritis	Diagnosis	ICD-10-CM
G6182	Multifocal motor neuropathies (inflammatory)	Diagnosis	ICD-10-CM
G6189	Other inflammatory polyneuropathies	Diagnosis	ICD-10-CM
G619	Inflammatory polyneuropathy, unspecified	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
G622	Polyneuropathy due to other toxic agents	Diagnosis	ICD-10-CM
G6281	Critical illness polyneuropathy	Diagnosis	ICD-10-CM
G63	Polyneuropathy in diseases classified elsewhere	Diagnosis	ICD-10-CM
I408	Other acute myocarditis	Diagnosis	ICD-10-CM
I409	Acute myocarditis, unspecified	Diagnosis	ICD-10-CM
I41	Myocarditis in diseases classified elsewhere	Diagnosis	ICD-10-CM
J679	Hypersensitivity pneumonitis due to unspecified organic dust	Diagnosis	ICD-10-CM
J8401	Alveolar proteinosis	Diagnosis	ICD-10-CM
J8402	Pulmonary alveolar microlithiasis	Diagnosis	ICD-10-CM
J8409	Other alveolar and parieto-alveolar conditions	Diagnosis	ICD-10-CM
J84111	Idiopathic interstitial pneumonia, not otherwise specified	Diagnosis	ICD-10-CM
J84112	Idiopathic pulmonary fibrosis	Diagnosis	ICD-10-CM
J84113	Idiopathic non-specific interstitial pneumonitis	Diagnosis	ICD-10-CM
J84114	Acute interstitial pneumonitis	Diagnosis	ICD-10-CM
J84115	Respiratory bronchiolitis interstitial lung disease	Diagnosis	ICD-10-CM
J84116	Cryptogenic organizing pneumonia	Diagnosis	ICD-10-CM
J84117	Desquamative interstitial pneumonia	Diagnosis	ICD-10-CM
J842	Lymphoid interstitial pneumonia	Diagnosis	ICD-10-CM
J8481	Lymphangioliomyomatosis	Diagnosis	ICD-10-CM
J8482	Adult pulmonary Langerhans cell histiocytosis	Diagnosis	ICD-10-CM
J8483	Surfactant mutations of the lung	Diagnosis	ICD-10-CM
J84841	Neuroendocrine cell hyperplasia of infancy	Diagnosis	ICD-10-CM
J84842	Pulmonary interstitial glycogenosis	Diagnosis	ICD-10-CM
J84843	Alveolar capillary dysplasia with vein misalignment	Diagnosis	ICD-10-CM
J84848	Other interstitial lung diseases of childhood	Diagnosis	ICD-10-CM
K5000	Crohn's disease of small intestine without complications	Diagnosis	ICD-10-CM
K50011	Crohn's disease of small intestine with rectal bleeding	Diagnosis	ICD-10-CM
K50012	Crohn's disease of small intestine with intestinal obstruction	Diagnosis	ICD-10-CM
K50013	Crohn's disease of small intestine with fistula	Diagnosis	ICD-10-CM
K50014	Crohn's disease of small intestine with abscess	Diagnosis	ICD-10-CM
K50018	Crohn's disease of small intestine with other complication	Diagnosis	ICD-10-CM
K50019	Crohn's disease of small intestine with unspecified complications	Diagnosis	ICD-10-CM
K5010	Crohn's disease of large intestine without complications	Diagnosis	ICD-10-CM
K50111	Crohn's disease of large intestine with rectal bleeding	Diagnosis	ICD-10-CM
K50112	Crohn's disease of large intestine with intestinal obstruction	Diagnosis	ICD-10-CM
K50113	Crohn's disease of large intestine with fistula	Diagnosis	ICD-10-CM
K50114	Crohn's disease of large intestine with abscess	Diagnosis	ICD-10-CM
K50118	Crohn's disease of large intestine with other complication	Diagnosis	ICD-10-CM
K50119	Crohn's disease of large intestine with unspecified complications	Diagnosis	ICD-10-CM
K5080	Crohn's disease of both small and large intestine without complications	Diagnosis	ICD-10-CM
K50811	Crohn's disease of both small and large intestine with rectal bleeding	Diagnosis	ICD-10-CM
K50812	Crohn's disease of both small and large intestine with intestinal obstruction	Diagnosis	ICD-10-CM
K50813	Crohn's disease of both small and large intestine with fistula	Diagnosis	ICD-10-CM
K50814	Crohn's disease of both small and large intestine with abscess	Diagnosis	ICD-10-CM
K50818	Crohn's disease of both small and large intestine with other complication	Diagnosis	ICD-10-CM
K50819	Crohn's disease of both small and large intestine with unspecified complications	Diagnosis	ICD-10-CM
K5090	Crohn's disease, unspecified, without complications	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
K50911	Crohn's disease, unspecified, with rectal bleeding	Diagnosis	ICD-10-CM
K50912	Crohn's disease, unspecified, with intestinal obstruction	Diagnosis	ICD-10-CM
K50913	Crohn's disease, unspecified, with fistula	Diagnosis	ICD-10-CM
K50914	Crohn's disease, unspecified, with abscess	Diagnosis	ICD-10-CM
K50918	Crohn's disease, unspecified, with other complication	Diagnosis	ICD-10-CM
K50919	Crohn's disease, unspecified, with unspecified complications	Diagnosis	ICD-10-CM
K5100	Ulcerative (chronic) pancolitis without complications	Diagnosis	ICD-10-CM
K51011	Ulcerative (chronic) pancolitis with rectal bleeding	Diagnosis	ICD-10-CM
K51012	Ulcerative (chronic) pancolitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51013	Ulcerative (chronic) pancolitis with fistula	Diagnosis	ICD-10-CM
K51014	Ulcerative (chronic) pancolitis with abscess	Diagnosis	ICD-10-CM
K51018	Ulcerative (chronic) pancolitis with other complication	Diagnosis	ICD-10-CM
K51019	Ulcerative (chronic) pancolitis with unspecified complications	Diagnosis	ICD-10-CM
K5120	Ulcerative (chronic) proctitis without complications	Diagnosis	ICD-10-CM
K51211	Ulcerative (chronic) proctitis with rectal bleeding	Diagnosis	ICD-10-CM
K51212	Ulcerative (chronic) proctitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51213	Ulcerative (chronic) proctitis with fistula	Diagnosis	ICD-10-CM
K51214	Ulcerative (chronic) proctitis with abscess	Diagnosis	ICD-10-CM
K51218	Ulcerative (chronic) proctitis with other complication	Diagnosis	ICD-10-CM
K51219	Ulcerative (chronic) proctitis with unspecified complications	Diagnosis	ICD-10-CM
K5130	Ulcerative (chronic) rectosigmoiditis without complications	Diagnosis	ICD-10-CM
K51311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding	Diagnosis	ICD-10-CM
K51312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction	Diagnosis	ICD-10-CM
K51313	Ulcerative (chronic) rectosigmoiditis with fistula	Diagnosis	ICD-10-CM
K51314	Ulcerative (chronic) rectosigmoiditis with abscess	Diagnosis	ICD-10-CM
K51318	Ulcerative (chronic) rectosigmoiditis with other complication	Diagnosis	ICD-10-CM
K51319	Ulcerative (chronic) rectosigmoiditis with unspecified complications	Diagnosis	ICD-10-CM
K5140	Inflammatory polyps of colon without complications	Diagnosis	ICD-10-CM
K51411	Inflammatory polyps of colon with rectal bleeding	Diagnosis	ICD-10-CM
K51412	Inflammatory polyps of colon with intestinal obstruction	Diagnosis	ICD-10-CM
K51413	Inflammatory polyps of colon with fistula	Diagnosis	ICD-10-CM
K51414	Inflammatory polyps of colon with abscess	Diagnosis	ICD-10-CM
K51418	Inflammatory polyps of colon with other complication	Diagnosis	ICD-10-CM
K51419	Inflammatory polyps of colon with unspecified complications	Diagnosis	ICD-10-CM
K5150	Left sided colitis without complications	Diagnosis	ICD-10-CM
K51511	Left sided colitis with rectal bleeding	Diagnosis	ICD-10-CM
K51512	Left sided colitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51513	Left sided colitis with fistula	Diagnosis	ICD-10-CM
K51514	Left sided colitis with abscess	Diagnosis	ICD-10-CM
K51518	Left sided colitis with other complication	Diagnosis	ICD-10-CM
K51519	Left sided colitis with unspecified complications	Diagnosis	ICD-10-CM
K5180	Other ulcerative colitis without complications	Diagnosis	ICD-10-CM
K51811	Other ulcerative colitis with rectal bleeding	Diagnosis	ICD-10-CM
K51812	Other ulcerative colitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51813	Other ulcerative colitis with fistula	Diagnosis	ICD-10-CM
K51814	Other ulcerative colitis with abscess	Diagnosis	ICD-10-CM
K51818	Other ulcerative colitis with other complication	Diagnosis	ICD-10-CM
K51819	Other ulcerative colitis with unspecified complications	Diagnosis	ICD-10-CM
K5190	Ulcerative colitis, unspecified, without complications	Diagnosis	ICD-10-CM
K51911	Ulcerative colitis, unspecified with rectal bleeding	Diagnosis	ICD-10-CM
K51912	Ulcerative colitis, unspecified with intestinal obstruction	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
K51913	Ulcerative colitis, unspecified with fistula	Diagnosis	ICD-10-CM
K51914	Ulcerative colitis, unspecified with abscess	Diagnosis	ICD-10-CM
K51918	Ulcerative colitis, unspecified with other complication	Diagnosis	ICD-10-CM
K51919	Ulcerative colitis, unspecified with unspecified complications	Diagnosis	ICD-10-CM
K520	Gastroenteritis and colitis due to radiation	Diagnosis	ICD-10-CM
K521	Toxic gastroenteritis and colitis	Diagnosis	ICD-10-CM
K5221	Allergic and dietetic gastroenteritis and colitis ,Food protein-induced enterocolitis syndrome	Diagnosis	ICD-10-CM
K5222	Allergic and dietetic gastroenteritis and colitis,Food protein-induced enteropathy	Diagnosis	ICD-10-CM
K5229	Allergic and dietetic gastroenteritis and colitis,Other allergic and dietetic gastroenteritis and colitis	Diagnosis	ICD-10-CM
K5281	Eosinophilic gastritis or gastroenteritis	Diagnosis	ICD-10-CM
K5282	Eosinophilic colitis	Diagnosis	ICD-10-CM
K5289	Other specified noninfective gastroenteritis and colitis	Diagnosis	ICD-10-CM
K529	Noninfective gastroenteritis and colitis, unspecified	Diagnosis	ICD-10-CM
K55011	Acute (reversible) ischemia of small intestine,Focal (segmental) acute (reversible) ischemia of small intestine	Diagnosis	ICD-10-CM
K55012	Acute (reversible) ischemia of small intestine,Diffuse acute (reversible) ischemia of small intestine	Diagnosis	ICD-10-CM
K55019	Acute (reversible) ischemia of small intestine,extent unspecified	Diagnosis	ICD-10-CM
K551	Chronic vascular disorders of intestine	Diagnosis	ICD-10-CM
K559	Vascular disorder of intestine, unspecified	Diagnosis	ICD-10-CM
I400	Infective myocarditis	Diagnosis	ICD-10-CM
I401	Isolated myocarditis	Diagnosis	ICD-10-CM
L930	Discoid lupus erythematosus	Diagnosis	ICD-10-CM
L931	Subacute cutaneous lupus erythematosus	Diagnosis	ICD-10-CM
L932	Other local lupus erythematosus	Diagnosis	ICD-10-CM
M02	Postinfective and reactive arthropathies	Diagnosis	ICD-10-CM
M020	Arthropathy following intestinal bypass	Diagnosis	ICD-10-CM
M0200	Arthropathy following intestinal bypass, unspecified site	Diagnosis	ICD-10-CM
M0201	Arthropathy following intestinal bypass, shoulder	Diagnosis	ICD-10-CM
M02011	Arthropathy following intestinal bypass, right shoulder	Diagnosis	ICD-10-CM
M02012	Arthropathy following intestinal bypass, left shoulder	Diagnosis	ICD-10-CM
M02019	Arthropathy following intestinal bypass, unspecified shoulder	Diagnosis	ICD-10-CM
M0202	Arthropathy following intestinal bypass, elbow	Diagnosis	ICD-10-CM
M02021	Arthropathy following intestinal bypass, right elbow	Diagnosis	ICD-10-CM
M02022	Arthropathy following intestinal bypass, left elbow	Diagnosis	ICD-10-CM
M02029	Arthropathy following intestinal bypass, unspecified elbow	Diagnosis	ICD-10-CM
M0203	Arthropathy following intestinal bypass, wrist	Diagnosis	ICD-10-CM
M02031	Arthropathy following intestinal bypass, right wrist	Diagnosis	ICD-10-CM
M02032	Arthropathy following intestinal bypass, left wrist	Diagnosis	ICD-10-CM
M02039	Arthropathy following intestinal bypass, unspecified wrist	Diagnosis	ICD-10-CM
M0204	Arthropathy following intestinal bypass, hand	Diagnosis	ICD-10-CM
M02041	Arthropathy following intestinal bypass, right hand	Diagnosis	ICD-10-CM
M02042	Arthropathy following intestinal bypass, left hand	Diagnosis	ICD-10-CM
M02049	Arthropathy following intestinal bypass, unspecified hand	Diagnosis	ICD-10-CM
M0205	Arthropathy following intestinal bypass, hip	Diagnosis	ICD-10-CM
M02051	Arthropathy following intestinal bypass, right hip	Diagnosis	ICD-10-CM
M02052	Arthropathy following intestinal bypass, left hip	Diagnosis	ICD-10-CM
M02059	Arthropathy following intestinal bypass, unspecified hip	Diagnosis	ICD-10-CM
M0206	Arthropathy following intestinal bypass, knee	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M02061	Arthropathy following intestinal bypass, right knee	Diagnosis	ICD-10-CM
M02062	Arthropathy following intestinal bypass, left knee	Diagnosis	ICD-10-CM
M02069	Arthropathy following intestinal bypass, unspecified knee	Diagnosis	ICD-10-CM
M0207	Arthropathy following intestinal bypass, ankle and foot	Diagnosis	ICD-10-CM
M02071	Arthropathy following intestinal bypass, right ankle and foot	Diagnosis	ICD-10-CM
M02072	Arthropathy following intestinal bypass, left ankle and foot	Diagnosis	ICD-10-CM
M02079	Arthropathy following intestinal bypass, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0208	Arthropathy following intestinal bypass, vertebrae	Diagnosis	ICD-10-CM
M0209	Arthropathy following intestinal bypass, multiple sites	Diagnosis	ICD-10-CM
M021	Postdysenteric arthropathy	Diagnosis	ICD-10-CM
M0210	Postdysenteric arthropathy, unspecified site	Diagnosis	ICD-10-CM
M0211	Postdysenteric arthropathy, shoulder	Diagnosis	ICD-10-CM
M02111	Postdysenteric arthropathy, right shoulder	Diagnosis	ICD-10-CM
M02112	Postdysenteric arthropathy, left shoulder	Diagnosis	ICD-10-CM
M02119	Postdysenteric arthropathy, unspecified shoulder	Diagnosis	ICD-10-CM
M0212	Postdysenteric arthropathy, elbow	Diagnosis	ICD-10-CM
M02121	Postdysenteric arthropathy, right elbow	Diagnosis	ICD-10-CM
M02122	Postdysenteric arthropathy, left elbow	Diagnosis	ICD-10-CM
M02129	Postdysenteric arthropathy, unspecified elbow	Diagnosis	ICD-10-CM
M0213	Postdysenteric arthropathy, wrist	Diagnosis	ICD-10-CM
M02131	Postdysenteric arthropathy, right wrist	Diagnosis	ICD-10-CM
M02132	Postdysenteric arthropathy, left wrist	Diagnosis	ICD-10-CM
M02139	Postdysenteric arthropathy, unspecified wrist	Diagnosis	ICD-10-CM
M0214	Postdysenteric arthropathy, hand	Diagnosis	ICD-10-CM
M02141	Postdysenteric arthropathy, right hand	Diagnosis	ICD-10-CM
M02142	Postdysenteric arthropathy, left hand	Diagnosis	ICD-10-CM
M02149	Postdysenteric arthropathy, unspecified hand	Diagnosis	ICD-10-CM
M0215	Postdysenteric arthropathy, hip	Diagnosis	ICD-10-CM
M02151	Postdysenteric arthropathy, right hip	Diagnosis	ICD-10-CM
M02152	Postdysenteric arthropathy, left hip	Diagnosis	ICD-10-CM
M02159	Postdysenteric arthropathy, unspecified hip	Diagnosis	ICD-10-CM
M0216	Postdysenteric arthropathy, knee	Diagnosis	ICD-10-CM
M02161	Postdysenteric arthropathy, right knee	Diagnosis	ICD-10-CM
M02162	Postdysenteric arthropathy, left knee	Diagnosis	ICD-10-CM
M02169	Postdysenteric arthropathy, unspecified knee	Diagnosis	ICD-10-CM
M0217	Postdysenteric arthropathy, ankle and foot	Diagnosis	ICD-10-CM
M02171	Postdysenteric arthropathy, right ankle and foot	Diagnosis	ICD-10-CM
M02172	Postdysenteric arthropathy, left ankle and foot	Diagnosis	ICD-10-CM
M02179	Postdysenteric arthropathy, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0218	Postdysenteric arthropathy, vertebrae	Diagnosis	ICD-10-CM
M0219	Postdysenteric arthropathy, multiple sites	Diagnosis	ICD-10-CM
M022	Postimmunization arthropathy	Diagnosis	ICD-10-CM
M0220	Postimmunization arthropathy, unspecified site	Diagnosis	ICD-10-CM
M0221	Postimmunization arthropathy, shoulder	Diagnosis	ICD-10-CM
M02211	Postimmunization arthropathy, right shoulder	Diagnosis	ICD-10-CM
M02212	Postimmunization arthropathy, left shoulder	Diagnosis	ICD-10-CM
M02219	Postimmunization arthropathy, unspecified shoulder	Diagnosis	ICD-10-CM
M0222	Postimmunization arthropathy, elbow	Diagnosis	ICD-10-CM
M02221	Postimmunization arthropathy, right elbow	Diagnosis	ICD-10-CM
M02222	Postimmunization arthropathy, left elbow	Diagnosis	ICD-10-CM
M02229	Postimmunization arthropathy, unspecified elbow	Diagnosis	ICD-10-CM
M0223	Postimmunization arthropathy, wrist	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M02231	Postimmunization arthropathy, right wrist	Diagnosis	ICD-10-CM
M02232	Postimmunization arthropathy, left wrist	Diagnosis	ICD-10-CM
M02239	Postimmunization arthropathy, unspecified wrist	Diagnosis	ICD-10-CM
M0224	Postimmunization arthropathy, hand	Diagnosis	ICD-10-CM
M02241	Postimmunization arthropathy, right hand	Diagnosis	ICD-10-CM
M02242	Postimmunization arthropathy, left hand	Diagnosis	ICD-10-CM
M02249	Postimmunization arthropathy, unspecified hand	Diagnosis	ICD-10-CM
M0225	Postimmunization arthropathy, hip	Diagnosis	ICD-10-CM
M02251	Postimmunization arthropathy, right hip	Diagnosis	ICD-10-CM
M02252	Postimmunization arthropathy, left hip	Diagnosis	ICD-10-CM
M02259	Postimmunization arthropathy, unspecified hip	Diagnosis	ICD-10-CM
M0226	Postimmunization arthropathy, knee	Diagnosis	ICD-10-CM
M02261	Postimmunization arthropathy, right knee	Diagnosis	ICD-10-CM
M02262	Postimmunization arthropathy, left knee	Diagnosis	ICD-10-CM
M02269	Postimmunization arthropathy, unspecified knee	Diagnosis	ICD-10-CM
M0227	Postimmunization arthropathy, ankle and foot	Diagnosis	ICD-10-CM
M02271	Postimmunization arthropathy, right ankle and foot	Diagnosis	ICD-10-CM
M02272	Postimmunization arthropathy, left ankle and foot	Diagnosis	ICD-10-CM
M02279	Postimmunization arthropathy, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0228	Postimmunization arthropathy, vertebrae	Diagnosis	ICD-10-CM
M0229	Postimmunization arthropathy, multiple sites	Diagnosis	ICD-10-CM
M023	Reiter's disease	Diagnosis	ICD-10-CM
M0230	Reiter's disease, unspecified site	Diagnosis	ICD-10-CM
M0231	Reiter's disease, shoulder	Diagnosis	ICD-10-CM
M02311	Reiter's disease, right shoulder	Diagnosis	ICD-10-CM
M02312	Reiter's disease, left shoulder	Diagnosis	ICD-10-CM
M02319	Reiter's disease, unspecified shoulder	Diagnosis	ICD-10-CM
M0232	Reiter's disease, elbow	Diagnosis	ICD-10-CM
M02321	Reiter's disease, right elbow	Diagnosis	ICD-10-CM
M02322	Reiter's disease, left elbow	Diagnosis	ICD-10-CM
M02329	Reiter's disease, unspecified elbow	Diagnosis	ICD-10-CM
M0233	Reiter's disease, wrist	Diagnosis	ICD-10-CM
M02331	Reiter's disease, right wrist	Diagnosis	ICD-10-CM
M02332	Reiter's disease, left wrist	Diagnosis	ICD-10-CM
M02339	Reiter's disease, unspecified wrist	Diagnosis	ICD-10-CM
M0234	Reiter's disease, hand	Diagnosis	ICD-10-CM
M02341	Reiter's disease, right hand	Diagnosis	ICD-10-CM
M02342	Reiter's disease, left hand	Diagnosis	ICD-10-CM
M02349	Reiter's disease, unspecified hand	Diagnosis	ICD-10-CM
M0235	Reiter's disease, hip	Diagnosis	ICD-10-CM
M02351	Reiter's disease, right hip	Diagnosis	ICD-10-CM
M02352	Reiter's disease, left hip	Diagnosis	ICD-10-CM
M02359	Reiter's disease, unspecified hip	Diagnosis	ICD-10-CM
M0236	Reiter's disease, knee	Diagnosis	ICD-10-CM
M02361	Reiter's disease, right knee	Diagnosis	ICD-10-CM
M02362	Reiter's disease, left knee	Diagnosis	ICD-10-CM
M02369	Reiter's disease, unspecified knee	Diagnosis	ICD-10-CM
M0237	Reiter's disease, ankle and foot	Diagnosis	ICD-10-CM
M02371	Reiter's disease, right ankle and foot	Diagnosis	ICD-10-CM
M02372	Reiter's disease, left ankle and foot	Diagnosis	ICD-10-CM
M02379	Reiter's disease, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0238	Reiter's disease, vertebrae	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M0239	Reiter's disease, multiple sites	Diagnosis	ICD-10-CM
M028	Other reactive arthropathies	Diagnosis	ICD-10-CM
M0280	Other reactive arthropathies, unspecified site	Diagnosis	ICD-10-CM
M0281	Other reactive arthropathies, shoulder	Diagnosis	ICD-10-CM
M02811	Other reactive arthropathies, right shoulder	Diagnosis	ICD-10-CM
M02812	Other reactive arthropathies, left shoulder	Diagnosis	ICD-10-CM
M02819	Other reactive arthropathies, unspecified shoulder	Diagnosis	ICD-10-CM
M0282	Other reactive arthropathies, elbow	Diagnosis	ICD-10-CM
M02821	Other reactive arthropathies, right elbow	Diagnosis	ICD-10-CM
M02822	Other reactive arthropathies, left elbow	Diagnosis	ICD-10-CM
M02829	Other reactive arthropathies, unspecified elbow	Diagnosis	ICD-10-CM
M0283	Other reactive arthropathies, wrist	Diagnosis	ICD-10-CM
M02831	Other reactive arthropathies, right wrist	Diagnosis	ICD-10-CM
M02832	Other reactive arthropathies, left wrist	Diagnosis	ICD-10-CM
M02839	Other reactive arthropathies, unspecified wrist	Diagnosis	ICD-10-CM
M0284	Other reactive arthropathies, hand	Diagnosis	ICD-10-CM
M02841	Other reactive arthropathies, right hand	Diagnosis	ICD-10-CM
M02842	Other reactive arthropathies, left hand	Diagnosis	ICD-10-CM
M02849	Other reactive arthropathies, unspecified hand	Diagnosis	ICD-10-CM
M0285	Other reactive arthropathies, hip	Diagnosis	ICD-10-CM
M02851	Other reactive arthropathies, right hip	Diagnosis	ICD-10-CM
M02852	Other reactive arthropathies, left hip	Diagnosis	ICD-10-CM
M02859	Other reactive arthropathies, unspecified hip	Diagnosis	ICD-10-CM
M0286	Other reactive arthropathies, knee	Diagnosis	ICD-10-CM
M02861	Other reactive arthropathies, right knee	Diagnosis	ICD-10-CM
M02862	Other reactive arthropathies, left knee	Diagnosis	ICD-10-CM
M02869	Other reactive arthropathies, unspecified knee	Diagnosis	ICD-10-CM
M0287	Other reactive arthropathies, ankle and foot	Diagnosis	ICD-10-CM
M02871	Other reactive arthropathies, right ankle and foot	Diagnosis	ICD-10-CM
M02872	Other reactive arthropathies, left ankle and foot	Diagnosis	ICD-10-CM
M02879	Other reactive arthropathies, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0288	Other reactive arthropathies, vertebrae	Diagnosis	ICD-10-CM
M0289	Other reactive arthropathies, multiple sites	Diagnosis	ICD-10-CM
M029	Reactive arthropathy, unspecified	Diagnosis	ICD-10-CM
M04	Autoinflammatory syndromes	Diagnosis	ICD-10-CM
M041	Periodic fever syndromes	Diagnosis	ICD-10-CM
M042	Cryopyrin-associated periodic syndromes	Diagnosis	ICD-10-CM
M048	Other autoinflammatory syndromes	Diagnosis	ICD-10-CM
M049	Autoinflammatory syndrome, unspecified	Diagnosis	ICD-10-CM
M05	Rheumatoid arthritis with rheumatoid factor	Diagnosis	ICD-10-CM
M050	Felty's syndrome	Diagnosis	ICD-10-CM
M0500	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
M0501	Felty's syndrome, shoulder	Diagnosis	ICD-10-CM
M05011	Felty's syndrome, right shoulder	Diagnosis	ICD-10-CM
M05012	Felty's syndrome, left shoulder	Diagnosis	ICD-10-CM
M05019	Felty's syndrome, unspecified shoulder	Diagnosis	ICD-10-CM
M0502	Felty's syndrome, elbow	Diagnosis	ICD-10-CM
M05021	Felty's syndrome, right elbow	Diagnosis	ICD-10-CM
M05022	Felty's syndrome, left elbow	Diagnosis	ICD-10-CM
M05029	Felty's syndrome, unspecified elbow	Diagnosis	ICD-10-CM
M0503	Felty's syndrome, wrist	Diagnosis	ICD-10-CM
M05031	Felty's syndrome, right wrist	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M05032	Felty's syndrome, left wrist	Diagnosis	ICD-10-CM
M05039	Felty's syndrome, unspecified wrist	Diagnosis	ICD-10-CM
M0504	Felty's syndrome, hand	Diagnosis	ICD-10-CM
M05041	Felty's syndrome, right hand	Diagnosis	ICD-10-CM
M05042	Felty's syndrome, left hand	Diagnosis	ICD-10-CM
M05049	Felty's syndrome, unspecified hand	Diagnosis	ICD-10-CM
M0505	Felty's syndrome, hip	Diagnosis	ICD-10-CM
M05051	Felty's syndrome, right hip	Diagnosis	ICD-10-CM
M05052	Felty's syndrome, left hip	Diagnosis	ICD-10-CM
M05059	Felty's syndrome, unspecified hip	Diagnosis	ICD-10-CM
M0506	Felty's syndrome, knee	Diagnosis	ICD-10-CM
M05061	Felty's syndrome, right knee	Diagnosis	ICD-10-CM
M05062	Felty's syndrome, left knee	Diagnosis	ICD-10-CM
M05069	Felty's syndrome, unspecified knee	Diagnosis	ICD-10-CM
M0507	Felty's syndrome, ankle and foot	Diagnosis	ICD-10-CM
M05071	Felty's syndrome, right ankle and foot	Diagnosis	ICD-10-CM
M05072	Felty's syndrome, left ankle and foot	Diagnosis	ICD-10-CM
M05079	Felty's syndrome, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0509	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
M051	Rheumatoid lung disease with rheumatoid arthritis	Diagnosis	ICD-10-CM
M0510	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M0511	Rheumatoid lung disease with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0512	Rheumatoid lung disease with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05122	Rheumatoid lung disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M0513	Rheumatoid lung disease with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05131	Rheumatoid lung disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05132	Rheumatoid lung disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M0514	Rheumatoid lung disease with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05141	Rheumatoid lung disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05142	Rheumatoid lung disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M0515	Rheumatoid lung disease with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05151	Rheumatoid lung disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05152	Rheumatoid lung disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M0516	Rheumatoid lung disease with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05161	Rheumatoid lung disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05162	Rheumatoid lung disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M05169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M0517	Rheumatoid lung disease with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0519	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M052	Rheumatoid vasculitis with rheumatoid arthritis	Diagnosis	ICD-10-CM
M0520	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M0521	Rheumatoid vasculitis with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0522	Rheumatoid vasculitis with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M0523	Rheumatoid vasculitis with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M0524	Rheumatoid vasculitis with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M0525	Rheumatoid vasculitis with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M0526	Rheumatoid vasculitis with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M0527	Rheumatoid vasculitis with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0529	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M053	Rheumatoid heart disease with rheumatoid arthritis	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M0530	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M0531	Rheumatoid heart disease with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0532	Rheumatoid heart disease with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M0533	Rheumatoid heart disease with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M0534	Rheumatoid heart disease with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05341	Rheumatoid heart disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05342	Rheumatoid heart disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M0535	Rheumatoid heart disease with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05351	Rheumatoid heart disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05352	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M0536	Rheumatoid heart disease with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M0537	Rheumatoid heart disease with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0539	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M054	Rheumatoid myopathy with rheumatoid arthritis	Diagnosis	ICD-10-CM
M0540	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M0541	Rheumatoid myopathy with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0542	Rheumatoid myopathy with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M05421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M0543	Rheumatoid myopathy with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M0544	Rheumatoid myopathy with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M0545	Rheumatoid myopathy with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M0546	Rheumatoid myopathy with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M0547	Rheumatoid myopathy with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0549	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M055	Rheumatoid polyneuropathy with rheumatoid arthritis	Diagnosis	ICD-10-CM
M0550	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M0551	Rheumatoid polyneuropathy with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M0552	Rheumatoid polyneuropathy with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M0553	Rheumatoid polyneuropathy with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M05539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M0554	Rheumatoid polyneuropathy with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M0555	Rheumatoid polyneuropathy with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M0556	Rheumatoid polyneuropathy with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M0557	Rheumatoid polyneuropathy with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0559	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M056	Rheumatoid arthritis with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0560	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0561	Rheumatoid arthritis of shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0562	Rheumatoid arthritis of elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0563	Rheumatoid arthritis of wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M05632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0564	Rheumatoid arthritis of hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05641	Rheumatoid arthritis of right hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0565	Rheumatoid arthritis of hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0566	Rheumatoid arthritis of knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0567	Rheumatoid arthritis of ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M0569	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
M057	Rheumatoid arthritis with rheumatoid factor without organ or systems involvement	Diagnosis	ICD-10-CM
M0570	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM
M0571	Rheumatoid arthritis with rheumatoid factor of shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M0572	Rheumatoid arthritis with rheumatoid factor of elbow without organ or systems involvement	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M05721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M0573	Rheumatoid arthritis with rheumatoid factor of wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M0574	Rheumatoid arthritis with rheumatoid factor of hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	Diagnosis	ICD-10-CM
M0575	Rheumatoid arthritis with rheumatoid factor of hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	Diagnosis	ICD-10-CM
M0576	Rheumatoid arthritis with rheumatoid factor of knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	Diagnosis	ICD-10-CM
M0577	Rheumatoid arthritis with rheumatoid factor of ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M0579	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Diagnosis	ICD-10-CM
M058	Other rheumatoid arthritis with rheumatoid factor	Diagnosis	ICD-10-CM
M0580	Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis	ICD-10-CM
M0581	Other rheumatoid arthritis with rheumatoid factor of shoulder	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M05811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM
M05812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
M05819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
M0582	Other rheumatoid arthritis with rheumatoid factor of elbow	Diagnosis	ICD-10-CM
M05821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
M05822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
M05829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM
M0583	Other rheumatoid arthritis with rheumatoid factor of wrist	Diagnosis	ICD-10-CM
M05831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CM
M05832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM
M05839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
M0584	Other rheumatoid arthritis with rheumatoid factor of hand	Diagnosis	ICD-10-CM
M05841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
M05842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
M05849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
M0585	Other rheumatoid arthritis with rheumatoid factor of hip	Diagnosis	ICD-10-CM
M05851	Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis	ICD-10-CM
M05852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM
M05859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CM
M0586	Other rheumatoid arthritis with rheumatoid factor of knee	Diagnosis	ICD-10-CM
M05861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
M05862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
M05869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM
M0587	Other rheumatoid arthritis with rheumatoid factor of ankle and foot	Diagnosis	ICD-10-CM
M05871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM
M05872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
M05879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM
M0589	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
M059	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
M060	Rheumatoid arthritis without rheumatoid factor	Diagnosis	ICD-10-CM
M0600	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
M0601	Rheumatoid arthritis without rheumatoid factor, shoulder	Diagnosis	ICD-10-CM
M06011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
M06012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
M06019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
M0602	Rheumatoid arthritis without rheumatoid factor, elbow	Diagnosis	ICD-10-CM
M06021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CM
M06022	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CM
M06029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CM
M0603	Rheumatoid arthritis without rheumatoid factor, wrist	Diagnosis	ICD-10-CM
M06031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M06032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
M06039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
M0604	Rheumatoid arthritis without rheumatoid factor, hand	Diagnosis	ICD-10-CM
M06041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM
M06042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
M06049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
M0605	Rheumatoid arthritis without rheumatoid factor, hip	Diagnosis	ICD-10-CM
M06051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
M06052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM
M06059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
M0606	Rheumatoid arthritis without rheumatoid factor, knee	Diagnosis	ICD-10-CM
M06061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
M06062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
M06069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
M0607	Rheumatoid arthritis without rheumatoid factor, ankle and foot	Diagnosis	ICD-10-CM
M06071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
M06072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
M06079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0608	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
M0609	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
M061	Adult-onset Still's disease	Diagnosis	ICD-10-CM
M062	Rheumatoid bursitis	Diagnosis	ICD-10-CM
M0620	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
M0621	Rheumatoid bursitis, shoulder	Diagnosis	ICD-10-CM
M06211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
M06212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM
M06219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM
M0622	Rheumatoid bursitis, elbow	Diagnosis	ICD-10-CM
M06221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
M06222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
M06229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CM
M0623	Rheumatoid bursitis, wrist	Diagnosis	ICD-10-CM
M06231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
M06232	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CM
M06239	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
M0624	Rheumatoid bursitis, hand	Diagnosis	ICD-10-CM
M06241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
M06242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
M06249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
M0625	Rheumatoid bursitis, hip	Diagnosis	ICD-10-CM
M06251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
M06252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
M06259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
M0626	Rheumatoid bursitis, knee	Diagnosis	ICD-10-CM
M06261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
M06262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM
M06269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM
M0627	Rheumatoid bursitis, ankle and foot	Diagnosis	ICD-10-CM
M06271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
M06272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M06279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0628	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
M0629	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
M063	Rheumatoid nodule	Diagnosis	ICD-10-CM
M0630	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
M0631	Rheumatoid nodule, shoulder	Diagnosis	ICD-10-CM
M06311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
M06312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
M06319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
M0632	Rheumatoid nodule, elbow	Diagnosis	ICD-10-CM
M06321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
M06322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
M06329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
M0633	Rheumatoid nodule, wrist	Diagnosis	ICD-10-CM
M06331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM
M06332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
M06339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
M0634	Rheumatoid nodule, hand	Diagnosis	ICD-10-CM
M06341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM
M06342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM
M06349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM
M0635	Rheumatoid nodule, hip	Diagnosis	ICD-10-CM
M06351	Rheumatoid nodule, right hip	Diagnosis	ICD-10-CM
M06352	Rheumatoid nodule, left hip	Diagnosis	ICD-10-CM
M06359	Rheumatoid nodule, unspecified hip	Diagnosis	ICD-10-CM
M0636	Rheumatoid nodule, knee	Diagnosis	ICD-10-CM
M06361	Rheumatoid nodule, right knee	Diagnosis	ICD-10-CM
M06362	Rheumatoid nodule, left knee	Diagnosis	ICD-10-CM
M06369	Rheumatoid nodule, unspecified knee	Diagnosis	ICD-10-CM
M0637	Rheumatoid nodule, ankle and foot	Diagnosis	ICD-10-CM
M06371	Rheumatoid nodule, right ankle and foot	Diagnosis	ICD-10-CM
M06372	Rheumatoid nodule, left ankle and foot	Diagnosis	ICD-10-CM
M06379	Rheumatoid nodule, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0638	Rheumatoid nodule, vertebrae	Diagnosis	ICD-10-CM
M0639	Rheumatoid nodule, multiple sites	Diagnosis	ICD-10-CM
M064	Inflammatory polyarthropathy	Diagnosis	ICD-10-CM
M068	Other specified rheumatoid arthritis	Diagnosis	ICD-10-CM
M0680	Other specified rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M0681	Other specified rheumatoid arthritis, shoulder	Diagnosis	ICD-10-CM
M06811	Other specified rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M06812	Other specified rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M06819	Other specified rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M0682	Other specified rheumatoid arthritis, elbow	Diagnosis	ICD-10-CM
M06821	Other specified rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M06822	Other specified rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M06829	Other specified rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M0683	Other specified rheumatoid arthritis, wrist	Diagnosis	ICD-10-CM
M06831	Other specified rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M06832	Other specified rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M06839	Other specified rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M0684	Other specified rheumatoid arthritis, hand	Diagnosis	ICD-10-CM
M06841	Other specified rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M06842	Other specified rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M06849	Other specified rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M0685	Other specified rheumatoid arthritis, hip	Diagnosis	ICD-10-CM
M06851	Other specified rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M06852	Other specified rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M06859	Other specified rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M0686	Other specified rheumatoid arthritis, knee	Diagnosis	ICD-10-CM
M06861	Other specified rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M06862	Other specified rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M06869	Other specified rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M0687	Other specified rheumatoid arthritis, ankle and foot	Diagnosis	ICD-10-CM
M06871	Other specified rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M06872	Other specified rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M06879	Other specified rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M0688	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M0689	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M069	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
M083	Juvenile rheumatoid polyarthritis (seronegative)	Diagnosis	ICD-10-CM
M0840	Pauciarticular juvenile rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M1200	Chronic postrheumatic arthropathy [Jaccoud], unspecified site	Diagnosis	ICD-10-CM
M300	Polyarteritis nodosa	Diagnosis	ICD-10-CM
M301	Polyarteritis with lung involvement [Churg-Strauss]	Diagnosis	ICD-10-CM
M302	Juvenile polyarteritis	Diagnosis	ICD-10-CM
M303	Mucocutaneous lymph node syndrome [Kawasaki]	Diagnosis	ICD-10-CM
M308	Other conditions related to polyarteritis nodosa	Diagnosis	ICD-10-CM
M310	Hypersensitivity angiitis	Diagnosis	ICD-10-CM
M311	Thrombotic microangiopathy	Diagnosis	ICD-10-CM
M312	Lethal midline granuloma	Diagnosis	ICD-10-CM
M3130	Wegener's granulomatosis without renal involvement	Diagnosis	ICD-10-CM
M3131	Wegener's granulomatosis with renal involvement	Diagnosis	ICD-10-CM
M314	Aortic arch syndrome [Takayasu]	Diagnosis	ICD-10-CM
M315	Giant cell arteritis with polymyalgia rheumatica	Diagnosis	ICD-10-CM
M316	Other giant cell arteritis	Diagnosis	ICD-10-CM
M317	Microscopic polyangiitis	Diagnosis	ICD-10-CM
M318	Other specified necrotizing vasculopathies	Diagnosis	ICD-10-CM
M319	Necrotizing vasculopathy, unspecified	Diagnosis	ICD-10-CM
M320	Drug-induced systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3210	Systemic lupus erythematosus, organ or system involvement unspecified	Diagnosis	ICD-10-CM
M3211	Endocarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3212	Pericarditis in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3213	Lung involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3214	Glomerular disease in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3215	Tubulo-interstitial nephropathy in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M3219	Other organ or system involvement in systemic lupus erythematosus	Diagnosis	ICD-10-CM
M328	Other forms of systemic lupus erythematosus	Diagnosis	ICD-10-CM
M329	Systemic lupus erythematosus, unspecified	Diagnosis	ICD-10-CM
M3300	Juvenile dermatomyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M3301	Juvenile dermatomyositis with respiratory involvement	Diagnosis	ICD-10-CM
M3302	Juvenile dermatomyositis with myopathy	Diagnosis	ICD-10-CM
M3309	Juvenile dermatomyositis with other organ involvement	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M3310	Other dermatopolymyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M3311	Other dermatopolymyositis with respiratory involvement	Diagnosis	ICD-10-CM
M3312	Other dermatopolymyositis with myopathy	Diagnosis	ICD-10-CM
M3313	Other dermatomyositis without myopathy	Diagnosis	ICD-10-CM
M3319	Other dermatopolymyositis with other organ involvement	Diagnosis	ICD-10-CM
M3320	Polymyositis, organ involvement unspecified	Diagnosis	ICD-10-CM
M3321	Polymyositis with respiratory involvement	Diagnosis	ICD-10-CM
M3322	Polymyositis with myopathy	Diagnosis	ICD-10-CM
M3329	Polymyositis with other organ involvement	Diagnosis	ICD-10-CM
M3390	Dermatopolymyositis, unspecified, organ involvement unspecified	Diagnosis	ICD-10-CM
M3391	Dermatopolymyositis, unspecified with respiratory involvement	Diagnosis	ICD-10-CM
M3392	Dermatopolymyositis, unspecified with myopathy	Diagnosis	ICD-10-CM
M3393	Dermatopolymyositis, unspecified without myopathy	Diagnosis	ICD-10-CM
M3399	Dermatopolymyositis, unspecified with other organ involvement	Diagnosis	ICD-10-CM
M340	Systemic sclerosis [scleroderma], Progressive systemic sclerosis	Diagnosis	ICD-10-CM
M341	Systemic sclerosis [scleroderma] , CR(E)ST syndrome	Diagnosis	ICD-10-CM
M342	Systemic sclerosis induced by drug and chemical	Diagnosis	ICD-10-CM
M3481	Systemic sclerosis with lung involvement	Diagnosis	ICD-10-CM
M3482	Systemic sclerosis with myopathy	Diagnosis	ICD-10-CM
M3483	Systemic sclerosis with polyneuropathy	Diagnosis	ICD-10-CM
M3489	Other systemic sclerosis	Diagnosis	ICD-10-CM
M349	Systemic sclerosis, unspecified	Diagnosis	ICD-10-CM
M3500	Sicca syndrome, unspecified	Diagnosis	ICD-10-CM
M3501	Sicca syndrome with keratoconjunctivitis	Diagnosis	ICD-10-CM
M3502	Sicca syndrome with lung involvement	Diagnosis	ICD-10-CM
M3503	Sicca syndrome with myopathy	Diagnosis	ICD-10-CM
M3504	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
M3509	Sicca syndrome with other organ involvement	Diagnosis	ICD-10-CM
M351	Other overlap syndromes	Diagnosis	ICD-10-CM
M352	Behcet's disease	Diagnosis	ICD-10-CM
M353	Polymyalgia rheumatica	Diagnosis	ICD-10-CM
M354	Diffuse (eosinophilic) fasciitis	Diagnosis	ICD-10-CM
M355	Multifocal fibrosclerosis	Diagnosis	ICD-10-CM
M356	Relapsing panniculitis [weber-christian]	Diagnosis	ICD-10-CM
M358	Other specified systemic involvement of connective tissue	Diagnosis	ICD-10-CM
M359	Systemic involvement of connective tissue, unspecified	Diagnosis	ICD-10-CM
M360	Dermato(poly)myositis in neoplastic disease	Diagnosis	ICD-10-CM
M368	Systemic disorders of connective tissue in other diseases classified elsewhere	Diagnosis	ICD-10-CM
M4600	Spinal enthesopathy, site unspecified	Diagnosis	ICD-10-CM
M4601	Spinal enthesopathy, occipito-atlanto-axial region	Diagnosis	ICD-10-CM
M4602	Spinal enthesopathy, cervical region	Diagnosis	ICD-10-CM
M4603	Spinal enthesopathy, cervicothoracic region	Diagnosis	ICD-10-CM
M4604	Spinal enthesopathy, thoracic region	Diagnosis	ICD-10-CM
M4605	Spinal enthesopathy, thoracolumbar region	Diagnosis	ICD-10-CM
M4606	Spinal enthesopathy, lumbar region	Diagnosis	ICD-10-CM
M4607	Spinal enthesopathy, lumbosacral region	Diagnosis	ICD-10-CM
M4608	Spinal enthesopathy, sacral and sacrococcygeal region	Diagnosis	ICD-10-CM
M4609	Spinal enthesopathy, multiple sites in spine	Diagnosis	ICD-10-CM
M461	Sacroiliitis, not elsewhere classified	Diagnosis	ICD-10-CM
Hyperglycemia			
E0865	Diabetes mellitus due to underlying condition with hyperglycemia	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E0965	Drug or chemical induced diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E1065	Type 1 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E1165	Type 2 diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
E1365	Other specified diabetes mellitus with hyperglycemia	Diagnosis	ICD-10-CM
R739	Hyperglycemia, unspecified	Diagnosis	ICD-10-CM
Ketoacidosis			
E081	Diabetes mellitus due to underlying condition with ketoacidosis	Diagnosis	ICD-10-CM
E0810	Diabetes mellitus due to underlying condition with ketoacidosis without coma	Diagnosis	ICD-10-CM
E0811	Diabetes mellitus due to underlying condition with ketoacidosis with coma	Diagnosis	ICD-10-CM
E091	Drug or chemical induced diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E0910	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E0911	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E101	Type 1 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E1011	Type 1 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E111	Type 2 diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E1110	Type 2 diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E1111	Type 2 diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
E131	Other specified diabetes mellitus with ketoacidosis	Diagnosis	ICD-10-CM
E1310	Other specified diabetes mellitus with ketoacidosis without coma	Diagnosis	ICD-10-CM
E1311	Other specified diabetes mellitus with ketoacidosis with coma	Diagnosis	ICD-10-CM
Psychosis (Baseline)			
F06.0	Psychotic disorder with hallucinations due to known physiological condition	Diagnosis	ICD-10-CM
F06.1	Catatonic disorder due to known physiological condition	Diagnosis	ICD-10-CM
F06.2	Psychotic disorder with delusions due to known physiological condition	Diagnosis	ICD-10-CM
F10.15	Alcohol abuse with alcohol-induced psychotic disorder	Diagnosis	ICD-10-CM
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F10.25	Alcohol dependence with alcohol-induced psychotic disorder	Diagnosis	ICD-10-CM
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F10.95	Alcohol use, unspecified with alcohol-induced psychotic disorder	Diagnosis	ICD-10-CM
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
F11.15	Opioid abuse with opioid-induced psychotic disorder	Diagnosis	ICD-10-CM
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F11.25	Opioid dependence with opioid-induced psychotic disorder	Diagnosis	ICD-10-CM
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F11.95	Opioid use, unspecified with opioid-induced psychotic disorder	Diagnosis	ICD-10-CM
F11.950	Opioid use, unspecified with opioid-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F11.951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F12.15	Cannabis abuse with psychotic disorder	Diagnosis	ICD-10-CM
F12.150	Cannabis abuse with psychotic disorder with delusions	Diagnosis	ICD-10-CM
F12.151	Cannabis abuse with psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F12.159	Cannabis abuse with psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F12.25	Cannabis dependence with psychotic disorder	Diagnosis	ICD-10-CM
F12.250	Cannabis dependence with psychotic disorder with delusions	Diagnosis	ICD-10-CM
F12.251	Cannabis dependence with psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F12.259	Cannabis dependence with psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F12.95	Cannabis use, unspecified with psychotic disorder	Diagnosis	ICD-10-CM
F12.950	Cannabis use, unspecified with psychotic disorder with delusions	Diagnosis	ICD-10-CM
F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F13.15	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder	Diagnosis	ICD-10-CM
F13.150	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F13.151	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F13.25	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder	Diagnosis	ICD-10-CM
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F13.95	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
F13.950	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F13.951	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F13.959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F14.15	Cocaine abuse with cocaine-induced psychotic disorder	Diagnosis	ICD-10-CM
F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F14.25	Cocaine dependence with cocaine-induced psychotic disorder	Diagnosis	ICD-10-CM
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F14.95	Cocaine use, unspecified with cocaine-induced psychotic disorder	Diagnosis	ICD-10-CM
F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F14.951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F15.15	Other stimulant abuse with stimulant-induced psychotic disorder	Diagnosis	ICD-10-CM
F15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F15.151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F15.25	Other stimulant dependence with stimulant-induced psychotic disorder	Diagnosis	ICD-10-CM
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F15.95	Other stimulant use, unspecified with stimulant-induced psychotic disorder	Diagnosis	ICD-10-CM
F15.950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F15.951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F16.15	Hallucinogen abuse with hallucinogen-induced psychotic disorder	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
F16.150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F16.151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F16.25	Hallucinogen dependence with hallucinogen-induced psychotic disorder	Diagnosis	ICD-10-CM
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F16.95	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder	Diagnosis	ICD-10-CM
F16.950	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F16.951	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F18.15	Inhalant abuse with inhalant-induced psychotic disorder	Diagnosis	ICD-10-CM
F18.150	Inhalant abuse with inhalant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F18.151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F18.25	Inhalant dependence with inhalant-induced psychotic disorder	Diagnosis	ICD-10-CM
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F18.95	Inhalant use, unspecified with inhalant-induced psychotic disorder	Diagnosis	ICD-10-CM
F18.950	Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F18.951	Inhalant use, unspecified with inhalant-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F18.959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F19.15	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder	Diagnosis	ICD-10-CM
F19.150	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F19.151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
F19.25	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder	Diagnosis	ICD-10-CM
F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F19.95	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder	Diagnosis	ICD-10-CM
F19.950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions	Diagnosis	ICD-10-CM
F19.951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations	Diagnosis	ICD-10-CM
F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified	Diagnosis	ICD-10-CM
F20	Schizophrenia	Diagnosis	ICD-10-CM
F20.0	Paranoid schizophrenia	Diagnosis	ICD-10-CM
F20.1	Disorganized schizophrenia	Diagnosis	ICD-10-CM
F20.2	Catatonic schizophrenia	Diagnosis	ICD-10-CM
F20.3	Undifferentiated schizophrenia	Diagnosis	ICD-10-CM
F20.5	Residual schizophrenia	Diagnosis	ICD-10-CM
F20.8	Other schizophrenia	Diagnosis	ICD-10-CM
F20.81	Schizophreniform disorder	Diagnosis	ICD-10-CM
F20.89	Other schizophrenia	Diagnosis	ICD-10-CM
F20.9	Schizophrenia, unspecified	Diagnosis	ICD-10-CM
F21	Schizotypal disorder	Diagnosis	ICD-10-CM
F22	Delusional disorders	Diagnosis	ICD-10-CM
F23	Brief psychotic disorder	Diagnosis	ICD-10-CM
F24	Shared psychotic disorder	Diagnosis	ICD-10-CM
F25	Schizoaffective disorders	Diagnosis	ICD-10-CM
F25.0	Schizoaffective disorder, bipolar type	Diagnosis	ICD-10-CM
F25.1	Schizoaffective disorder, depressive type	Diagnosis	ICD-10-CM
F25.8	Other schizoaffective disorders	Diagnosis	ICD-10-CM
F25.9	Schizoaffective disorder, unspecified	Diagnosis	ICD-10-CM
F28	Other psychotic disorder not due to a substance or known physiological condition	Diagnosis	ICD-10-CM
F29	Unspecified psychosis not due to a substance or known physiological condition	Diagnosis	ICD-10-CM
F30.2	Manic episode, severe with psychotic symptoms	Diagnosis	ICD-10-CM
F31.2	Bipolar disorder, current episode manic severe with psychotic features	Diagnosis	ICD-10-CM
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	Diagnosis	ICD-10-CM
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	Diagnosis	ICD-10-CM
F32.3	Major depressive disorder, single episode, severe with psychotic features	Diagnosis	ICD-10-CM
R44.0	Auditory hallucinations	Diagnosis	ICD-10-CM
R44.2	Other hallucinations	Diagnosis	ICD-10-CM
R44.3	Hallucinations, unspecified	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
Neurological Disease			
G20	Parkinson's disease	Diagnosis	ICD-10-CM
G21	Secondary parkinsonism	Diagnosis	ICD-10-CM
G21.1	Other drug-induced secondary parkinsonism	Diagnosis	ICD-10-CM
G21.11	Neuroleptic induced parkinsonism	Diagnosis	ICD-10-CM
G21.19	Other drug induced secondary parkinsonism	Diagnosis	ICD-10-CM
G21.2	Secondary parkinsonism due to other external agents	Diagnosis	ICD-10-CM
G21.3	Postencephalitic parkinsonism	Diagnosis	ICD-10-CM
G21.4	Vascular parkinsonism	Diagnosis	ICD-10-CM
G21.8	Other secondary parkinsonism	Diagnosis	ICD-10-CM
G21.9	Secondary parkinsonism, unspecified	Diagnosis	ICD-10-CM
G30	Alzheimer's disease	Diagnosis	ICD-10-CM
G30.0	Alzheimer's disease with early onset	Diagnosis	ICD-10-CM
G30.1	Alzheimer's disease with late onset	Diagnosis	ICD-10-CM
G30.8	Other Alzheimer's disease	Diagnosis	ICD-10-CM
G30.9	Alzheimer's disease, unspecified	Diagnosis	ICD-10-CM
F01	Vascular dementia	Diagnosis	ICD-10-CM
F01.5	Vascular dementia	Diagnosis	ICD-10-CM
F01.50	Vascular dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F01.51	Vascular dementia with behavioral disturbance	Diagnosis	ICD-10-CM
F02	Dementia in other diseases classified elsewhere	Diagnosis	ICD-10-CM
F02.8	Dementia in other diseases classified elsewhere	Diagnosis	ICD-10-CM
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance	Diagnosis	ICD-10-CM
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance	Diagnosis	ICD-10-CM
F03	Unspecified dementia	Diagnosis	ICD-10-CM
F03.9	Unspecified dementia	Diagnosis	ICD-10-CM
F03.90	Unspecified dementia without behavioral disturbance	Diagnosis	ICD-10-CM
F03.91	Unspecified dementia with behavioral disturbance	Diagnosis	ICD-10-CM
F10.27	Alcohol dependence with alcohol-induced persisting dementia	Diagnosis	ICD-10-CM
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia	Diagnosis	ICD-10-CM
F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia	Diagnosis	ICD-10-CM
F13.97	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia	Diagnosis	ICD-10-CM
F18.17	Inhalant abuse with inhalant-induced dementia	Diagnosis	ICD-10-CM
F18.27	Inhalant dependence with inhalant-induced dementia	Diagnosis	ICD-10-CM
F18.97	Inhalant use, unspecified with inhalant-induced persisting dementia	Diagnosis	ICD-10-CM
F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia	Diagnosis	ICD-10-CM
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia	Diagnosis	ICD-10-CM
F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia	Diagnosis	ICD-10-CM
G31.0	Frontotemporal dementia	Diagnosis	ICD-10-CM
G31.09	Other frontotemporal dementia	Diagnosis	ICD-10-CM
G31.83	Dementia with Lewy bodies	Diagnosis	ICD-10-CM
G12.21	Amyotrophic lateral sclerosis	Diagnosis	ICD-10-CM
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G71.0	Muscular dystrophy	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
G71.00	Muscular dystrophy, unspecified	Diagnosis	ICD-10-CM
G71.01	Duchenne or Becker muscular dystrophy	Diagnosis	ICD-10-CM
G71.02	Facioscapulohumeral muscular dystrophy	Diagnosis	ICD-10-CM
G71.11	Myotonic muscular dystrophy	Diagnosis	ICD-10-CM
S06.2	Diffuse traumatic brain injury	Diagnosis	ICD-10-CM
S06.2X	Diffuse traumatic brain injury	Diagnosis	ICD-10-CM
S06.2X0	Diffuse traumatic brain injury without loss of consciousness	Diagnosis	ICD-10-CM
S06.2X0A	Diffuse traumatic brain injury without loss of consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.2X0D	Diffuse traumatic brain injury without loss of consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X0S	Diffuse traumatic brain injury without loss of consciousness, sequela	Diagnosis	ICD-10-CM
S06.2X1	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less	Diagnosis	ICD-10-CM
S06.2X1A	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, initial encounter	Diagnosis	ICD-10-CM
S06.2X1D	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X1S	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, sequela	Diagnosis	ICD-10-CM
S06.2X2	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes	Diagnosis	ICD-10-CM
S06.2X2A	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter	Diagnosis	ICD-10-CM
S06.2X2D	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X2S	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela	Diagnosis	ICD-10-CM
S06.2X3	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes	Diagnosis	ICD-10-CM
S06.2X3A	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	Diagnosis	ICD-10-CM
S06.2X3D	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X3S	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela	Diagnosis	ICD-10-CM
S06.2X4	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours	Diagnosis	ICD-10-CM
S06.2X4A	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, initial encounter	Diagnosis	ICD-10-CM
S06.2X4D	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X4S	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela	Diagnosis	ICD-10-CM
S06.2X5	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels	Diagnosis	ICD-10-CM
S06.2X5A	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, initial encounter	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
S06.2X5D	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X5S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, sequela	Diagnosis	ICD-10-CM
S06.2X6	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving	Diagnosis	ICD-10-CM
S06.2X6A	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	Diagnosis	ICD-10-CM
S06.2X6D	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X6S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela	Diagnosis	ICD-10-CM
S06.2X7	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness	Diagnosis	ICD-10-CM
S06.2X7A	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.2X7D	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X7S	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela	Diagnosis	ICD-10-CM
S06.2X8	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness	Diagnosis	ICD-10-CM
S06.2X8A	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.2X8D	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X8S	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela	Diagnosis	ICD-10-CM
S06.2X9	Diffuse traumatic brain injury with loss of consciousness of unspecified duration	Diagnosis	ICD-10-CM
S06.2X9A	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, initial encounter	Diagnosis	ICD-10-CM
S06.2X9D	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, subsequent encounter	Diagnosis	ICD-10-CM
S06.2X9S	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela	Diagnosis	ICD-10-CM
S06.3	Focal traumatic brain injury	Diagnosis	ICD-10-CM
S06.30	Unspecified focal traumatic brain injury	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
S06.300	Unspecified focal traumatic brain injury without loss of consciousness	Diagnosis	ICD-10-CM
S06.300A	Unspecified focal traumatic brain injury without loss of consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.300D	Unspecified focal traumatic brain injury without loss of consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.300S	Unspecified focal traumatic brain injury without loss of consciousness, sequela	Diagnosis	ICD-10-CM
S06.301	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less	Diagnosis	ICD-10-CM
S06.301A	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less, initial encounter	Diagnosis	ICD-10-CM
S06.301D	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less, subsequent encounter	Diagnosis	ICD-10-CM
S06.301S	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less, sequela	Diagnosis	ICD-10-CM
S06.302	Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes	Diagnosis	ICD-10-CM
S06.302A	Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter	Diagnosis	ICD-10-CM
S06.302D	Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter	Diagnosis	ICD-10-CM
S06.302S	Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela	Diagnosis	ICD-10-CM
S06.303	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes	Diagnosis	ICD-10-CM
S06.303A	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	Diagnosis	ICD-10-CM
S06.303D	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter	Diagnosis	ICD-10-CM
S06.303S	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela	Diagnosis	ICD-10-CM
S06.304	Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours	Diagnosis	ICD-10-CM
S06.304A	Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours, initial encounter	Diagnosis	ICD-10-CM
S06.304D	Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours, subsequent encounter	Diagnosis	ICD-10-CM
S06.304S	Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela	Diagnosis	ICD-10-CM
S06.305	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level	Diagnosis	ICD-10-CM
S06.305A	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	Diagnosis	ICD-10-CM
S06.305D	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
S06.305S	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela	Diagnosis	ICD-10-CM
S06.306	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving	Diagnosis	ICD-10-CM
S06.306A	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	Diagnosis	ICD-10-CM
S06.306D	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter	Diagnosis	ICD-10-CM
S06.306S	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela	Diagnosis	ICD-10-CM
S06.307	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness	Diagnosis	ICD-10-CM
S06.307A	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.307D	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.307S	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela	Diagnosis	ICD-10-CM
S06.308	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness	Diagnosis	ICD-10-CM
S06.308A	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter	Diagnosis	ICD-10-CM
S06.308D	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, subsequent encounter	Diagnosis	ICD-10-CM
S06.308S	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela	Diagnosis	ICD-10-CM
S06.309	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration	Diagnosis	ICD-10-CM
S06.309A	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, initial encounter	Diagnosis	ICD-10-CM
S06.309D	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, subsequent encounter	Diagnosis	ICD-10-CM
S06.309S	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, sequela	Diagnosis	ICD-10-CM
Z13.850	Encounter for screening for traumatic brain injury	Diagnosis	ICD-10-CM
Z87.820	Personal history of traumatic brain injury	Diagnosis	ICD-10-CM
Q85.0	Neurofibromatosis (nonmalignant)	Diagnosis	ICD-10-CM
Q85.00	Neurofibromatosis, unspecified	Diagnosis	ICD-10-CM
Q85.01	Neurofibromatosis, type 1	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
Q85.02	Neurofibromatosis, type 2	Diagnosis	ICD-10-CM
Q85.09	Other neurofibromatosis	Diagnosis	ICD-10-CM
G40	Epilepsy and recurrent seizures	Diagnosis	ICD-10-CM
G40.0	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset	Diagnosis	ICD-10-CM
G40.00	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable	Diagnosis	ICD-10-CM
G40.001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.01	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable	Diagnosis	ICD-10-CM
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.1	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures	Diagnosis	ICD-10-CM
G40.10	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable	Diagnosis	ICD-10-CM
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.11	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable	Diagnosis	ICD-10-CM
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.2	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures	Diagnosis	ICD-10-CM
G40.20	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable	Diagnosis	ICD-10-CM
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.21	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.3	Generalized idiopathic epilepsy and epileptic syndromes	Diagnosis	ICD-10-CM
G40.30	Generalized idiopathic epilepsy and epileptic syndromes, not intractable	Diagnosis	ICD-10-CM
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.31	Generalized idiopathic epilepsy and epileptic syndromes, intractable	Diagnosis	ICD-10-CM
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.4	Other generalized epilepsy and epileptic syndromes	Diagnosis	ICD-10-CM
G40.40	Other generalized epilepsy and epileptic syndromes, not intractable	Diagnosis	ICD-10-CM
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.41	Other generalized epilepsy and epileptic syndromes, intractable	Diagnosis	ICD-10-CM
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.8	Other epilepsy and recurrent seizures	Diagnosis	ICD-10-CM
G40.80	Other epilepsy	Diagnosis	ICD-10-CM
G40.801	Other epilepsy, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.802	Other epilepsy, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.803	Other epilepsy, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.804	Other epilepsy, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.9	Epilepsy, unspecified	Diagnosis	ICD-10-CM
G40.90	Epilepsy, unspecified, not intractable	Diagnosis	ICD-10-CM
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.91	Epilepsy, unspecified, intractable	Diagnosis	ICD-10-CM
G40.911	Epilepsy, unspecified, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.919	Epilepsy, unspecified, intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.B	Juvenile myoclonic epilepsy [impulsive petit mal]	Diagnosis	ICD-10-CM
G40.B0	Juvenile myoclonic epilepsy, not intractable	Diagnosis	ICD-10-CM
G40.B01	Juvenile myoclonic epilepsy, not intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus	Diagnosis	ICD-10-CM
G40.B1	Juvenile myoclonic epilepsy, intractable	Diagnosis	ICD-10-CM
G40.B11	Juvenile myoclonic epilepsy, intractable, with status epilepticus	Diagnosis	ICD-10-CM
G40.B19	Juvenile myoclonic epilepsy, intractable, without status epilepticus	Diagnosis	ICD-10-CM
Z82.0	Family history of epilepsy and other diseases of the nervous system	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
G61.0	Guillain-Barre syndrome	Diagnosis	ICD-10-CM
G65.0	Sequelae of Guillain-Barre syndrome	Diagnosis	ICD-10-CM
Hematologic Malignancy			
C81	Hodgkin lymphoma	Diagnosis	ICD-10-CM
C810	Nodular lymphocyte predominant Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8100	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8101	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8102	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8103	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8104	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8105	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8106	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8107	Nodular lymphocyte predominant Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8108	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8109	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C811	Nodular sclerosis classical Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8110	Nodular sclerosis classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8111	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8112	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8113	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8114	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8115	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8116	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8117	Nodular sclerosis classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8118	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8119	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C812	Mixed cellularity classical Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8120	Mixed cellularity classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8121	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8122	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8123	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C8124	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8125	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8126	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8127	Mixed cellularity classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8128	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8129	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C813	Lymphocyte depleted Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8130	Lymphocyte depleted classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8131	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8132	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8133	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8134	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8135	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8136	Lymphocyte depleted classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8137	Lymphocyte depleted classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8138	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8139	Lymphocyte depleted classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C814	Lymphocyte-rich Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8140	Lymphocyte-rich classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8141	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8142	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8143	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8144	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8145	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8146	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8147	Lymphocyte-rich classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8148	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8149	Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C817	Other Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8170	Other classical Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C8171	Other classical Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8172	Other classical Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8173	Other classical Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8174	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8175	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8176	Other classical Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8177	Other classical Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8178	Other classical Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8179	Other classical Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C819	Hodgkin lymphoma, unspecified	Diagnosis	ICD-10-CM
C8190	Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8191	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8192	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8193	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8194	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8195	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8196	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8197	Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C8198	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8199	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C82	Follicular lymphoma	Diagnosis	ICD-10-CM
C820	Follicular lymphoma grade I	Diagnosis	ICD-10-CM
C8200	Follicular lymphoma grade I, unspecified site	Diagnosis	ICD-10-CM
C8201	Follicular lymphoma grade I, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8202	Follicular lymphoma grade I, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8203	Follicular lymphoma grade I, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8204	Follicular lymphoma grade I, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8205	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8206	Follicular lymphoma grade I, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8207	Follicular lymphoma grade I, spleen	Diagnosis	ICD-10-CM
C8208	Follicular lymphoma grade I, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8209	Follicular lymphoma grade I, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C821	Follicular lymphoma grade II	Diagnosis	ICD-10-CM
C8210	Follicular lymphoma grade II, unspecified site	Diagnosis	ICD-10-CM
C8211	Follicular lymphoma grade II, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8212	Follicular lymphoma grade II, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8213	Follicular lymphoma grade II, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8214	Follicular lymphoma grade II, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8215	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8216	Follicular lymphoma grade II, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8217	Follicular lymphoma grade II, spleen	Diagnosis	ICD-10-CM
C8218	Follicular lymphoma grade II, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8219	Follicular lymphoma grade II, extranodal and solid organ sites	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C822	Follicular lymphoma grade III, unspecified	Diagnosis	ICD-10-CM
C8220	Follicular lymphoma grade III, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8221	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8222	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8223	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8224	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8225	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8226	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8227	Follicular lymphoma grade III, unspecified, spleen	Diagnosis	ICD-10-CM
C8228	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8229	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C823	Follicular lymphoma grade IIIa	Diagnosis	ICD-10-CM
C8230	Follicular lymphoma grade IIIa, unspecified site	Diagnosis	ICD-10-CM
C8231	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8232	Follicular lymphoma grade IIIa, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8233	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8234	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8235	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8236	Follicular lymphoma grade IIIa, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8237	Follicular lymphoma grade IIIa, spleen	Diagnosis	ICD-10-CM
C8238	Follicular lymphoma grade IIIa, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8239	Follicular lymphoma grade IIIa, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C824	Follicular lymphoma grade IIIb	Diagnosis	ICD-10-CM
C8240	Follicular lymphoma grade IIIb, unspecified site	Diagnosis	ICD-10-CM
C8241	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8242	Follicular lymphoma grade IIIb, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8243	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8244	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8245	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8246	Follicular lymphoma grade IIIb, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8247	Follicular lymphoma grade IIIb, spleen	Diagnosis	ICD-10-CM
C8248	Follicular lymphoma grade IIIb, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8249	Follicular lymphoma grade IIIb, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C825	Diffuse follicle center lymphoma	Diagnosis	ICD-10-CM
C8250	Diffuse follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8251	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8252	Diffuse follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C8253	Diffuse follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8254	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8255	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8256	Diffuse follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8257	Diffuse follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C8258	Diffuse follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8259	Diffuse follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C826	Cutaneous follicle center lymphoma	Diagnosis	ICD-10-CM
C8260	Cutaneous follicle center lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8261	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8262	Cutaneous follicle center lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8263	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8264	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8265	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8266	Cutaneous follicle center lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8267	Cutaneous follicle center lymphoma, spleen	Diagnosis	ICD-10-CM
C8268	Cutaneous follicle center lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8269	Cutaneous follicle center lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C828	Other types of follicular lymphoma	Diagnosis	ICD-10-CM
C8280	Other types of follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8281	Other types of follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8282	Other types of follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8283	Other types of follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8284	Other types of follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8285	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8286	Other types of follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8287	Other types of follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C8288	Other types of follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8289	Other types of follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C829	Follicular lymphoma, unspecified	Diagnosis	ICD-10-CM
C8290	Follicular lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8291	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8292	Follicular lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8293	Follicular lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8294	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8295	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8296	Follicular lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8297	Follicular lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C8298	Follicular lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C8299	Follicular lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C83	Non-follicular lymphoma	Diagnosis	ICD-10-CM
C830	Small cell B-cell lymphoma	Diagnosis	ICD-10-CM
C8300	Small cell B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8301	Small cell B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8302	Small cell B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8303	Small cell B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8304	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8305	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8306	Small cell B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8307	Small cell B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C8308	Small cell B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8309	Small cell B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C831	Mantle cell lymphoma	Diagnosis	ICD-10-CM
C8310	Mantle cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8311	Mantle cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8312	Mantle cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8313	Mantle cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8314	Mantle cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8315	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8316	Mantle cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8317	Mantle cell lymphoma, spleen	Diagnosis	ICD-10-CM
C8318	Mantle cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8319	Mantle cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C833	Diffuse large B-cell lymphoma	Diagnosis	ICD-10-CM
C8330	Diffuse large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8331	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8332	Diffuse large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8333	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8334	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8335	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8336	Diffuse large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8337	Diffuse large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C8338	Diffuse large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8339	Diffuse large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C835	Lymphoblastic (diffuse) lymphoma	Diagnosis	ICD-10-CM
C8350	Lymphoblastic (diffuse) lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8351	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8352	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8353	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8354	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8355	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8356	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8357	Lymphoblastic (diffuse) lymphoma, spleen ()	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C8358	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8359	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C837	Burkitt lymphoma	Diagnosis	ICD-10-CM
C8370	Burkitt lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8371	Burkitt lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8372	Burkitt lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8373	Burkitt lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8374	Burkitt lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8375	Burkitt lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8376	Burkitt lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8377	Burkitt lymphoma, spleen	Diagnosis	ICD-10-CM
C8378	Burkitt lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8379	Burkitt lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C838	Other non-follicular lymphoma	Diagnosis	ICD-10-CM
C8380	Other non-follicular lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8381	Other non-follicular lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8382	Other non-follicular lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8383	Other non-follicular lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8384	Other non-follicular lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8385	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8386	Other non-follicular lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8387	Other non-follicular lymphoma, spleen	Diagnosis	ICD-10-CM
C8388	C8388, Other non-follicular lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8389	Other non-follicular lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C839	Non-follicular (diffuse) lymphoma, unspecified	Diagnosis	ICD-10-CM
C8390	Non-follicular (diffuse) lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8391	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8392	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8393	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8394	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8395	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8396	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8397	Non-follicular (diffuse) lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C8398	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8399	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84	Mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
C840	Mycosis fungoides	Diagnosis	ICD-10-CM
C8400	Mycosis fungoides, unspecified site	Diagnosis	ICD-10-CM
C8401	Mycosis fungoides, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C8402	Mycosis fungoides, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8403	Mycosis fungoides, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8404	Mycosis fungoides, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8405	Mycosis fungoides, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8406	Mycosis fungoides, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8407	Mycosis fungoides, spleen	Diagnosis	ICD-10-CM
C8408	Mycosis fungoides, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8409	Mycosis fungoides, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C841	Sezary disease	Diagnosis	ICD-10-CM
C8410	Sezary disease, unspecified site	Diagnosis	ICD-10-CM
C8411	Sezary disease, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8412	Sezary disease, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8413	Sezary disease, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8414	Sezary disease, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8415	Sezary disease, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8416	Sezary disease, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8417	Sezary disease, spleen	Diagnosis	ICD-10-CM
C8418	Sezary disease, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8419	Sezary disease, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C844	Peripheral T-cell lymphoma, not classified	Diagnosis	ICD-10-CM
C8440	Peripheral T-cell lymphoma, not classified, unspecified site	Diagnosis	ICD-10-CM
C8441	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8442	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8443	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8444	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8445	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8446	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8447	Peripheral T-cell lymphoma, not classified, spleen	Diagnosis	ICD-10-CM
C8448	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8449	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C846	Anaplastic large cell lymphoma, ALK-positive	Diagnosis	ICD-10-CM
C8460	Anaplastic large cell lymphoma, ALK-positive, unspecified site	Diagnosis	ICD-10-CM
C8461	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8462	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8463	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8464	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8465	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8466	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8467	Anaplastic large cell lymphoma, ALK-positive, spleen	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
C8468	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8469	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C847	Anaplastic large cell lymphoma, ALK-negative	Diagnosis	ICD-10-CM
C8470	Anaplastic large cell lymphoma, ALK-negative, unspecified site	Diagnosis	ICD-10-CM
C8471	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8472	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8473	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8474	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8475	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8476	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8477	Anaplastic large cell lymphoma, ALK-negative, spleen	Diagnosis	ICD-10-CM
C8478	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8479	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C849	Mature T/NK-cell lymphomas, unspecified	Diagnosis	ICD-10-CM
C8490	Mature T/NK-cell lymphomas, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8491	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8492	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8493	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8494	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8495	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8496	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8497	Mature T/NK-cell lymphomas, unspecified, spleen	Diagnosis	ICD-10-CM
C8498	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8499	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84A	Cutaneous T-cell lymphoma, unspecified	Diagnosis	ICD-10-CM
C84A0	Cutaneous T-cell lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C84A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C84A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84A7	Cutaneous T-cell lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C84A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C84Z	Other mature T/NK-cell lymphomas	Diagnosis	ICD-10-CM
C84Z0	Other mature T/NK-cell lymphomas, unspecified site	Diagnosis	ICD-10-CM
C84Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C84Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C84Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C84Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C84Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C84Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C84Z7	Other mature T/NK-cell lymphomas, spleen	Diagnosis	ICD-10-CM
C84Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C84Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C85	Other specified and unspecified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C851	Unspecified B-cell lymphoma	Diagnosis	ICD-10-CM
C8510	Unspecified B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8511	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8512	Unspecified B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8513	Unspecified B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8514	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8515	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8516	Unspecified B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8517	Unspecified B-cell lymphoma, spleen	Diagnosis	ICD-10-CM
C8518	Unspecified B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8519	Unspecified B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C852	Mediastinal (thymic) large B-cell lymphoma	Diagnosis	ICD-10-CM
C8520	Mediastinal (thymic) large B-cell lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8521	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8522	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8523	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8524	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8525	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8526	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8527	Mediastinal (thymic) large B-cell lymphoma, spleen	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C8528	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8529	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C858	Other specified types of non-Hodgkin lymphoma	Diagnosis	ICD-10-CM
C8580	Other specified types of non-Hodgkin lymphoma, unspecified site	Diagnosis	ICD-10-CM
C8581	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8582	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8583	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8584	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8585	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8586	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8587	Other specified types of non-Hodgkin lymphoma, spleen	Diagnosis	ICD-10-CM
C8588	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8589	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C859	Non-Hodgkin lymphoma, unspecified	Diagnosis	ICD-10-CM
C8590	Non-Hodgkin lymphoma, unspecified, unspecified site	Diagnosis	ICD-10-CM
C8591	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck	Diagnosis	ICD-10-CM
C8592	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C8593	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C8594	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	Diagnosis	ICD-10-CM
C8595	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	Diagnosis	ICD-10-CM
C8596	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C8597	Non-Hodgkin lymphoma, unspecified, spleen	Diagnosis	ICD-10-CM
C8598	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	Diagnosis	ICD-10-CM
C8599	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites	Diagnosis	ICD-10-CM
C86	Other specified types of T/NK-cell lymphoma	Diagnosis	ICD-10-CM
C860	Other specified types of T/NK-cell lymphoma, Extranodal NK/T-cell lymphoma, nasal type	Diagnosis	ICD-10-CM
C861	Other specified types of T/NK-cell lymphoma, Hepatosplenic T-cell lymphoma	Diagnosis	ICD-10-CM
C862	Other specified types of T/NK-cell lymphoma, Enteropathy-type (intestinal) T-cell lymphoma	Diagnosis	ICD-10-CM
C863	Other specified types of T/NK-cell lymphoma, Subcutaneous panniculitis-like T-cell lymphoma	Diagnosis	ICD-10-CM
C864	Other specified types of T/NK-cell lymphoma, Blastic NK-cell lymphoma	Diagnosis	ICD-10-CM
C865	Other specified types of T/NK-cell lymphoma, Angioimmunoblastic T-cell lymphoma	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C866	Other specified types of T/NK-cell lymphoma ,Primary cutaneous CD30-positive T-cell proliferations	Diagnosis	ICD-10-CM
C880	Malignant immunoproliferative diseases and certain other B-cell lymphomas, Waldenstrom macroglobulinemia	Diagnosis	ICD-10-CM
C884	Malignant immunoproliferative diseases and certain other B-cell lymphomas, Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	Diagnosis	ICD-10-CM
C888	Malignant immunoproliferative diseases and certain other B-cell lymphomas, Other malignant immunoproliferative diseases	Diagnosis	ICD-10-CM
C9000	Multiple myeloma, not having achieved remission	Diagnosis	ICD-10-CM
C9002	Multiple myeloma, in relapse	Diagnosis	ICD-10-CM
C9010	Plasma cell leukemia ,not having achieved remission	Diagnosis	ICD-10-CM
C9012	Plasma cell leukemia, in relapse	Diagnosis	ICD-10-CM
C9020	Extramedullary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C9022	Extramedullary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C9030	Solitary plasmacytoma not having achieved remission	Diagnosis	ICD-10-CM
C9032	Solitary plasmacytoma in relapse	Diagnosis	ICD-10-CM
C9100	Acute lymphoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9102	Acute lymphoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C9110	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C9112	Chronic lymphocytic leukemia of B-cell type in relapse	Diagnosis	ICD-10-CM
C9130	Polymphocytic leukemia of B-cell type not having achieved remission	Diagnosis	ICD-10-CM
C9132	Polymphocytic leukemia of B-cell type, in relapse	Diagnosis	ICD-10-CM
C9140	Hairy cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9142	Hairy cell leukemia, in relapse	Diagnosis	ICD-10-CM
C9150	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	Diagnosis	ICD-10-CM
C9152	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse	Diagnosis	ICD-10-CM
C9160	Polymphocytic leukemia of T-cell type not having achieved remission	Diagnosis	ICD-10-CM
C9162	Polymphocytic leukemia of T-cell type, in relapse	Diagnosis	ICD-10-CM
C9190	Lymphoid leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C9192	Lymphoid leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C91A0	Mature B-cell leukemia Burkitt-type not having achieved remission	Diagnosis	ICD-10-CM
C91A2	Mature B-cell leukemia Burkitt-type, in relapse	Diagnosis	ICD-10-CM
C91Z0	Other lymphoid leukemia not having achieved remission	Diagnosis	ICD-10-CM
C91Z2	Other lymphoid leukemia, in relapse	Diagnosis	ICD-10-CM
C9200	Acute myeloblastic leukemia,not having achieved remission	Diagnosis	ICD-10-CM
C9202	Acute myeloblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C9210	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Diagnosis	ICD-10-CM
C9212	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Diagnosis	ICD-10-CM
C9220	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission	Diagnosis	ICD-10-CM
C9222	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse	Diagnosis	ICD-10-CM
C9230	Myeloid sarcoma, not having achieved remission	Diagnosis	ICD-10-CM
C9232	Myeloid sarcoma, in relapse	Diagnosis	ICD-10-CM
C9240	Acute promyelocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C9242	Acute promyelocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9250	Acute myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C9252	Acute myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9260	Acute myeloid leukemia with 11q23-abnormality not having achieved remission	Diagnosis	ICD-10-CM
C9262	Acute myeloid leukemia with 11q23-abnormality in relapse	Diagnosis	ICD-10-CM
C9290	Myeloid leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C9292	Myeloid leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C92A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission	Diagnosis	ICD-10-CM
C92A2	Acute myeloid leukemia with multilineage dysplasia, in relapse	Diagnosis	ICD-10-CM
C92Z0	Other myeloid leukemia, without mention of having achieved remission	Diagnosis	ICD-10-CM
C92Z2	Other myeloid leukemia, in relapse	Diagnosis	ICD-10-CM
C9300	Acute monoblastic/monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C9302	Acute monoblastic/monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9310	Chronic myelomonocytic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9312	Chronic myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9330	Juvenile myelomonocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C9332	Juvenile myelomonocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9390	Monocytic leukemia, unspecified, not having achieved remission	Diagnosis	ICD-10-CM
C9392	Monocytic leukemia, unspecified in relapse	Diagnosis	ICD-10-CM
C93Z0	Other monocytic leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C93Z2	Other monocytic leukemia, in relapse	Diagnosis	ICD-10-CM
C9400	Acute erythroid leukemia, not having achieved remission	Diagnosis	ICD-10-CM
C9402	Acute erythroid leukemia, in relapse	Diagnosis	ICD-10-CM
C9420	Acute megakaryoblastic leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9422	Acute megakaryoblastic leukemia, in relapse	Diagnosis	ICD-10-CM
C9430	Mast cell leukemia not having achieved remission	Diagnosis	ICD-10-CM
C9432	Mast cell leukemia, in relapse	Diagnosis	ICD-10-CM
C9440	Acute panmyelosis with myelofibrosis not having achieved remission	Diagnosis	ICD-10-CM
C9442	Acute panmyelosis with myelofibrosis, in relapse	Diagnosis	ICD-10-CM
C946	Myelodysplastic disease, not classified	Diagnosis	ICD-10-CM
C9480	Other specified leukemias not having achieved remission	Diagnosis	ICD-10-CM
C9482	Other specified leukemias, in relapse	Diagnosis	ICD-10-CM
C9500	Acute leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C9502	Acute leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C9510	Chronic leukemia of unspecified cell type not having achieved remission	Diagnosis	ICD-10-CM
C9512	Chronic leukemia of unspecified cell type, in relapse	Diagnosis	ICD-10-CM
C9590	Leukemia, unspecified not having achieved remission	Diagnosis	ICD-10-CM
C9592	Leukemia, unspecified, in relapse	Diagnosis	ICD-10-CM
C9620	Malignant mast cell neoplasm, unspecified	Diagnosis	ICD-10-CM
C9621	Malignant mast cell neoplasm, Aggressive systemic mastocytosis	Diagnosis	ICD-10-CM
C9622	Malignant mast cell neoplasm, Mast cell sarcoma	Diagnosis	ICD-10-CM
C9629	Malignant mast cell neoplasm, Other malignant mast cell neoplasm	Diagnosis	ICD-10-CM
C964	Sarcoma of dendritic cells (accessory cells)	Diagnosis	ICD-10-CM
C9660	Unifocal Langerhans-cell histiocytosis	Diagnosis	ICD-10-CM
C96A	Histiocytic sarcoma	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C96Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
C969	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
D4622	Refractory anemia with excess of blasts 2	Diagnosis	ICD-10-CM
D471	Chronic myeloproliferative disease	Diagnosis	ICD-10-CM
D479	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	Diagnosis	ICD-10-CM
D47Z1	Post-transplant lymphoproliferative disorder (PTLD)	Diagnosis	ICD-10-CM
D47Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D6182	Myelophthisis	Diagnosis	ICD-10-CM
D45	Polycythemia vera	Diagnosis	ICD-10-CM
D474	Osteomyelofibrosis	Diagnosis	ICD-10-CM
D7581	Myelofibrosis	Diagnosis	ICD-10-CM
Solid Malignancy			
C00	Malignant neoplasm of lip	Diagnosis	ICD-10-CM
C000	Malignant neoplasm of external upper lip	Diagnosis	ICD-10-CM
C001	Malignant neoplasm of external lower lip	Diagnosis	ICD-10-CM
C002	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM
C003	Malignant neoplasm of upper lip, inner aspect	Diagnosis	ICD-10-CM
C004	Malignant neoplasm of lower lip, inner aspect	Diagnosis	ICD-10-CM
C005	Malignant neoplasm of lip, unspecified, inner aspect	Diagnosis	ICD-10-CM
C006	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CM
C008	Malignant neoplasm of overlapping sites of lip	Diagnosis	ICD-10-CM
C009	Malignant neoplasm of lip, unspecified	Diagnosis	ICD-10-CM
C01	Malignant neoplasm of base of tongue	Diagnosis	ICD-10-CM
C02	Malignant neoplasm of other and unspecified parts of tongue	Diagnosis	ICD-10-CM
C020	Malignant neoplasm of dorsal surface of tongue	Diagnosis	ICD-10-CM
C021	Malignant neoplasm of border of tongue	Diagnosis	ICD-10-CM
C022	Malignant neoplasm of ventral surface of tongue	Diagnosis	ICD-10-CM
C023	Malignant neoplasm of anterior two-thirds of tongue, part unspecified	Diagnosis	ICD-10-CM
C024	Malignant neoplasm of lingual tonsil	Diagnosis	ICD-10-CM
C028	Malignant neoplasm of overlapping sites of tongue	Diagnosis	ICD-10-CM
C029	Malignant neoplasm of tongue, unspecified	Diagnosis	ICD-10-CM
C03	Malignant neoplasm of gum	Diagnosis	ICD-10-CM
C030	Malignant neoplasm of upper gum	Diagnosis	ICD-10-CM
C031	Malignant neoplasm of lower gum	Diagnosis	ICD-10-CM
C039	Malignant neoplasm of gum, unspecified	Diagnosis	ICD-10-CM
C04	Malignant neoplasm of floor of mouth	Diagnosis	ICD-10-CM
C040	Malignant neoplasm of anterior floor of mouth	Diagnosis	ICD-10-CM
C041	Malignant neoplasm of lateral floor of mouth	Diagnosis	ICD-10-CM
C048	Malignant neoplasm of overlapping sites of floor of mouth	Diagnosis	ICD-10-CM
C049	Malignant neoplasm of floor of mouth, unspecified	Diagnosis	ICD-10-CM
C05	Malignant neoplasm of palate	Diagnosis	ICD-10-CM
C050	Malignant neoplasm of hard palate	Diagnosis	ICD-10-CM
C051	Malignant neoplasm of soft palate	Diagnosis	ICD-10-CM
C052	Malignant neoplasm of uvula	Diagnosis	ICD-10-CM
C058	Malignant neoplasm of overlapping sites of palate	Diagnosis	ICD-10-CM
C059	Malignant neoplasm of palate, unspecified	Diagnosis	ICD-10-CM
C06	Malignant neoplasm of other and unspecified parts of mouth	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C060	Malignant neoplasm of cheek mucosa	Diagnosis	ICD-10-CM
C061	Malignant neoplasm of vestibule of mouth	Diagnosis	ICD-10-CM
C062	Malignant neoplasm of retromolar area	Diagnosis	ICD-10-CM
C068	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth	Diagnosis	ICD-10-CM
C0680	Malignant neoplasm of overlapping sites of unspecified parts of mouth	Diagnosis	ICD-10-CM
C0689	Malignant neoplasm of overlapping sites of other parts of mouth	Diagnosis	ICD-10-CM
C069	Malignant neoplasm of mouth, unspecified	Diagnosis	ICD-10-CM
C07	Malignant neoplasm of parotid gland	Diagnosis	ICD-10-CM
C08	Malignant neoplasm of other and unspecified major salivary glands	Diagnosis	ICD-10-CM
C080	Malignant neoplasm of submandibular gland	Diagnosis	ICD-10-CM
C081	Malignant neoplasm of sublingual gland	Diagnosis	ICD-10-CM
C089	Malignant neoplasm of major salivary gland, unspecified	Diagnosis	ICD-10-CM
C09	Malignant neoplasm of tonsil	Diagnosis	ICD-10-CM
C090	Malignant neoplasm of tonsillar fossa	Diagnosis	ICD-10-CM
C091	Malignant neoplasm of tonsillar pillar (anterior) (posterior)	Diagnosis	ICD-10-CM
C098	Malignant neoplasm of overlapping sites of tonsil	Diagnosis	ICD-10-CM
C099	Malignant neoplasm of tonsil, unspecified	Diagnosis	ICD-10-CM
C10	Malignant neoplasm of oropharynx	Diagnosis	ICD-10-CM
C100	Malignant neoplasm of vallecula	Diagnosis	ICD-10-CM
C101	Malignant neoplasm of anterior surface of epiglottis	Diagnosis	ICD-10-CM
C102	Malignant neoplasm of lateral wall of oropharynx	Diagnosis	ICD-10-CM
C103	Malignant neoplasm of posterior wall of oropharynx	Diagnosis	ICD-10-CM
C104	Malignant neoplasm of branchial cleft	Diagnosis	ICD-10-CM
C108	Malignant neoplasm of overlapping sites of oropharynx	Diagnosis	ICD-10-CM
C109	Malignant neoplasm of oropharynx, unspecified	Diagnosis	ICD-10-CM
C11	Malignant neoplasm of nasopharynx	Diagnosis	ICD-10-CM
C110	Malignant neoplasm of superior wall of nasopharynx	Diagnosis	ICD-10-CM
C111	Malignant neoplasm of posterior wall of nasopharynx	Diagnosis	ICD-10-CM
C112	Malignant neoplasm of lateral wall of nasopharynx	Diagnosis	ICD-10-CM
C113	Malignant neoplasm of anterior wall of nasopharynx	Diagnosis	ICD-10-CM
C118	Malignant neoplasm of overlapping sites of nasopharynx	Diagnosis	ICD-10-CM
C119	Malignant neoplasm of nasopharynx, unspecified	Diagnosis	ICD-10-CM
C12	Malignant neoplasm of pyriform sinus	Diagnosis	ICD-10-CM
C13	Malignant neoplasm of hypopharynx	Diagnosis	ICD-10-CM
C130	Malignant neoplasm of postcricoid region	Diagnosis	ICD-10-CM
C131	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	Diagnosis	ICD-10-CM
C132	Malignant neoplasm of posterior wall of hypopharynx	Diagnosis	ICD-10-CM
C138	Malignant neoplasm of overlapping sites of hypopharynx	Diagnosis	ICD-10-CM
C139	Malignant neoplasm of hypopharynx, unspecified	Diagnosis	ICD-10-CM
C14	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C140	Malignant neoplasm of pharynx, unspecified	Diagnosis	ICD-10-CM
C142	Malignant neoplasm of Waldeyer's ring	Diagnosis	ICD-10-CM
C148	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
C15	Malignant neoplasm of esophagus	Diagnosis	ICD-10-CM
C153	Malignant neoplasm of upper third of esophagus	Diagnosis	ICD-10-CM
C154	Malignant neoplasm of middle third of esophagus	Diagnosis	ICD-10-CM
C155	Malignant neoplasm of lower third of esophagus	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C158	Malignant neoplasm of overlapping sites of esophagus	Diagnosis	ICD-10-CM
C159	Malignant neoplasm of esophagus, unspecified	Diagnosis	ICD-10-CM
C16	Malignant neoplasm of stomach	Diagnosis	ICD-10-CM
C160	Malignant neoplasm of cardia	Diagnosis	ICD-10-CM
C161	Malignant neoplasm of fundus of stomach	Diagnosis	ICD-10-CM
C162	Malignant neoplasm of body of stomach	Diagnosis	ICD-10-CM
C164	Malignant neoplasm of pylorus	Diagnosis	ICD-10-CM
C165	Malignant neoplasm of lesser curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C166	Malignant neoplasm of greater curvature of stomach, unspecified	Diagnosis	ICD-10-CM
C168	Malignant neoplasm of overlapping sites of stomach	Diagnosis	ICD-10-CM
C169	Malignant neoplasm of stomach, unspecified	Diagnosis	ICD-10-CM
C17	Malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C170	Malignant neoplasm of duodenum	Diagnosis	ICD-10-CM
C171	Malignant neoplasm of jejunum	Diagnosis	ICD-10-CM
C172	Malignant neoplasm of ileum	Diagnosis	ICD-10-CM
C173	Meckel's diverticulum, malignant	Diagnosis	ICD-10-CM
C178	Malignant neoplasm of overlapping sites of small intestine	Diagnosis	ICD-10-CM
C179	Malignant neoplasm of small intestine, unspecified	Diagnosis	ICD-10-CM
C18	Malignant neoplasm of colon	Diagnosis	ICD-10-CM
C180	Malignant neoplasm of cecum	Diagnosis	ICD-10-CM
C181	Malignant neoplasm of appendix	Diagnosis	ICD-10-CM
C182	Malignant neoplasm of ascending colon	Diagnosis	ICD-10-CM
C183	Malignant neoplasm of hepatic flexure	Diagnosis	ICD-10-CM
C184	Malignant neoplasm of transverse colon	Diagnosis	ICD-10-CM
C185	Malignant neoplasm of splenic flexure	Diagnosis	ICD-10-CM
C186	Malignant neoplasm of descending colon	Diagnosis	ICD-10-CM
C187	Malignant neoplasm of sigmoid colon	Diagnosis	ICD-10-CM
C188	Malignant neoplasm of overlapping sites of colon	Diagnosis	ICD-10-CM
C189	Malignant neoplasm of colon, unspecified	Diagnosis	ICD-10-CM
C19	Malignant neoplasm of rectosigmoid junction	Diagnosis	ICD-10-CM
C20	Malignant neoplasm of rectum	Diagnosis	ICD-10-CM
C21	Malignant neoplasm of anus and anal canal	Diagnosis	ICD-10-CM
C210	Malignant neoplasm of anus, unspecified	Diagnosis	ICD-10-CM
C211	Malignant neoplasm of anal canal	Diagnosis	ICD-10-CM
C218	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	Diagnosis	ICD-10-CM
C22	Malignant neoplasm of liver and intrahepatic bile ducts	Diagnosis	ICD-10-CM
C220	Liver cell carcinoma	Diagnosis	ICD-10-CM
C221	Intrahepatic bile duct carcinoma	Diagnosis	ICD-10-CM
C222	Hepatoblastoma	Diagnosis	ICD-10-CM
C223	Angiosarcoma of liver	Diagnosis	ICD-10-CM
C224	Other sarcoma of liver	Diagnosis	ICD-10-CM
C227	Other specified carcinomas of liver	Diagnosis	ICD-10-CM
C228	Malignant neoplasm of liver, primary, unspecified as to type	Diagnosis	ICD-10-CM
C229	Malignant neoplasm of liver, not specified as primary or secondary	Diagnosis	ICD-10-CM
C23	Malignant neoplasm of gallbladder	Diagnosis	ICD-10-CM
C24	Malignant neoplasm of other and unspecified parts of biliary tract	Diagnosis	ICD-10-CM
C240	Malignant neoplasm of extrahepatic bile duct	Diagnosis	ICD-10-CM
C241	Malignant neoplasm of ampulla of Vater	Diagnosis	ICD-10-CM
C248	Malignant neoplasm of overlapping sites of biliary tract	Diagnosis	ICD-10-CM
C249	Malignant neoplasm of biliary tract, unspecified	Diagnosis	ICD-10-CM
C25	Malignant neoplasm of pancreas	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C250	Malignant neoplasm of head of pancreas	Diagnosis	ICD-10-CM
C251	Malignant neoplasm of body of pancreas	Diagnosis	ICD-10-CM
C252	Malignant neoplasm of tail of pancreas	Diagnosis	ICD-10-CM
C253	Malignant neoplasm of pancreatic duct	Diagnosis	ICD-10-CM
C254	Malignant neoplasm of endocrine pancreas	Diagnosis	ICD-10-CM
C257	Malignant neoplasm of other parts of pancreas	Diagnosis	ICD-10-CM
C258	Malignant neoplasm of overlapping sites of pancreas	Diagnosis	ICD-10-CM
C259	Malignant neoplasm of pancreas, unspecified	Diagnosis	ICD-10-CM
C26	Malignant neoplasm of other and ill-defined digestive organs	Diagnosis	ICD-10-CM
C260	Malignant neoplasm of intestinal tract, part unspecified	Diagnosis	ICD-10-CM
C261	Malignant neoplasm of spleen	Diagnosis	ICD-10-CM
C269	Malignant neoplasm of ill-defined sites within the digestive system	Diagnosis	ICD-10-CM
C30	Malignant neoplasm of nasal cavity and middle ear	Diagnosis	ICD-10-CM
C300	Malignant neoplasm of nasal cavity	Diagnosis	ICD-10-CM
C301	Malignant neoplasm of middle ear	Diagnosis	ICD-10-CM
C31	Malignant neoplasm of accessory sinuses	Diagnosis	ICD-10-CM
C310	Malignant neoplasm of maxillary sinus	Diagnosis	ICD-10-CM
C311	Malignant neoplasm of ethmoidal sinus	Diagnosis	ICD-10-CM
C312	Malignant neoplasm of frontal sinus	Diagnosis	ICD-10-CM
C313	Malignant neoplasm of sphenoid sinus	Diagnosis	ICD-10-CM
C318	Malignant neoplasm of overlapping sites of accessory sinuses	Diagnosis	ICD-10-CM
C319	Malignant neoplasm of accessory sinus, unspecified	Diagnosis	ICD-10-CM
C32	Malignant neoplasm of larynx	Diagnosis	ICD-10-CM
C320	Malignant neoplasm of glottis	Diagnosis	ICD-10-CM
C321	Malignant neoplasm of supraglottis	Diagnosis	ICD-10-CM
C322	Malignant neoplasm of subglottis	Diagnosis	ICD-10-CM
C323	Malignant neoplasm of laryngeal cartilage	Diagnosis	ICD-10-CM
C328	Malignant neoplasm of overlapping sites of larynx	Diagnosis	ICD-10-CM
C329	Malignant neoplasm of larynx, unspecified	Diagnosis	ICD-10-CM
C33	Malignant neoplasm of trachea	Diagnosis	ICD-10-CM
C34	Malignant neoplasm of bronchus and lung	Diagnosis	ICD-10-CM
C340	Malignant neoplasm of main bronchus	Diagnosis	ICD-10-CM
C3400	Malignant neoplasm of unspecified main bronchus	Diagnosis	ICD-10-CM
C3401	Malignant neoplasm of right main bronchus	Diagnosis	ICD-10-CM
C3402	Malignant neoplasm of left main bronchus	Diagnosis	ICD-10-CM
C3410	Malignant neoplasm of upper lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C3411	Malignant neoplasm of upper lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C3412	Malignant neoplasm of upper lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C342	Malignant neoplasm of middle lobe, bronchus or lung	Diagnosis	ICD-10-CM
C343	Malignant neoplasm of lower lobe, bronchus or lung	Diagnosis	ICD-10-CM
C3430	Malignant neoplasm of lower lobe, unspecified bronchus or lung	Diagnosis	ICD-10-CM
C3431	Malignant neoplasm of lower lobe, right bronchus or lung	Diagnosis	ICD-10-CM
C3432	Malignant neoplasm of lower lobe, left bronchus or lung	Diagnosis	ICD-10-CM
C348	Malignant neoplasm of overlapping sites of bronchus and lung	Diagnosis	ICD-10-CM
C3480	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	Diagnosis	ICD-10-CM
C3481	Malignant neoplasm of overlapping sites of right bronchus and lung	Diagnosis	ICD-10-CM
C3482	Malignant neoplasm of overlapping sites of left bronchus and lung	Diagnosis	ICD-10-CM
C349	Malignant neoplasm of unspecified part of bronchus or lung	Diagnosis	ICD-10-CM
C3490	Malignant neoplasm of unspecified part of unspecified bronchus or lung	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C3491	Malignant neoplasm of unspecified part of right bronchus or lung	Diagnosis	ICD-10-CM
C3492	Malignant neoplasm of unspecified part of left bronchus or lung	Diagnosis	ICD-10-CM
C37	Malignant neoplasm of thymus	Diagnosis	ICD-10-CM
C38	Malignant neoplasm of heart, mediastinum and pleura	Diagnosis	ICD-10-CM
C380	Malignant neoplasm of heart	Diagnosis	ICD-10-CM
C381	Malignant neoplasm of anterior mediastinum	Diagnosis	ICD-10-CM
C382	Malignant neoplasm of posterior mediastinum	Diagnosis	ICD-10-CM
C383	Malignant neoplasm of mediastinum, part unspecified	Diagnosis	ICD-10-CM
C384	Malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C388	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura	Diagnosis	ICD-10-CM
C39	Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic organs	Diagnosis	ICD-10-CM
C390	Malignant neoplasm of upper respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C399	Malignant neoplasm of lower respiratory tract, part unspecified	Diagnosis	ICD-10-CM
C40	Malignant neoplasm of bone and articular cartilage of limbs	Diagnosis	ICD-10-CM
C400	Malignant neoplasm of scapula and long bones of upper limb	Diagnosis	ICD-10-CM
C4000	Malignant neoplasm of scapula and long bones of unspecified upper limb	Diagnosis	ICD-10-CM
C4001	Malignant neoplasm of scapula and long bones of right upper limb	Diagnosis	ICD-10-CM
C4002	Malignant neoplasm of scapula and long bones of left upper limb	Diagnosis	ICD-10-CM
C401	Malignant neoplasm of short bones of upper limb	Diagnosis	ICD-10-CM
C4010	Malignant neoplasm of short bones of unspecified upper limb	Diagnosis	ICD-10-CM
C4011	Malignant neoplasm of short bones of right upper limb	Diagnosis	ICD-10-CM
C4012	Malignant neoplasm of short bones of left upper limb	Diagnosis	ICD-10-CM
C402	Malignant neoplasm of long bones of lower limb	Diagnosis	ICD-10-CM
C4020	Malignant neoplasm of long bones of unspecified lower limb	Diagnosis	ICD-10-CM
C4021	Malignant neoplasm of long bones of right lower limb	Diagnosis	ICD-10-CM
C4022	Malignant neoplasm of long bones of left lower limb	Diagnosis	ICD-10-CM
C403	Malignant neoplasm of short bones of lower limb	Diagnosis	ICD-10-CM
C4030	Malignant neoplasm of short bones of unspecified lower limb	Diagnosis	ICD-10-CM
C4031	Malignant neoplasm of short bones of right lower limb	Diagnosis	ICD-10-CM
C4032	Malignant neoplasm of short bones of left lower limb	Diagnosis	ICD-10-CM
C41	Malignant neoplasm of bone and articular cartilage of other and unspecified sites	Diagnosis	ICD-10-CM
C410	Malignant neoplasm of bones of skull and face	Diagnosis	ICD-10-CM
C411	Malignant neoplasm of mandible	Diagnosis	ICD-10-CM
C412	Malignant neoplasm of vertebral column	Diagnosis	ICD-10-CM
C413	Malignant neoplasm of ribs, sternum and clavicle	Diagnosis	ICD-10-CM
C414	Malignant neoplasm of pelvic bones, sacrum and coccyx	Diagnosis	ICD-10-CM
C408	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb	Diagnosis	ICD-10-CM
C4080	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C4081	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb	Diagnosis	ICD-10-CM
C4082	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb	Diagnosis	ICD-10-CM
C419	Malignant neoplasm of bone and articular cartilage, unspecified	Diagnosis	ICD-10-CM
C409	Malignant neoplasm of unspecified bones and articular cartilage of limb	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C4090	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb	Diagnosis	ICD-10-CM
C4091	Malignant neoplasm of unspecified bones and articular cartilage of right limb	Diagnosis	ICD-10-CM
C4092	Malignant neoplasm of unspecified bones and articular cartilage of left limb	Diagnosis	ICD-10-CM
C43	Malignant melanoma of skin	Diagnosis	ICD-10-CM
C430	Malignant melanoma of lip	Diagnosis	ICD-10-CM
C431	Malignant melanoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C4310	Malignant melanoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C43111	Malignant melanoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43112	Malignant melanoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C43121	Malignant melanoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C43122	Malignant melanoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C432	Malignant melanoma of ear and external auricular canal	Diagnosis	ICD-10-CM
C4320	Malignant melanoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C4321	Malignant melanoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C4322	Malignant melanoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C433	Malignant melanoma of other and unspecified parts of face	Diagnosis	ICD-10-CM
C4330	Malignant melanoma of unspecified part of face	Diagnosis	ICD-10-CM
C4331	Malignant melanoma of nose	Diagnosis	ICD-10-CM
C4339	Malignant melanoma of other parts of face	Diagnosis	ICD-10-CM
C434	Malignant melanoma of scalp and neck	Diagnosis	ICD-10-CM
C435	Malignant melanoma of trunk	Diagnosis	ICD-10-CM
C4351	Malignant melanoma of anal skin	Diagnosis	ICD-10-CM
C4352	Malignant melanoma of skin of breast	Diagnosis	ICD-10-CM
C4359	Malignant melanoma of other part of trunk	Diagnosis	ICD-10-CM
C436	Malignant melanoma of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4360	Malignant melanoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4361	Malignant melanoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4362	Malignant melanoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C437	Malignant melanoma of lower limb, including hip	Diagnosis	ICD-10-CM
C4370	Malignant melanoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4371	Malignant melanoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C4372	Malignant melanoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C438	Malignant melanoma of overlapping sites of skin	Diagnosis	ICD-10-CM
C45	Mesothelioma	Diagnosis	ICD-10-CM
C450	Mesothelioma of pleura	Diagnosis	ICD-10-CM
C451	Mesothelioma of peritoneum	Diagnosis	ICD-10-CM
C457	Mesothelioma of other sites	Diagnosis	ICD-10-CM
C459	Mesothelioma, unspecified	Diagnosis	ICD-10-CM
C46	Kaposi's sarcoma	Diagnosis	ICD-10-CM
C460	Kaposi's sarcoma of skin	Diagnosis	ICD-10-CM
C461	Kaposi's sarcoma of soft tissue	Diagnosis	ICD-10-CM
C462	Kaposi's sarcoma of palate	Diagnosis	ICD-10-CM
C463	Kaposi's sarcoma of lymph nodes	Diagnosis	ICD-10-CM
C464	Kaposi's sarcoma of gastrointestinal sites	Diagnosis	ICD-10-CM
C465	Kaposi's sarcoma of lung	Diagnosis	ICD-10-CM
C4650	Kaposi's sarcoma of unspecified lung	Diagnosis	ICD-10-CM
C4651	Kaposi's sarcoma of right lung	Diagnosis	ICD-10-CM
C4652	Kaposi's sarcoma of left lung	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C467	Kaposi's sarcoma of other sites	Diagnosis	ICD-10-CM
C47	Malignant neoplasm of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C470	Malignant neoplasm of peripheral nerves of head, face and neck	Diagnosis	ICD-10-CM
C469	Kaposi's sarcoma, unspecified	Diagnosis	ICD-10-CM
C471	Malignant neoplasm of peripheral nerves of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4710	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4711	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4712	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C472	Malignant neoplasm of peripheral nerves of lower limb, including hip	Diagnosis	ICD-10-CM
C4720	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4721	Malignant neoplasm of peripheral nerves of right lower limb, including hip	Diagnosis	ICD-10-CM
C4722	Malignant neoplasm of peripheral nerves of left lower limb, including hip	Diagnosis	ICD-10-CM
C473	Malignant neoplasm of peripheral nerves of thorax	Diagnosis	ICD-10-CM
C474	Malignant neoplasm of peripheral nerves of abdomen	Diagnosis	ICD-10-CM
C475	Malignant neoplasm of peripheral nerves of pelvis	Diagnosis	ICD-10-CM
C476	Malignant neoplasm of peripheral nerves of trunk, unspecified	Diagnosis	ICD-10-CM
C479	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified	Diagnosis	ICD-10-CM
C478	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
C48	Malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C480	Malignant neoplasm of retroperitoneum	Diagnosis	ICD-10-CM
C481	Malignant neoplasm of specified parts of peritoneum	Diagnosis	ICD-10-CM
C488	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C482	Malignant neoplasm of peritoneum, unspecified	Diagnosis	ICD-10-CM
C49	Malignant neoplasm of other connective and soft tissue	Diagnosis	ICD-10-CM
C490	Malignant neoplasm of connective and soft tissue of head, face and neck	Diagnosis	ICD-10-CM
C491	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4910	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4911	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4912	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C492	Malignant neoplasm of connective and soft tissue of lower limb, including hip	Diagnosis	ICD-10-CM
C4920	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4921	Malignant neoplasm of connective and soft tissue of right lower limb, including hip	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C4922	Malignant neoplasm of connective and soft tissue of left lower limb, including hip	Diagnosis	ICD-10-CM
C493	Malignant neoplasm of connective and soft tissue of thorax	Diagnosis	ICD-10-CM
C494	Malignant neoplasm of connective and soft tissue of abdomen	Diagnosis	ICD-10-CM
C495	Malignant neoplasm of connective and soft tissue of pelvis	Diagnosis	ICD-10-CM
C496	Malignant neoplasm of connective and soft tissue of trunk, unspecified	Diagnosis	ICD-10-CM
C498	Malignant neoplasm of overlapping sites of connective and soft tissue	Diagnosis	ICD-10-CM
C499	Malignant neoplasm of connective and soft tissue, unspecified	Diagnosis	ICD-10-CM
C49A	Gastrointestinal stromal tumor	Diagnosis	ICD-10-CM
C49A0	Gastrointestinal stromal tumor, unspecified site	Diagnosis	ICD-10-CM
C49A1	Gastrointestinal stromal tumor of esophagus	Diagnosis	ICD-10-CM
C49A2	Gastrointestinal stromal tumor of stomach	Diagnosis	ICD-10-CM
C49A3	Gastrointestinal stromal tumor of small intestine	Diagnosis	ICD-10-CM
C49A4	Gastrointestinal stromal tumor of large intestine	Diagnosis	ICD-10-CM
C49A5	Gastrointestinal stromal tumor of rectum	Diagnosis	ICD-10-CM
C49A9	Gastrointestinal stromal tumor of other sites	Diagnosis	ICD-10-CM
C4A	Merkel cell carcinoma	Diagnosis	ICD-10-CM
C4A0	Merkel cell carcinoma of lip	Diagnosis	ICD-10-CM
C4A1	Merkel cell carcinoma of eyelid, including canthus	Diagnosis	ICD-10-CM
C4A10	Merkel cell carcinoma of unspecified eyelid, including canthus	Diagnosis	ICD-10-CM
C4A111	Merkel cell carcinoma of right upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A112	Merkel cell carcinoma of right lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A121	Merkel cell carcinoma of left upper eyelid, including canthus	Diagnosis	ICD-10-CM
C4A122	Merkel cell carcinoma of left lower eyelid, including canthus	Diagnosis	ICD-10-CM
C4A2	Merkel cell carcinoma of ear and external auricular canal	Diagnosis	ICD-10-CM
C4A20	Merkel cell carcinoma of unspecified ear and external auricular canal	Diagnosis	ICD-10-CM
C4A21	Merkel cell carcinoma of right ear and external auricular canal	Diagnosis	ICD-10-CM
C4A22	Merkel cell carcinoma of left ear and external auricular canal	Diagnosis	ICD-10-CM
C4A3	Merkel cell carcinoma of other and unspecified parts of face	Diagnosis	ICD-10-CM
C4A30	Merkel cell carcinoma of unspecified part of face	Diagnosis	ICD-10-CM
C4A31	Merkel cell carcinoma of nose	Diagnosis	ICD-10-CM
C4A39	Merkel cell carcinoma of other parts of face	Diagnosis	ICD-10-CM
C4A4	Merkel cell carcinoma of scalp and neck	Diagnosis	ICD-10-CM
C4A5	Merkel cell carcinoma of trunk	Diagnosis	ICD-10-CM
C4A51	Merkel cell carcinoma of anal skin	Diagnosis	ICD-10-CM
C4A52	Merkel cell carcinoma of skin of breast	Diagnosis	ICD-10-CM
C4A59	Merkel cell carcinoma of other part of trunk	Diagnosis	ICD-10-CM
C4A6	Merkel cell carcinoma of upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A60	Merkel cell carcinoma of unspecified upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A61	Merkel cell carcinoma of right upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A62	Merkel cell carcinoma of left upper limb, including shoulder	Diagnosis	ICD-10-CM
C4A7	Merkel cell carcinoma of lower limb, including hip	Diagnosis	ICD-10-CM
C4A70	Merkel cell carcinoma of unspecified lower limb, including hip	Diagnosis	ICD-10-CM
C4A71	Merkel cell carcinoma of right lower limb, including hip	Diagnosis	ICD-10-CM
C4A72	Merkel cell carcinoma of left lower limb, including hip	Diagnosis	ICD-10-CM
C4A8	Merkel cell carcinoma of overlapping sites	Diagnosis	ICD-10-CM
C4A9	Merkel cell carcinoma, unspecified	Diagnosis	ICD-10-CM
C50	Malignant neoplasm of breast	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C500	Malignant neoplasm of nipple and areola	Diagnosis	ICD-10-CM
C5001	Malignant neoplasm of nipple and areola, female	Diagnosis	ICD-10-CM
C50011	Malignant neoplasm of nipple and areola, right female breast	Diagnosis	ICD-10-CM
C50012	Malignant neoplasm of nipple and areola, left female breast	Diagnosis	ICD-10-CM
C50019	Malignant neoplasm of nipple and areola, unspecified female breast	Diagnosis	ICD-10-CM
C5002	Malignant neoplasm of nipple and areola, male	Diagnosis	ICD-10-CM
C50021	Malignant neoplasm of nipple and areola, right male breast	Diagnosis	ICD-10-CM
C50022	Malignant neoplasm of nipple and areola, left male breast	Diagnosis	ICD-10-CM
C50029	Malignant neoplasm of nipple and areola, unspecified male breast	Diagnosis	ICD-10-CM
C5011	Malignant neoplasm of central portion of breast, female	Diagnosis	ICD-10-CM
C50111	Malignant neoplasm of central portion of right female breast	Diagnosis	ICD-10-CM
C50112	Malignant neoplasm of central portion of left female breast	Diagnosis	ICD-10-CM
C50119	Malignant neoplasm of central portion of unspecified female breast	Diagnosis	ICD-10-CM
C5012	Malignant neoplasm of central portion of breast, male	Diagnosis	ICD-10-CM
C50121	Malignant neoplasm of central portion of right male breast	Diagnosis	ICD-10-CM
C50122	Malignant neoplasm of central portion of left male breast	Diagnosis	ICD-10-CM
C50129	Malignant neoplasm of central portion of unspecified male breast	Diagnosis	ICD-10-CM
C502	Malignant neoplasm of upper-inner quadrant of breast	Diagnosis	ICD-10-CM
C5021	Malignant neoplasm of upper-inner quadrant of breast, female	Diagnosis	ICD-10-CM
C50211	Malignant neoplasm of upper-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50212	Malignant neoplasm of upper-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C5022	Malignant neoplasm of upper-inner quadrant of breast, male	Diagnosis	ICD-10-CM
C50221	Malignant neoplasm of upper-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50222	Malignant neoplasm of upper-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C503	Malignant neoplasm of lower-inner quadrant of breast	Diagnosis	ICD-10-CM
C5031	Malignant neoplasm of lower-inner quadrant of breast, female	Diagnosis	ICD-10-CM
C50311	Malignant neoplasm of lower-inner quadrant of right female breast	Diagnosis	ICD-10-CM
C50312	Malignant neoplasm of lower-inner quadrant of left female breast	Diagnosis	ICD-10-CM
C50319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C5032	Malignant neoplasm of lower-inner quadrant of breast, male	Diagnosis	ICD-10-CM
C50321	Malignant neoplasm of lower-inner quadrant of right male breast	Diagnosis	ICD-10-CM
C50322	Malignant neoplasm of lower-inner quadrant of left male breast	Diagnosis	ICD-10-CM
C50329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C504	Malignant neoplasm of upper-outer quadrant of breast	Diagnosis	ICD-10-CM
C5041	Malignant neoplasm of upper-outer quadrant of breast, female	Diagnosis	ICD-10-CM
C50411	Malignant neoplasm of upper-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50412	Malignant neoplasm of upper-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C5042	Malignant neoplasm of upper-outer quadrant of breast, male	Diagnosis	ICD-10-CM
C50421	Malignant neoplasm of upper-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50422	Malignant neoplasm of upper-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C505	Malignant neoplasm of lower-outer quadrant of breast	Diagnosis	ICD-10-CM
C5051	Malignant neoplasm of lower-outer quadrant of breast, female	Diagnosis	ICD-10-CM
C50511	Malignant neoplasm of lower-outer quadrant of right female breast	Diagnosis	ICD-10-CM
C50512	Malignant neoplasm of lower-outer quadrant of left female breast	Diagnosis	ICD-10-CM
C50519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	Diagnosis	ICD-10-CM
C5052	Malignant neoplasm of lower-outer quadrant of breast, male	Diagnosis	ICD-10-CM
C50521	Malignant neoplasm of lower-outer quadrant of right male breast	Diagnosis	ICD-10-CM
C50522	Malignant neoplasm of lower-outer quadrant of left male breast	Diagnosis	ICD-10-CM
C50529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	Diagnosis	ICD-10-CM
C506	Malignant neoplasm of axillary tail of breast	Diagnosis	ICD-10-CM
C5061	Malignant neoplasm of axillary tail of breast, female	Diagnosis	ICD-10-CM
C50611	Malignant neoplasm of axillary tail of right female breast	Diagnosis	ICD-10-CM
C50612	Malignant neoplasm of axillary tail of left female breast	Diagnosis	ICD-10-CM
C50619	Malignant neoplasm of axillary tail of unspecified female breast	Diagnosis	ICD-10-CM
C5062	Malignant neoplasm of axillary tail of breast, male	Diagnosis	ICD-10-CM
C50621	Malignant neoplasm of axillary tail of right male breast	Diagnosis	ICD-10-CM
C50622	Malignant neoplasm of axillary tail of left male breast	Diagnosis	ICD-10-CM
C50629	Malignant neoplasm of axillary tail of unspecified male breast	Diagnosis	ICD-10-CM
C508	Malignant neoplasm of overlapping sites of breast	Diagnosis	ICD-10-CM
C5081	Malignant neoplasm of overlapping sites of breast, female	Diagnosis	ICD-10-CM
C50811	Malignant neoplasm of overlapping sites of right female breast	Diagnosis	ICD-10-CM
C50812	Malignant neoplasm of overlapping sites of left female breast	Diagnosis	ICD-10-CM
C50819	Malignant neoplasm of overlapping sites of unspecified female breast	Diagnosis	ICD-10-CM
C5082	Malignant neoplasm of overlapping sites of breast, male	Diagnosis	ICD-10-CM
C50821	Malignant neoplasm of overlapping sites of right male breast	Diagnosis	ICD-10-CM
C50822	Malignant neoplasm of overlapping sites of left male breast	Diagnosis	ICD-10-CM
C50829	Malignant neoplasm of overlapping sites of unspecified male breast	Diagnosis	ICD-10-CM
C509	Malignant neoplasm of breast of unspecified site	Diagnosis	ICD-10-CM
C5091	Malignant neoplasm of breast of unspecified site, female	Diagnosis	ICD-10-CM
C50911	Malignant neoplasm of unspecified site of right female breast	Diagnosis	ICD-10-CM
C50912	Malignant neoplasm of unspecified site of left female breast	Diagnosis	ICD-10-CM
C50919	Malignant neoplasm of unspecified site of unspecified female breast	Diagnosis	ICD-10-CM
C5092	Malignant neoplasm of breast of unspecified site, male	Diagnosis	ICD-10-CM
C50921	Malignant neoplasm of unspecified site of right male breast	Diagnosis	ICD-10-CM
C50922	Malignant neoplasm of unspecified site of left male breast	Diagnosis	ICD-10-CM
C50929	Malignant neoplasm of unspecified site of unspecified male breast	Diagnosis	ICD-10-CM
C51	Malignant neoplasm of vulva	Diagnosis	ICD-10-CM
C510	Malignant neoplasm of labium majus	Diagnosis	ICD-10-CM
C511	Malignant neoplasm of labium minus	Diagnosis	ICD-10-CM
C512	Malignant neoplasm of clitoris	Diagnosis	ICD-10-CM
C518	Malignant neoplasm of overlapping sites of vulva	Diagnosis	ICD-10-CM
C519	Malignant neoplasm of vulva, unspecified	Diagnosis	ICD-10-CM
C52	Malignant neoplasm of vagina	Diagnosis	ICD-10-CM
C53	Malignant neoplasm of cervix uteri	Diagnosis	ICD-10-CM
C530	Malignant neoplasm of endocervix	Diagnosis	ICD-10-CM
C531	Malignant neoplasm of exocervix	Diagnosis	ICD-10-CM
C538	Malignant neoplasm of overlapping sites of cervix uteri	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C539	Malignant neoplasm of cervix uteri, unspecified	Diagnosis	ICD-10-CM
C54	Malignant neoplasm of corpus uteri	Diagnosis	ICD-10-CM
C540	Malignant neoplasm of isthmus uteri	Diagnosis	ICD-10-CM
C541	Malignant neoplasm of endometrium	Diagnosis	ICD-10-CM
C542	Malignant neoplasm of myometrium	Diagnosis	ICD-10-CM
C543	Malignant neoplasm of fundus uteri	Diagnosis	ICD-10-CM
C548	Malignant neoplasm of overlapping sites of corpus uteri	Diagnosis	ICD-10-CM
C549	Malignant neoplasm of corpus uteri, unspecified	Diagnosis	ICD-10-CM
C55	Malignant neoplasm of uterus, part unspecified	Diagnosis	ICD-10-CM
C56	Malignant neoplasm of ovary	Diagnosis	ICD-10-CM
C561	Malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C562	Malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C569	Malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C57	Malignant neoplasm of other and unspecified female genital organs	Diagnosis	ICD-10-CM
C570	Malignant neoplasm of fallopian tube	Diagnosis	ICD-10-CM
C5700	Malignant neoplasm of unspecified fallopian tube	Diagnosis	ICD-10-CM
C5701	Malignant neoplasm of right fallopian tube	Diagnosis	ICD-10-CM
C5702	Malignant neoplasm of left fallopian tube	Diagnosis	ICD-10-CM
C571	Malignant neoplasm of broad ligament	Diagnosis	ICD-10-CM
C5710	Malignant neoplasm of unspecified broad ligament	Diagnosis	ICD-10-CM
C5711	Malignant neoplasm of right broad ligament	Diagnosis	ICD-10-CM
C5712	Malignant neoplasm of left broad ligament	Diagnosis	ICD-10-CM
C572	Malignant neoplasm of round ligament	Diagnosis	ICD-10-CM
C5720	Malignant neoplasm of unspecified round ligament	Diagnosis	ICD-10-CM
C5721	Malignant neoplasm of right round ligament	Diagnosis	ICD-10-CM
C5722	Malignant neoplasm of left round ligament	Diagnosis	ICD-10-CM
C573	Malignant neoplasm of parametrium	Diagnosis	ICD-10-CM
C574	Malignant neoplasm of uterine adnexa, unspecified	Diagnosis	ICD-10-CM
C577	Malignant neoplasm of other specified female genital organs	Diagnosis	ICD-10-CM
C578	Malignant neoplasm of overlapping sites of female genital organs	Diagnosis	ICD-10-CM
C579	Malignant neoplasm of female genital organ, unspecified	Diagnosis	ICD-10-CM
C58	Malignant neoplasm of placenta	Diagnosis	ICD-10-CM
C60	Malignant neoplasm of penis	Diagnosis	ICD-10-CM
C600	Malignant neoplasm of prepuce	Diagnosis	ICD-10-CM
C601	Malignant neoplasm of glans penis	Diagnosis	ICD-10-CM
C602	Malignant neoplasm of body of penis	Diagnosis	ICD-10-CM
C608	Malignant neoplasm of overlapping sites of penis	Diagnosis	ICD-10-CM
C609	Malignant neoplasm of penis, unspecified	Diagnosis	ICD-10-CM
C61	Malignant neoplasm of prostate	Diagnosis	ICD-10-CM
C62	Malignant neoplasm of testis	Diagnosis	ICD-10-CM
C620	Malignant neoplasm of undescended testis	Diagnosis	ICD-10-CM
C6200	Malignant neoplasm of unspecified undescended testis	Diagnosis	ICD-10-CM
C6201	Malignant neoplasm of undescended right testis	Diagnosis	ICD-10-CM
C6202	Malignant neoplasm of undescended left testis	Diagnosis	ICD-10-CM
C621	Malignant neoplasm of descended testis	Diagnosis	ICD-10-CM
C6210	Malignant neoplasm of unspecified descended testis	Diagnosis	ICD-10-CM
C6211	Malignant neoplasm of descended right testis	Diagnosis	ICD-10-CM
C6212	Malignant neoplasm of descended left testis	Diagnosis	ICD-10-CM
C629	Malignant neoplasm of testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C6290	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C6291	Malignant neoplasm of right testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C6292	Malignant neoplasm of left testis, unspecified whether descended or undescended	Diagnosis	ICD-10-CM
C63	Malignant neoplasm of other and unspecified male genital organs	Diagnosis	ICD-10-CM
C630	Malignant neoplasm of epididymis	Diagnosis	ICD-10-CM
C6300	Malignant neoplasm of unspecified epididymis	Diagnosis	ICD-10-CM
C6301	Malignant neoplasm of right epididymis	Diagnosis	ICD-10-CM
C6302	Malignant neoplasm of left epididymis	Diagnosis	ICD-10-CM
C631	Malignant neoplasm of spermatic cord	Diagnosis	ICD-10-CM
C6310	Malignant neoplasm of unspecified spermatic cord	Diagnosis	ICD-10-CM
C6311	Malignant neoplasm of right spermatic cord	Diagnosis	ICD-10-CM
C6312	Malignant neoplasm of left spermatic cord	Diagnosis	ICD-10-CM
C632	Malignant neoplasm of scrotum	Diagnosis	ICD-10-CM
C637	Malignant neoplasm of other specified male genital organs	Diagnosis	ICD-10-CM
C638	Malignant neoplasm of overlapping sites of male genital organs	Diagnosis	ICD-10-CM
C64	Malignant neoplasm of kidney, except renal pelvis	Diagnosis	ICD-10-CM
C641	Malignant neoplasm of right kidney, except renal pelvis	Diagnosis	ICD-10-CM
C642	Malignant neoplasm of left kidney, except renal pelvis	Diagnosis	ICD-10-CM
C649	Malignant neoplasm of unspecified kidney, except renal pelvis	Diagnosis	ICD-10-CM
C65	Malignant neoplasm of renal pelvis	Diagnosis	ICD-10-CM
C651	Malignant neoplasm of right renal pelvis	Diagnosis	ICD-10-CM
C652	Malignant neoplasm of left renal pelvis	Diagnosis	ICD-10-CM
C659	Malignant neoplasm of unspecified renal pelvis	Diagnosis	ICD-10-CM
C66	Malignant neoplasm of ureter	Diagnosis	ICD-10-CM
C661	Malignant neoplasm of right ureter	Diagnosis	ICD-10-CM
C662	Malignant neoplasm of left ureter	Diagnosis	ICD-10-CM
C669	Malignant neoplasm of unspecified ureter	Diagnosis	ICD-10-CM
C67	Malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C670	Malignant neoplasm of trigone of bladder	Diagnosis	ICD-10-CM
C671	Malignant neoplasm of dome of bladder	Diagnosis	ICD-10-CM
C672	Malignant neoplasm of lateral wall of bladder	Diagnosis	ICD-10-CM
C673	Malignant neoplasm of anterior wall of bladder	Diagnosis	ICD-10-CM
C674	Malignant neoplasm of posterior wall of bladder	Diagnosis	ICD-10-CM
C675	Malignant neoplasm of bladder neck	Diagnosis	ICD-10-CM
C676	Malignant neoplasm of ureteric orifice	Diagnosis	ICD-10-CM
C677	Malignant neoplasm of urachus	Diagnosis	ICD-10-CM
C678	Malignant neoplasm of overlapping sites of bladder	Diagnosis	ICD-10-CM
C679	Malignant neoplasm of bladder, unspecified	Diagnosis	ICD-10-CM
C68	Malignant neoplasm of other and unspecified urinary organs	Diagnosis	ICD-10-CM
C680	Malignant neoplasm of urethra	Diagnosis	ICD-10-CM
C681	Malignant neoplasm of paraurethral glands	Diagnosis	ICD-10-CM
C688	Malignant neoplasm of overlapping sites of urinary organs	Diagnosis	ICD-10-CM
C689	Malignant neoplasm of urinary organ, unspecified	Diagnosis	ICD-10-CM
C69	Malignant neoplasm of eye and adnexa	Diagnosis	ICD-10-CM
C690	Malignant neoplasm of conjunctiva	Diagnosis	ICD-10-CM
C6900	Malignant neoplasm of unspecified conjunctiva	Diagnosis	ICD-10-CM
C6901	Malignant neoplasm of right conjunctiva	Diagnosis	ICD-10-CM
C6902	Malignant neoplasm of left conjunctiva	Diagnosis	ICD-10-CM
C691	Malignant neoplasm of cornea	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C6910	Malignant neoplasm of unspecified cornea	Diagnosis	ICD-10-CM
C6911	Malignant neoplasm of right cornea	Diagnosis	ICD-10-CM
C6912	Malignant neoplasm of left cornea	Diagnosis	ICD-10-CM
C692	Malignant neoplasm of retina	Diagnosis	ICD-10-CM
C6920	Malignant neoplasm of unspecified retina	Diagnosis	ICD-10-CM
C6921	Malignant neoplasm of right retina	Diagnosis	ICD-10-CM
C6922	Malignant neoplasm of left retina	Diagnosis	ICD-10-CM
C693	Malignant neoplasm of choroid	Diagnosis	ICD-10-CM
C6930	Malignant neoplasm of unspecified choroid	Diagnosis	ICD-10-CM
C6931	Malignant neoplasm of right choroid	Diagnosis	ICD-10-CM
C6932	Malignant neoplasm of left choroid	Diagnosis	ICD-10-CM
C694	Malignant neoplasm of ciliary body	Diagnosis	ICD-10-CM
C6940	Malignant neoplasm of unspecified ciliary body	Diagnosis	ICD-10-CM
C6941	Malignant neoplasm of right ciliary body	Diagnosis	ICD-10-CM
C6942	Malignant neoplasm of left ciliary body	Diagnosis	ICD-10-CM
C695	Malignant neoplasm of lacrimal gland and duct	Diagnosis	ICD-10-CM
C6950	Malignant neoplasm of unspecified lacrimal gland and duct	Diagnosis	ICD-10-CM
C6951	Malignant neoplasm of right lacrimal gland and duct	Diagnosis	ICD-10-CM
C6952	Malignant neoplasm of left lacrimal gland and duct	Diagnosis	ICD-10-CM
C696	Malignant neoplasm of orbit	Diagnosis	ICD-10-CM
C6960	Malignant neoplasm of unspecified orbit	Diagnosis	ICD-10-CM
C6961	Malignant neoplasm of right orbit	Diagnosis	ICD-10-CM
C6962	Malignant neoplasm of left orbit	Diagnosis	ICD-10-CM
C698	Malignant neoplasm of overlapping sites of eye and adnexa	Diagnosis	ICD-10-CM
C6980	Malignant neoplasm of overlapping sites of unspecified eye and adnexa	Diagnosis	ICD-10-CM
C6981	Malignant neoplasm of overlapping sites of right eye and adnexa	Diagnosis	ICD-10-CM
C6982	Malignant neoplasm of overlapping sites of left eye and adnexa	Diagnosis	ICD-10-CM
C699	Malignant neoplasm of unspecified site of eye	Diagnosis	ICD-10-CM
C6990	Malignant neoplasm of unspecified site of unspecified eye	Diagnosis	ICD-10-CM
C6991	Malignant neoplasm of unspecified site of right eye	Diagnosis	ICD-10-CM
C6992	Malignant neoplasm of unspecified site of left eye	Diagnosis	ICD-10-CM
C70	Malignant neoplasm of meninges	Diagnosis	ICD-10-CM
C700	Malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C701	Malignant neoplasm of spinal meninges	Diagnosis	ICD-10-CM
C709	Malignant neoplasm of meninges, unspecified	Diagnosis	ICD-10-CM
C71	Malignant neoplasm of brain	Diagnosis	ICD-10-CM
C710	Malignant neoplasm of cerebrum, except lobes and ventricles	Diagnosis	ICD-10-CM
C711	Malignant neoplasm of frontal lobe	Diagnosis	ICD-10-CM
C712	Malignant neoplasm of temporal lobe	Diagnosis	ICD-10-CM
C713	Malignant neoplasm of parietal lobe	Diagnosis	ICD-10-CM
C714	Malignant neoplasm of occipital lobe	Diagnosis	ICD-10-CM
C715	Malignant neoplasm of cerebral ventricle	Diagnosis	ICD-10-CM
C716	Malignant neoplasm of cerebellum	Diagnosis	ICD-10-CM
C717	Malignant neoplasm of brain stem	Diagnosis	ICD-10-CM
C718	Malignant neoplasm of overlapping sites of brain	Diagnosis	ICD-10-CM
C719	Malignant neoplasm of brain, unspecified	Diagnosis	ICD-10-CM
C72	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system	Diagnosis	ICD-10-CM
C720	Malignant neoplasm of spinal cord	Diagnosis	ICD-10-CM
C721	Malignant neoplasm of cauda equina	Diagnosis	ICD-10-CM
C722	Malignant neoplasm of olfactory nerve	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C7220	Malignant neoplasm of unspecified olfactory nerve	Diagnosis	ICD-10-CM
C7221	Malignant neoplasm of right olfactory nerve	Diagnosis	ICD-10-CM
C7222	Malignant neoplasm of left olfactory nerve	Diagnosis	ICD-10-CM
C723	Malignant neoplasm of optic nerve	Diagnosis	ICD-10-CM
C7230	Malignant neoplasm of unspecified optic nerve	Diagnosis	ICD-10-CM
C7231	Malignant neoplasm of right optic nerve	Diagnosis	ICD-10-CM
C7232	Malignant neoplasm of left optic nerve	Diagnosis	ICD-10-CM
C725	Malignant neoplasm of other and unspecified cranial nerves	Diagnosis	ICD-10-CM
C7250	Malignant neoplasm of unspecified cranial nerve	Diagnosis	ICD-10-CM
C7259	Malignant neoplasm of other cranial nerves	Diagnosis	ICD-10-CM
C729	Malignant neoplasm of central nervous system, unspecified	Diagnosis	ICD-10-CM
C73	Malignant neoplasm of thyroid gland	Diagnosis	ICD-10-CM
C74	Malignant neoplasm of adrenal gland	Diagnosis	ICD-10-CM
C740	Malignant neoplasm of cortex of adrenal gland	Diagnosis	ICD-10-CM
C7400	Malignant neoplasm of cortex of unspecified adrenal gland	Diagnosis	ICD-10-CM
C7401	Malignant neoplasm of cortex of right adrenal gland	Diagnosis	ICD-10-CM
C7402	Malignant neoplasm of cortex of left adrenal gland	Diagnosis	ICD-10-CM
C741	Malignant neoplasm of medulla of adrenal gland	Diagnosis	ICD-10-CM
C7410	Malignant neoplasm of medulla of unspecified adrenal gland	Diagnosis	ICD-10-CM
C7411	Malignant neoplasm of medulla of right adrenal gland	Diagnosis	ICD-10-CM
C7412	Malignant neoplasm of medulla of left adrenal gland	Diagnosis	ICD-10-CM
C743	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
C749	Malignant neoplasm of unspecified part of adrenal gland	Diagnosis	ICD-10-CM
C7490	Malignant neoplasm of unspecified part of unspecified adrenal gland	Diagnosis	ICD-10-CM
C7491	Malignant neoplasm of unspecified part of right adrenal gland	Diagnosis	ICD-10-CM
C7492	Malignant neoplasm of unspecified part of left adrenal gland	Diagnosis	ICD-10-CM
C75	Malignant neoplasm of other endocrine glands and related structures	Diagnosis	ICD-10-CM
C750	Malignant neoplasm of parathyroid gland	Diagnosis	ICD-10-CM
C751	Malignant neoplasm of pituitary gland	Diagnosis	ICD-10-CM
C752	Malignant neoplasm of craniopharyngeal duct	Diagnosis	ICD-10-CM
C754	Malignant neoplasm of carotid body	Diagnosis	ICD-10-CM
C755	Malignant neoplasm of aortic body and other paraganglia	Diagnosis	ICD-10-CM
C758	Malignant neoplasm with pluriglandular involvement, unspecified	Diagnosis	ICD-10-CM
C759	Malignant neoplasm of endocrine gland, unspecified	Diagnosis	ICD-10-CM
C76	Malignant neoplasm of other and ill-defined sites	Diagnosis	ICD-10-CM
C760	Malignant neoplasm of head, face and neck	Diagnosis	ICD-10-CM
C761	Malignant neoplasm of thorax	Diagnosis	ICD-10-CM
C762	Malignant neoplasm of abdomen	Diagnosis	ICD-10-CM
C763	Malignant neoplasm of pelvis	Diagnosis	ICD-10-CM
C764	Malignant neoplasm of upper limb	Diagnosis	ICD-10-CM
C7640	Malignant neoplasm of unspecified upper limb	Diagnosis	ICD-10-CM
C7641	Malignant neoplasm of right upper limb	Diagnosis	ICD-10-CM
C7642	Malignant neoplasm of left upper limb	Diagnosis	ICD-10-CM
C765	Malignant neoplasm of lower limb	Diagnosis	ICD-10-CM
C7650	Malignant neoplasm of unspecified lower limb	Diagnosis	ICD-10-CM
C7651	Malignant neoplasm of right lower limb	Diagnosis	ICD-10-CM
C7652	Malignant neoplasm of left lower limb	Diagnosis	ICD-10-CM
C768	Malignant neoplasm of other specified ill-defined sites	Diagnosis	ICD-10-CM
C77	Secondary and unspecified malignant neoplasm of lymph nodes	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C770	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	Diagnosis	ICD-10-CM
C771	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes	Diagnosis	ICD-10-CM
C772	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes	Diagnosis	ICD-10-CM
C773	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes	Diagnosis	ICD-10-CM
C774	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes	Diagnosis	ICD-10-CM
C775	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes	Diagnosis	ICD-10-CM
C778	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions	Diagnosis	ICD-10-CM
C779	Secondary and unspecified malignant neoplasm of lymph node, unspecified	Diagnosis	ICD-10-CM
C78	Secondary malignant neoplasm of respiratory and digestive organs	Diagnosis	ICD-10-CM
C780	Secondary malignant neoplasm of lung	Diagnosis	ICD-10-CM
C7800	Secondary malignant neoplasm of unspecified lung	Diagnosis	ICD-10-CM
C7801	Secondary malignant neoplasm of right lung	Diagnosis	ICD-10-CM
C7802	Secondary malignant neoplasm of left lung	Diagnosis	ICD-10-CM
C781	Secondary malignant neoplasm of mediastinum	Diagnosis	ICD-10-CM
C782	Secondary malignant neoplasm of pleura	Diagnosis	ICD-10-CM
C783	Secondary malignant neoplasm of other and unspecified respiratory organs	Diagnosis	ICD-10-CM
C7830	Secondary malignant neoplasm of unspecified respiratory organ	Diagnosis	ICD-10-CM
C7839	Secondary malignant neoplasm of other respiratory organs	Diagnosis	ICD-10-CM
C784	Secondary malignant neoplasm of small intestine	Diagnosis	ICD-10-CM
C785	Secondary malignant neoplasm of large intestine and rectum	Diagnosis	ICD-10-CM
C786	Secondary malignant neoplasm of retroperitoneum and peritoneum	Diagnosis	ICD-10-CM
C787	Secondary malignant neoplasm of liver and intrahepatic bile duct	Diagnosis	ICD-10-CM
C788	Secondary malignant neoplasm of other and unspecified digestive organs	Diagnosis	ICD-10-CM
C7880	Secondary malignant neoplasm of unspecified digestive organ	Diagnosis	ICD-10-CM
C7889	Secondary malignant neoplasm of other digestive organs	Diagnosis	ICD-10-CM
C79	Secondary malignant neoplasm of other and unspecified sites	Diagnosis	ICD-10-CM
C790	Secondary malignant neoplasm of kidney and renal pelvis	Diagnosis	ICD-10-CM
C7900	Secondary malignant neoplasm of unspecified kidney and renal pelvis	Diagnosis	ICD-10-CM
C7901	Secondary malignant neoplasm of right kidney and renal pelvis	Diagnosis	ICD-10-CM
C7902	Secondary malignant neoplasm of left kidney and renal pelvis	Diagnosis	ICD-10-CM
C791	Secondary malignant neoplasm of bladder and other and unspecified urinary organs	Diagnosis	ICD-10-CM
C7910	Secondary malignant neoplasm of unspecified urinary organs	Diagnosis	ICD-10-CM
C7911	Secondary malignant neoplasm of bladder	Diagnosis	ICD-10-CM
C7919	Secondary malignant neoplasm of other urinary organs	Diagnosis	ICD-10-CM
C792	Secondary malignant neoplasm of skin	Diagnosis	ICD-10-CM
C793	Secondary malignant neoplasm of brain	Diagnosis	ICD-10-CM
C7931	Secondary malignant neoplasm of brain and cerebral meninges	Diagnosis	ICD-10-CM
C7932	Secondary malignant neoplasm of cerebral meninges	Diagnosis	ICD-10-CM
C794	Secondary malignant neoplasm of other and unspecified parts of nervous system	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C7940	Secondary malignant neoplasm of unspecified part of nervous system	Diagnosis	ICD-10-CM
C7949	Secondary malignant neoplasm of other parts of nervous system	Diagnosis	ICD-10-CM
C795	Secondary malignant neoplasm of bone and bone marrow	Diagnosis	ICD-10-CM
C7951	Secondary malignant neoplasm of bone	Diagnosis	ICD-10-CM
C7952	Secondary malignant neoplasm of bone marrow	Diagnosis	ICD-10-CM
C796	Secondary malignant neoplasm of ovary	Diagnosis	ICD-10-CM
C7960	Secondary malignant neoplasm of unspecified ovary	Diagnosis	ICD-10-CM
C7961	Secondary malignant neoplasm of right ovary	Diagnosis	ICD-10-CM
C7962	Secondary malignant neoplasm of left ovary	Diagnosis	ICD-10-CM
C797	Secondary malignant neoplasm of adrenal gland	Diagnosis	ICD-10-CM
C7970	Secondary malignant neoplasm of unspecified adrenal gland	Diagnosis	ICD-10-CM
C7971	Secondary malignant neoplasm of right adrenal gland	Diagnosis	ICD-10-CM
C7972	Secondary malignant neoplasm of left adrenal gland	Diagnosis	ICD-10-CM
C798	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C7981	Secondary malignant neoplasm of breast	Diagnosis	ICD-10-CM
C7982	Secondary malignant neoplasm of genital organs	Diagnosis	ICD-10-CM
C7989	Secondary malignant neoplasm of other specified sites	Diagnosis	ICD-10-CM
C799	Secondary malignant neoplasm of unspecified site	Diagnosis	ICD-10-CM
C7A	Malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A0	Malignant carcinoid tumor	Diagnosis	ICD-10-CM
C7A00	Malignant carcinoid tumor of unspecified site	Diagnosis	ICD-10-CM
C7A01	Malignant carcinoid tumors of the small intestine	Diagnosis	ICD-10-CM
C7A010	Malignant carcinoid tumor of the duodenum	Diagnosis	ICD-10-CM
C7A011	Malignant carcinoid tumor of the jejunum	Diagnosis	ICD-10-CM
C7A019	Malignant carcinoid tumor of the small intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A02	Malignant carcinoid tumor of the appendix, large intestine, and rectum	Diagnosis	ICD-10-CM
C7A020	Malignant carcinoid tumor of the appendix	Diagnosis	ICD-10-CM
C7A021	Malignant carcinoid tumor of the cecum	Diagnosis	ICD-10-CM
C7A022	Malignant carcinoid tumor of the ascending colon	Diagnosis	ICD-10-CM
C7A023	Malignant carcinoid tumor of the transverse colon	Diagnosis	ICD-10-CM
C7A024	Malignant carcinoid tumor of the descending colon	Diagnosis	ICD-10-CM
C7A025	Malignant carcinoid tumor of the sigmoid colon	Diagnosis	ICD-10-CM
C7A026	Malignant carcinoid tumor of the rectum	Diagnosis	ICD-10-CM
C7A029	Malignant carcinoid tumor of the large intestine, unspecified portion	Diagnosis	ICD-10-CM
C7A09	Malignant carcinoid tumor of other sites	Diagnosis	ICD-10-CM
C7A090	Malignant carcinoid tumor of the bronchus and lung	Diagnosis	ICD-10-CM
C7A091	Malignant carcinoid tumor of the thymus	Diagnosis	ICD-10-CM
C7A092	Malignant carcinoid tumor of the stomach	Diagnosis	ICD-10-CM
C7A093	Malignant carcinoid tumor of the kidney	Diagnosis	ICD-10-CM
C7A094	Malignant carcinoid tumor of the foregut unspecified	Diagnosis	ICD-10-CM
C7A095	Malignant carcinoid tumor of the midgut unspecified	Diagnosis	ICD-10-CM
C7A096	Malignant carcinoid tumor of the hindgut unspecified	Diagnosis	ICD-10-CM
C7A098	Malignant carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7A1	Malignant poorly differentiated neuroendocrine tumors	Diagnosis	ICD-10-CM
C7A012	Malignant carcinoid tumor of the ileum	Diagnosis	ICD-10-CM
C7A8	Other malignant neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B	Secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C7B0	Secondary carcinoid tumors	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C7B00	Secondary carcinoid tumors, unspecified site	Diagnosis	ICD-10-CM
C7B01	Secondary carcinoid tumors of distant lymph nodes	Diagnosis	ICD-10-CM
C7B02	Secondary carcinoid tumors of liver	Diagnosis	ICD-10-CM
C7B03	Secondary carcinoid tumors of bone	Diagnosis	ICD-10-CM
C7B04	Secondary carcinoid tumors of peritoneum	Diagnosis	ICD-10-CM
C7B09	Secondary carcinoid tumors of other sites	Diagnosis	ICD-10-CM
C7B1	Secondary Merkel cell carcinoma	Diagnosis	ICD-10-CM
C7B8	Other secondary neuroendocrine tumors	Diagnosis	ICD-10-CM
C80	Malignant neoplasm without specification of site	Diagnosis	ICD-10-CM
C800	Disseminated malignant neoplasm, unspecified	Diagnosis	ICD-10-CM
C801	Malignant (primary) neoplasm, unspecified	Diagnosis	ICD-10-CM
C802	Malignant neoplasm associated with transplanted organ	Diagnosis	ICD-10-CM
D370	Neoplasm of uncertain behavior of lip, oral cavity and pharynx	Diagnosis	ICD-10-CM
D3701	Neoplasm of uncertain behavior of lip	Diagnosis	ICD-10-CM
D3702	Neoplasm of uncertain behavior of tongue	Diagnosis	ICD-10-CM
D3703	Neoplasm of uncertain behavior of the major salivary glands	Diagnosis	ICD-10-CM
D37030	Neoplasm of uncertain behavior of the parotid salivary glands	Diagnosis	ICD-10-CM
D37031	Neoplasm of uncertain behavior of the sublingual salivary glands	Diagnosis	ICD-10-CM
D37032	Neoplasm of uncertain behavior of the submandibular salivary glands	Diagnosis	ICD-10-CM
D37039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	Diagnosis	ICD-10-CM
D3704	Neoplasm of uncertain behavior of the minor salivary glands	Diagnosis	ICD-10-CM
D3705	Neoplasm of uncertain behavior of pharynx	Diagnosis	ICD-10-CM
D3709	Neoplasm of uncertain behavior of other specified sites of the oral cavity	Diagnosis	ICD-10-CM
D375	Neoplasm of uncertain behavior of rectum	Diagnosis	ICD-10-CM
D376	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	Diagnosis	ICD-10-CM
D378	Neoplasm of uncertain behavior of other specified digestive organs	Diagnosis	ICD-10-CM
D379	Neoplasm of uncertain behavior of digestive organ, unspecified	Diagnosis	ICD-10-CM
D38	Neoplasm of uncertain behavior of middle ear and respiratory and intrathoracic organs	Diagnosis	ICD-10-CM
D380	Neoplasm of uncertain behavior of larynx	Diagnosis	ICD-10-CM
D381	Neoplasm of uncertain behavior of trachea, bronchus and lung	Diagnosis	ICD-10-CM
D382	Neoplasm of uncertain behavior of pleura	Diagnosis	ICD-10-CM
D383	Neoplasm of uncertain behavior of mediastinum	Diagnosis	ICD-10-CM
D384	Neoplasm of uncertain behavior of thymus	Diagnosis	ICD-10-CM
D385	Neoplasm of uncertain behavior of other respiratory organs	Diagnosis	ICD-10-CM
D386	Neoplasm of uncertain behavior of respiratory organ, unspecified	Diagnosis	ICD-10-CM
D39	Neoplasm of uncertain behavior of female genital organs	Diagnosis	ICD-10-CM
D390	Neoplasm of uncertain behavior of uterus	Diagnosis	ICD-10-CM
D391	Neoplasm of uncertain behavior of ovary	Diagnosis	ICD-10-CM
D3910	Neoplasm of uncertain behavior of unspecified ovary	Diagnosis	ICD-10-CM
D3911	Neoplasm of uncertain behavior of right ovary	Diagnosis	ICD-10-CM
D3912	Neoplasm of uncertain behavior of left ovary	Diagnosis	ICD-10-CM
D392	Neoplasm of uncertain behavior of placenta	Diagnosis	ICD-10-CM
D398	Neoplasm of uncertain behavior of other specified female genital organs	Diagnosis	ICD-10-CM
D399	Neoplasm of uncertain behavior of female genital organ, unspecified	Diagnosis	ICD-10-CM
D40	Neoplasm of uncertain behavior of male genital organs	Diagnosis	ICD-10-CM
D400	Neoplasm of uncertain behavior of prostate	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D401	Neoplasm of uncertain behavior of testis	Diagnosis	ICD-10-CM
D4010	Neoplasm of uncertain behavior of unspecified testis	Diagnosis	ICD-10-CM
D4011	Neoplasm of uncertain behavior of right testis	Diagnosis	ICD-10-CM
D4012	Neoplasm of uncertain behavior of left testis	Diagnosis	ICD-10-CM
D410	Neoplasm of uncertain behavior of kidney	Diagnosis	ICD-10-CM
D4101	Neoplasm of uncertain behavior of right kidney	Diagnosis	ICD-10-CM
D4102	Neoplasm of uncertain behavior of left kidney	Diagnosis	ICD-10-CM
D411	Neoplasm of uncertain behavior of renal pelvis	Diagnosis	ICD-10-CM
D4110	Neoplasm of uncertain behavior of unspecified renal pelvis	Diagnosis	ICD-10-CM
D4111	Neoplasm of uncertain behavior of right renal pelvis	Diagnosis	ICD-10-CM
D4112	Neoplasm of uncertain behavior of left renal pelvis	Diagnosis	ICD-10-CM
D412	Neoplasm of uncertain behavior of ureter	Diagnosis	ICD-10-CM
D4121	Neoplasm of uncertain behavior of right ureter	Diagnosis	ICD-10-CM
D4122	Neoplasm of uncertain behavior of left ureter	Diagnosis	ICD-10-CM
D413	Neoplasm of uncertain behavior of urethra	Diagnosis	ICD-10-CM
D414	Neoplasm of uncertain behavior of bladder	Diagnosis	ICD-10-CM
D418	Neoplasm of uncertain behavior of other specified urinary organs	Diagnosis	ICD-10-CM
D42	Neoplasm of uncertain behavior of meninges	Diagnosis	ICD-10-CM
D420	Neoplasm of uncertain behavior of cerebral meninges	Diagnosis	ICD-10-CM
D421	Neoplasm of uncertain behavior of spinal meninges	Diagnosis	ICD-10-CM
D429	Neoplasm of uncertain behavior of meninges, unspecified	Diagnosis	ICD-10-CM
D43	Neoplasm of uncertain behavior of brain and central nervous system	Diagnosis	ICD-10-CM
D430	Neoplasm of uncertain behavior of brain, supratentorial	Diagnosis	ICD-10-CM
D431	Neoplasm of uncertain behavior of brain, infratentorial	Diagnosis	ICD-10-CM
D44	Neoplasm of uncertain behavior of endocrine glands	Diagnosis	ICD-10-CM
D440	Neoplasm of uncertain behavior of thyroid gland	Diagnosis	ICD-10-CM
D441	Neoplasm of uncertain behavior of adrenal gland	Diagnosis	ICD-10-CM
D4411	Neoplasm of uncertain behavior of right adrenal gland	Diagnosis	ICD-10-CM
D4412	Neoplasm of uncertain behavior of left adrenal gland	Diagnosis	ICD-10-CM
D442	Neoplasm of uncertain behavior of parathyroid gland	Diagnosis	ICD-10-CM
D445	Neoplasm of uncertain behavior of pineal gland	Diagnosis	ICD-10-CM
D449	Neoplasm of uncertain behavior of unspecified endocrine gland	Diagnosis	ICD-10-CM
D48	Neoplasm of uncertain behavior of other and unspecified sites	Diagnosis	ICD-10-CM
D480	Neoplasm of uncertain behavior of bone and articular cartilage	Diagnosis	ICD-10-CM
D481	Neoplasm of uncertain behavior of connective and other soft tissue	Diagnosis	ICD-10-CM
D482	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system	Diagnosis	ICD-10-CM
D483	Neoplasm of uncertain behavior of retroperitoneum	Diagnosis	ICD-10-CM
D484	Neoplasm of uncertain behavior of peritoneum	Diagnosis	ICD-10-CM
D486	Neoplasm of uncertain behavior of breast	Diagnosis	ICD-10-CM
D4861	Neoplasm of uncertain behavior of right breast	Diagnosis	ICD-10-CM
D4862	Neoplasm of uncertain behavior of left breast	Diagnosis	ICD-10-CM
D408	Neoplasm of uncertain behavior of other specified male genital organs	Diagnosis	ICD-10-CM
D409	Neoplasm of uncertain behavior of male genital organ, unspecified	Diagnosis	ICD-10-CM
D4100	Neoplasm of uncertain behavior of unspecified kidney	Diagnosis	ICD-10-CM
D4120	Neoplasm of uncertain behavior of unspecified ureter	Diagnosis	ICD-10-CM
D419	Neoplasm of uncertain behavior of unspecified urinary organ	Diagnosis	ICD-10-CM
D432	Neoplasm of uncertain behavior of brain, unspecified	Diagnosis	ICD-10-CM
D433	Neoplasm of uncertain behavior of cranial nerves	Diagnosis	ICD-10-CM
D434	Neoplasm of uncertain behavior of spinal cord	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D438	Neoplasm of uncertain behavior of other specified parts of central nervous system	Diagnosis	ICD-10-CM
D439	Neoplasm of uncertain behavior of central nervous system, unspecified	Diagnosis	ICD-10-CM
D4410	Neoplasm of uncertain behavior of unspecified adrenal gland	Diagnosis	ICD-10-CM
D443	Neoplasm of uncertain behavior of pituitary gland	Diagnosis	ICD-10-CM
D444	Neoplasm of uncertain behavior of craniopharyngeal duct	Diagnosis	ICD-10-CM
D446	Neoplasm of uncertain behavior of carotid body	Diagnosis	ICD-10-CM
D447	Neoplasm of uncertain behavior of aortic body and other paraganglia	Diagnosis	ICD-10-CM
D4701	Histiocytic and mast cell tumors of uncertain behavior,Cutaneous mastocytosis	Diagnosis	ICD-10-CM
D4702	Histiocytic and mast cell tumors of uncertain behavior,Systemic mastocytosis	Diagnosis	ICD-10-CM
D4709	Other mast cell neoplasms of uncertain behavior	Diagnosis	ICD-10-CM
D4729	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	Diagnosis	ICD-10-CM
D485	Neoplasm of uncertain behavior of skin	Diagnosis	ICD-10-CM
D4860	Neoplasm of uncertain behavior of unspecified breast	Diagnosis	ICD-10-CM
D487	Neoplasm of uncertain behavior of other specified sites	Diagnosis	ICD-10-CM
D489	Neoplasm of uncertain behavior, unspecified	Diagnosis	ICD-10-CM
D49	Neoplasms of unspecified behavior	Diagnosis	ICD-10-CM
D490	Neoplasm of unspecified behavior of digestive system	Diagnosis	ICD-10-CM
D491	Neoplasm of unspecified behavior of respiratory system	Diagnosis	ICD-10-CM
D492	Neoplasm of unspecified behavior of bone, soft tissue, and skin	Diagnosis	ICD-10-CM
D493	Neoplasm of unspecified behavior of breast	Diagnosis	ICD-10-CM
D494	Neoplasm of unspecified behavior of bladder	Diagnosis	ICD-10-CM
D495	Neoplasm of unspecified behavior of other genitourinary organs	Diagnosis	ICD-10-CM
D4951	Neoplasm of unspecified behavior of kidney	Diagnosis	ICD-10-CM
D49511	Neoplasm of unspecified behavior of right kidney	Diagnosis	ICD-10-CM
D49512	Neoplasm of unspecified behavior of left kidney	Diagnosis	ICD-10-CM
D49519	Neoplasm of unspecified behavior of unspecified kidney	Diagnosis	ICD-10-CM
D4959	Neoplasm of unspecified behavior of other genitourinary organ	Diagnosis	ICD-10-CM
D496	Neoplasm of unspecified behavior of brain	Diagnosis	ICD-10-CM
D497	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system	Diagnosis	ICD-10-CM
D498	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D4981	Neoplasm of unspecified behavior of retina and choroid	Diagnosis	ICD-10-CM
D4989	Neoplasm of unspecified behavior of other specified sites	Diagnosis	ICD-10-CM
D499	Neoplasm of unspecified behavior of unspecified site	Diagnosis	ICD-10-CM
Q8500	Neurofibromatosis, unspecified	Diagnosis	ICD-10-CM
Q8501	Neurofibromatosis, type 1	Diagnosis	ICD-10-CM
Q8502	Neurofibromatosis, type 2	Diagnosis	ICD-10-CM
Q8503	Schwannomatosis	Diagnosis	ICD-10-CM
Q8509	Other neurofibromatosis	Diagnosis	ICD-10-CM
C002	Malignant neoplasm of external lip, unspecified	Diagnosis	ICD-10-CM
C163	Malignant neoplasm of pyloric antrum	Diagnosis	ICD-10-CM
C212	Malignant neoplasm of cloacogenic zone	Diagnosis	ICD-10-CM
C4311	Malignant melanoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C4312	Malignant melanoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C439	Malignant melanoma of skin, unspecified	Diagnosis	ICD-10-CM
C452	Mesothelioma of pericardium	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C4A11	Merkel cell carcinoma of right eyelid, including canthus	Diagnosis	ICD-10-CM
C4A12	Merkel cell carcinoma of left eyelid, including canthus	Diagnosis	ICD-10-CM
C639	Malignant neoplasm of male genital organ, unspecified	Diagnosis	ICD-10-CM
C7240	Malignant neoplasm of unspecified acoustic nerve	Diagnosis	ICD-10-CM
C7241	Malignant neoplasm of right acoustic nerve	Diagnosis	ICD-10-CM
C7242	Malignant neoplasm of left acoustic nerve	Diagnosis	ICD-10-CM
C753	Malignant neoplasm of pineal gland	Diagnosis	ICD-10-CM
Immunodeficiency			
B20	Human immunodeficiency virus (HIV) disease	Diagnosis	ICD-10-CM
B9735	Human immunodeficiency virus, type 2 (HIV 2) as the cause of diseases classified elsewhere	Diagnosis	ICD-10-CM
D893	Immune reconstitution syndrome	Diagnosis	ICD-10-CM
R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]	Diagnosis	ICD-10-CM
Z21	Asymptomatic human immunodeficiency virus (HIV) infection status	Diagnosis	ICD-10-CM
D5702	Hb-SS disease with splenic sequestration	Diagnosis	ICD-10-CM
D57212	Sickle-cell/Hb-C disease with splenic sequestration	Diagnosis	ICD-10-CM
D57412	Sickle-cell thalassemia with splenic sequestration	Diagnosis	ICD-10-CM
D57812	Other sickle-cell disorders with splenic sequestration	Diagnosis	ICD-10-CM
D700	Congenital agranulocytosis	Diagnosis	ICD-10-CM
D704	Cyclic neutropenia	Diagnosis	ICD-10-CM
D71	Functional disorders of polymorphonuclear neutrophils	Diagnosis	ICD-10-CM
D761	Hemophagocytic lymphohistiocytosis	Diagnosis	ICD-10-CM
D762	Hemophagocytic syndrome, infection-associated	Diagnosis	ICD-10-CM
D763	Other histiocytosis syndromes	Diagnosis	ICD-10-CM
D800	Hereditary hypogammaglobulinemia	Diagnosis	ICD-10-CM
D801	Nonfamilial hypogammaglobulinemia	Diagnosis	ICD-10-CM
D802	Selective deficiency of immunoglobulin A [IgA]	Diagnosis	ICD-10-CM
D803	Selective deficiency of immunoglobulin G [IgG] subclasses	Diagnosis	ICD-10-CM
D804	Selective deficiency of immunoglobulin M [IgM]	Diagnosis	ICD-10-CM
D805	Immunodeficiency with increased immunoglobulin M [IgM]	Diagnosis	ICD-10-CM
D806	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia	Diagnosis	ICD-10-CM
D808	Other immunodeficiencies with predominantly antibody defects	Diagnosis	ICD-10-CM
D809	Immunodeficiency with predominantly antibody defects, unspecified	Diagnosis	ICD-10-CM
D810	Severe combined immunodeficiency [SCID] with reticular dysgenesis	Diagnosis	ICD-10-CM
D811	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers	Diagnosis	ICD-10-CM
D812	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers	Diagnosis	ICD-10-CM
D813	Adenosine deaminase [ADA] deficiency	Diagnosis	ICD-10-CM
D8130	Adenosine deaminase deficiency, unspecified	Diagnosis	ICD-10-CM
D8131	Adenosine deaminase deficiency with severe combined immunodeficiency	Diagnosis	ICD-10-CM
D8132	Adenosine deaminase 2 deficiency	Diagnosis	ICD-10-CM
D8139	Other adenosine deaminase deficiency	Diagnosis	ICD-10-CM
D814	Nezelof's syndrome	Diagnosis	ICD-10-CM
D815	Purine nucleoside phosphorylase [PNP] deficiency	Diagnosis	ICD-10-CM
D816	Major histocompatibility complex class I deficiency	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D817	Major histocompatibility complex class II deficiency	Diagnosis	ICD-10-CM
D8189	Other combined immunodeficiencies	Diagnosis	ICD-10-CM
D819	Combined immunodeficiency, unspecified	Diagnosis	ICD-10-CM
D820	Wiskott-Aldrich syndrome	Diagnosis	ICD-10-CM
D821	Di George's syndrome	Diagnosis	ICD-10-CM
D822	Immunodeficiency with short-limbed stature	Diagnosis	ICD-10-CM
D823	Immunodeficiency following hereditary defective response to Epstein-Barr virus	Diagnosis	ICD-10-CM
D824	Hyperimmunoglobulin E [IgE] syndrome	Diagnosis	ICD-10-CM
D828	Immunodeficiency associated with other specified major defects	Diagnosis	ICD-10-CM
D829	Immunodeficiency associated with major defect, unspecified	Diagnosis	ICD-10-CM
D830	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function	Diagnosis	ICD-10-CM
D831	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders	Diagnosis	ICD-10-CM
D832	Common variable immunodeficiency with autoantibodies to B- or T-cells	Diagnosis	ICD-10-CM
D838	Other common variable immunodeficiencies	Diagnosis	ICD-10-CM
D839	Common variable immunodeficiency, unspecified	Diagnosis	ICD-10-CM
D840	Lymphocyte function antigen-1 [LFA-1] defect	Diagnosis	ICD-10-CM
D841	Defects in the complement system	Diagnosis	ICD-10-CM
D848	Other specified immunodeficiencies	Diagnosis	ICD-10-CM
D849	Immunodeficiency, unspecified	Diagnosis	ICD-10-CM
D8982	Autoimmune lymphoproliferative syndrome [ALPS]	Diagnosis	ICD-10-CM
E40	Kwashiorkor	Diagnosis	ICD-10-CM
E41	Nutritional marasmus	Diagnosis	ICD-10-CM
E42	Marasmic kwashiorkor	Diagnosis	ICD-10-CM
E43	Unspecified severe protein-calorie malnutrition	Diagnosis	ICD-10-CM
E803	Defects of catalase and peroxidase	Diagnosis	ICD-10-CM
Q8901	Asplenia (congenital)	Diagnosis	ICD-10-CM
Q8909	Congenital malformations of spleen	Diagnosis	ICD-10-CM
B180	Chronic viral hepatitis B with delta-agent	Diagnosis	ICD-10-CM
B181	Chronic viral hepatitis B without delta-agent	Diagnosis	ICD-10-CM
B182	Chronic viral hepatitis C	Diagnosis	ICD-10-CM
B189	Chronic viral hepatitis, unspecified	Diagnosis	ICD-10-CM
D510	Vitamin B12 deficiency anemia due to intrinsic factor deficiency	Diagnosis	ICD-10-CM
D590	Drug-induced autoimmune hemolytic anemia	Diagnosis	ICD-10-CM
D591	Other autoimmune hemolytic anemias	Diagnosis	ICD-10-CM
D600	Chronic acquired pure red cell aplasia	Diagnosis	ICD-10-CM
D601	Transient acquired pure red cell aplasia	Diagnosis	ICD-10-CM
D608	Other acquired pure red cell aplasias	Diagnosis	ICD-10-CM
D609	Acquired pure red cell aplasia, unspecified	Diagnosis	ICD-10-CM
D610	Constitutional aplastic anemia	Diagnosis	ICD-10-CM
D6101	Constitutional (pure) red blood cell aplasia	Diagnosis	ICD-10-CM
D6109	Other constitutional aplastic anemia	Diagnosis	ICD-10-CM
D611	Drug-induced aplastic anemia	Diagnosis	ICD-10-CM
D612	Aplastic anemia due to other external agents	Diagnosis	ICD-10-CM
D613	Idiopathic aplastic anemia	Diagnosis	ICD-10-CM
D61810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
D61811	Other drug induced pancytopenia	Diagnosis	ICD-10-CM
D61812	Other pancytopenia	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D6189	Other specified aplastic anemias and other bone marrow failure syndromes	Diagnosis	ICD-10-CM
D619	Aplastic anemia, unspecified	Diagnosis	ICD-10-CM
D6481	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM
D690	Allergic purpura	Diagnosis	ICD-10-CM
D692	Other nonthrombocytopenic purpura	Diagnosis	ICD-10-CM
D693	Immune thrombocytopenic purpura	Diagnosis	ICD-10-CM
D6941	Evans syndrome	Diagnosis	ICD-10-CM
D701	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
D702	Other drug-induced agranulocytosis	Diagnosis	ICD-10-CM
D720	Genetic anomalies of leukocytes	Diagnosis	ICD-10-CM
D89810	Acute graft-versus-host disease	Diagnosis	ICD-10-CM
D89811	Chronic graft-versus-host disease	Diagnosis	ICD-10-CM
D89812	Acute on chronic graft-versus-host disease	Diagnosis	ICD-10-CM
D89813	Graft-versus-host disease, unspecified	Diagnosis	ICD-10-CM
D8989	Other specified disorders involving the immune mechanism, not elsewhere classified	Diagnosis	ICD-10-CM
D899	Disorder involving the immune mechanism, unspecified	Diagnosis	ICD-10-CM
E0500	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0501	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0510	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0511	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0520	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0521	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0580	Other thyrotoxicosis without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0581	Other thyrotoxicosis with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0590	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E0591	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm	Diagnosis	ICD-10-CM
E060	Acute thyroiditis	Diagnosis	ICD-10-CM
E061	Subacute thyroiditis	Diagnosis	ICD-10-CM
E062	Chronic thyroiditis with transient thyrotoxicosis	Diagnosis	ICD-10-CM
E063	Autoimmune thyroiditis	Diagnosis	ICD-10-CM
E064	Drug-induced thyroiditis	Diagnosis	ICD-10-CM
E065	Other chronic thyroiditis	Diagnosis	ICD-10-CM
E069	Thyroiditis, unspecified	Diagnosis	ICD-10-CM
E271	Primary adrenocortical insufficiency	Diagnosis	ICD-10-CM
E272	Addisonian crisis	Diagnosis	ICD-10-CM
G35	Multiple sclerosis	Diagnosis	ICD-10-CM
G7000	Myasthenia gravis without (acute) exacerbation	Diagnosis	ICD-10-CM
G7001	Myasthenia gravis with (acute) exacerbation	Diagnosis	ICD-10-CM
G7080	Lambert-Eaton syndrome, unspecified	Diagnosis	ICD-10-CM
G7081	Lambert-Eaton syndrome in disease classified elsewhere	Diagnosis	ICD-10-CM
G7241	Inclusion body myositis [IBM]	Diagnosis	ICD-10-CM
G7249	Other inflammatory and immune myopathies, not elsewhere classified	Diagnosis	ICD-10-CM
I120	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I1311	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I132	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	Diagnosis	ICD-10-CM
I731	Thromboangiitis obliterans [Buerger's disease]	Diagnosis	ICD-10-CM
I776	Arteritis, unspecified	Diagnosis	ICD-10-CM
I8500	Esophageal varices without bleeding	Diagnosis	ICD-10-CM
I8501	Esophageal varices with bleeding	Diagnosis	ICD-10-CM
I8510	Secondary esophageal varices without bleeding	Diagnosis	ICD-10-CM
I8511	Secondary esophageal varices with bleeding	Diagnosis	ICD-10-CM
K7210	Chronic hepatic failure without coma	Diagnosis	ICD-10-CM
K7211	Chronic hepatic failure with coma	Diagnosis	ICD-10-CM
K7290	Hepatic failure, unspecified without coma	Diagnosis	ICD-10-CM
K7291	Hepatic failure, unspecified with coma	Diagnosis	ICD-10-CM
K763	Infarction of liver	Diagnosis	ICD-10-CM
K743	Primary billiary cirrhosis	Diagnosis	ICD-10-CM
K766	Portal hypertension	Diagnosis	ICD-10-CM
K7681	Hepatopulmonary syndrome	Diagnosis	ICD-10-CM
K912	Postsurgical malabsorption, not elsewhere classified	Diagnosis	ICD-10-CM
L100	Pemphigus vulgaris	Diagnosis	ICD-10-CM
L101	Pemphigus vegetans	Diagnosis	ICD-10-CM
L102	Pemphigus foliaceus	Diagnosis	ICD-10-CM
L103	Brazilian pemphigus [fogo selvagem]	Diagnosis	ICD-10-CM
L104	Pemphigus erythematosus	Diagnosis	ICD-10-CM
L1081	Paraneoplastic pemphigus	Diagnosis	ICD-10-CM
L1089	Other pemphigus	Diagnosis	ICD-10-CM
L109	Pemphigus, unspecified	Diagnosis	ICD-10-CM
L120	Bullous pemphigoid	Diagnosis	ICD-10-CM
L121	Cicatricial pemphigoid	Diagnosis	ICD-10-CM
L122	Chronic bullous disease of childhood	Diagnosis	ICD-10-CM
L128	Other pemphigoid	Diagnosis	ICD-10-CM
L129	Pemphigoid, unspecified	Diagnosis	ICD-10-CM
L130	Dermatitis herpetiformis	Diagnosis	ICD-10-CM
L138	Other specified bullous disorders	Diagnosis	ICD-10-CM
L139	Bullous disorder, unspecified	Diagnosis	ICD-10-CM
L400	Psoriasis vulgaris	Diagnosis	ICD-10-CM
L401	Generalized pustular psoriasis	Diagnosis	ICD-10-CM
L402	Acrodermatitis continua	Diagnosis	ICD-10-CM
L403	Pustulosis palmaris et plantaris	Diagnosis	ICD-10-CM
L404	Guttate psoriasis	Diagnosis	ICD-10-CM
L4050	Arthropathic psoriasis, unspecified	Diagnosis	ICD-10-CM
L4051	Distal interphalangeal psoriatic arthropathy	Diagnosis	ICD-10-CM
L4052	Psoriatic arthritis mutilans	Diagnosis	ICD-10-CM
L4053	Psoriatic spondylitis	Diagnosis	ICD-10-CM
L4054	Psoriatic juvenile arthropathy	Diagnosis	ICD-10-CM
L4059	Other psoriatic arthropathy	Diagnosis	ICD-10-CM
L408	Other psoriasis	Diagnosis	ICD-10-CM
L409	Psoriasis, unspecified	Diagnosis	ICD-10-CM
M308	Other conditions related to polyarteritis nodosa	Diagnosis	ICD-10-CM
M310	Hypersensitivity angiitis	Diagnosis	ICD-10-CM
M311	Thrombotic microangiopathy	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
M312	Lethal midline granuloma	Diagnosis	ICD-10-CM
M3130	Wegener's granulomatosis without renal involvement	Diagnosis	ICD-10-CM
M3131	Wegener's granulomatosis with renal involvement	Diagnosis	ICD-10-CM
M314	Aortic arch syndrome [Takayasu]	Diagnosis	ICD-10-CM
M315	Giant cell arteritis with polymyalgia rheumatica	Diagnosis	ICD-10-CM
M316	Other giant cell arteritis	Diagnosis	ICD-10-CM
M317	Microscopic polyangiitis	Diagnosis	ICD-10-CM
M318	Other specified necrotizing vasculopathies	Diagnosis	ICD-10-CM
M319	Necrotizing vasculopathy, unspecified	Diagnosis	ICD-10-CM
M3500	Sicca syndrome, unspecified	Diagnosis	ICD-10-CM
M3501	Sicca syndrome with keratoconjunctivitis	Diagnosis	ICD-10-CM
M3502	Sicca syndrome with lung involvement	Diagnosis	ICD-10-CM
M3503	Sicca syndrome with myopathy	Diagnosis	ICD-10-CM
M3504	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
M3509	Sicca syndrome with other organ involvement	Diagnosis	ICD-10-CM
M351	Other overlap syndromes	Diagnosis	ICD-10-CM
M352	Behçet's disease	Diagnosis	ICD-10-CM
M353	Polymyalgia rheumatica	Diagnosis	ICD-10-CM
M354	Diffuse (eosinophilic) fasciitis	Diagnosis	ICD-10-CM
M355	Multifocal fibrosclerosis	Diagnosis	ICD-10-CM
M356	Relapsing panniculitis [Weber-Christian]	Diagnosis	ICD-10-CM
M358	Other specified systemic involvement of connective tissue	Diagnosis	ICD-10-CM
M359	Systemic involvement of connective tissue, unspecified	Diagnosis	ICD-10-CM
N000	Acute nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N001	Acute nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N002	Acute nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N003	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N004	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N005	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N006	Acute nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N007	Acute nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N008	Acute nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N009	Acute nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N010	Rapidly progressive nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N011	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N012	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N013	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N014	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N015	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N016	Rapidly progressive nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
N017	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N018	Rapidly progressive nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N019	Rapidly progressive nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N020	Recurrent and persistent hematuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N021	Recurrent and persistent hematuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N022	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N023	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N024	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N025	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N026	Recurrent and persistent hematuria with dense deposit disease	Diagnosis	ICD-10-CM
N027	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N028	Recurrent and persistent hematuria with other morphologic changes	Diagnosis	ICD-10-CM
N029	Recurrent and persistent hematuria with unspecified morphologic changes	Diagnosis	ICD-10-CM
N030	Chronic nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N031	Chronic nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N032	Chronic nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N033	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N034	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N035	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N036	Chronic nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N037	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N038	Chronic nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N039	Chronic nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N040	Nephrotic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N041	Nephrotic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N042	Nephrotic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N043	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N044	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N045	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N046	Nephrotic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N047	Nephrotic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
N048	Nephrotic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N049	Nephrotic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N050	Unspecified nephritic syndrome with minor glomerular abnormality	Diagnosis	ICD-10-CM
N051	Unspecified nephritic syndrome with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N052	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N053	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N054	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N055	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N056	Unspecified nephritic syndrome with dense deposit disease	Diagnosis	ICD-10-CM
N057	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N058	Unspecified nephritic syndrome with other morphologic changes	Diagnosis	ICD-10-CM
N059	Unspecified nephritic syndrome with unspecified morphologic changes	Diagnosis	ICD-10-CM
N060	Isolated proteinuria with minor glomerular abnormality	Diagnosis	ICD-10-CM
N061	Isolated proteinuria with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N062	Isolated proteinuria with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N063	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N064	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N065	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N066	Isolated proteinuria with dense deposit disease	Diagnosis	ICD-10-CM
N067	Isolated proteinuria with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N068	Isolated proteinuria with other morphologic lesion	Diagnosis	ICD-10-CM
N069	Isolated proteinuria with unspecified morphologic lesion	Diagnosis	ICD-10-CM
N070	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	Diagnosis	ICD-10-CM
N071	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	Diagnosis	ICD-10-CM
N072	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	Diagnosis	ICD-10-CM
N073	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N074	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	Diagnosis	ICD-10-CM
N075	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	Diagnosis	ICD-10-CM
N076	Hereditary nephropathy, not elsewhere classified with dense deposit disease	Diagnosis	ICD-10-CM
N077	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	Diagnosis	ICD-10-CM
N078	Hereditary nephropathy, not elsewhere classified with other morphologic lesions	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
N079	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	Diagnosis	ICD-10-CM
N08	Glomerular disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N140	Analgesic nephropathy	Diagnosis	ICD-10-CM
N141	Nephropathy induced by other drugs, medicaments and biological substances	Diagnosis	ICD-10-CM
N142	Nephropathy induced by unspecified drug, medicament or biological substance	Diagnosis	ICD-10-CM
N143	Nephropathy induced by heavy metals	Diagnosis	ICD-10-CM
N144	Toxic nephropathy, not elsewhere classified	Diagnosis	ICD-10-CM
N150	Balkan nephropathy	Diagnosis	ICD-10-CM
N158	Other specified renal tubulo-interstitial diseases	Diagnosis	ICD-10-CM
N159	Renal tubulo-interstitial disease, unspecified	Diagnosis	ICD-10-CM
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere	Diagnosis	ICD-10-CM
N171	Acute kidney failure with acute cortical necrosis	Diagnosis	ICD-10-CM
N172	Acute kidney failure with medullary necrosis	Diagnosis	ICD-10-CM
N185	Chronic kidney disease, stage 5	Diagnosis	ICD-10-CM
N186	End stage renal disease	Diagnosis	ICD-10-CM
R9082	White matter disease, unspecified	Diagnosis	ICD-10-CM
T451X1A	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), initial encounter	Diagnosis	ICD-10-CM
T451X1D	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), subsequent encounter	Diagnosis	ICD-10-CM
T451X1S	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), sequela	Diagnosis	ICD-10-CM
T451X2A	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, initial encounter	Diagnosis	ICD-10-CM
T451X2D	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, subsequent encounter	Diagnosis	ICD-10-CM
T451X2S	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, sequela	Diagnosis	ICD-10-CM
T451X3A	Poisoning by antineoplastic and immunosuppressive drugs, assault, initial encounter	Diagnosis	ICD-10-CM
T451X3D	Poisoning by antineoplastic and immunosuppressive drugs, assault, subsequent encounter	Diagnosis	ICD-10-CM
T451X3S	Poisoning by antineoplastic and immunosuppressive drugs, assault, sequela	Diagnosis	ICD-10-CM
T451X4A	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, initial encounter	Diagnosis	ICD-10-CM
T451X4D	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, subsequent encounter	Diagnosis	ICD-10-CM
T451X4S	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, sequela	Diagnosis	ICD-10-CM
T451X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter	Diagnosis	ICD-10-CM
T451X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter	Diagnosis	ICD-10-CM
T451X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela	Diagnosis	ICD-10-CM
I25750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
I25751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina	Diagnosis	ICD-10-CM
I25761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm	Diagnosis	ICD-10-CM
I25768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris	Diagnosis	ICD-10-CM
I25769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris	Diagnosis	ICD-10-CM
I25811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
I25812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris	Diagnosis	ICD-10-CM
T8600	Unspecified complication of bone marrow transplant	Diagnosis	ICD-10-CM
T8601	Bone marrow transplant rejection	Diagnosis	ICD-10-CM
T8602	Bone marrow transplant failure	Diagnosis	ICD-10-CM
T8603	Bone marrow transplant infection	Diagnosis	ICD-10-CM
T8609	Other complications of bone marrow transplant	Diagnosis	ICD-10-CM
T8610	Unspecified complication of kidney transplant	Diagnosis	ICD-10-CM
T8611	Kidney transplant rejection	Diagnosis	ICD-10-CM
T8612	Kidney transplant failure	Diagnosis	ICD-10-CM
T8613	Kidney transplant infection	Diagnosis	ICD-10-CM
T8619	Other complication of kidney transplant	Diagnosis	ICD-10-CM
T8620	Unspecified complication of heart transplant	Diagnosis	ICD-10-CM
T8621	Heart transplant rejection	Diagnosis	ICD-10-CM
T8622	Heart transplant failure	Diagnosis	ICD-10-CM
T8623	Heart transplant infection	Diagnosis	ICD-10-CM
T86290	Cardiac allograft vasculopathy	Diagnosis	ICD-10-CM
T86298	Other complications of heart transplant	Diagnosis	ICD-10-CM
T8630	Unspecified complication of heart-lung transplant	Diagnosis	ICD-10-CM
T8631	Heart-lung transplant rejection	Diagnosis	ICD-10-CM
T8632	Heart-lung transplant failure	Diagnosis	ICD-10-CM
T8633	Heart-lung transplant infection	Diagnosis	ICD-10-CM
T8639	Other complications of heart-lung transplant	Diagnosis	ICD-10-CM
T8640	Unspecified complication of liver transplant	Diagnosis	ICD-10-CM
T8641	Liver transplant rejection	Diagnosis	ICD-10-CM
T8642	Liver transplant failure	Diagnosis	ICD-10-CM
T8643	Liver transplant infection	Diagnosis	ICD-10-CM
T8649	Other complications of liver transplant	Diagnosis	ICD-10-CM
T86810	Lung transplant rejection	Diagnosis	ICD-10-CM
T86811	Lung transplant failure	Diagnosis	ICD-10-CM
T86812	Lung transplant infection	Diagnosis	ICD-10-CM
T86818	Other complications of lung transplant	Diagnosis	ICD-10-CM
T86819	Unspecified complication of lung transplant	Diagnosis	ICD-10-CM
T86850	Intestine transplant rejection	Diagnosis	ICD-10-CM
T86851	Intestine transplant failure	Diagnosis	ICD-10-CM
T86852	Intestine transplant infection	Diagnosis	ICD-10-CM

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
T86858	Other complications of intestine transplant	Diagnosis	ICD-10-CM
T86859	Unspecified complication of intestine transplant	Diagnosis	ICD-10-CM
T86890	Other transplanted tissue rejection	Diagnosis	ICD-10-CM
T86891	Other transplanted tissue failure	Diagnosis	ICD-10-CM
T86892	Other transplanted tissue infection	Diagnosis	ICD-10-CM
T86898	Other complications of other transplanted tissue	Diagnosis	ICD-10-CM
T86899	Unspecified complication of other transplanted tissue	Diagnosis	ICD-10-CM
T8690	Unspecified complication of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
T8691	Unspecified transplanted organ and tissue rejection	Diagnosis	ICD-10-CM
T8692	Unspecified transplanted organ and tissue failure	Diagnosis	ICD-10-CM
T8693	Unspecified transplanted organ and tissue infection	Diagnosis	ICD-10-CM
T8699	Other complications of unspecified transplanted organ and tissue	Diagnosis	ICD-10-CM
Y830	Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	Diagnosis	ICD-10-CM
Z940	Kidney transplant status	Diagnosis	ICD-10-CM
Z941	Heart transplant status	Diagnosis	ICD-10-CM
Z942	Lung transplant status	Diagnosis	ICD-10-CM
Z943	Heart and lungs transplant status	Diagnosis	ICD-10-CM
Z944	Liver transplant status	Diagnosis	ICD-10-CM
Z9481	Bone marrow transplant status	Diagnosis	ICD-10-CM
Z9482	Intestine transplant status	Diagnosis	ICD-10-CM
Z9483	Pancreas transplant status	Diagnosis	ICD-10-CM
Z9484	Stem cells transplant status	Diagnosis	ICD-10-CM
Z9489	Other transplanted organ and tissue status	Diagnosis	ICD-10-CM
Z949	Transplanted organ and tissue status, unspecified	Diagnosis	ICD-10-CM
Z4821	Encounter for aftercare following heart transplant	Diagnosis	ICD-10-CM
Z4822	Encounter for aftercare following kidney transplant	Diagnosis	ICD-10-CM
Z4823	Encounter for aftercare following liver transplant	Diagnosis	ICD-10-CM
Z4824	Encounter for aftercare following lung transplant	Diagnosis	ICD-10-CM
Z48280	Encounter for aftercare following heart-lung transplant	Diagnosis	ICD-10-CM
Z48288	Encounter for aftercare following multiple organ transplant	Diagnosis	ICD-10-CM
Z48290	Encounter for aftercare following bone marrow transplant	Diagnosis	ICD-10-CM
Z48298	Encounter for aftercare following other organ transplant	Diagnosis	ICD-10-CM
Z49	Encounter for care involving renal dialysis	Diagnosis	ICD-10-CM
Z4901	Encounter for fitting and adjustment of extracorporeal dialysis catheter	Diagnosis	ICD-10-CM
Z4902	Encounter for fitting and adjustment of peritoneal dialysis catheter	Diagnosis	ICD-10-CM
Z4931	Encounter for adequacy testing for hemodialysis	Diagnosis	ICD-10-CM
Z4932	Encounter for adequacy testing for peritoneal dialysis	Diagnosis	ICD-10-CM
Z992	Dependence on renal dialysis	Diagnosis	ICD-10-CM
3490F	History of AIDS-defining condition (HIV)	Procedure	HCPCS
38242	Allogeneic lymphocyte infusions	Procedure	HCPCS
32851	Lung transplant, single; without cardiopulmonary bypass	Procedure	HCPCS
32852	Lung transplant, single; with cardiopulmonary bypass	Procedure	HCPCS
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Procedure	HCPCS
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Procedure	HCPCS
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Procedure	HCPCS
33945	Heart transplant, with or without recipient cardiectomy	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Procedure	HCPCS
38243	Allogeneic hematopoietic cellular transplant boost	Procedure	HCPCS
44135	Intestinal allotransplantation; from cadaver donor	Procedure	HCPCS
44136	Intestinal allotransplantation; from living donor	Procedure	HCPCS
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Procedure	HCPCS
48554	Transplantation of pancreatic allograft	Procedure	HCPCS
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Procedure	HCPCS
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Procedure	HCPCS
50370	Removal of transplanted renal allograft	Procedure	HCPCS
S2053	Transplantation of small intestine and liver allografts	Procedure	HCPCS
S2054	Transplantation of multivisceral organs	Procedure	HCPCS
S2060	Lobar lung transplantation	Procedure	HCPCS
S2065	Simultaneous pancreas kidney transplantation	Procedure	HCPCS
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Procedure	HCPCS
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre and post transplant care in the global definition	Procedure	HCPCS
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor (s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre and posttransplant care in the global definition	Procedure	HCPCS
E1500	Centrifuge, for dialysis	Procedure	HCPCS
E1510	Kidney, dialysate delivery syst. kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v.poles, pressure gauge, concentrate container	Procedure	HCPCS
E1520	Heparin infusion pump for dialysis	Procedure	HCPCS
E1530	Air bubble detector for dialysis	Procedure	HCPCS
E1540	Pressure alarm for dialysis	Procedure	HCPCS
E1550	Bath conductivity meter for dialysis	Procedure	HCPCS
E1560	Blood leak detector for dialysis	Procedure	HCPCS
E1570	Adjustable chair, for esrd patients	Procedure	HCPCS
E1575	Transducer protectors/fluid barriers, any size, each	Procedure	HCPCS
E1580	Unipuncture control system for dialysis	Procedure	HCPCS
E1590	Hemodialysis machine	Procedure	HCPCS
E1592	Automatic intermittent peritoneal dialysis system	Procedure	HCPCS
E1594	Cycler dialysis machine for peritoneal dialysis	Procedure	HCPCS
E1600	Delivery and/or installation charges for renal dialysis equipment	Procedure	HCPCS
E1610	Reverse osmosis water purification system	Procedure	HCPCS
E1615	Deionizer water purification system	Procedure	HCPCS
E1620	Blood pump for dialysis	Procedure	HCPCS
E1625	Water softening system	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
E1630	Reciprocating peritoneal dialysis system	Procedure	HCPCS
E1632	Wearable artificial kidney	Procedure	HCPCS
E1634	Peritoneal dialysis clamps, each	Procedure	HCPCS
E1635	Compact (portable) travel hemodialyzer system	Procedure	HCPCS
E1636	Sorbent cartridges, per case	Procedure	HCPCS
A4653	Peritoneal dialysis catheter anchoring device, belt, each	Procedure	HCPCS
A4671	Disposable cyclor set used with cyclor dialysis machine, each	Procedure	HCPCS
A4672	Drainage extension line, sterile, for dialysis, each	Procedure	HCPCS
A4673	Extension line with easy lock connectors, used with dialysis	Procedure	HCPCS
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	Procedure	HCPCS
A4680	Activated carbon filters for dialysis	Procedure	HCPCS
A4690	Dialyzers (artificial kidneys) all brands, all sizes per unit	Procedure	HCPCS
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	Procedure	HCPCS
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	Procedure	HCPCS
A4708	Acetate concentrate solution, for hemodialysis, per gallon	Procedure	HCPCS
A4709	Acid concentrate, solution, for hemodialysis, per gallon	Procedure	HCPCS
A4714	Treated water (deionized, distilled, reverse osmosis) for use in dialysis system	Procedure	HCPCS
A4719	"y set" tubing for peritoneal dialysis	Procedure	HCPCS
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis	Procedure	HCPCS
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc but less than or equal to 1999cc, for peritoneal dialysis	Procedure	HCPCS
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc but less than or equal to 2999cc, for peritoneal dialysis	Procedure	HCPCS
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc but less than or equal to 3999cc, for peritoneal dialysis	Procedure	HCPCS
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc but less than or equal to 4999cc, for peritoneal dialysis	Procedure	HCPCS
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc but less than or equal to 5999cc, for peritoneal dialysis	Procedure	HCPCS
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis	Procedure	HCPCS
A4728	Dialysate solution, non-dextrose containing, 500 ml	Procedure	HCPCS
A4730	Fistula cannulation set for dialysis only	Procedure	HCPCS
A4736	Topical anesthetic, for dialysis, per gram	Procedure	HCPCS
A4737	Injectable anesthetic, for dialysis, per 10 ml	Procedure	HCPCS
A4740	Shunt accessories for dialysis only	Procedure	HCPCS
A4750	Blood tubing, arterial or venous, each	Procedure	HCPCS
A4755	Blood tubing, arterial and venous combined	Procedure	HCPCS
A4760	Dialysate standard testing solution, supplies	Procedure	HCPCS
A4765	Dialysate concentrate additives, each	Procedure	HCPCS
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	Procedure	HCPCS
A4802	Protamine sulfate, for hemodialysis, per 50 mg	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
A4860	Disposable catheter caps	Procedure	HCPCS
A4870	Plumbing and/or electrical work for home dialysis equipment	Procedure	HCPCS
A4890	Contracts, repair and maintenance, for home dialysis equipment (non-covered)	Procedure	HCPCS
A4911	Drain bag/bottle, for dialysis, each	Procedure	HCPCS
A4913	Miscellaneous dialysis supplies, not identified elsewhere, by report	Procedure	HCPCS
A4918	Venous pressure clamps, each	Procedure	HCPCS
30240Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
02Y	Heart and Great Vessels, Transplantation	Procedure	ICD-10-PCS
02YA	Transplantation / Heart	Procedure	ICD-10-PCS
02YA0Z0	Transplantation of Heart, Allogeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z1	Transplantation of Heart, Syngeneic, Open Approach	Procedure	ICD-10-PCS
02YA0Z2	Transplantation of Heart, Zooplastic, Open Approach	Procedure	ICD-10-PCS
07Y	Lymphatic and Hemic Systems, Transplantation	Procedure	ICD-10-PCS
07YP	Transplantation / Spleen	Procedure	ICD-10-PCS
07YP0Z0	Transplantation of Spleen, Allogeneic, Open Approach	Procedure	ICD-10-PCS
07YP0Z1	Transplantation of Spleen, Syngeneic, Open Approach	Procedure	ICD-10-PCS
07YP0Z2	Transplantation of Spleen, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BY	Respiratory System, Transplantation	Procedure	ICD-10-PCS
0BYC	Transplantation / Upper Lung Lobe, Right	Procedure	ICD-10-PCS
0BYC0Z0	Transplantation of Right Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYC0Z1	Transplantation of Right Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYC0Z2	Transplantation of Right Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYD	Transplantation / Middle Lung Lobe, Right	Procedure	ICD-10-PCS
0BYD0Z0	Transplantation of Right Middle Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
0BYD0Z1	Transplantation of Right Middle Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
0BYD0Z2	Transplantation of Right Middle Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
0BYF	Transplantation / Lower Lung Lobe, Right	Procedure	ICD-10-PCS
0BYF0Z0	Transplantation of Right Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
OBYF0Z1	Transplantation of Right Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYF0Z2	Transplantation of Right Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYG	Transplantation / Upper Lung Lobe, Left	Procedure	ICD-10-PCS
OBYG0Z0	Transplantation of Left Upper Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYG0Z1	Transplantation of Left Upper Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYG0Z2	Transplantation of Left Upper Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYH	Transplantation / Lung Lingula	Procedure	ICD-10-PCS
OBYH0Z0	Transplantation of Lung Lingula, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYH0Z1	Transplantation of Lung Lingula, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYH0Z2	Transplantation of Lung Lingula, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYJ	Transplantation / Lower Lung Lobe, Left	Procedure	ICD-10-PCS
OBYJ0Z0	Transplantation of Left Lower Lung Lobe, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYJ0Z1	Transplantation of Left Lower Lung Lobe, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYJ0Z2	Transplantation of Left Lower Lung Lobe, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYK	Transplantation / Lung, Right	Procedure	ICD-10-PCS
OBYK0Z0	Transplantation of Right Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYK0Z1	Transplantation of Right Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYK0Z2	Transplantation of Right Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYL	Transplantation / Lung, Left	Procedure	ICD-10-PCS
OBYL0Z0	Transplantation of Left Lung, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYL0Z1	Transplantation of Left Lung, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYL0Z2	Transplantation of Left Lung, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OBYM	Transplantation / Lungs, Bilateral	Procedure	ICD-10-PCS
OBYM0Z0	Transplantation of Bilateral Lungs, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OBYM0Z1	Transplantation of Bilateral Lungs, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OBYM0Z2	Transplantation of Bilateral Lungs, Zooplastic, Open Approach	Procedure	ICD-10-PCS

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Code	Description	Code Category	Code Type
ODY	Gastrointestinal System, Transplantation	Procedure	ICD-10-PCS
ODY5	Transplantation / Esophagus	Procedure	ICD-10-PCS
ODY50Z0	Transplantation of Esophagus, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY50Z1	Transplantation of Esophagus, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY50Z2	Transplantation of Esophagus, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY6	Transplantation / Stomach	Procedure	ICD-10-PCS
ODY60Z0	Transplantation of Stomach, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY60Z1	Transplantation of Stomach, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY60Z2	Transplantation of Stomach, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODY8	Transplantation / Small Intestine	Procedure	ICD-10-PCS
ODY80Z0	Transplantation of Small Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODY80Z1	Transplantation of Small Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODY80Z2	Transplantation of Small Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
ODYE	Transplantation / Large Intestine	Procedure	ICD-10-PCS
ODYE0Z0	Transplantation of Large Intestine, Allogeneic, Open Approach	Procedure	ICD-10-PCS
ODYE0Z1	Transplantation of Large Intestine, Syngeneic, Open Approach	Procedure	ICD-10-PCS
ODYE0Z2	Transplantation of Large Intestine, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OFY	Hepatobiliary System and Pancreas, Transplantation	Procedure	ICD-10-PCS
OFY0	Transplantation / Liver	Procedure	ICD-10-PCS
OFY00Z0	Transplantation of Liver, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OFY00Z1	Transplantation of Liver, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OFY00Z2	Transplantation of Liver, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OFYG	Transplantation / Pancreas	Procedure	ICD-10-PCS
OFYG0Z0	Transplantation of Pancreas, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OFYG0Z1	Transplantation of Pancreas, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OFYG0Z2	Transplantation of Pancreas, Zooplastic, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
OTY	Urinary System, Transplantation	Procedure	ICD-10-PCS
OTY0	Transplantation / Kidney, Right	Procedure	ICD-10-PCS
OTY00Z0	Transplantation of Right Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OTY00Z1	Transplantation of Right Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OTY00Z2	Transplantation of Right Kidney, Zooplastic, Open Approach	Procedure	ICD-10-PCS
OTY1	Transplantation / Kidney, Left	Procedure	ICD-10-PCS
OTY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach	Procedure	ICD-10-PCS
OTY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach	Procedure	ICD-10-PCS
OTY10Z2	Transplantation of Left Kidney, Zooplastic, Open Approach	Procedure	ICD-10-PCS
BT29	Computerized Tomography (CT Scan) / Kidney Transplant	Procedure	ICD-10-PCS
BT2900Z	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT290ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using High Osmolar Contrast	Procedure	ICD-10-PCS
BT2910Z	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT291ZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Low Osmolar Contrast	Procedure	ICD-10-PCS
BT29Y0Z	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT29YZZ	Computerized Tomography (CT Scan) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT29ZZZ	Computerized Tomography (CT Scan) of Kidney Transplant	Procedure	ICD-10-PCS
BT39	Magnetic Resonance Imaging (MRI) / Kidney Transplant	Procedure	ICD-10-PCS
BT39Y0Z	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast, Unenhanced and Enhanced	Procedure	ICD-10-PCS
BT39YZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant using Other Contrast	Procedure	ICD-10-PCS
BT39ZZZ	Magnetic Resonance Imaging (MRI) of Kidney Transplant	Procedure	ICD-10-PCS
BT49	Ultrasonography / Kidney Transplant	Procedure	ICD-10-PCS
BT49ZZZ	Ultrasonography of Kidney Transplant	Procedure	ICD-10-PCS
30230AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230G2	Transfusion of allogeneic related bone marrow into peripheral vein, open approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
30230G3	Transfusion of allogeneic unrelated bone marrow into peripheral vein, open approach	Procedure	ICD-10-PCS
30230G4	Transfusion of allogeneic unspecified bone marrow into peripheral vein, open approach	Procedure	ICD-10-PCS
30230X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230X2	Transfusion of allogeneic related cord blood stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230X3	Transfusion of allogeneic unrelated cord blood stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230X4	Transfusion of allogeneic unspecified cord blood stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
30230Y2	Transfusion of allogeneic related hematopoietic stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230Y3	Transfusion of allogeneic unrelated hematopoietic stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30230Y4	Transfusion of allogeneic unspecified hematopoietic stem cells into peripheral vein, open approach	Procedure	ICD-10-PCS
30233AZ	Transfusion of Embryonic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G1	Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233G2	Transfusion of allogeneic related bone marrow into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233G3	Transfusion of allogeneic unrelated bone marrow into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233G4	Transfusion of allogeneic unspecified bone marrow into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233X2	Transfusion of allogeneic related cord blood stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233X3	Transfusion of allogeneic unrelated cord blood stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233X4	Transfusion of allogeneic unspecified cord blood stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30233Y2	Transfusion of allogeneic related hematopoietic stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233Y3	Transfusion of allogeneic unrelated hematopoietic stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30233Y4	Transfusion of allogeneic unspecified hematopoietic stem cells into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
30240AZ	Transfusion of Embryonic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240G2	Transfusion of allogeneic related bone marrow into central vein, open approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
30240G3	Transfusion of allogeneic unrelated bone marrow into central vein, open approach	Procedure	ICD-10-PCS
30240G4	Transfusion of allogeneic unspecified bone marrow into central vein, open approach	Procedure	ICD-10-PCS
30240X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240X2	Transfusion of allogeneic related cord blood stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240X3	Transfusion of allogeneic unrelated cord blood stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240X4	Transfusion of allogeneic unspecified cord blood stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240Y0	Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Open Approach	Procedure	ICD-10-PCS
30240Y2	Transfusion of allogeneic related hematopoietic stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240Y3	Transfusion of allogeneic unrelated hematopoietic stem cells into central vein, open approach	Procedure	ICD-10-PCS
30240Y4	Transfusion of allogeneic unspecified hematopoietic stem cells into central vein, open approach	Procedure	ICD-10-PCS
30243AZ	Transfusion of Embryonic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G1	Transfusion of Nonautologous Bone Marrow into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243G2	Transfusion of allogeneic related bone marrow into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243G3	Transfusion of allogeneic unrelated bone marrow into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243G4	Transfusion of allogeneic unspecified bone marrow into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243X2	Transfusion of allogeneic related cord blood stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243X3	Transfusion of allogeneic unrelated cord blood stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243X4	Transfusion of allogeneic unspecified cord blood stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
30243Y2	Transfusion of allogeneic related hematopoietic stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243Y3	Transfusion of allogeneic unrelated hematopoietic stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30243Y4	Transfusion of allogeneic unspecified hematopoietic stem cells into central vein, percutaneous approach	Procedure	ICD-10-PCS
30250G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS
30250Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
30253G1	Transfusion of Nonautologous Bone Marrow into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253X1	Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30253Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30260G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30260Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Open Approach	Procedure	ICD-10-PCS
30263G1	Transfusion of Nonautologous Bone Marrow into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263X1	Transfusion of Nonautologous Cord Blood Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
30263Y1	Transfusion of Nonautologous Hematopoietic Stem Cells into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
5A1D00Z	Performance of Urinary Filtration, Single	Procedure	ICD-10-PCS
5A1D60Z	Performance of Urinary Filtration, Multiple	Procedure	ICD-10-PCS
5A1D70Z	Performance of Urinary Filtration, Intermittent, Less than 6 Hours Per Day	Procedure	ICD-10-PCS
5A1D80Z	Performance of Urinary Filtration, Prolonged Intermittent, 6-18 hours Per Day	Procedure	ICD-10-PCS
5A1D90Z	Performance of Urinary Filtration, Continuous, Greater than 18 hours Per Day	Procedure	ICD-10-PCS
3E1M39Z	Irrigation of Peritoneal Cavity using Dialysate, Percutaneous Approach	Procedure	ICD-10-PCS
Immunosuppressants			
4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)	Procedure	HCPCS
90378	Palivizumab	Procedure	HCPCS
J0490	belimumab	Procedure	HCPCS
J9210	emapalumab	Procedure	HCPCS
J3031	fremanezumab	Procedure	HCPCS
J9204	Mogamulizumab	Procedure	HCPCS
J1303	ravulizumab	Procedure	HCPCS
J3111	Romosozumab	Procedure	HCPCS
J2860	siltuximab	Procedure	HCPCS
J0638	canakinumab	Procedure	HCPCS
J9119	cemiplimab	Procedure	HCPCS
J1628	guselkumab	Procedure	HCPCS
J2350	ocrelizumab	Procedure	HCPCS
J9271	pembrolizumab	Procedure	HCPCS
J2323	Natalizumab	Procedure	HCPCS
J2793	riloncept	Procedure	HCPCS
J3245	tildrakizumab	Procedure	HCPCS
J3380	vedolizumab	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J0135	Injection, adalimumab, 20 mg	Procedure	HCPCS
J0480	Injection, basiliximab, 20 mg	Procedure	HCPCS
J0485	Injection, belatacept, 1 mg	Procedure	HCPCS
J0897	Denosumab	Procedure	HCPCS
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J1595	Injection, glatiramer acetate, 20 mg	Procedure	HCPCS
J1600	Injection, gold sodium thiomalate, up to 50 mg	Procedure	HCPCS
J1602	Injection, golimumab, 1 mg, for intravenous use	Procedure	HCPCS
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Procedure	HCPCS
J1826	Injection, interferon beta-1a, 30 mcg	Procedure	HCPCS
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J2504	Injection, pegademase bovine, 25 IU	Procedure	HCPCS
J2910	Aurothioglucose	Procedure	HCPCS
J3262	Injection, tocilizumab, 1 mg	Procedure	HCPCS
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Procedure	HCPCS
J3358	Ustekinumab, for intravenous injection, 1 mg	Procedure	HCPCS
J7500	Azathioprine, oral, 50 mg	Procedure	HCPCS
J7501	Azathioprine, parenteral, 100 mg	Procedure	HCPCS
J7502	Cyclosporine, oral, 100 mg	Procedure	HCPCS
J7503	Tacrolimus, extended release, oral, 0.25 mg	Procedure	HCPCS
J7505	Muromonab-CD3, parenteral, 5 mg	Procedure	HCPCS
J7507	Tacrolimus, immediate release, oral, 1 mg	Procedure	HCPCS
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	Procedure	HCPCS
J7513	Daclizumab, parenteral, 25 mg	Procedure	HCPCS
J7515	Cyclosporine, oral, 25 mg	Procedure	HCPCS
J7516	Cyclosporine, parenteral, 250 mg	Procedure	HCPCS
J7517	Mycophenolate mofetil, oral, 250 mg	Procedure	HCPCS
J7525	Tacrolimus, parenteral, 5 mg	Procedure	HCPCS
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	Procedure	HCPCS
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Procedure	HCPCS
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Procedure	HCPCS
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	Procedure	HCPCS
J9216	Injection, interferon, gamma 1-b, 3 million units	Procedure	HCPCS
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Procedure	HCPCS
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Procedure	HCPCS
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Procedure	HCPCS
S0148	Injection, pegylated interferon alfa-2B, 10 mcg	Procedure	HCPCS
J0215	Injection, alefacept, 0.5 mg	Procedure	HCPCS
J0593	Inj., lanadelumab-flyo, 1 mg	Procedure	HCPCS
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J1300	Injection, eculizumab, 10 mg	Procedure	HCPCS
J7520	Sirolimus, oral, 1 mg	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
J7599	Immunosuppressive drug, not otherwise classified	Procedure	HCPCS
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Procedure	HCPCS
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Procedure	HCPCS
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Procedure	HCPCS
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Procedure	HCPCS
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Procedure	HCPCS
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Procedure	HCPCS
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Procedure	HCPCS
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Procedure	HCPCS
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Procedure	HCPCS
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Procedure	HCPCS
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Procedure	HCPCS
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Procedure	HCPCS
77761	Intracavitary radiation source application; simple	Procedure	HCPCS
77762	Intracavitary radiation source application; intermediate	Procedure	HCPCS
77763	Intracavitary radiation source application; complex	Procedure	HCPCS
77778	Interstitial radiation source application; complex	Procedure	HCPCS
77789	Surface application of low dose rate radionuclide source	Procedure	HCPCS
77799	Unlisted procedure, clinical brachytherapy	Procedure	HCPCS
0394T	High dose rate electronic brachytherapy	Procedure	HCPCS
0395T	High dose rate electronic brachytherapy	Procedure	HCPCS
19296	Insertion of catheter into breast for radiation therapy using imaging guidance	Procedure	HCPCS
19297	Insertion of catheter into breast for radiation therapy concurrent with partial breast removal using imaging guidance	Procedure	HCPCS
19298	Insertion of catheters into breast for radiation therapy with or after breast removal using imaging guidance	Procedure	HCPCS
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Procedure	HCPCS
41019	Insertion of needles, catheters, or devices into head and/or neck for radiation delivery	Procedure	HCPCS
57155	Insertion of radiation therapy devices in uterus for radiation therapy	Procedure	HCPCS
57156	Insertion of radiation therapy devices in vagina for radiation therapy	Procedure	HCPCS
58346	Insertion of capsules into uterus for placement of radiation therapy	Procedure	HCPCS
19294	Preparation of tumor cavity and placement of radiation therapy applicator into breast for radiation therapy concurrent with partial breast removal	Procedure	HCPCS
31643	Insertion of catheters for radiation delivery in lung airway using an endoscope	Procedure	HCPCS
20555	Insertion of needles or catheters into muscle and/or tissue for radiation therapy	Procedure	HCPCS
Q3001	Radioelements for brachytherapy, any type, each	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie	Procedure	HCPCS
C2643	Brachytherapy source, non-stranded, cesium-131, per source	Procedure	HCPCS
C2642	Brachytherapy source, stranded, cesium-131, per source	Procedure	HCPCS
C1716	Brachytherapy source, non-stranded, gold-198, per source	Procedure	HCPCS
C2639	Brachytherapy source, non-stranded, iodine-125, per source	Procedure	HCPCS
C2638	Brachytherapy source, stranded, iodine-125, per source	Procedure	HCPCS
C1717	Brachytherapy source, non-stranded, high dose rate iridium-192, per source	Procedure	HCPCS
C1719	Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source	Procedure	HCPCS
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	Procedure	HCPCS
C2698	Brachytherapy source, stranded, not otherwise specified, per source	Procedure	HCPCS
C2640	Brachytherapy source, stranded, palladium-103, per source	Procedure	HCPCS
C2634	Brachytherapy source, non-stranded, high activity, iodine-125, greater than 1.01 mci (nist), per source	Procedure	HCPCS
C2635	Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2 mci (nist), per source	Procedure	HCPCS
C2637	Brachytherapy source, non-stranded, ytterbium-169, per source	Procedure	HCPCS
C2636	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm	Procedure	HCPCS
C2641	Brachytherapy source, non-stranded, palladium-103, per source	Procedure	HCPCS
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	Procedure	HCPCS
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	Procedure	HCPCS
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Procedure	HCPCS
77402	Radiation treatment delivery,=>1 MeV; simple	Procedure	HCPCS
77407	Radiation treatment delivery, =>1 MeV; intermediate	Procedure	HCPCS
77412	Radiation treatment delivery, =>1 MeV; complex	Procedure	HCPCS
77427	Radiation treatment management, 5 treatments	Procedure	HCPCS
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Procedure	HCPCS
77469	Intraoperative radiation treatment management	Procedure	HCPCS
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Procedure	HCPCS
77499	Unlisted procedure, therapeutic radiology treatment management	Procedure	HCPCS
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Procedure	HCPCS
G6003	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Procedure	HCPCS
G6004	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Procedure	HCPCS
G6005	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	Procedure	HCPCS
G6006	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	Procedure	HCPCS
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	Procedure	HCPCS
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Procedure	HCPCS
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Procedure	HCPCS
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Procedure	HCPCS
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Procedure	HCPCS
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	Procedure	HCPCS
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	Procedure	HCPCS
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Procedure	HCPCS
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	Procedure	HCPCS
49411	Insertion of devices in abdominal cavity for radiation therapy guidance, accessed through the skin	Procedure	HCPCS
49412	Insertion of devices for radiation therapy guidance in abdominal cavity, open procedure	Procedure	HCPCS
77371	Radiation therapy delivery, stereotactic radiosurgery (SRS) for cranial growths, per session	Procedure	HCPCS
77372	Radiation therapy delivery, stereotactic radiosurgery (SRS) for cranial growths, per session	Procedure	HCPCS
32701	Thoracic targets delineation for stereotactic body radiation therapy	Procedure	HCPCS
77373	Stereotactic body radiation therapy 1 or more lesions using imaging guidance	Procedure	HCPCS
77385	Radiation therapy delivery	Procedure	HCPCS
77386	Radiation therapy delivery	Procedure	HCPCS
77424	Intraoperative single X-ray radiation treatment session	Procedure	HCPCS
77425	Intraoperative electrons radiation treatment single session	Procedure	HCPCS
77423	Radiation treatment delivery, high energy	Procedure	HCPCS
77431	Radiation treatment management, 1 or 2 treatments	Procedure	HCPCS
77435	Stereotactic radiation treatment management of 1 or more lesions using imaging guidance, per treatment course	Procedure	HCPCS
77520	Proton treatment delivery, simple	Procedure	HCPCS
77522	Proton treatment delivery, simple with compensation	Procedure	HCPCS
77523	Proton treatment delivery, intermediate	Procedure	HCPCS
77525	Proton treatment delivery, complex	Procedure	HCPCS
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Procedure	HCPCS
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Procedure	HCPCS
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug	Procedure	HCPCS
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Procedure	HCPCS
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	Procedure	HCPCS
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Procedure	HCPCS
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	Procedure	HCPCS
96420	Chemotherapy administration, intra-arterial; push technique	Procedure	HCPCS
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	Procedure	HCPCS
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	Procedure	HCPCS
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	Procedure	HCPCS
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	Procedure	HCPCS
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Procedure	HCPCS
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	Procedure	HCPCS
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	Procedure	HCPCS
96549	Unlisted chemotherapy procedure	Procedure	HCPCS
C9042	Injection, bendamustine hcl (belrapzo), 1 mg	Procedure	HCPCS
C9044	Injection, bendamustine hcl (belrapzo), 1 mg	Procedure	HCPCS
C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Procedure	HCPCS
C9049	Injection, tagraxofusp-erzs, 10 mcg	Procedure	HCPCS
C9050	Injection, emapalumab-lzsg, 1 mg	Procedure	HCPCS
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	Procedure	HCPCS
G9835	Trastuzumab administered within 12 months of diagnosis	Procedure	HCPCS
G9837	Trastuzumab not administered within 12 months of diagnosis	Procedure	HCPCS
J0202	Injection, alemtuzumab, 1 mg	Procedure	HCPCS
J0207	Injection, amifostine, 500 mg	Procedure	HCPCS
J0594	Injection, busulfan, 1 mg	Procedure	HCPCS
J0894	Injection, decitabine, 1 mg	Procedure	HCPCS
J7527	Everolimus, oral, 0.25 mg	Procedure	HCPCS
J8510	Busulfan, oral, 2 mg	Procedure	HCPCS
J8520	Capecitabine, oral, 150 mg	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
J8521	Capecitabine, oral, 500 mg	Procedure	HCPCS
J8530	Cyclophosphamide, oral, 25 mg	Procedure	HCPCS
J8560	Etoposide, oral, 50 mg	Procedure	HCPCS
J8562	Fludarabine phosphate, oral, 10 mg	Procedure	HCPCS
J8565	Gefitinib, oral, 250 mg	Procedure	HCPCS
J8600	Melphalan, oral, 2 mg	Procedure	HCPCS
J8610	Methotrexate, oral, 2.5 mg	Procedure	HCPCS
J8700	Temozolomide, oral, 5 mg	Procedure	HCPCS
J8705	Topotecan, oral, 0.25 mg	Procedure	HCPCS
J8999	Prescription drug, oral, chemotherapeutic, NOS	Procedure	HCPCS
J9000	Injection, doxorubicin HCl, 10 mg	Procedure	HCPCS
J9015	Injection, aldesleukin, per single use vial	Procedure	HCPCS
J9017	Injection, arsenic trioxide, 1 mg	Procedure	HCPCS
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Procedure	HCPCS
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Procedure	HCPCS
J9025	Injection, azacitidine, 1 mg	Procedure	HCPCS
J9027	Injection, clofarabine, 1 mg	Procedure	HCPCS
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Procedure	HCPCS
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Procedure	HCPCS
J9035	Injection, bevacizumab, 10 mg	Procedure	HCPCS
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Procedure	HCPCS
J9040	Injection, bleomycin sulfate, 15 units	Procedure	HCPCS
J9041	Injection, bortezomib, 0.1 mg	Procedure	HCPCS
J9042	Injection, brentuximab vedotin, 1 mg	Procedure	HCPCS
J9043	Injection, cabazitaxel, 1 mg	Procedure	HCPCS
J9045	Injection, carboplatin, 50 mg	Procedure	HCPCS
J9047	Injection, carfilzomib, 1 mg	Procedure	HCPCS
J9050	Injection, carmustine, 100 mg	Procedure	HCPCS
J9055	Injection, cetuximab, 10 mg	Procedure	HCPCS
J9057	Injection, copanlisib, 1 mg	Procedure	HCPCS
J9060	Injection, cisplatin, powder or solution, 10 mg	Procedure	HCPCS
J9065	Injection, cladribine, per 1 mg	Procedure	HCPCS
J9070	Cyclophosphamide, 100 mg	Procedure	HCPCS
J9098	Injection, cytarabine liposome, 10 mg	Procedure	HCPCS
J9100	Injection, cytarabine, 100 mg	Procedure	HCPCS
J9118	Inj. Calaspargase pegol-mknl	Procedure	HCPCS
J9120	Injection, dactinomycin, 0.5 mg	Procedure	HCPCS
J9130	Dacarbazine, 100 mg	Procedure	HCPCS
J9150	Injection, daunorubicin, 10 mg	Procedure	HCPCS
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Procedure	HCPCS
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Procedure	HCPCS
J9160	Injection, denileukin diftitox, 300 mcg	Procedure	HCPCS
J9171	Injection, docetaxel, 1 mg	Procedure	HCPCS
J9173	Injection, durvalumab, 10 mg	Procedure	HCPCS
J9178	Injection, epirubicin HCl, 2 mg	Procedure	HCPCS
J9179	Injection, eribulin mesylate, 0.1 mg	Procedure	HCPCS
J9181	Injection, etoposide, 10 mg	Procedure	HCPCS
J9185	Injection, fludarabine phosphate, 50 mg	Procedure	HCPCS
J9190	Injection, fluorouracil, 500 mg	Procedure	HCPCS
J9200	Injection, floxuridine, 500 mg	Procedure	HCPCS
J9201	Injection, gemcitabine HCl, 200 mg	Procedure	HCPCS
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
J9205	Injection, irinotecan liposome, 1 mg	Procedure	HCPCS
J9206	Injection, irinotecan, 20 mg	Procedure	HCPCS
J9207	Injection, ixabepilone, 1 mg	Procedure	HCPCS
J9208	Injection, ifosfamide, 1 g	Procedure	HCPCS
J9211	Injection, idarubicin HCl, 5 mg	Procedure	HCPCS
J9228	Injection, ipilimumab, 1 mg	Procedure	HCPCS
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Procedure	HCPCS
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Procedure	HCPCS
J9245	Injection, melphalan HCl, 50 mg	Procedure	HCPCS
J9250	Methotrexate sodium, 5 mg	Procedure	HCPCS
J9260	Methotrexate sodium, 50 mg	Procedure	HCPCS
J9261	Injection, nelarabine, 50 mg	Procedure	HCPCS
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Procedure	HCPCS
J9263	Injection, oxaliplatin, 0.5 mg	Procedure	HCPCS
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Procedure	HCPCS
J9266	Injection, pegaspargase, per single dose vial	Procedure	HCPCS
J9267	Injection, paclitaxel, 1 mg	Procedure	HCPCS
J9268	Injection, pentostatin, 10 mg	Procedure	HCPCS
J9270	Injection, plicamycin, 2.5 mg	Procedure	HCPCS
J9280	Injection, mitomycin, 5 mg	Procedure	HCPCS
J9293	Injection, mitoxantrone HCl, per 5 mg	Procedure	HCPCS
J9301	Injection, obinutuzumab, 10 mg	Procedure	HCPCS
J9302	Injection, ofatumumab, 10 mg	Procedure	HCPCS
J9303	Injection, panitumumab, 10 mg	Procedure	HCPCS
J9305	Injection, pemetrexed, 10 mg	Procedure	HCPCS
J9306	Injection, pertuzumab, 1 mg	Procedure	HCPCS
J9307	Injection, pralatrexate, 1 mg	Procedure	HCPCS
J9311	Injection, rituximab 10 mg and hyaluronidase	Procedure	HCPCS
J9312	Injection, rituximab, 10 mg	Procedure	HCPCS
J9315	Injection, romidepsin, 1 mg	Procedure	HCPCS
J9320	Injection, streptozocin, 1 g	Procedure	HCPCS
J9328	Injection, temozolomide, 1 mg	Procedure	HCPCS
J9330	Injection, temsirolimus, 1 mg	Procedure	HCPCS
J9340	Injection, thiotepa, 15 mg	Procedure	HCPCS
J9351	Injection, topotecan, 0.1 mg	Procedure	HCPCS
J9355	Injection, trastuzumab, 10 mg	Procedure	HCPCS
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	Procedure	HCPCS
J9360	Injection, vinblastine sulfate, 1 mg	Procedure	HCPCS
J9370	Vincristine sulfate, 1 mg	Procedure	HCPCS
J9371	Injection, vincristine sulfate liposome, 1 mg	Procedure	HCPCS
J9390	Injection, vinorelbine tartrate, 10 mg	Procedure	HCPCS
J9999	Not otherwise classified, antineoplastic drugs	Procedure	HCPCS
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Procedure	HCPCS
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Procedure	HCPCS
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Procedure	HCPCS
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Procedure	HCPCS
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Procedure	HCPCS
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Procedure	HCPCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Procedure	HCPCS
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Procedure	HCPCS
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Procedure	HCPCS
S0088	Imatinib, 100 mg	Procedure	HCPCS
S0108	Mercaptopurine, oral, 50 mg	Procedure	HCPCS
S0172	Chlorambucil, oral, 2 mg	Procedure	HCPCS
S0178	Lomustine, oral, 10 mg	Procedure	HCPCS
S0182	Procarbazine HCl, oral, 50 mg	Procedure	HCPCS
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Procedure	HCPCS
S0176	Hydroxyurea, oral, 500 mg	Procedure	HCPCS
3E033WL	Introduction of immunosuppressive into peripheral vein, percutaneous	Procedure	ICD-10-PCS
3E040WL	Introduction of immunosuppressive into central vein, open	Procedure	ICD-10-PCS
3E043WL	Introduction of immunosuppressive into central vein, percutaneous	Procedure	ICD-10-PCS
3E050WL	Introduction of immunosuppressive into peripheral artery, open	Procedure	ICD-10-PCS
3E053WL	Introduction of immunosuppressive into peripheral artery, percutaneous	Procedure	ICD-10-PCS
3E060WL	Introduction of immunosuppressive into central artery, open	Procedure	ICD-10-PCS
3E063WL	Introduction of immunosuppressive into central artery, percutaneous	Procedure	ICD-10-PCS
3E030WL	Introduction of Immunosuppressive into Peripheral Vein, Open	Procedure	ICD-10-PCS
D7169CZ	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D71697Z	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71699Z	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71698Z	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7169YZ	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7169BZ	High Dose Rate (HDR) Brachytherapy of Abdomen Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW139CZ	High Dose Rate (HDR) Brachytherapy of Abdomen using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW1397Z	High Dose Rate (HDR) Brachytherapy of Abdomen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1399Z	High Dose Rate (HDR) Brachytherapy of Abdomen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW1398Z	High Dose Rate (HDR) Brachytherapy of Abdomen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW139YZ	High Dose Rate (HDR) Brachytherapy of Abdomen using Other Isotope	Procedure	ICD-10-PCS
DW139BZ	High Dose Rate (HDR) Brachytherapy of Abdomen using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG129CZ	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DG1297Z	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1299Z	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG1298Z	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG129YZ	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Other Isotope	Procedure	ICD-10-PCS
DG129BZ	High Dose Rate (HDR) Brachytherapy of Adrenal Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7149CZ	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D71497Z	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71499Z	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71498Z	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7149YZ	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7149BZ	High Dose Rate (HDR) Brachytherapy of Axillary Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF129CZ	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF1297Z	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1299Z	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF1298Z	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF129YZ	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Other Isotope	Procedure	ICD-10-PCS
DF129BZ	High Dose Rate (HDR) Brachytherapy of Bile Ducts using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT129CZ	High Dose Rate (HDR) Brachytherapy of Bladder using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT1297Z	High Dose Rate (HDR) Brachytherapy of Bladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1299Z	High Dose Rate (HDR) Brachytherapy of Bladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT1298Z	High Dose Rate (HDR) Brachytherapy of Bladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT129YZ	High Dose Rate (HDR) Brachytherapy of Bladder using Other Isotope	Procedure	ICD-10-PCS
DT129BZ	High Dose Rate (HDR) Brachytherapy of Bladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7109CZ	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D71097Z	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71099Z	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Iodine 125 (I-125)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D71098Z	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7109YZ	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Other Isotope	Procedure	ICD-10-PCS
D7109BZ	High Dose Rate (HDR) Brachytherapy of Bone Marrow using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D0119CZ	High Dose Rate (HDR) Brachytherapy of Brain Stem using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D01197Z	High Dose Rate (HDR) Brachytherapy of Brain Stem using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01199Z	High Dose Rate (HDR) Brachytherapy of Brain Stem using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D01198Z	High Dose Rate (HDR) Brachytherapy of Brain Stem using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D0119YZ	High Dose Rate (HDR) Brachytherapy of Brain Stem using Other Isotope	Procedure	ICD-10-PCS
D0119BZ	High Dose Rate (HDR) Brachytherapy of Brain Stem using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D0109CZ	High Dose Rate (HDR) Brachytherapy of Brain using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D01097Z	High Dose Rate (HDR) Brachytherapy of Brain using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01099Z	High Dose Rate (HDR) Brachytherapy of Brain using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D01098Z	High Dose Rate (HDR) Brachytherapy of Brain using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D0109YZ	High Dose Rate (HDR) Brachytherapy of Brain using Other Isotope	Procedure	ICD-10-PCS
D0109BZ	High Dose Rate (HDR) Brachytherapy of Brain using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB119CZ	High Dose Rate (HDR) Brachytherapy of Bronchus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB1197Z	High Dose Rate (HDR) Brachytherapy of Bronchus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1199Z	High Dose Rate (HDR) Brachytherapy of Bronchus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1198Z	High Dose Rate (HDR) Brachytherapy of Bronchus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB119YZ	High Dose Rate (HDR) Brachytherapy of Bronchus using Other Isotope	Procedure	ICD-10-PCS
DB119BZ	High Dose Rate (HDR) Brachytherapy of Bronchus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU119CZ	High Dose Rate (HDR) Brachytherapy of Cervix using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU1197Z	High Dose Rate (HDR) Brachytherapy of Cervix using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU1199Z	High Dose Rate (HDR) Brachytherapy of Cervix using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU1198Z	High Dose Rate (HDR) Brachytherapy of Cervix using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU119YZ	High Dose Rate (HDR) Brachytherapy of Cervix using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DU119BZ	High Dose Rate (HDR) Brachytherapy of Cervix using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW129CZ	High Dose Rate (HDR) Brachytherapy of Chest using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW1297Z	High Dose Rate (HDR) Brachytherapy of Chest using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1299Z	High Dose Rate (HDR) Brachytherapy of Chest using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW1298Z	High Dose Rate (HDR) Brachytherapy of Chest using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW129YZ	High Dose Rate (HDR) Brachytherapy of Chest using Other Isotope	Procedure	ICD-10-PCS
DW129BZ	High Dose Rate (HDR) Brachytherapy of Chest using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB179CZ	High Dose Rate (HDR) Brachytherapy of Chest Wall using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB1797Z	High Dose Rate (HDR) Brachytherapy of Chest Wall using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1799Z	High Dose Rate (HDR) Brachytherapy of Chest Wall using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1798Z	High Dose Rate (HDR) Brachytherapy of Chest Wall using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB179YZ	High Dose Rate (HDR) Brachytherapy of Chest Wall using Other Isotope	Procedure	ICD-10-PCS
DB179BZ	High Dose Rate (HDR) Brachytherapy of Chest Wall using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD159CZ	High Dose Rate (HDR) Brachytherapy of Colon using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD1597Z	High Dose Rate (HDR) Brachytherapy of Colon using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1599Z	High Dose Rate (HDR) Brachytherapy of Colon using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1598Z	High Dose Rate (HDR) Brachytherapy of Colon using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD159YZ	High Dose Rate (HDR) Brachytherapy of Colon using Other Isotope	Procedure	ICD-10-PCS
DD159BZ	High Dose Rate (HDR) Brachytherapy of Colon using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB189CZ	High Dose Rate (HDR) Brachytherapy of Diaphragm using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB1897Z	High Dose Rate (HDR) Brachytherapy of Diaphragm using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1899Z	High Dose Rate (HDR) Brachytherapy of Diaphragm using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1898Z	High Dose Rate (HDR) Brachytherapy of Diaphragm using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB189YZ	High Dose Rate (HDR) Brachytherapy of Diaphragm using Other Isotope	Procedure	ICD-10-PCS
DB189BZ	High Dose Rate (HDR) Brachytherapy of Diaphragm using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD129CZ	High Dose Rate (HDR) Brachytherapy of Duodenum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DD1297Z	High Dose Rate (HDR) Brachytherapy of Duodenum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1299Z	High Dose Rate (HDR) Brachytherapy of Duodenum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1298Z	High Dose Rate (HDR) Brachytherapy of Duodenum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD129YZ	High Dose Rate (HDR) Brachytherapy of Duodenum using Other Isotope	Procedure	ICD-10-PCS
DD129BZ	High Dose Rate (HDR) Brachytherapy of Duodenum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9109CZ	High Dose Rate (HDR) Brachytherapy of Ear using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91097Z	High Dose Rate (HDR) Brachytherapy of Ear using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91099Z	High Dose Rate (HDR) Brachytherapy of Ear using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91098Z	High Dose Rate (HDR) Brachytherapy of Ear using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9109YZ	High Dose Rate (HDR) Brachytherapy of Ear using Other Isotope	Procedure	ICD-10-PCS
D9109BZ	High Dose Rate (HDR) Brachytherapy of Ear using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD109CZ	High Dose Rate (HDR) Brachytherapy of Esophagus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD1097Z	High Dose Rate (HDR) Brachytherapy of Esophagus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1099Z	High Dose Rate (HDR) Brachytherapy of Esophagus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1098Z	High Dose Rate (HDR) Brachytherapy of Esophagus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD109YZ	High Dose Rate (HDR) Brachytherapy of Esophagus using Other Isotope	Procedure	ICD-10-PCS
DD109BZ	High Dose Rate (HDR) Brachytherapy of Esophagus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D8109CZ	High Dose Rate (HDR) Brachytherapy of Eye using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D81097Z	High Dose Rate (HDR) Brachytherapy of Eye using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D81099Z	High Dose Rate (HDR) Brachytherapy of Eye using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D81098Z	High Dose Rate (HDR) Brachytherapy of Eye using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D8109YZ	High Dose Rate (HDR) Brachytherapy of Eye using Other Isotope	Procedure	ICD-10-PCS
D8109BZ	High Dose Rate (HDR) Brachytherapy of Eye using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF119CZ	High Dose Rate (HDR) Brachytherapy of Gallbladder using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF1197Z	High Dose Rate (HDR) Brachytherapy of Gallbladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1199Z	High Dose Rate (HDR) Brachytherapy of Gallbladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DF1198Z	High Dose Rate (HDR) Brachytherapy of Gallbladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF119YZ	High Dose Rate (HDR) Brachytherapy of Gallbladder using Other Isotope	Procedure	ICD-10-PCS
DF119BZ	High Dose Rate (HDR) Brachytherapy of Gallbladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9189CZ	High Dose Rate (HDR) Brachytherapy of Hard Palate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91897Z	High Dose Rate (HDR) Brachytherapy of Hard Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91899Z	High Dose Rate (HDR) Brachytherapy of Hard Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91898Z	High Dose Rate (HDR) Brachytherapy of Hard Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9189YZ	High Dose Rate (HDR) Brachytherapy of Hard Palate using Other Isotope	Procedure	ICD-10-PCS
D9189BZ	High Dose Rate (HDR) Brachytherapy of Hard Palate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW119CZ	High Dose Rate (HDR) Brachytherapy of Head and Neck using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW1197Z	High Dose Rate (HDR) Brachytherapy of Head and Neck using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1199Z	High Dose Rate (HDR) Brachytherapy of Head and Neck using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW1198Z	High Dose Rate (HDR) Brachytherapy of Head and Neck using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW119YZ	High Dose Rate (HDR) Brachytherapy of Head and Neck using Other Isotope	Procedure	ICD-10-PCS
DW119BZ	High Dose Rate (HDR) Brachytherapy of Head and Neck using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9139CZ	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91397Z	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91399Z	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91398Z	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9139YZ	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Other Isotope	Procedure	ICD-10-PCS
D9139BZ	High Dose Rate (HDR) Brachytherapy of Hypopharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD149CZ	High Dose Rate (HDR) Brachytherapy of Ileum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD1497Z	High Dose Rate (HDR) Brachytherapy of Ileum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1499Z	High Dose Rate (HDR) Brachytherapy of Ileum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1498Z	High Dose Rate (HDR) Brachytherapy of Ileum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD149YZ	High Dose Rate (HDR) Brachytherapy of Ileum using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DD149BZ	High Dose Rate (HDR) Brachytherapy of Ileum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7189CZ	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D71897Z	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71899Z	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71898Z	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7189YZ	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7189BZ	High Dose Rate (HDR) Brachytherapy of Inguinal Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD139CZ	High Dose Rate (HDR) Brachytherapy of Jejunum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD1397Z	High Dose Rate (HDR) Brachytherapy of Jejunum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1399Z	High Dose Rate (HDR) Brachytherapy of Jejunum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1398Z	High Dose Rate (HDR) Brachytherapy of Jejunum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD139YZ	High Dose Rate (HDR) Brachytherapy of Jejunum using Other Isotope	Procedure	ICD-10-PCS
DD139BZ	High Dose Rate (HDR) Brachytherapy of Jejunum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT109CZ	High Dose Rate (HDR) Brachytherapy of Kidney using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT1097Z	High Dose Rate (HDR) Brachytherapy of Kidney using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1099Z	High Dose Rate (HDR) Brachytherapy of Kidney using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT1098Z	High Dose Rate (HDR) Brachytherapy of Kidney using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT109YZ	High Dose Rate (HDR) Brachytherapy of Kidney using Other Isotope	Procedure	ICD-10-PCS
DT109BZ	High Dose Rate (HDR) Brachytherapy of Kidney using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91B9CZ	High Dose Rate (HDR) Brachytherapy of Larynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91B97Z	High Dose Rate (HDR) Brachytherapy of Larynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91B99Z	High Dose Rate (HDR) Brachytherapy of Larynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91B98Z	High Dose Rate (HDR) Brachytherapy of Larynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91B9YZ	High Dose Rate (HDR) Brachytherapy of Larynx using Other Isotope	Procedure	ICD-10-PCS
D91B9BZ	High Dose Rate (HDR) Brachytherapy of Larynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DM109CZ	High Dose Rate (HDR) Brachytherapy of Left Breast using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DM1097Z	High Dose Rate (HDR) Brachytherapy of Left Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM1099Z	High Dose Rate (HDR) Brachytherapy of Left Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM1098Z	High Dose Rate (HDR) Brachytherapy of Left Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM109YZ	High Dose Rate (HDR) Brachytherapy of Left Breast using Other Isotope	Procedure	ICD-10-PCS
DM109BZ	High Dose Rate (HDR) Brachytherapy of Left Breast using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF109CZ	High Dose Rate (HDR) Brachytherapy of Liver using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF1097Z	High Dose Rate (HDR) Brachytherapy of Liver using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1099Z	High Dose Rate (HDR) Brachytherapy of Liver using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF1098Z	High Dose Rate (HDR) Brachytherapy of Liver using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF109YZ	High Dose Rate (HDR) Brachytherapy of Liver using Other Isotope	Procedure	ICD-10-PCS
DF109BZ	High Dose Rate (HDR) Brachytherapy of Liver using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB129CZ	High Dose Rate (HDR) Brachytherapy of Lung using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB1297Z	High Dose Rate (HDR) Brachytherapy of Lung using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1299Z	High Dose Rate (HDR) Brachytherapy of Lung using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1298Z	High Dose Rate (HDR) Brachytherapy of Lung using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB129YZ	High Dose Rate (HDR) Brachytherapy of Lung using Other Isotope	Procedure	ICD-10-PCS
DB129BZ	High Dose Rate (HDR) Brachytherapy of Lung using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB169CZ	High Dose Rate (HDR) Brachytherapy of Mediastinum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB1697Z	High Dose Rate (HDR) Brachytherapy of Mediastinum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1699Z	High Dose Rate (HDR) Brachytherapy of Mediastinum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1698Z	High Dose Rate (HDR) Brachytherapy of Mediastinum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB169YZ	High Dose Rate (HDR) Brachytherapy of Mediastinum using Other Isotope	Procedure	ICD-10-PCS
DB169BZ	High Dose Rate (HDR) Brachytherapy of Mediastinum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9149CZ	High Dose Rate (HDR) Brachytherapy of Mouth using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91497Z	High Dose Rate (HDR) Brachytherapy of Mouth using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91499Z	High Dose Rate (HDR) Brachytherapy of Mouth using Iodine 125 (I-125)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D91498Z	High Dose Rate (HDR) Brachytherapy of Mouth using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9149YZ	High Dose Rate (HDR) Brachytherapy of Mouth using Other Isotope	Procedure	ICD-10-PCS
D9149BZ	High Dose Rate (HDR) Brachytherapy of Mouth using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91D9CZ	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91D97Z	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91D99Z	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91D98Z	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91D9YZ	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Other Isotope	Procedure	ICD-10-PCS
D91D9BZ	High Dose Rate (HDR) Brachytherapy of Nasopharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7139CZ	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D71397Z	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71399Z	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71398Z	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7139YZ	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7139BZ	High Dose Rate (HDR) Brachytherapy of Neck Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9119CZ	High Dose Rate (HDR) Brachytherapy of Nose using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91197Z	High Dose Rate (HDR) Brachytherapy of Nose using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91199Z	High Dose Rate (HDR) Brachytherapy of Nose using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91198Z	High Dose Rate (HDR) Brachytherapy of Nose using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9119YZ	High Dose Rate (HDR) Brachytherapy of Nose using Other Isotope	Procedure	ICD-10-PCS
D9119BZ	High Dose Rate (HDR) Brachytherapy of Nose using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91F9CZ	High Dose Rate (HDR) Brachytherapy of Oropharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91F97Z	High Dose Rate (HDR) Brachytherapy of Oropharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91F99Z	High Dose Rate (HDR) Brachytherapy of Oropharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91F98Z	High Dose Rate (HDR) Brachytherapy of Oropharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91F9YZ	High Dose Rate (HDR) Brachytherapy of Oropharynx using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D91F9BZ	High Dose Rate (HDR) Brachytherapy of Oropharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU109CZ	High Dose Rate (HDR) Brachytherapy of Ovary using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU1097Z	High Dose Rate (HDR) Brachytherapy of Ovary using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU1099Z	High Dose Rate (HDR) Brachytherapy of Ovary using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU1098Z	High Dose Rate (HDR) Brachytherapy of Ovary using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU109YZ	High Dose Rate (HDR) Brachytherapy of Ovary using Other Isotope	Procedure	ICD-10-PCS
DU109BZ	High Dose Rate (HDR) Brachytherapy of Ovary using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF139CZ	High Dose Rate (HDR) Brachytherapy of Pancreas using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF1397Z	High Dose Rate (HDR) Brachytherapy of Pancreas using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF1399Z	High Dose Rate (HDR) Brachytherapy of Pancreas using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF1398Z	High Dose Rate (HDR) Brachytherapy of Pancreas using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF139YZ	High Dose Rate (HDR) Brachytherapy of Pancreas using Other Isotope	Procedure	ICD-10-PCS
DF139BZ	High Dose Rate (HDR) Brachytherapy of Pancreas using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG149CZ	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG1497Z	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1499Z	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG1498Z	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG149YZ	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Other Isotope	Procedure	ICD-10-PCS
DG149BZ	High Dose Rate (HDR) Brachytherapy of Parathyroid Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW169CZ	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW1697Z	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW1699Z	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW1698Z	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW169YZ	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Other Isotope	Procedure	ICD-10-PCS
DW169BZ	High Dose Rate (HDR) Brachytherapy of Pelvic Region using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7179CZ	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D71797Z	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71799Z	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71798Z	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7179YZ	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7179BZ	High Dose Rate (HDR) Brachytherapy of Pelvis Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D0179CZ	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D01797Z	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01799Z	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D01798Z	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D0179YZ	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Other Isotope	Procedure	ICD-10-PCS
D0179BZ	High Dose Rate (HDR) Brachytherapy of Peripheral Nerve using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG119CZ	High Dose Rate (HDR) Brachytherapy of Pineal Body using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG1197Z	High Dose Rate (HDR) Brachytherapy of Pineal Body using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1199Z	High Dose Rate (HDR) Brachytherapy of Pineal Body using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG1198Z	High Dose Rate (HDR) Brachytherapy of Pineal Body using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG119YZ	High Dose Rate (HDR) Brachytherapy of Pineal Body using Other Isotope	Procedure	ICD-10-PCS
DG119BZ	High Dose Rate (HDR) Brachytherapy of Pineal Body using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG109CZ	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG1097Z	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1099Z	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG1098Z	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG109YZ	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Other Isotope	Procedure	ICD-10-PCS
DG109BZ	High Dose Rate (HDR) Brachytherapy of Pituitary Gland using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB159CZ	High Dose Rate (HDR) Brachytherapy of Pleura using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB1597Z	High Dose Rate (HDR) Brachytherapy of Pleura using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1599Z	High Dose Rate (HDR) Brachytherapy of Pleura using Iodine 125 (I-125)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DB1598Z	High Dose Rate (HDR) Brachytherapy of Pleura using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB159YZ	High Dose Rate (HDR) Brachytherapy of Pleura using Other Isotope	Procedure	ICD-10-PCS
DB159BZ	High Dose Rate (HDR) Brachytherapy of Pleura using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DV109CZ	High Dose Rate (HDR) Brachytherapy of Prostate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DV1097Z	High Dose Rate (HDR) Brachytherapy of Prostate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV1099Z	High Dose Rate (HDR) Brachytherapy of Prostate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV1098Z	High Dose Rate (HDR) Brachytherapy of Prostate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV109YZ	High Dose Rate (HDR) Brachytherapy of Prostate using Other Isotope	Procedure	ICD-10-PCS
DV109BZ	High Dose Rate (HDR) Brachytherapy of Prostate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD179CZ	High Dose Rate (HDR) Brachytherapy of Rectum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD1797Z	High Dose Rate (HDR) Brachytherapy of Rectum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1799Z	High Dose Rate (HDR) Brachytherapy of Rectum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1798Z	High Dose Rate (HDR) Brachytherapy of Rectum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD179YZ	High Dose Rate (HDR) Brachytherapy of Rectum using Other Isotope	Procedure	ICD-10-PCS
DD179BZ	High Dose Rate (HDR) Brachytherapy of Rectum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DM119CZ	High Dose Rate (HDR) Brachytherapy of Right Breast using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DM1197Z	High Dose Rate (HDR) Brachytherapy of Right Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM1199Z	High Dose Rate (HDR) Brachytherapy of Right Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM1198Z	High Dose Rate (HDR) Brachytherapy of Right Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM119YZ	High Dose Rate (HDR) Brachytherapy of Right Breast using Other Isotope	Procedure	ICD-10-PCS
DM119BZ	High Dose Rate (HDR) Brachytherapy of Right Breast using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9169CZ	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91697Z	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91699Z	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91698Z	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9169YZ	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D9169BZ	High Dose Rate (HDR) Brachytherapy of Salivary Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9179CZ	High Dose Rate (HDR) Brachytherapy of Sinuses using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91797Z	High Dose Rate (HDR) Brachytherapy of Sinuses using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91799Z	High Dose Rate (HDR) Brachytherapy of Sinuses using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91798Z	High Dose Rate (HDR) Brachytherapy of Sinuses using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9179YZ	High Dose Rate (HDR) Brachytherapy of Sinuses using Other Isotope	Procedure	ICD-10-PCS
D9179BZ	High Dose Rate (HDR) Brachytherapy of Sinuses using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9199CZ	High Dose Rate (HDR) Brachytherapy of Soft Palate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91997Z	High Dose Rate (HDR) Brachytherapy of Soft Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91999Z	High Dose Rate (HDR) Brachytherapy of Soft Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91998Z	High Dose Rate (HDR) Brachytherapy of Soft Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9199YZ	High Dose Rate (HDR) Brachytherapy of Soft Palate using Other Isotope	Procedure	ICD-10-PCS
D9199BZ	High Dose Rate (HDR) Brachytherapy of Soft Palate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D0169CZ	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D01697Z	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D01699Z	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D01698Z	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D0169YZ	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Other Isotope	Procedure	ICD-10-PCS
D0169BZ	High Dose Rate (HDR) Brachytherapy of Spinal Cord using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7129CZ	High Dose Rate (HDR) Brachytherapy of Spleen using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D71297Z	High Dose Rate (HDR) Brachytherapy of Spleen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71299Z	High Dose Rate (HDR) Brachytherapy of Spleen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71298Z	High Dose Rate (HDR) Brachytherapy of Spleen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7129YZ	High Dose Rate (HDR) Brachytherapy of Spleen using Other Isotope	Procedure	ICD-10-PCS
D7129BZ	High Dose Rate (HDR) Brachytherapy of Spleen using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD119CZ	High Dose Rate (HDR) Brachytherapy of Stomach using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DD1197Z	High Dose Rate (HDR) Brachytherapy of Stomach using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD1199Z	High Dose Rate (HDR) Brachytherapy of Stomach using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD1198Z	High Dose Rate (HDR) Brachytherapy of Stomach using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD119YZ	High Dose Rate (HDR) Brachytherapy of Stomach using Other Isotope	Procedure	ICD-10-PCS
DD119BZ	High Dose Rate (HDR) Brachytherapy of Stomach using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DV119CZ	High Dose Rate (HDR) Brachytherapy of Testis using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DV1197Z	High Dose Rate (HDR) Brachytherapy of Testis using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV1199Z	High Dose Rate (HDR) Brachytherapy of Testis using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV1198Z	High Dose Rate (HDR) Brachytherapy of Testis using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV119YZ	High Dose Rate (HDR) Brachytherapy of Testis using Other Isotope	Procedure	ICD-10-PCS
DV119BZ	High Dose Rate (HDR) Brachytherapy of Testis using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7159CZ	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D71597Z	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71599Z	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71598Z	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7159YZ	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D7159BZ	High Dose Rate (HDR) Brachytherapy of Thorax Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D7119CZ	High Dose Rate (HDR) Brachytherapy of Thymus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D71197Z	High Dose Rate (HDR) Brachytherapy of Thymus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D71199Z	High Dose Rate (HDR) Brachytherapy of Thymus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D71198Z	High Dose Rate (HDR) Brachytherapy of Thymus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D7119YZ	High Dose Rate (HDR) Brachytherapy of Thymus using Other Isotope	Procedure	ICD-10-PCS
D7119BZ	High Dose Rate (HDR) Brachytherapy of Thymus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG159CZ	High Dose Rate (HDR) Brachytherapy of Thyroid using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG1597Z	High Dose Rate (HDR) Brachytherapy of Thyroid using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG1599Z	High Dose Rate (HDR) Brachytherapy of Thyroid using Iodine 125 (I-125)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DG1598Z	High Dose Rate (HDR) Brachytherapy of Thyroid using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG159YZ	High Dose Rate (HDR) Brachytherapy of Thyroid using Other Isotope	Procedure	ICD-10-PCS
DG159BZ	High Dose Rate (HDR) Brachytherapy of Thyroid using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D9159CZ	High Dose Rate (HDR) Brachytherapy of Tongue using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91597Z	High Dose Rate (HDR) Brachytherapy of Tongue using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91599Z	High Dose Rate (HDR) Brachytherapy of Tongue using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91598Z	High Dose Rate (HDR) Brachytherapy of Tongue using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D9159YZ	High Dose Rate (HDR) Brachytherapy of Tongue using Other Isotope	Procedure	ICD-10-PCS
D9159BZ	High Dose Rate (HDR) Brachytherapy of Tongue using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB109CZ	High Dose Rate (HDR) Brachytherapy of Trachea using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB1097Z	High Dose Rate (HDR) Brachytherapy of Trachea using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB1099Z	High Dose Rate (HDR) Brachytherapy of Trachea using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB1098Z	High Dose Rate (HDR) Brachytherapy of Trachea using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB109YZ	High Dose Rate (HDR) Brachytherapy of Trachea using Other Isotope	Procedure	ICD-10-PCS
DB109BZ	High Dose Rate (HDR) Brachytherapy of Trachea using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT119CZ	High Dose Rate (HDR) Brachytherapy of Ureter using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT1197Z	High Dose Rate (HDR) Brachytherapy of Ureter using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1199Z	High Dose Rate (HDR) Brachytherapy of Ureter using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT1198Z	High Dose Rate (HDR) Brachytherapy of Ureter using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT119YZ	High Dose Rate (HDR) Brachytherapy of Ureter using Other Isotope	Procedure	ICD-10-PCS
DT119BZ	High Dose Rate (HDR) Brachytherapy of Ureter using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT139CZ	High Dose Rate (HDR) Brachytherapy of Urethra using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT1397Z	High Dose Rate (HDR) Brachytherapy of Urethra using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT1399Z	High Dose Rate (HDR) Brachytherapy of Urethra using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT1398Z	High Dose Rate (HDR) Brachytherapy of Urethra using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT139YZ	High Dose Rate (HDR) Brachytherapy of Urethra using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DT139BZ	High Dose Rate (HDR) Brachytherapy of Urethra using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU129CZ	High Dose Rate (HDR) Brachytherapy of Uterus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU1297Z	High Dose Rate (HDR) Brachytherapy of Uterus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU1299Z	High Dose Rate (HDR) Brachytherapy of Uterus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU1298Z	High Dose Rate (HDR) Brachytherapy of Uterus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU129YZ	High Dose Rate (HDR) Brachytherapy of Uterus using Other Isotope	Procedure	ICD-10-PCS
DU129BZ	High Dose Rate (HDR) Brachytherapy of Uterus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
0WHF01Z	Insertion of Radioactive Element into Abdominal Wall, Open Approach	Procedure	ICD-10-PCS
0WHF31Z	Insertion of Radioactive Element into Abdominal Wall, Percutaneous Approach	Procedure	ICD-10-PCS
0WHF41Z	Insertion of Radioactive Element into Abdominal Wall, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0HHVX1Z	Insertion of Radioactive Element into Bilateral Breast, External Approach	Procedure	ICD-10-PCS
0HHV01Z	Insertion of Radioactive Element into Bilateral Breast, Open Approach	Procedure	ICD-10-PCS
0HHV31Z	Insertion of Radioactive Element into Bilateral Breast, Percutaneous Approach	Procedure	ICD-10-PCS
0HHV71Z	Insertion of Radioactive Element into Bilateral Breast, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHV81Z	Insertion of Radioactive Element into Bilateral Breast, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0UHC01Z	Insertion of Radioactive Element into Cervix, Open Approach	Procedure	ICD-10-PCS
0UHC31Z	Insertion of Radioactive Element into Cervix, Percutaneous Approach	Procedure	ICD-10-PCS
0UHC41Z	Insertion of Radioactive Element into Cervix, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0UHC71Z	Insertion of Radioactive Element into Cervix, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0UHC81Z	Insertion of Radioactive Element into Cervix, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WH801Z	Insertion of Radioactive Element into Chest Wall, Open Approach	Procedure	ICD-10-PCS
0WH831Z	Insertion of Radioactive Element into Chest Wall, Percutaneous Approach	Procedure	ICD-10-PCS
0WH841Z	Insertion of Radioactive Element into Chest Wall, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH101Z	Insertion of Radioactive Element into Cranial Cavity, Open Approach	Procedure	ICD-10-PCS
0WH131Z	Insertion of Radioactive Element into Cranial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WH141Z	Insertion of Radioactive Element into Cranial Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0DH501Z	Insertion of Radioactive Element into Esophagus, Open Approach	Procedure	ICD-10-PCS
0DH531Z	Insertion of Radioactive Element into Esophagus, Percutaneous Approach	Procedure	ICD-10-PCS
0DH541Z	Insertion of Radioactive Element into Esophagus, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DH571Z	Insertion of Radioactive Element into Esophagus, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DH581Z	Insertion of Radioactive Element into Esophagus, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WH201Z	Insertion of Radioactive Element into Face, Open Approach	Procedure	ICD-10-PCS
0WH231Z	Insertion of Radioactive Element into Face, Percutaneous Approach	Procedure	ICD-10-PCS
0WH241Z	Insertion of Radioactive Element into Face, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHN01Z	Insertion of Radioactive Element into Female Perineum, Open Approach	Procedure	ICD-10-PCS
0WHN31Z	Insertion of Radioactive Element into Female Perineum, Percutaneous Approach	Procedure	ICD-10-PCS
0WHN41Z	Insertion of Radioactive Element into Female Perineum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHP01Z	Insertion of Radioactive Element into Gastrointestinal Tract, Open Approach	Procedure	ICD-10-PCS
0WHP31Z	Insertion of Radioactive Element into Gastrointestinal Tract, Percutaneous Approach	Procedure	ICD-10-PCS
0WHP41Z	Insertion of Radioactive Element into Gastrointestinal Tract, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHP71Z	Insertion of Radioactive Element into Gastrointestinal Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0WHP81Z	Insertion of Radioactive Element into Gastrointestinal Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHR01Z	Insertion of Radioactive Element into Genitourinary Tract, Open Approach	Procedure	ICD-10-PCS
0WHR31Z	Insertion of Radioactive Element into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
0WHR41Z	Insertion of Radioactive Element into Genitourinary Tract, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHR71Z	Insertion of Radioactive Element into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0WHR81Z	Insertion of Radioactive Element into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0JHS01Z	Insertion of Radioactive Element into Head and Neck Subcutaneous Tissue and Fascia, Open Approach	Procedure	ICD-10-PCS
0JHS31Z	Insertion of Radioactive Element into Head and Neck Subcutaneous Tissue and Fascia, Percutaneous Approach	Procedure	ICD-10-PCS
0WH001Z	Insertion of Radioactive Element into Head, Open Approach	Procedure	ICD-10-PCS
0WH031Z	Insertion of Radioactive Element into Head, Percutaneous Approach	Procedure	ICD-10-PCS
0WH041Z	Insertion of Radioactive Element into Head, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0FHB01Z	Insertion of Radioactive Element into Hepatobiliary Duct, Open Approach	Procedure	ICD-10-PCS
0FHB31Z	Insertion of Radioactive Element into Hepatobiliary Duct, Percutaneous Approach	Procedure	ICD-10-PCS
0FHB41Z	Insertion of Radioactive Element into Hepatobiliary Duct, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0FHB71Z	Insertion of Radioactive Element into Hepatobiliary Duct, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0FHB81Z	Insertion of Radioactive Element into Hepatobiliary Duct, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0YHL01Z	Insertion of Radioactive Element into Left Ankle Region, Open Approach	Procedure	ICD-10-PCS
0YHL31Z	Insertion of Radioactive Element into Left Ankle Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YHL41Z	Insertion of Radioactive Element into Left Ankle Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH501Z	Insertion of Radioactive Element into Left Axilla, Open Approach	Procedure	ICD-10-PCS
0XH531Z	Insertion of Radioactive Element into Left Axilla, Percutaneous Approach	Procedure	ICD-10-PCS
0XH541Z	Insertion of Radioactive Element into Left Axilla, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0HHUX1Z	Insertion of Radioactive Element into Left Breast, External Approach	Procedure	ICD-10-PCS
0HHU01Z	Insertion of Radioactive Element into Left Breast, Open Approach	Procedure	ICD-10-PCS
0HHU31Z	Insertion of Radioactive Element into Left Breast, Percutaneous Approach	Procedure	ICD-10-PCS
0HHU71Z	Insertion of Radioactive Element into Left Breast, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHU81Z	Insertion of Radioactive Element into Left Breast, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0YH101Z	Insertion of Radioactive Element into Left Buttock, Open Approach	Procedure	ICD-10-PCS
0YH131Z	Insertion of Radioactive Element into Left Buttock, Percutaneous Approach	Procedure	ICD-10-PCS
0YH141Z	Insertion of Radioactive Element into Left Buttock, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHC01Z	Insertion of Radioactive Element into Left Elbow Region, Open Approach	Procedure	ICD-10-PCS
0XHC31Z	Insertion of Radioactive Element into Left Elbow Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XHC41Z	Insertion of Radioactive Element into Left Elbow Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH801Z	Insertion of Radioactive Element into Left Femoral Region, Open Approach	Procedure	ICD-10-PCS
0YH831Z	Insertion of Radioactive Element into Left Femoral Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YH841Z	Insertion of Radioactive Element into Left Femoral Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHN01Z	Insertion of Radioactive Element into Left Foot, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0YHN31Z	Insertion of Radioactive Element into Left Foot, Percutaneous Approach	Procedure	ICD-10-PCS
0YHN41Z	Insertion of Radioactive Element into Left Foot, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHK01Z	Insertion of Radioactive Element into Left Hand, Open Approach	Procedure	ICD-10-PCS
0XHK31Z	Insertion of Radioactive Element into Left Hand, Percutaneous Approach	Procedure	ICD-10-PCS
0XHK41Z	Insertion of Radioactive Element into Left Hand, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH601Z	Insertion of Radioactive Element into Left Inguinal Region, Open Approach	Procedure	ICD-10-PCS
0YH631Z	Insertion of Radioactive Element into Left Inguinal Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YH641Z	Insertion of Radioactive Element into Left Inguinal Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHG01Z	Insertion of Radioactive Element into Left Knee Region, Open Approach	Procedure	ICD-10-PCS
0YHG31Z	Insertion of Radioactive Element into Left Knee Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YHG41Z	Insertion of Radioactive Element into Left Knee Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHF01Z	Insertion of Radioactive Element into Left Lower Arm, Open Approach	Procedure	ICD-10-PCS
0XHF31Z	Insertion of Radioactive Element into Left Lower Arm, Percutaneous Approach	Procedure	ICD-10-PCS
0XHF41Z	Insertion of Radioactive Element into Left Lower Arm, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHB01Z	Insertion of Radioactive Element into Left Lower Extremity, Open Approach	Procedure	ICD-10-PCS
0YHB31Z	Insertion of Radioactive Element into Left Lower Extremity, Percutaneous Approach	Procedure	ICD-10-PCS
0YHB41Z	Insertion of Radioactive Element into Left Lower Extremity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHJ01Z	Insertion of Radioactive Element into Left Lower Leg, Open Approach	Procedure	ICD-10-PCS
0YHJ31Z	Insertion of Radioactive Element into Left Lower Leg, Percutaneous Approach	Procedure	ICD-10-PCS
0YHJ41Z	Insertion of Radioactive Element into Left Lower Leg, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0BHL01Z	Insertion of Radioactive Element into Left Lung, Open Approach	Procedure	ICD-10-PCS
0BHL31Z	Insertion of Radioactive Element into Left Lung, Percutaneous Approach	Procedure	ICD-10-PCS
0BHL41Z	Insertion of Radioactive Element into Left Lung, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0BHL71Z	Insertion of Radioactive Element into Left Lung, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BHL81Z	Insertion of Radioactive Element into Left Lung, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0HHXX1Z	Insertion of Radioactive Element into Left Nipple, External Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0HHX01Z	Insertion of Radioactive Element into Left Nipple, Open Approach	Procedure	ICD-10-PCS
0HHX31Z	Insertion of Radioactive Element into Left Nipple, Percutaneous Approach	Procedure	ICD-10-PCS
0HHX71Z	Insertion of Radioactive Element into Left Nipple, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHX81Z	Insertion of Radioactive Element into Left Nipple, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHB01Z	Insertion of Radioactive Element into Left Pleural Cavity, Open Approach	Procedure	ICD-10-PCS
0WHB31Z	Insertion of Radioactive Element into Left Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WHB41Z	Insertion of Radioactive Element into Left Pleural Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH301Z	Insertion of Radioactive Element into Left Shoulder Region, Open Approach	Procedure	ICD-10-PCS
0XH331Z	Insertion of Radioactive Element into Left Shoulder Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XH341Z	Insertion of Radioactive Element into Left Shoulder Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH901Z	Insertion of Radioactive Element into Left Upper Arm, Open Approach	Procedure	ICD-10-PCS
0XH931Z	Insertion of Radioactive Element into Left Upper Arm, Percutaneous Approach	Procedure	ICD-10-PCS
0XH941Z	Insertion of Radioactive Element into Left Upper Arm, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH701Z	Insertion of Radioactive Element into Left Upper Extremity, Open Approach	Procedure	ICD-10-PCS
0XH731Z	Insertion of Radioactive Element into Left Upper Extremity, Percutaneous Approach	Procedure	ICD-10-PCS
0XH741Z	Insertion of Radioactive Element into Left Upper Extremity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHD01Z	Insertion of Radioactive Element into Left Upper Leg, Open Approach	Procedure	ICD-10-PCS
0YHD31Z	Insertion of Radioactive Element into Left Upper Leg, Percutaneous Approach	Procedure	ICD-10-PCS
0YHD41Z	Insertion of Radioactive Element into Left Upper Leg, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHH01Z	Insertion of Radioactive Element into Left Wrist Region, Open Approach	Procedure	ICD-10-PCS
0XHH31Z	Insertion of Radioactive Element into Left Wrist Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XHH41Z	Insertion of Radioactive Element into Left Wrist Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHL01Z	Insertion of Radioactive Element into Lower Back, Open Approach	Procedure	ICD-10-PCS
0WHL31Z	Insertion of Radioactive Element into Lower Back, Percutaneous Approach	Procedure	ICD-10-PCS
0WHL41Z	Insertion of Radioactive Element into Lower Back, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0JHW01Z	Insertion of Radioactive Element into Lower Extremity Subcutaneous Tissue and Fascia, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0JHW31Z	Insertion of Radioactive Element into Lower Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach	Procedure	ICD-10-PCS
0WH501Z	Insertion of Radioactive Element into Lower Jaw, Open Approach	Procedure	ICD-10-PCS
0WH531Z	Insertion of Radioactive Element into Lower Jaw, Percutaneous Approach	Procedure	ICD-10-PCS
0WH541Z	Insertion of Radioactive Element into Lower Jaw, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHM01Z	Insertion of Radioactive Element into Male Perineum, Open Approach	Procedure	ICD-10-PCS
0WHM31Z	Insertion of Radioactive Element into Male Perineum, Percutaneous Approach	Procedure	ICD-10-PCS
0WHM41Z	Insertion of Radioactive Element into Male Perineum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHC01Z	Insertion of Radioactive Element into Mediastinum, Open Approach	Procedure	ICD-10-PCS
0WHC31Z	Insertion of Radioactive Element into Mediastinum, Percutaneous Approach	Procedure	ICD-10-PCS
0WHC41Z	Insertion of Radioactive Element into Mediastinum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH601Z	Insertion of Radioactive Element into Neck, Open Approach	Procedure	ICD-10-PCS
0WH631Z	Insertion of Radioactive Element into Neck, Percutaneous Approach	Procedure	ICD-10-PCS
0WH641Z	Insertion of Radioactive Element into Neck, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WH301Z	Insertion of Radioactive Element into Oral Cavity and Throat, Open Approach	Procedure	ICD-10-PCS
0WH331Z	Insertion of Radioactive Element into Oral Cavity and Throat, Percutaneous Approach	Procedure	ICD-10-PCS
0WH341Z	Insertion of Radioactive Element into Oral Cavity and Throat, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0FHD01Z	Insertion of Radioactive Element into Pancreatic Duct, Open Approach	Procedure	ICD-10-PCS
0FHD31Z	Insertion of Radioactive Element into Pancreatic Duct, Percutaneous Approach	Procedure	ICD-10-PCS
0FHD41Z	Insertion of Radioactive Element into Pancreatic Duct, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0FHD71Z	Insertion of Radioactive Element into Pancreatic Duct, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0FHD81Z	Insertion of Radioactive Element into Pancreatic Duct, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHJ01Z	Insertion of Radioactive Element into Pelvic Cavity, Open Approach	Procedure	ICD-10-PCS
0WHJ31Z	Insertion of Radioactive Element into Pelvic Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WHJ41Z	Insertion of Radioactive Element into Pelvic Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHD01Z	Insertion of Radioactive Element into Pericardial Cavity, Open Approach	Procedure	ICD-10-PCS
0WHD31Z	Insertion of Radioactive Element into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0WHD41Z	Insertion of Radioactive Element into Pericardial Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHG01Z	Insertion of Radioactive Element into Peritoneal Cavity, Open Approach	Procedure	ICD-10-PCS
0WHG31Z	Insertion of Radioactive Element into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WHG41Z	Insertion of Radioactive Element into Peritoneal Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0VH001Z	Insertion of Radioactive Element into Prostate, Open Approach	Procedure	ICD-10-PCS
0VH031Z	Insertion of Radioactive Element into Prostate, Percutaneous Approach	Procedure	ICD-10-PCS
0VH041Z	Insertion of Radioactive Element into Prostate, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0VH071Z	Insertion of Radioactive Element into Prostate, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0VH081Z	Insertion of Radioactive Element into Prostate, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0DHP01Z	Insertion of Radioactive Element into Rectum, Open Approach	Procedure	ICD-10-PCS
0DHP31Z	Insertion of Radioactive Element into Rectum, Percutaneous Approach	Procedure	ICD-10-PCS
0DHP41Z	Insertion of Radioactive Element into Rectum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0DHP71Z	Insertion of Radioactive Element into Rectum, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0DHP81Z	Insertion of Radioactive Element into Rectum, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHQ01Z	Insertion of Radioactive Element into Respiratory Tract, Open Approach	Procedure	ICD-10-PCS
0WHQ31Z	Insertion of Radioactive Element into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
0WHQ41Z	Insertion of Radioactive Element into Respiratory Tract, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0WHQ71Z	Insertion of Radioactive Element into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0WHQ81Z	Insertion of Radioactive Element into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WHH01Z	Insertion of Radioactive Element into Retroperitoneum, Open Approach	Procedure	ICD-10-PCS
0WHH31Z	Insertion of Radioactive Element into Retroperitoneum, Percutaneous Approach	Procedure	ICD-10-PCS
0WHH41Z	Insertion of Radioactive Element into Retroperitoneum, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHK01Z	Insertion of Radioactive Element into Right Ankle Region, Open Approach	Procedure	ICD-10-PCS
0YHK31Z	Insertion of Radioactive Element into Right Ankle Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YHK41Z	Insertion of Radioactive Element into Right Ankle Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH401Z	Insertion of Radioactive Element into Right Axilla, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0XH431Z	Insertion of Radioactive Element into Right Axilla, Percutaneous Approach	Procedure	ICD-10-PCS
0XH441Z	Insertion of Radioactive Element into Right Axilla, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0HHTX1Z	Insertion of Radioactive Element into Right Breast, External Approach	Procedure	ICD-10-PCS
0HHT01Z	Insertion of Radioactive Element into Right Breast, Open Approach	Procedure	ICD-10-PCS
0HHT31Z	Insertion of Radioactive Element into Right Breast, Percutaneous Approach	Procedure	ICD-10-PCS
0HHT71Z	Insertion of Radioactive Element into Right Breast, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHT81Z	Insertion of Radioactive Element into Right Breast, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0YH001Z	Insertion of Radioactive Element into Right Buttock, Open Approach	Procedure	ICD-10-PCS
0YH031Z	Insertion of Radioactive Element into Right Buttock, Percutaneous Approach	Procedure	ICD-10-PCS
0YH041Z	Insertion of Radioactive Element into Right Buttock, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHB01Z	Insertion of Radioactive Element into Right Elbow Region, Open Approach	Procedure	ICD-10-PCS
0XHB31Z	Insertion of Radioactive Element into Right Elbow Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XHB41Z	Insertion of Radioactive Element into Right Elbow Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH701Z	Insertion of Radioactive Element into Right Femoral Region, Open Approach	Procedure	ICD-10-PCS
0YH731Z	Insertion of Radioactive Element into Right Femoral Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YH741Z	Insertion of Radioactive Element into Right Femoral Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHM01Z	Insertion of Radioactive Element into Right Foot, Open Approach	Procedure	ICD-10-PCS
0YHM31Z	Insertion of Radioactive Element into Right Foot, Percutaneous Approach	Procedure	ICD-10-PCS
0YHM41Z	Insertion of Radioactive Element into Right Foot, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHJ01Z	Insertion of Radioactive Element into Right Hand, Open Approach	Procedure	ICD-10-PCS
0XHJ31Z	Insertion of Radioactive Element into Right Hand, Percutaneous Approach	Procedure	ICD-10-PCS
0XHJ41Z	Insertion of Radioactive Element into Right Hand, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH501Z	Insertion of Radioactive Element into Right Inguinal Region, Open Approach	Procedure	ICD-10-PCS
0YH531Z	Insertion of Radioactive Element into Right Inguinal Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YH541Z	Insertion of Radioactive Element into Right Inguinal Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHF01Z	Insertion of Radioactive Element into Right Knee Region, Open Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0YHF31Z	Insertion of Radioactive Element into Right Knee Region, Percutaneous Approach	Procedure	ICD-10-PCS
0YHF41Z	Insertion of Radioactive Element into Right Knee Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHD01Z	Insertion of Radioactive Element into Right Lower Arm, Open Approach	Procedure	ICD-10-PCS
0XHD31Z	Insertion of Radioactive Element into Right Lower Arm, Percutaneous Approach	Procedure	ICD-10-PCS
0XHD41Z	Insertion of Radioactive Element into Right Lower Arm, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YH901Z	Insertion of Radioactive Element into Right Lower Extremity, Open Approach	Procedure	ICD-10-PCS
0YH931Z	Insertion of Radioactive Element into Right Lower Extremity, Percutaneous Approach	Procedure	ICD-10-PCS
0YH941Z	Insertion of Radioactive Element into Right Lower Extremity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHH01Z	Insertion of Radioactive Element into Right Lower Leg, Open Approach	Procedure	ICD-10-PCS
0YHH31Z	Insertion of Radioactive Element into Right Lower Leg, Percutaneous Approach	Procedure	ICD-10-PCS
0YHH41Z	Insertion of Radioactive Element into Right Lower Leg, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0BHK01Z	Insertion of Radioactive Element into Right Lung, Open Approach	Procedure	ICD-10-PCS
0BHK31Z	Insertion of Radioactive Element into Right Lung, Percutaneous Approach	Procedure	ICD-10-PCS
0BHK41Z	Insertion of Radioactive Element into Right Lung, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0BHK71Z	Insertion of Radioactive Element into Right Lung, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BHK81Z	Insertion of Radioactive Element into Right Lung, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0HHWX1Z	Insertion of Radioactive Element into Right Nipple, External Approach	Procedure	ICD-10-PCS
0HHW01Z	Insertion of Radioactive Element into Right Nipple, Open Approach	Procedure	ICD-10-PCS
0HHW31Z	Insertion of Radioactive Element into Right Nipple, Percutaneous Approach	Procedure	ICD-10-PCS
0HHW71Z	Insertion of Radioactive Element into Right Nipple, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0HHW81Z	Insertion of Radioactive Element into Right Nipple, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0WH901Z	Insertion of Radioactive Element into Right Pleural Cavity, Open Approach	Procedure	ICD-10-PCS
0WH931Z	Insertion of Radioactive Element into Right Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
0WH941Z	Insertion of Radioactive Element into Right Pleural Cavity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH201Z	Insertion of Radioactive Element into Right Shoulder Region, Open Approach	Procedure	ICD-10-PCS
0XH231Z	Insertion of Radioactive Element into Right Shoulder Region, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0XH241Z	Insertion of Radioactive Element into Right Shoulder Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH801Z	Insertion of Radioactive Element into Right Upper Arm, Open Approach	Procedure	ICD-10-PCS
0XH831Z	Insertion of Radioactive Element into Right Upper Arm, Percutaneous Approach	Procedure	ICD-10-PCS
0XH841Z	Insertion of Radioactive Element into Right Upper Arm, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XH601Z	Insertion of Radioactive Element into Right Upper Extremity, Open Approach	Procedure	ICD-10-PCS
0XH631Z	Insertion of Radioactive Element into Right Upper Extremity, Percutaneous Approach	Procedure	ICD-10-PCS
0XH641Z	Insertion of Radioactive Element into Right Upper Extremity, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0YHC01Z	Insertion of Radioactive Element into Right Upper Leg, Open Approach	Procedure	ICD-10-PCS
0YHC31Z	Insertion of Radioactive Element into Right Upper Leg, Percutaneous Approach	Procedure	ICD-10-PCS
0YHC41Z	Insertion of Radioactive Element into Right Upper Leg, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0XHG01Z	Insertion of Radioactive Element into Right Wrist Region, Open Approach	Procedure	ICD-10-PCS
0XHG31Z	Insertion of Radioactive Element into Right Wrist Region, Percutaneous Approach	Procedure	ICD-10-PCS
0XHG41Z	Insertion of Radioactive Element into Right Wrist Region, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0CH7X1Z	Insertion of Radioactive Element into Tongue, External Approach	Procedure	ICD-10-PCS
0CH701Z	Insertion of Radioactive Element into Tongue, Open Approach	Procedure	ICD-10-PCS
0CH731Z	Insertion of Radioactive Element into Tongue, Percutaneous Approach	Procedure	ICD-10-PCS
0BH001Z	Insertion of Radioactive Element into Tracheobronchial Tree, Open Approach	Procedure	ICD-10-PCS
0BH031Z	Insertion of Radioactive Element into Tracheobronchial Tree, Percutaneous Approach	Procedure	ICD-10-PCS
0BH041Z	Insertion of Radioactive Element into Tracheobronchial Tree, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0BH071Z	Insertion of Radioactive Element into Tracheobronchial Tree, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0BH081Z	Insertion of Radioactive Element into Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
0JHT01Z	Insertion of Radioactive Element into Trunk Subcutaneous Tissue and Fascia, Open Approach	Procedure	ICD-10-PCS
0JHT31Z	Insertion of Radioactive Element into Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach	Procedure	ICD-10-PCS
0WHK01Z	Insertion of Radioactive Element into Upper Back, Open Approach	Procedure	ICD-10-PCS
0WHK31Z	Insertion of Radioactive Element into Upper Back, Percutaneous Approach	Procedure	ICD-10-PCS
0WHK41Z	Insertion of Radioactive Element into Upper Back, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
0JHV01Z	Insertion of Radioactive Element into Upper Extremity Subcutaneous Tissue and Fascia, Open Approach	Procedure	ICD-10-PCS
0JHV31Z	Insertion of Radioactive Element into Upper Extremity Subcutaneous Tissue and Fascia, Percutaneous Approach	Procedure	ICD-10-PCS
0WH401Z	Insertion of Radioactive Element into Upper Jaw, Open Approach	Procedure	ICD-10-PCS
0WH431Z	Insertion of Radioactive Element into Upper Jaw, Percutaneous Approach	Procedure	ICD-10-PCS
0WH441Z	Insertion of Radioactive Element into Upper Jaw, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0UHGX1Z	Insertion of Radioactive Element into Vagina, External Approach	Procedure	ICD-10-PCS
0UHG01Z	Insertion of Radioactive Element into Vagina, Open Approach	Procedure	ICD-10-PCS
0UHG31Z	Insertion of Radioactive Element into Vagina, Percutaneous Approach	Procedure	ICD-10-PCS
0UHG41Z	Insertion of Radioactive Element into Vagina, Percutaneous Endoscopic Approach	Procedure	ICD-10-PCS
0UHG71Z	Insertion of Radioactive Element into Vagina, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
0UHG81Z	Insertion of Radioactive Element into Vagina, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0J304	Introduction of Liquid Brachytherapy Radioisotope into Biliary and Pancreatic Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0J704	Introduction of Liquid Brachytherapy Radioisotope into Biliary and Pancreatic Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0J804	Introduction of Liquid Brachytherapy Radioisotope into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0Q304	Introduction of Liquid Brachytherapy Radioisotope into Cranial Cavity and Brain, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Q704	Introduction of Liquid Brachytherapy Radioisotope into Cranial Cavity and Brain, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0BX04	Introduction of Liquid Brachytherapy Radioisotope into Ear, External Approach	Procedure	ICD-10-PCS
3E0B304	Introduction of Liquid Brachytherapy Radioisotope into Ear, Percutaneous Approach	Procedure	ICD-10-PCS
3E0B704	Introduction of Liquid Brachytherapy Radioisotope into Ear, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0S304	Introduction of Liquid Brachytherapy Radioisotope into Epidural Space, Percutaneous Approach	Procedure	ICD-10-PCS
3E0CX04	Introduction of Liquid Brachytherapy Radioisotope into Eye, External Approach	Procedure	ICD-10-PCS
3E0C304	Introduction of Liquid Brachytherapy Radioisotope into Eye, Percutaneous Approach	Procedure	ICD-10-PCS
3E0C704	Introduction of Liquid Brachytherapy Radioisotope into Eye, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P304	Introduction of Liquid Brachytherapy Radioisotope into Female Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0P704	Introduction of Liquid Brachytherapy Radioisotope into Female Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0P804	Introduction of Liquid Brachytherapy Radioisotope into Female Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
3E0K304	Introduction of Liquid Brachytherapy Radioisotope into Genitourinary Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0K704	Introduction of Liquid Brachytherapy Radioisotope into Genitourinary Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0K804	Introduction of Liquid Brachytherapy Radioisotope into Genitourinary Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0U304	Introduction of Liquid Brachytherapy Radioisotope into Joints, Percutaneous Approach	Procedure	ICD-10-PCS
3E0H304	Introduction of Liquid Brachytherapy Radioisotope into Lower GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0H704	Introduction of Liquid Brachytherapy Radioisotope into Lower GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0H804	Introduction of Liquid Brachytherapy Radioisotope into Lower GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0N304	Introduction of Liquid Brachytherapy Radioisotope into Male Reproductive, Percutaneous Approach	Procedure	ICD-10-PCS
3E0N704	Introduction of Liquid Brachytherapy Radioisotope into Male Reproductive, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0N804	Introduction of Liquid Brachytherapy Radioisotope into Male Reproductive, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0DX04	Introduction of Liquid Brachytherapy Radioisotope into Mouth and Pharynx, External Approach	Procedure	ICD-10-PCS
3E0D304	Introduction of Liquid Brachytherapy Radioisotope into Mouth and Pharynx, Percutaneous Approach	Procedure	ICD-10-PCS
3E0D704	Introduction of Liquid Brachytherapy Radioisotope into Mouth and Pharynx, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0Y304	Introduction of Liquid Brachytherapy Radioisotope into Pericardial Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0Y704	Introduction of Liquid Brachytherapy Radioisotope into Pericardial Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0M304	Introduction of Liquid Brachytherapy Radioisotope into Peritoneal Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0M704	Introduction of Liquid Brachytherapy Radioisotope into Peritoneal Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0L304	Introduction of Liquid Brachytherapy Radioisotope into Pleural Cavity, Percutaneous Approach	Procedure	ICD-10-PCS
3E0L704	Introduction of Liquid Brachytherapy Radioisotope into Pleural Cavity, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0E304	Introduction of Liquid Brachytherapy Radioisotope into Products of Conception, Percutaneous Approach	Procedure	ICD-10-PCS
3E0E704	Introduction of Liquid Brachytherapy Radioisotope into Products of Conception, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0E804	Introduction of Liquid Brachytherapy Radioisotope into Products of Conception, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0F304	Introduction of Liquid Brachytherapy Radioisotope into Respiratory Tract, Percutaneous Approach	Procedure	ICD-10-PCS
3E0F704	Introduction of Liquid Brachytherapy Radioisotope into Respiratory Tract, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0F804	Introduction of Liquid Brachytherapy Radioisotope into Respiratory Tract, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
3E0R304	Introduction of Liquid Brachytherapy Radioisotope into Spinal Canal, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
3E0G304	Introduction of Liquid Brachytherapy Radioisotope into Upper GI, Percutaneous Approach	Procedure	ICD-10-PCS
3E0G704	Introduction of Liquid Brachytherapy Radioisotope into Upper GI, Via Natural or Artificial Opening	Procedure	ICD-10-PCS
3E0G804	Introduction of Liquid Brachytherapy Radioisotope into Upper GI, Via Natural or Artificial Opening Endoscopic	Procedure	ICD-10-PCS
D716BCZ	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D716B7Z	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D716B9Z	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D716B8Z	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D716BYZ	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D716BBZ	Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW13BCZ	Low Dose Rate (LDR) Brachytherapy of Abdomen using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW13B7Z	Low Dose Rate (LDR) Brachytherapy of Abdomen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW13B9Z	Low Dose Rate (LDR) Brachytherapy of Abdomen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW13B8Z	Low Dose Rate (LDR) Brachytherapy of Abdomen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW13BYZ	Low Dose Rate (LDR) Brachytherapy of Abdomen using Other Isotope	Procedure	ICD-10-PCS
DW13BBZ	Low Dose Rate (LDR) Brachytherapy of Abdomen using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG12BCZ	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG12B7Z	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG12B9Z	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG12B8Z	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG12BYZ	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Other Isotope	Procedure	ICD-10-PCS
DG12BBZ	Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D714BCZ	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D714B7Z	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D714B9Z	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D714B8Z	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D714BYZ	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D714BBZ	Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF12BCZ	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF12B7Z	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF12B9Z	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF12B8Z	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF12BYZ	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Other Isotope	Procedure	ICD-10-PCS
DF12BBZ	Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT12BCZ	Low Dose Rate (LDR) Brachytherapy of Bladder using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT12B7Z	Low Dose Rate (LDR) Brachytherapy of Bladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT12B9Z	Low Dose Rate (LDR) Brachytherapy of Bladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT12B8Z	Low Dose Rate (LDR) Brachytherapy of Bladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT12BYZ	Low Dose Rate (LDR) Brachytherapy of Bladder using Other Isotope	Procedure	ICD-10-PCS
DT12BBZ	Low Dose Rate (LDR) Brachytherapy of Bladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D710BCZ	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D710B7Z	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D710B9Z	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D710B8Z	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D710BYZ	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Other Isotope	Procedure	ICD-10-PCS
D710BBZ	Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D011BCZ	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D011B7Z	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D011B9Z	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D011B8Z	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D011BYZ	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Other Isotope	Procedure	ICD-10-PCS
D011BBZ	Low Dose Rate (LDR) Brachytherapy of Brain Stem using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D010BCZ	Low Dose Rate (LDR) Brachytherapy of Brain using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D010B7Z	Low Dose Rate (LDR) Brachytherapy of Brain using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D010B9Z	Low Dose Rate (LDR) Brachytherapy of Brain using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D010B8Z	Low Dose Rate (LDR) Brachytherapy of Brain using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D010BYZ	Low Dose Rate (LDR) Brachytherapy of Brain using Other Isotope	Procedure	ICD-10-PCS
D010BBZ	Low Dose Rate (LDR) Brachytherapy of Brain using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB11BCZ	Low Dose Rate (LDR) Brachytherapy of Bronchus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB11B7Z	Low Dose Rate (LDR) Brachytherapy of Bronchus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB11B9Z	Low Dose Rate (LDR) Brachytherapy of Bronchus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB11B8Z	Low Dose Rate (LDR) Brachytherapy of Bronchus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB11BYZ	Low Dose Rate (LDR) Brachytherapy of Bronchus using Other Isotope	Procedure	ICD-10-PCS
DB11BBZ	Low Dose Rate (LDR) Brachytherapy of Bronchus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU11BCZ	Low Dose Rate (LDR) Brachytherapy of Cervix using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU11B7Z	Low Dose Rate (LDR) Brachytherapy of Cervix using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU11B9Z	Low Dose Rate (LDR) Brachytherapy of Cervix using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU11B8Z	Low Dose Rate (LDR) Brachytherapy of Cervix using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU11BYZ	Low Dose Rate (LDR) Brachytherapy of Cervix using Other Isotope	Procedure	ICD-10-PCS
DU11BBZ	Low Dose Rate (LDR) Brachytherapy of Cervix using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW12BCZ	Low Dose Rate (LDR) Brachytherapy of Chest using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW12B7Z	Low Dose Rate (LDR) Brachytherapy of Chest using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW12B9Z	Low Dose Rate (LDR) Brachytherapy of Chest using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW12B8Z	Low Dose Rate (LDR) Brachytherapy of Chest using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW12BYZ	Low Dose Rate (LDR) Brachytherapy of Chest using Other Isotope	Procedure	ICD-10-PCS
DW12BBZ	Low Dose Rate (LDR) Brachytherapy of Chest using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB17BCZ	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB17B7Z	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB17B9Z	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Iodine 125 (I-125)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DB17B8Z	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB17BYZ	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Other Isotope	Procedure	ICD-10-PCS
DB17BBZ	Low Dose Rate (LDR) Brachytherapy of Chest Wall using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD15BCZ	Low Dose Rate (LDR) Brachytherapy of Colon using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD15B7Z	Low Dose Rate (LDR) Brachytherapy of Colon using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD15B9Z	Low Dose Rate (LDR) Brachytherapy of Colon using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD15B8Z	Low Dose Rate (LDR) Brachytherapy of Colon using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD15BYZ	Low Dose Rate (LDR) Brachytherapy of Colon using Other Isotope	Procedure	ICD-10-PCS
DD15BBZ	Low Dose Rate (LDR) Brachytherapy of Colon using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB18BCZ	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB18B7Z	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB18B9Z	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB18B8Z	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB18BYZ	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Other Isotope	Procedure	ICD-10-PCS
DB18BBZ	Low Dose Rate (LDR) Brachytherapy of Diaphragm using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD12BCZ	Low Dose Rate (LDR) Brachytherapy of Duodenum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD12B7Z	Low Dose Rate (LDR) Brachytherapy of Duodenum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD12B9Z	Low Dose Rate (LDR) Brachytherapy of Duodenum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD12B8Z	Low Dose Rate (LDR) Brachytherapy of Duodenum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD12BYZ	Low Dose Rate (LDR) Brachytherapy of Duodenum using Other Isotope	Procedure	ICD-10-PCS
DD12BBZ	Low Dose Rate (LDR) Brachytherapy of Duodenum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D910BCZ	Low Dose Rate (LDR) Brachytherapy of Ear using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D910B7Z	Low Dose Rate (LDR) Brachytherapy of Ear using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D910B9Z	Low Dose Rate (LDR) Brachytherapy of Ear using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D910B8Z	Low Dose Rate (LDR) Brachytherapy of Ear using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D910BYZ	Low Dose Rate (LDR) Brachytherapy of Ear using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D910BBZ	Low Dose Rate (LDR) Brachytherapy of Ear using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD10BCZ	Low Dose Rate (LDR) Brachytherapy of Esophagus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD10B7Z	Low Dose Rate (LDR) Brachytherapy of Esophagus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD10B9Z	Low Dose Rate (LDR) Brachytherapy of Esophagus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD10B8Z	Low Dose Rate (LDR) Brachytherapy of Esophagus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD10BYZ	Low Dose Rate (LDR) Brachytherapy of Esophagus using Other Isotope	Procedure	ICD-10-PCS
DD10BBZ	Low Dose Rate (LDR) Brachytherapy of Esophagus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D810BCZ	Low Dose Rate (LDR) Brachytherapy of Eye using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D810B7Z	Low Dose Rate (LDR) Brachytherapy of Eye using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D810B9Z	Low Dose Rate (LDR) Brachytherapy of Eye using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D810B8Z	Low Dose Rate (LDR) Brachytherapy of Eye using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D810BYZ	Low Dose Rate (LDR) Brachytherapy of Eye using Other Isotope	Procedure	ICD-10-PCS
D810BBZ	Low Dose Rate (LDR) Brachytherapy of Eye using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF11BCZ	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF11B7Z	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF11B9Z	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF11B8Z	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF11BYZ	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Other Isotope	Procedure	ICD-10-PCS
DF11BBZ	Low Dose Rate (LDR) Brachytherapy of Gallbladder using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D918BCZ	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D918B7Z	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D918B9Z	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D918B8Z	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D918BYZ	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Other Isotope	Procedure	ICD-10-PCS
D918BBZ	Low Dose Rate (LDR) Brachytherapy of Hard Palate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW11BCZ	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DW11B7Z	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW11B9Z	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW11B8Z	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW11BYZ	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Other Isotope	Procedure	ICD-10-PCS
DW11BBZ	Low Dose Rate (LDR) Brachytherapy of Head and Neck using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D913BCZ	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D913B7Z	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D913B9Z	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D913B8Z	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D913BYZ	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Other Isotope	Procedure	ICD-10-PCS
D913BBZ	Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD14BCZ	Low Dose Rate (LDR) Brachytherapy of Ileum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD14B7Z	Low Dose Rate (LDR) Brachytherapy of Ileum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD14B9Z	Low Dose Rate (LDR) Brachytherapy of Ileum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD14B8Z	Low Dose Rate (LDR) Brachytherapy of Ileum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD14BYZ	Low Dose Rate (LDR) Brachytherapy of Ileum using Other Isotope	Procedure	ICD-10-PCS
DD14BBZ	Low Dose Rate (LDR) Brachytherapy of Ileum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D718BCZ	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D718B7Z	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D718B9Z	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D718B8Z	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D718BYZ	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D718BBZ	Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD13BCZ	Low Dose Rate (LDR) Brachytherapy of Jejunum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD13B7Z	Low Dose Rate (LDR) Brachytherapy of Jejunum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD13B9Z	Low Dose Rate (LDR) Brachytherapy of Jejunum using Iodine 125 (I-125)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DD13B8Z	Low Dose Rate (LDR) Brachytherapy of Jejunum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD13BYZ	Low Dose Rate (LDR) Brachytherapy of Jejunum using Other Isotope	Procedure	ICD-10-PCS
DD13BBZ	Low Dose Rate (LDR) Brachytherapy of Jejunum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT10BCZ	Low Dose Rate (LDR) Brachytherapy of Kidney using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT10B7Z	Low Dose Rate (LDR) Brachytherapy of Kidney using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT10B9Z	Low Dose Rate (LDR) Brachytherapy of Kidney using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT10B8Z	Low Dose Rate (LDR) Brachytherapy of Kidney using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT10BYZ	Low Dose Rate (LDR) Brachytherapy of Kidney using Other Isotope	Procedure	ICD-10-PCS
DT10BBZ	Low Dose Rate (LDR) Brachytherapy of Kidney using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91BBCZ	Low Dose Rate (LDR) Brachytherapy of Larynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91BB7Z	Low Dose Rate (LDR) Brachytherapy of Larynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91BB9Z	Low Dose Rate (LDR) Brachytherapy of Larynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91BB8Z	Low Dose Rate (LDR) Brachytherapy of Larynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91BBYZ	Low Dose Rate (LDR) Brachytherapy of Larynx using Other Isotope	Procedure	ICD-10-PCS
D91BBBZ	Low Dose Rate (LDR) Brachytherapy of Larynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DM10BCZ	Low Dose Rate (LDR) Brachytherapy of Left Breast using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DM10B7Z	Low Dose Rate (LDR) Brachytherapy of Left Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM10B9Z	Low Dose Rate (LDR) Brachytherapy of Left Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM10B8Z	Low Dose Rate (LDR) Brachytherapy of Left Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM10BYZ	Low Dose Rate (LDR) Brachytherapy of Left Breast using Other Isotope	Procedure	ICD-10-PCS
DM10BBZ	Low Dose Rate (LDR) Brachytherapy of Left Breast using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF10BCZ	Low Dose Rate (LDR) Brachytherapy of Liver using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF10B7Z	Low Dose Rate (LDR) Brachytherapy of Liver using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF10B9Z	Low Dose Rate (LDR) Brachytherapy of Liver using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DF10B8Z	Low Dose Rate (LDR) Brachytherapy of Liver using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF10BYZ	Low Dose Rate (LDR) Brachytherapy of Liver using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DF10BBZ	Low Dose Rate (LDR) Brachytherapy of Liver using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB12BCZ	Low Dose Rate (LDR) Brachytherapy of Lung using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB12B7Z	Low Dose Rate (LDR) Brachytherapy of Lung using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB12B9Z	Low Dose Rate (LDR) Brachytherapy of Lung using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB12B8Z	Low Dose Rate (LDR) Brachytherapy of Lung using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB12BYZ	Low Dose Rate (LDR) Brachytherapy of Lung using Other Isotope	Procedure	ICD-10-PCS
DB12BBZ	Low Dose Rate (LDR) Brachytherapy of Lung using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB16BCZ	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB16B7Z	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB16B9Z	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB16B8Z	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB16BYZ	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Other Isotope	Procedure	ICD-10-PCS
DB16BBZ	Low Dose Rate (LDR) Brachytherapy of Mediastinum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D914BCZ	Low Dose Rate (LDR) Brachytherapy of Mouth using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D914B7Z	Low Dose Rate (LDR) Brachytherapy of Mouth using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D914B9Z	Low Dose Rate (LDR) Brachytherapy of Mouth using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D914B8Z	Low Dose Rate (LDR) Brachytherapy of Mouth using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D914BYZ	Low Dose Rate (LDR) Brachytherapy of Mouth using Other Isotope	Procedure	ICD-10-PCS
D914BBZ	Low Dose Rate (LDR) Brachytherapy of Mouth using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91DBCZ	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91DB7Z	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91DB9Z	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91DB8Z	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91DBYZ	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Other Isotope	Procedure	ICD-10-PCS
D91DBBZ	Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D713BCZ	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D713B7Z	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D713B9Z	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D713B8Z	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D713BYZ	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D713BBZ	Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D911BCZ	Low Dose Rate (LDR) Brachytherapy of Nose using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D911B7Z	Low Dose Rate (LDR) Brachytherapy of Nose using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D911B9Z	Low Dose Rate (LDR) Brachytherapy of Nose using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D911B8Z	Low Dose Rate (LDR) Brachytherapy of Nose using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D911BYZ	Low Dose Rate (LDR) Brachytherapy of Nose using Other Isotope	Procedure	ICD-10-PCS
D911BBZ	Low Dose Rate (LDR) Brachytherapy of Nose using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D91FBCZ	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D91FB7Z	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D91FB9Z	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D91FB8Z	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D91FBYZ	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Other Isotope	Procedure	ICD-10-PCS
D91FBBZ	Low Dose Rate (LDR) Brachytherapy of Oropharynx using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU10BCZ	Low Dose Rate (LDR) Brachytherapy of Ovary using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU10B7Z	Low Dose Rate (LDR) Brachytherapy of Ovary using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU10B9Z	Low Dose Rate (LDR) Brachytherapy of Ovary using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU10B8Z	Low Dose Rate (LDR) Brachytherapy of Ovary using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU10BYZ	Low Dose Rate (LDR) Brachytherapy of Ovary using Other Isotope	Procedure	ICD-10-PCS
DU10BBZ	Low Dose Rate (LDR) Brachytherapy of Ovary using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DF13BCZ	Low Dose Rate (LDR) Brachytherapy of Pancreas using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DF13B7Z	Low Dose Rate (LDR) Brachytherapy of Pancreas using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DF13B9Z	Low Dose Rate (LDR) Brachytherapy of Pancreas using Iodine 125 (I-125)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DF13B8Z	Low Dose Rate (LDR) Brachytherapy of Pancreas using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DF13BYZ	Low Dose Rate (LDR) Brachytherapy of Pancreas using Other Isotope	Procedure	ICD-10-PCS
DF13BBZ	Low Dose Rate (LDR) Brachytherapy of Pancreas using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG14BCZ	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG14B7Z	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG14B9Z	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG14B8Z	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG14BYZ	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Other Isotope	Procedure	ICD-10-PCS
DG14BBZ	Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DW16BCZ	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DW16B7Z	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DW16B9Z	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DW16B8Z	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DW16BYZ	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Other Isotope	Procedure	ICD-10-PCS
DW16BBZ	Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D717BCZ	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D717B7Z	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D717B9Z	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D717B8Z	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D717BYZ	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D717BBZ	Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D017BCZ	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D017B7Z	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D017B9Z	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D017B8Z	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D017BYZ	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D017BBZ	Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG11BCZ	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG11B7Z	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG11B9Z	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG11B8Z	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG11BYZ	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Other Isotope	Procedure	ICD-10-PCS
DG11BBZ	Low Dose Rate (LDR) Brachytherapy of Pineal Body using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG10BCZ	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG10B7Z	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG10B9Z	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG10B8Z	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG10BYZ	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Other Isotope	Procedure	ICD-10-PCS
DG10BBZ	Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB15BCZ	Low Dose Rate (LDR) Brachytherapy of Pleura using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DB15B7Z	Low Dose Rate (LDR) Brachytherapy of Pleura using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB15B9Z	Low Dose Rate (LDR) Brachytherapy of Pleura using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB15B8Z	Low Dose Rate (LDR) Brachytherapy of Pleura using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB15BYZ	Low Dose Rate (LDR) Brachytherapy of Pleura using Other Isotope	Procedure	ICD-10-PCS
DB15BBZ	Low Dose Rate (LDR) Brachytherapy of Pleura using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DV10BCZ	Low Dose Rate (LDR) Brachytherapy of Prostate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DV10B7Z	Low Dose Rate (LDR) Brachytherapy of Prostate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV10B9Z	Low Dose Rate (LDR) Brachytherapy of Prostate using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV10B8Z	Low Dose Rate (LDR) Brachytherapy of Prostate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV10BYZ	Low Dose Rate (LDR) Brachytherapy of Prostate using Other Isotope	Procedure	ICD-10-PCS
DV10BBZ	Low Dose Rate (LDR) Brachytherapy of Prostate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD17BCZ	Low Dose Rate (LDR) Brachytherapy of Rectum using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DD17B7Z	Low Dose Rate (LDR) Brachytherapy of Rectum using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD17B9Z	Low Dose Rate (LDR) Brachytherapy of Rectum using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD17B8Z	Low Dose Rate (LDR) Brachytherapy of Rectum using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD17BYZ	Low Dose Rate (LDR) Brachytherapy of Rectum using Other Isotope	Procedure	ICD-10-PCS
DD17BBZ	Low Dose Rate (LDR) Brachytherapy of Rectum using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DM11BCZ	Low Dose Rate (LDR) Brachytherapy of Right Breast using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DM11B7Z	Low Dose Rate (LDR) Brachytherapy of Right Breast using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DM11B9Z	Low Dose Rate (LDR) Brachytherapy of Right Breast using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DM11B8Z	Low Dose Rate (LDR) Brachytherapy of Right Breast using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DM11BYZ	Low Dose Rate (LDR) Brachytherapy of Right Breast using Other Isotope	Procedure	ICD-10-PCS
DM11BBZ	Low Dose Rate (LDR) Brachytherapy of Right Breast using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D916BCZ	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D916B7Z	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D916B9Z	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D916B8Z	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D916BYZ	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Other Isotope	Procedure	ICD-10-PCS
D916BBZ	Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D917BCZ	Low Dose Rate (LDR) Brachytherapy of Sinuses using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D917B7Z	Low Dose Rate (LDR) Brachytherapy of Sinuses using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D917B9Z	Low Dose Rate (LDR) Brachytherapy of Sinuses using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D917B8Z	Low Dose Rate (LDR) Brachytherapy of Sinuses using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D917BYZ	Low Dose Rate (LDR) Brachytherapy of Sinuses using Other Isotope	Procedure	ICD-10-PCS
D917BBZ	Low Dose Rate (LDR) Brachytherapy of Sinuses using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D919BCZ	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D919B7Z	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D919B9Z	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Iodine 125 (I-125)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D919B8Z	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D919BYZ	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Other Isotope	Procedure	ICD-10-PCS
D919BBZ	Low Dose Rate (LDR) Brachytherapy of Soft Palate using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D016BCZ	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D016B7Z	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D016B9Z	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D016B8Z	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D016BYZ	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Other Isotope	Procedure	ICD-10-PCS
D016BBZ	Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D712BCZ	Low Dose Rate (LDR) Brachytherapy of Spleen using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D712B7Z	Low Dose Rate (LDR) Brachytherapy of Spleen using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D712B9Z	Low Dose Rate (LDR) Brachytherapy of Spleen using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D712B8Z	Low Dose Rate (LDR) Brachytherapy of Spleen using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D712BYZ	Low Dose Rate (LDR) Brachytherapy of Spleen using Other Isotope	Procedure	ICD-10-PCS
D712BBZ	Low Dose Rate (LDR) Brachytherapy of Spleen using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DD11BCZ	Low Dose Rate (LDR) Brachytherapy of Stomach using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DD11B7Z	Low Dose Rate (LDR) Brachytherapy of Stomach using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DD11B9Z	Low Dose Rate (LDR) Brachytherapy of Stomach using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DD11B8Z	Low Dose Rate (LDR) Brachytherapy of Stomach using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DD11BYZ	Low Dose Rate (LDR) Brachytherapy of Stomach using Other Isotope	Procedure	ICD-10-PCS
DD11BBZ	Low Dose Rate (LDR) Brachytherapy of Stomach using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DV11BCZ	Low Dose Rate (LDR) Brachytherapy of Testis using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DV11B7Z	Low Dose Rate (LDR) Brachytherapy of Testis using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DV11B9Z	Low Dose Rate (LDR) Brachytherapy of Testis using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DV11B8Z	Low Dose Rate (LDR) Brachytherapy of Testis using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DV11BYZ	Low Dose Rate (LDR) Brachytherapy of Testis using Other Isotope	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DV11BBZ	Low Dose Rate (LDR) Brachytherapy of Testis using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D715BCZ	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D715B7Z	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D715B9Z	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D715B8Z	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D715BYZ	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Other Isotope	Procedure	ICD-10-PCS
D715BBZ	Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D711BCZ	Low Dose Rate (LDR) Brachytherapy of Thymus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D711B7Z	Low Dose Rate (LDR) Brachytherapy of Thymus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D711B9Z	Low Dose Rate (LDR) Brachytherapy of Thymus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D711B8Z	Low Dose Rate (LDR) Brachytherapy of Thymus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D711BYZ	Low Dose Rate (LDR) Brachytherapy of Thymus using Other Isotope	Procedure	ICD-10-PCS
D711BBZ	Low Dose Rate (LDR) Brachytherapy of Thymus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DG15BCZ	Low Dose Rate (LDR) Brachytherapy of Thyroid using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DG15B7Z	Low Dose Rate (LDR) Brachytherapy of Thyroid using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DG15B9Z	Low Dose Rate (LDR) Brachytherapy of Thyroid using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DG15B8Z	Low Dose Rate (LDR) Brachytherapy of Thyroid using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DG15BYZ	Low Dose Rate (LDR) Brachytherapy of Thyroid using Other Isotope	Procedure	ICD-10-PCS
DG15BBZ	Low Dose Rate (LDR) Brachytherapy of Thyroid using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
D915BCZ	Low Dose Rate (LDR) Brachytherapy of Tongue using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
D915B7Z	Low Dose Rate (LDR) Brachytherapy of Tongue using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
D915B9Z	Low Dose Rate (LDR) Brachytherapy of Tongue using Iodine 125 (I-125)	Procedure	ICD-10-PCS
D915B8Z	Low Dose Rate (LDR) Brachytherapy of Tongue using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
D915BYZ	Low Dose Rate (LDR) Brachytherapy of Tongue using Other Isotope	Procedure	ICD-10-PCS
D915BBZ	Low Dose Rate (LDR) Brachytherapy of Tongue using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DB10BCZ	Low Dose Rate (LDR) Brachytherapy of Trachea using Californium 252 (Cf-252)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DB10B7Z	Low Dose Rate (LDR) Brachytherapy of Trachea using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DB10B9Z	Low Dose Rate (LDR) Brachytherapy of Trachea using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DB10B8Z	Low Dose Rate (LDR) Brachytherapy of Trachea using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DB10BYZ	Low Dose Rate (LDR) Brachytherapy of Trachea using Other Isotope	Procedure	ICD-10-PCS
DB10BBZ	Low Dose Rate (LDR) Brachytherapy of Trachea using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT11BCZ	Low Dose Rate (LDR) Brachytherapy of Ureter using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT11B7Z	Low Dose Rate (LDR) Brachytherapy of Ureter using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT11B9Z	Low Dose Rate (LDR) Brachytherapy of Ureter using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT11B8Z	Low Dose Rate (LDR) Brachytherapy of Ureter using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT11BYZ	Low Dose Rate (LDR) Brachytherapy of Ureter using Other Isotope	Procedure	ICD-10-PCS
DT11BBZ	Low Dose Rate (LDR) Brachytherapy of Ureter using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DT13BCZ	Low Dose Rate (LDR) Brachytherapy of Urethra using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DT13B7Z	Low Dose Rate (LDR) Brachytherapy of Urethra using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DT13B9Z	Low Dose Rate (LDR) Brachytherapy of Urethra using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DT13B8Z	Low Dose Rate (LDR) Brachytherapy of Urethra using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DT13BYZ	Low Dose Rate (LDR) Brachytherapy of Urethra using Other Isotope	Procedure	ICD-10-PCS
DT13BBZ	Low Dose Rate (LDR) Brachytherapy of Urethra using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DU12BCZ	Low Dose Rate (LDR) Brachytherapy of Uterus using Californium 252 (Cf-252)	Procedure	ICD-10-PCS
DU12B7Z	Low Dose Rate (LDR) Brachytherapy of Uterus using Cesium 137 (Cs-137)	Procedure	ICD-10-PCS
DU12B9Z	Low Dose Rate (LDR) Brachytherapy of Uterus using Iodine 125 (I-125)	Procedure	ICD-10-PCS
DU12B8Z	Low Dose Rate (LDR) Brachytherapy of Uterus using Iridium 192 (Ir-192)	Procedure	ICD-10-PCS
DU12BYZ	Low Dose Rate (LDR) Brachytherapy of Uterus using Other Isotope	Procedure	ICD-10-PCS
DU12BBZ	Low Dose Rate (LDR) Brachytherapy of Uterus using Palladium 103 (Pd-103)	Procedure	ICD-10-PCS
DWY3FZZ	Plaque Radiation of Abdomen	Procedure	ICD-10-PCS
D7Y6FZZ	Plaque Radiation of Abdomen Lymphatics	Procedure	ICD-10-PCS
DGY2FZZ	Plaque Radiation of Adrenal Glands	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DDY8FZZ	Plaque Radiation of Anus	Procedure	ICD-10-PCS
D7Y4FZZ	Plaque Radiation of Axillary Lymphatics	Procedure	ICD-10-PCS
DFY2FZZ	Plaque Radiation of Bile Ducts	Procedure	ICD-10-PCS
DTY2FZZ	Plaque Radiation of Bladder	Procedure	ICD-10-PCS
D7Y0FZZ	Plaque Radiation of Bone Marrow	Procedure	ICD-10-PCS
D0Y0FZZ	Plaque Radiation of Brain	Procedure	ICD-10-PCS
D0Y1FZZ	Plaque Radiation of Brain Stem	Procedure	ICD-10-PCS
DBY1FZZ	Plaque Radiation of Bronchus	Procedure	ICD-10-PCS
DUY1FZZ	Plaque Radiation of Cervix	Procedure	ICD-10-PCS
DWY2FZZ	Plaque Radiation of Chest	Procedure	ICD-10-PCS
DBY7FZZ	Plaque Radiation of Chest Wall	Procedure	ICD-10-PCS
DDY5FZZ	Plaque Radiation of Colon	Procedure	ICD-10-PCS
DBY8FZZ	Plaque Radiation of Diaphragm	Procedure	ICD-10-PCS
DDY2FZZ	Plaque Radiation of Duodenum	Procedure	ICD-10-PCS
D9Y0FZZ	Plaque Radiation of Ear	Procedure	ICD-10-PCS
DDY0FZZ	Plaque Radiation of Esophagus	Procedure	ICD-10-PCS
D8Y0FZZ	Plaque Radiation of Eye	Procedure	ICD-10-PCS
DPY9FZZ	Plaque Radiation of Femur	Procedure	ICD-10-PCS
DFY1FZZ	Plaque Radiation of Gallbladder	Procedure	ICD-10-PCS
D9Y8FZZ	Plaque Radiation of Hard Palate	Procedure	ICD-10-PCS
DWY1FZZ	Plaque Radiation of Head and Neck	Procedure	ICD-10-PCS
DWY4FZZ	Plaque Radiation of Hemibody	Procedure	ICD-10-PCS
DPY6FZZ	Plaque Radiation of Humerus	Procedure	ICD-10-PCS
DDY4FZZ	Plaque Radiation of Ileum	Procedure	ICD-10-PCS
D7Y8FZZ	Plaque Radiation of Inguinal Lymphatics	Procedure	ICD-10-PCS
DDY3FZZ	Plaque Radiation of Jejunum	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DTY0FZZ	Plaque Radiation of Kidney	Procedure	ICD-10-PCS
D9YBFZZ	Plaque Radiation of Larynx	Procedure	ICD-10-PCS
DMY0FZZ	Plaque Radiation of Left Breast	Procedure	ICD-10-PCS
DFY0FZZ	Plaque Radiation of Liver	Procedure	ICD-10-PCS
DBY2FZZ	Plaque Radiation of Lung	Procedure	ICD-10-PCS
DPY3FZZ	Plaque Radiation of Mandible	Procedure	ICD-10-PCS
DPY2FZZ	Plaque Radiation of Maxilla	Procedure	ICD-10-PCS
DBY6FZZ	Plaque Radiation of Mediastinum	Procedure	ICD-10-PCS
D9Y4FZZ	Plaque Radiation of Mouth	Procedure	ICD-10-PCS
D9YDFZZ	Plaque Radiation of Nasopharynx	Procedure	ICD-10-PCS
D7Y3FZZ	Plaque Radiation of Neck Lymphatics	Procedure	ICD-10-PCS
D9Y1FZZ	Plaque Radiation of Nose	Procedure	ICD-10-PCS
DPYCFZZ	Plaque Radiation of Other Bone	Procedure	ICD-10-PCS
DUY0FZZ	Plaque Radiation of Ovary	Procedure	ICD-10-PCS
DFY3FZZ	Plaque Radiation of Pancreas	Procedure	ICD-10-PCS
DGY4FZZ	Plaque Radiation of Parathyroid Glands	Procedure	ICD-10-PCS
DPY8FZZ	Plaque Radiation of Pelvic Bones	Procedure	ICD-10-PCS
DWY6FZZ	Plaque Radiation of Pelvic Region	Procedure	ICD-10-PCS
D7Y7FZZ	Plaque Radiation of Pelvis Lymphatics	Procedure	ICD-10-PCS
D0Y7FZZ	Plaque Radiation of Peripheral Nerve	Procedure	ICD-10-PCS
D9YCFZZ	Plaque Radiation of Pharynx	Procedure	ICD-10-PCS
DGY1FZZ	Plaque Radiation of Pineal Body	Procedure	ICD-10-PCS
DGY0FZZ	Plaque Radiation of Pituitary Gland	Procedure	ICD-10-PCS
DBY5FZZ	Plaque Radiation of Pleura	Procedure	ICD-10-PCS
DVY0FZZ	Plaque Radiation of Prostate	Procedure	ICD-10-PCS
DPY7FZZ	Plaque Radiation of Radius/Ulna	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DDY7FZZ	Plaque Radiation of Rectum	Procedure	ICD-10-PCS
DPY5FZZ	Plaque Radiation of Rib(s)	Procedure	ICD-10-PCS
DMY1FZZ	Plaque Radiation of Right Breast	Procedure	ICD-10-PCS
D9Y6FZZ	Plaque Radiation of Salivary Glands	Procedure	ICD-10-PCS
D9Y7FZZ	Plaque Radiation of Sinuses	Procedure	ICD-10-PCS
DPY0FZZ	Plaque Radiation of Skull	Procedure	ICD-10-PCS
D9Y9FZZ	Plaque Radiation of Soft Palate	Procedure	ICD-10-PCS
D0Y6FZZ	Plaque Radiation of Spinal Cord	Procedure	ICD-10-PCS
D7Y2FZZ	Plaque Radiation of Spleen	Procedure	ICD-10-PCS
DPY4FZZ	Plaque Radiation of Sternum	Procedure	ICD-10-PCS
DDY1FZZ	Plaque Radiation of Stomach	Procedure	ICD-10-PCS
DVY1FZZ	Plaque Radiation of Testis	Procedure	ICD-10-PCS
D7Y5FZZ	Plaque Radiation of Thorax Lymphatics	Procedure	ICD-10-PCS
D7Y1FZZ	Plaque Radiation of Thymus	Procedure	ICD-10-PCS
DGY5FZZ	Plaque Radiation of Thyroid	Procedure	ICD-10-PCS
DPYBFZZ	Plaque Radiation of Tibia/Fibula	Procedure	ICD-10-PCS
D9Y5FZZ	Plaque Radiation of Tongue	Procedure	ICD-10-PCS
DBY0FZZ	Plaque Radiation of Trachea	Procedure	ICD-10-PCS
DTY1FZZ	Plaque Radiation of Ureter	Procedure	ICD-10-PCS
DTY3FZZ	Plaque Radiation of Urethra	Procedure	ICD-10-PCS
DUY2FZZ	Plaque Radiation of Uterus	Procedure	ICD-10-PCS
DWY5FZZ	Plaque Radiation of Whole Body	Procedure	ICD-10-PCS
3E0Q004	Introduction of Liquid Brachytherapy Radioisotope into Cranial Cavity and Brain, Open Approach	Procedure	ICD-10-PCS
D7063ZZ	Beam Radiation of Abdomen Lymphatics using Electrons	Procedure	ICD-10-PCS
D7064ZZ	Beam Radiation of Abdomen Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7065ZZ	Beam Radiation of Abdomen Lymphatics using Neutrons	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D7060ZZ	Beam Radiation of Abdomen Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
DW033ZZ	Beam Radiation of Abdomen using Electrons	Procedure	ICD-10-PCS
DW034ZZ	Beam Radiation of Abdomen using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW035ZZ	Beam Radiation of Abdomen using Neutrons	Procedure	ICD-10-PCS
DW030ZZ	Beam Radiation of Abdomen using Photons <1 MeV	Procedure	ICD-10-PCS
DG023ZZ	Beam Radiation of Adrenal Glands using Electrons	Procedure	ICD-10-PCS
DG025ZZ	Beam Radiation of Adrenal Glands using Neutrons	Procedure	ICD-10-PCS
DG020ZZ	Beam Radiation of Adrenal Glands using Photons <1 MeV	Procedure	ICD-10-PCS
D7043ZZ	Beam Radiation of Axillary Lymphatics using Electrons	Procedure	ICD-10-PCS
D7044ZZ	Beam Radiation of Axillary Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7045ZZ	Beam Radiation of Axillary Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7040ZZ	Beam Radiation of Axillary Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
DF023ZZ	Beam Radiation of Bile Ducts using Electrons	Procedure	ICD-10-PCS
DF024ZZ	Beam Radiation of Bile Ducts using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF025ZZ	Beam Radiation of Bile Ducts using Neutrons	Procedure	ICD-10-PCS
DF020ZZ	Beam Radiation of Bile Ducts using Photons <1 MeV	Procedure	ICD-10-PCS
DT023ZZ	Beam Radiation of Bladder using Electrons	Procedure	ICD-10-PCS
DT024ZZ	Beam Radiation of Bladder using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT025ZZ	Beam Radiation of Bladder using Neutrons	Procedure	ICD-10-PCS
DT020ZZ	Beam Radiation of Bladder using Photons <1 MeV	Procedure	ICD-10-PCS
D7003ZZ	Beam Radiation of Bone Marrow using Electrons	Procedure	ICD-10-PCS
D7004ZZ	Beam Radiation of Bone Marrow using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7005ZZ	Beam Radiation of Bone Marrow using Neutrons	Procedure	ICD-10-PCS
D7000ZZ	Beam Radiation of Bone Marrow using Photons <1 MeV	Procedure	ICD-10-PCS
D0013ZZ	Beam Radiation of Brain Stem using Electrons	Procedure	ICD-10-PCS
D0014ZZ	Beam Radiation of Brain Stem using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D0015ZZ	Beam Radiation of Brain Stem using Neutrons	Procedure	ICD-10-PCS
D0010ZZ	Beam Radiation of Brain Stem using Photons <1 MeV	Procedure	ICD-10-PCS
D0003ZZ	Beam Radiation of Brain using Electrons	Procedure	ICD-10-PCS
D0004ZZ	Beam Radiation of Brain using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0005ZZ	Beam Radiation of Brain using Neutrons	Procedure	ICD-10-PCS
D0000ZZ	Beam Radiation of Brain using Photons <1 MeV	Procedure	ICD-10-PCS
DB013ZZ	Beam Radiation of Bronchus using Electrons	Procedure	ICD-10-PCS
DB014ZZ	Beam Radiation of Bronchus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB015ZZ	Beam Radiation of Bronchus using Neutrons	Procedure	ICD-10-PCS
DB010ZZ	Beam Radiation of Bronchus using Photons <1 MeV	Procedure	ICD-10-PCS
DU013ZZ	Beam Radiation of Cervix using Electrons	Procedure	ICD-10-PCS
DU014ZZ	Beam Radiation of Cervix using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DU015ZZ	Beam Radiation of Cervix using Neutrons	Procedure	ICD-10-PCS
DU010ZZ	Beam Radiation of Cervix using Photons <1 MeV	Procedure	ICD-10-PCS
DW023ZZ	Beam Radiation of Chest using Electrons	Procedure	ICD-10-PCS
DW024ZZ	Beam Radiation of Chest using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW025ZZ	Beam Radiation of Chest using Neutrons	Procedure	ICD-10-PCS
DW020ZZ	Beam Radiation of Chest using Photons <1 MeV	Procedure	ICD-10-PCS
DB073ZZ	Beam Radiation of Chest Wall using Electrons	Procedure	ICD-10-PCS
DB074ZZ	Beam Radiation of Chest Wall using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB075ZZ	Beam Radiation of Chest Wall using Neutrons	Procedure	ICD-10-PCS
DB070ZZ	Beam Radiation of Chest Wall using Photons <1 MeV	Procedure	ICD-10-PCS
DD053ZZ	Beam Radiation of Colon using Electrons	Procedure	ICD-10-PCS
DD054ZZ	Beam Radiation of Colon using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD055ZZ	Beam Radiation of Colon using Neutrons	Procedure	ICD-10-PCS
DD050ZZ	Beam Radiation of Colon using Photons <1 MeV	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DB083ZZ	Beam Radiation of Diaphragm using Electrons	Procedure	ICD-10-PCS
DB084ZZ	Beam Radiation of Diaphragm using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB085ZZ	Beam Radiation of Diaphragm using Neutrons	Procedure	ICD-10-PCS
DB080ZZ	Beam Radiation of Diaphragm using Photons <1 MeV	Procedure	ICD-10-PCS
DD023ZZ	Beam Radiation of Duodenum using Electrons	Procedure	ICD-10-PCS
DD024ZZ	Beam Radiation of Duodenum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD025ZZ	Beam Radiation of Duodenum using Neutrons	Procedure	ICD-10-PCS
DD020ZZ	Beam Radiation of Duodenum using Photons <1 MeV	Procedure	ICD-10-PCS
D9003ZZ	Beam Radiation of Ear using Electrons	Procedure	ICD-10-PCS
D9004ZZ	Beam Radiation of Ear using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9005ZZ	Beam Radiation of Ear using Neutrons	Procedure	ICD-10-PCS
D9000ZZ	Beam Radiation of Ear using Photons <1 MeV	Procedure	ICD-10-PCS
DD003ZZ	Beam Radiation of Esophagus using Electrons	Procedure	ICD-10-PCS
DD004ZZ	Beam Radiation of Esophagus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD005ZZ	Beam Radiation of Esophagus using Neutrons	Procedure	ICD-10-PCS
DD000ZZ	Beam Radiation of Esophagus using Photons <1 MeV	Procedure	ICD-10-PCS
D8003ZZ	Beam Radiation of Eye using Electrons	Procedure	ICD-10-PCS
D8004ZZ	Beam Radiation of Eye using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D8005ZZ	Beam Radiation of Eye using Neutrons	Procedure	ICD-10-PCS
D8000ZZ	Beam Radiation of Eye using Photons <1 MeV	Procedure	ICD-10-PCS
DP093ZZ	Beam Radiation of Femur using Electrons	Procedure	ICD-10-PCS
DP094ZZ	Beam Radiation of Femur using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP095ZZ	Beam Radiation of Femur using Neutrons	Procedure	ICD-10-PCS
DP090ZZ	Beam Radiation of Femur using Photons <1 MeV	Procedure	ICD-10-PCS
DF013ZZ	Beam Radiation of Gallbladder using Electrons	Procedure	ICD-10-PCS
DF014ZZ	Beam Radiation of Gallbladder using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DF015ZZ	Beam Radiation of Gallbladder using Neutrons	Procedure	ICD-10-PCS
DF010ZZ	Beam Radiation of Gallbladder using Photons <1 MeV	Procedure	ICD-10-PCS
D9083ZZ	Beam Radiation of Hard Palate using Electrons	Procedure	ICD-10-PCS
D9084ZZ	Beam Radiation of Hard Palate using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9085ZZ	Beam Radiation of Hard Palate using Neutrons	Procedure	ICD-10-PCS
D9080ZZ	Beam Radiation of Hard Palate using Photons <1 MeV	Procedure	ICD-10-PCS
DW013ZZ	Beam Radiation of Head and Neck using Electrons	Procedure	ICD-10-PCS
DW014ZZ	Beam Radiation of Head and Neck using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW015ZZ	Beam Radiation of Head and Neck using Neutrons	Procedure	ICD-10-PCS
DW010ZZ	Beam Radiation of Head and Neck using Photons <1 MeV	Procedure	ICD-10-PCS
DW043ZZ	Beam Radiation of Hemibody using Electrons	Procedure	ICD-10-PCS
DW044ZZ	Beam Radiation of Hemibody using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW045ZZ	Beam Radiation of Hemibody using Neutrons	Procedure	ICD-10-PCS
DW040ZZ	Beam Radiation of Hemibody using Photons <1 MeV	Procedure	ICD-10-PCS
DP063ZZ	Beam Radiation of Humerus using Electrons	Procedure	ICD-10-PCS
DP064ZZ	Beam Radiation of Humerus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP065ZZ	Beam Radiation of Humerus using Neutrons	Procedure	ICD-10-PCS
DP060ZZ	Beam Radiation of Humerus using Photons <1 MeV	Procedure	ICD-10-PCS
D9033ZZ	Beam Radiation of Hypopharynx using Electrons	Procedure	ICD-10-PCS
D9034ZZ	Beam Radiation of Hypopharynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9035ZZ	Beam Radiation of Hypopharynx using Neutrons	Procedure	ICD-10-PCS
D9030ZZ	Beam Radiation of Hypopharynx using Photons <1 MeV	Procedure	ICD-10-PCS
DD043ZZ	Beam Radiation of Ileum using Electrons	Procedure	ICD-10-PCS
DD044ZZ	Beam Radiation of Ileum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD045ZZ	Beam Radiation of Ileum using Neutrons	Procedure	ICD-10-PCS
DD040ZZ	Beam Radiation of Ileum using Photons <1 MeV	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D7083ZZ	Beam Radiation of Inguinal Lymphatics using Electrons	Procedure	ICD-10-PCS
D7084ZZ	Beam Radiation of Inguinal Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7085ZZ	Beam Radiation of Inguinal Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7080ZZ	Beam Radiation of Inguinal Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
DD033ZZ	Beam Radiation of Jejunum using Electrons	Procedure	ICD-10-PCS
DD034ZZ	Beam Radiation of Jejunum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD035ZZ	Beam Radiation of Jejunum using Neutrons	Procedure	ICD-10-PCS
DD030ZZ	Beam Radiation of Jejunum using Photons <1 MeV	Procedure	ICD-10-PCS
DT003ZZ	Beam Radiation of Kidney using Electrons	Procedure	ICD-10-PCS
DT004ZZ	Beam Radiation of Kidney using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT005ZZ	Beam Radiation of Kidney using Neutrons	Procedure	ICD-10-PCS
DT000ZZ	Beam Radiation of Kidney using Photons <1 MeV	Procedure	ICD-10-PCS
D90B3ZZ	Beam Radiation of Larynx using Electrons	Procedure	ICD-10-PCS
D90B4ZZ	Beam Radiation of Larynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D90B5ZZ	Beam Radiation of Larynx using Neutrons	Procedure	ICD-10-PCS
D90B0ZZ	Beam Radiation of Larynx using Photons <1 MeV	Procedure	ICD-10-PCS
DM003ZZ	Beam Radiation of Left Breast using Electrons	Procedure	ICD-10-PCS
DM004ZZ	Beam Radiation of Left Breast using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DM005ZZ	Beam Radiation of Left Breast using Neutrons	Procedure	ICD-10-PCS
DM000ZZ	Beam Radiation of Left Breast using Photons <1 MeV	Procedure	ICD-10-PCS
DF003ZZ	Beam Radiation of Liver using Electrons	Procedure	ICD-10-PCS
DF004ZZ	Beam Radiation of Liver using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF005ZZ	Beam Radiation of Liver using Neutrons	Procedure	ICD-10-PCS
DF000ZZ	Beam Radiation of Liver using Photons <1 MeV	Procedure	ICD-10-PCS
DB023ZZ	Beam Radiation of Lung using Electrons	Procedure	ICD-10-PCS
DB024ZZ	Beam Radiation of Lung using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DB025ZZ	Beam Radiation of Lung using Neutrons	Procedure	ICD-10-PCS
DB020ZZ	Beam Radiation of Lung using Photons <1 MeV	Procedure	ICD-10-PCS
DP033ZZ	Beam Radiation of Mandible using Electrons	Procedure	ICD-10-PCS
DP034ZZ	Beam Radiation of Mandible using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP035ZZ	Beam Radiation of Mandible using Neutrons	Procedure	ICD-10-PCS
DP030ZZ	Beam Radiation of Mandible using Photons <1 MeV	Procedure	ICD-10-PCS
DP023ZZ	Beam Radiation of Maxilla using Electrons	Procedure	ICD-10-PCS
DP024ZZ	Beam Radiation of Maxilla using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP025ZZ	Beam Radiation of Maxilla using Neutrons	Procedure	ICD-10-PCS
DP020ZZ	Beam Radiation of Maxilla using Photons <1 MeV	Procedure	ICD-10-PCS
DB063ZZ	Beam Radiation of Mediastinum using Electrons	Procedure	ICD-10-PCS
DB064ZZ	Beam Radiation of Mediastinum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB065ZZ	Beam Radiation of Mediastinum using Neutrons	Procedure	ICD-10-PCS
DB060ZZ	Beam Radiation of Mediastinum using Photons <1 MeV	Procedure	ICD-10-PCS
D9043ZZ	Beam Radiation of Mouth using Electrons	Procedure	ICD-10-PCS
D9044ZZ	Beam Radiation of Mouth using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9045ZZ	Beam Radiation of Mouth using Neutrons	Procedure	ICD-10-PCS
D9040ZZ	Beam Radiation of Mouth using Photons <1 MeV	Procedure	ICD-10-PCS
D90D3ZZ	Beam Radiation of Nasopharynx using Electrons	Procedure	ICD-10-PCS
D90D4ZZ	Beam Radiation of Nasopharynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D90D5ZZ	Beam Radiation of Nasopharynx using Neutrons	Procedure	ICD-10-PCS
D90D0ZZ	Beam Radiation of Nasopharynx using Photons <1 MeV	Procedure	ICD-10-PCS
D7033ZZ	Beam Radiation of Neck Lymphatics using Electrons	Procedure	ICD-10-PCS
D7034ZZ	Beam Radiation of Neck Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7035ZZ	Beam Radiation of Neck Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7030ZZ	Beam Radiation of Neck Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D9013ZZ	Beam Radiation of Nose using Electrons	Procedure	ICD-10-PCS
D9014ZZ	Beam Radiation of Nose using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9015ZZ	Beam Radiation of Nose using Neutrons	Procedure	ICD-10-PCS
D9010ZZ	Beam Radiation of Nose using Photons <1 MeV	Procedure	ICD-10-PCS
D90F3ZZ	Beam Radiation of Oropharynx using Electrons	Procedure	ICD-10-PCS
D90F4ZZ	Beam Radiation of Oropharynx using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D90F5ZZ	Beam Radiation of Oropharynx using Neutrons	Procedure	ICD-10-PCS
D90F0ZZ	Beam Radiation of Oropharynx using Photons <1 MeV	Procedure	ICD-10-PCS
DP0C3ZZ	Beam Radiation of Other Bone using Electrons	Procedure	ICD-10-PCS
DP0C4ZZ	Beam Radiation of Other Bone using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP0C5ZZ	Beam Radiation of Other Bone using Neutrons	Procedure	ICD-10-PCS
DP0C0ZZ	Beam Radiation of Other Bone using Photons <1 MeV	Procedure	ICD-10-PCS
DU003ZZ	Beam Radiation of Ovary using Electrons	Procedure	ICD-10-PCS
DU004ZZ	Beam Radiation of Ovary using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DU005ZZ	Beam Radiation of Ovary using Neutrons	Procedure	ICD-10-PCS
DU000ZZ	Beam Radiation of Ovary using Photons <1 MeV	Procedure	ICD-10-PCS
DF033ZZ	Beam Radiation of Pancreas using Electrons	Procedure	ICD-10-PCS
DF034ZZ	Beam Radiation of Pancreas using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DF035ZZ	Beam Radiation of Pancreas using Neutrons	Procedure	ICD-10-PCS
DF030ZZ	Beam Radiation of Pancreas using Photons <1 MeV	Procedure	ICD-10-PCS
DG043ZZ	Beam Radiation of Parathyroid Glands using Electrons	Procedure	ICD-10-PCS
DG045ZZ	Beam Radiation of Parathyroid Glands using Neutrons	Procedure	ICD-10-PCS
DG040ZZ	Beam Radiation of Parathyroid Glands using Photons <1 MeV	Procedure	ICD-10-PCS
DP083ZZ	Beam Radiation of Pelvic Bones using Electrons	Procedure	ICD-10-PCS
DP084ZZ	Beam Radiation of Pelvic Bones using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP085ZZ	Beam Radiation of Pelvic Bones using Neutrons	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DP080ZZ	Beam Radiation of Pelvic Bones using Photons <1 MeV	Procedure	ICD-10-PCS
DW063ZZ	Beam Radiation of Pelvic Region using Electrons	Procedure	ICD-10-PCS
DW064ZZ	Beam Radiation of Pelvic Region using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW065ZZ	Beam Radiation of Pelvic Region using Neutrons	Procedure	ICD-10-PCS
DW060ZZ	Beam Radiation of Pelvic Region using Photons <1 MeV	Procedure	ICD-10-PCS
D7073ZZ	Beam Radiation of Pelvis Lymphatics using Electrons	Procedure	ICD-10-PCS
D7074ZZ	Beam Radiation of Pelvis Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7075ZZ	Beam Radiation of Pelvis Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7070ZZ	Beam Radiation of Pelvis Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D0073ZZ	Beam Radiation of Peripheral Nerve using Electrons	Procedure	ICD-10-PCS
D0074ZZ	Beam Radiation of Peripheral Nerve using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0075ZZ	Beam Radiation of Peripheral Nerve using Neutrons	Procedure	ICD-10-PCS
D0070ZZ	Beam Radiation of Peripheral Nerve using Photons <1 MeV	Procedure	ICD-10-PCS
DG013ZZ	Beam Radiation of Pineal Body using Electrons	Procedure	ICD-10-PCS
DG015ZZ	Beam Radiation of Pineal Body using Neutrons	Procedure	ICD-10-PCS
DG010ZZ	Beam Radiation of Pineal Body using Photons <1 MeV	Procedure	ICD-10-PCS
DG003ZZ	Beam Radiation of Pituitary Gland using Electrons	Procedure	ICD-10-PCS
DG005ZZ	Beam Radiation of Pituitary Gland using Neutrons	Procedure	ICD-10-PCS
DG000ZZ	Beam Radiation of Pituitary Gland using Photons <1 MeV	Procedure	ICD-10-PCS
DB053ZZ	Beam Radiation of Pleura using Electrons	Procedure	ICD-10-PCS
DB054ZZ	Beam Radiation of Pleura using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB055ZZ	Beam Radiation of Pleura using Neutrons	Procedure	ICD-10-PCS
DB050ZZ	Beam Radiation of Pleura using Photons <1 MeV	Procedure	ICD-10-PCS
DV003ZZ	Beam Radiation of Prostate using Electrons	Procedure	ICD-10-PCS
DV004ZZ	Beam Radiation of Prostate using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DV005ZZ	Beam Radiation of Prostate using Neutrons	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DV000ZZ	Beam Radiation of Prostate using Photons <1 MeV	Procedure	ICD-10-PCS
DP073ZZ	Beam Radiation of Radius/Ulna using Electrons	Procedure	ICD-10-PCS
DP074ZZ	Beam Radiation of Radius/Ulna using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP075ZZ	Beam Radiation of Radius/Ulna using Neutrons	Procedure	ICD-10-PCS
DP070ZZ	Beam Radiation of Radius/Ulna using Photons <1 MeV	Procedure	ICD-10-PCS
DD073ZZ	Beam Radiation of Rectum using Electrons	Procedure	ICD-10-PCS
DD074ZZ	Beam Radiation of Rectum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD075ZZ	Beam Radiation of Rectum using Neutrons	Procedure	ICD-10-PCS
DD070ZZ	Beam Radiation of Rectum using Photons <1 MeV	Procedure	ICD-10-PCS
DP053ZZ	Beam Radiation of Rib(s) using Electrons	Procedure	ICD-10-PCS
DP054ZZ	Beam Radiation of Rib(s) using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP055ZZ	Beam Radiation of Rib(s) using Neutrons	Procedure	ICD-10-PCS
DP050ZZ	Beam Radiation of Rib(s) using Photons <1 MeV	Procedure	ICD-10-PCS
DM013ZZ	Beam Radiation of Right Breast using Electrons	Procedure	ICD-10-PCS
DM014ZZ	Beam Radiation of Right Breast using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DM015ZZ	Beam Radiation of Right Breast using Neutrons	Procedure	ICD-10-PCS
DM010ZZ	Beam Radiation of Right Breast using Photons <1 MeV	Procedure	ICD-10-PCS
D9063ZZ	Beam Radiation of Salivary Glands using Electrons	Procedure	ICD-10-PCS
D9064ZZ	Beam Radiation of Salivary Glands using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9065ZZ	Beam Radiation of Salivary Glands using Neutrons	Procedure	ICD-10-PCS
D9060ZZ	Beam Radiation of Salivary Glands using Photons <1 MeV	Procedure	ICD-10-PCS
D9073ZZ	Beam Radiation of Sinuses using Electrons	Procedure	ICD-10-PCS
D9074ZZ	Beam Radiation of Sinuses using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9075ZZ	Beam Radiation of Sinuses using Neutrons	Procedure	ICD-10-PCS
D9070ZZ	Beam Radiation of Sinuses using Photons <1 MeV	Procedure	ICD-10-PCS
DP003ZZ	Beam Radiation of Skull using Electrons	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DP004ZZ	Beam Radiation of Skull using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP005ZZ	Beam Radiation of Skull using Neutrons	Procedure	ICD-10-PCS
DP000ZZ	Beam Radiation of Skull using Photons <1 MeV	Procedure	ICD-10-PCS
D9093ZZ	Beam Radiation of Soft Palate using Electrons	Procedure	ICD-10-PCS
D9094ZZ	Beam Radiation of Soft Palate using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9095ZZ	Beam Radiation of Soft Palate using Neutrons	Procedure	ICD-10-PCS
D9090ZZ	Beam Radiation of Soft Palate using Photons <1 MeV	Procedure	ICD-10-PCS
D0063ZZ	Beam Radiation of Spinal Cord using Electrons	Procedure	ICD-10-PCS
D0064ZZ	Beam Radiation of Spinal Cord using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D0065ZZ	Beam Radiation of Spinal Cord using Neutrons	Procedure	ICD-10-PCS
D0060ZZ	Beam Radiation of Spinal Cord using Photons <1 MeV	Procedure	ICD-10-PCS
D7023ZZ	Beam Radiation of Spleen using Electrons	Procedure	ICD-10-PCS
D7024ZZ	Beam Radiation of Spleen using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7025ZZ	Beam Radiation of Spleen using Neutrons	Procedure	ICD-10-PCS
D7020ZZ	Beam Radiation of Spleen using Photons <1 MeV	Procedure	ICD-10-PCS
DP043ZZ	Beam Radiation of Sternum using Electrons	Procedure	ICD-10-PCS
DP044ZZ	Beam Radiation of Sternum using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP045ZZ	Beam Radiation of Sternum using Neutrons	Procedure	ICD-10-PCS
DP040ZZ	Beam Radiation of Sternum using Photons <1 MeV	Procedure	ICD-10-PCS
DD013ZZ	Beam Radiation of Stomach using Electrons	Procedure	ICD-10-PCS
DD014ZZ	Beam Radiation of Stomach using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DD015ZZ	Beam Radiation of Stomach using Neutrons	Procedure	ICD-10-PCS
DD010ZZ	Beam Radiation of Stomach using Photons <1 MeV	Procedure	ICD-10-PCS
DV013ZZ	Beam Radiation of Testis using Electrons	Procedure	ICD-10-PCS
DV014ZZ	Beam Radiation of Testis using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DV015ZZ	Beam Radiation of Testis using Neutrons	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DV010ZZ	Beam Radiation of Testis using Photons <1 MeV	Procedure	ICD-10-PCS
D7053ZZ	Beam Radiation of Thorax Lymphatics using Electrons	Procedure	ICD-10-PCS
D7054ZZ	Beam Radiation of Thorax Lymphatics using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7055ZZ	Beam Radiation of Thorax Lymphatics using Neutrons	Procedure	ICD-10-PCS
D7050ZZ	Beam Radiation of Thorax Lymphatics using Photons <1 MeV	Procedure	ICD-10-PCS
D7013ZZ	Beam Radiation of Thymus using Electrons	Procedure	ICD-10-PCS
D7014ZZ	Beam Radiation of Thymus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D7015ZZ	Beam Radiation of Thymus using Neutrons	Procedure	ICD-10-PCS
D7010ZZ	Beam Radiation of Thymus using Photons <1 MeV	Procedure	ICD-10-PCS
DG053ZZ	Beam Radiation of Thyroid using Electrons	Procedure	ICD-10-PCS
DG055ZZ	Beam Radiation of Thyroid using Neutrons	Procedure	ICD-10-PCS
DG050ZZ	Beam Radiation of Thyroid using Photons <1 MeV	Procedure	ICD-10-PCS
DP0B3ZZ	Beam Radiation of Tibia/Fibula using Electrons	Procedure	ICD-10-PCS
DP0B4ZZ	Beam Radiation of Tibia/Fibula using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DP0B5ZZ	Beam Radiation of Tibia/Fibula using Neutrons	Procedure	ICD-10-PCS
DP0B0ZZ	Beam Radiation of Tibia/Fibula using Photons <1 MeV	Procedure	ICD-10-PCS
D9053ZZ	Beam Radiation of Tongue using Electrons	Procedure	ICD-10-PCS
D9054ZZ	Beam Radiation of Tongue using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
D9055ZZ	Beam Radiation of Tongue using Neutrons	Procedure	ICD-10-PCS
D9050ZZ	Beam Radiation of Tongue using Photons <1 MeV	Procedure	ICD-10-PCS
DB003ZZ	Beam Radiation of Trachea using Electrons	Procedure	ICD-10-PCS
DB004ZZ	Beam Radiation of Trachea using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DB005ZZ	Beam Radiation of Trachea using Neutrons	Procedure	ICD-10-PCS
DB000ZZ	Beam Radiation of Trachea using Photons <1 MeV	Procedure	ICD-10-PCS
DT013ZZ	Beam Radiation of Ureter using Electrons	Procedure	ICD-10-PCS
DT014ZZ	Beam Radiation of Ureter using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DT015ZZ	Beam Radiation of Ureter using Neutrons	Procedure	ICD-10-PCS
DT010ZZ	Beam Radiation of Ureter using Photons <1 MeV	Procedure	ICD-10-PCS
DT033ZZ	Beam Radiation of Urethra using Electrons	Procedure	ICD-10-PCS
DT034ZZ	Beam Radiation of Urethra using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DT035ZZ	Beam Radiation of Urethra using Neutrons	Procedure	ICD-10-PCS
DT030ZZ	Beam Radiation of Urethra using Photons <1 MeV	Procedure	ICD-10-PCS
DU023ZZ	Beam Radiation of Uterus using Electrons	Procedure	ICD-10-PCS
DU024ZZ	Beam Radiation of Uterus using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DU025ZZ	Beam Radiation of Uterus using Neutrons	Procedure	ICD-10-PCS
DU020ZZ	Beam Radiation of Uterus using Photons <1 MeV	Procedure	ICD-10-PCS
DW053ZZ	Beam Radiation of Whole Body using Electrons	Procedure	ICD-10-PCS
DW054ZZ	Beam Radiation of Whole Body using Heavy Particles (Protons,Ions)	Procedure	ICD-10-PCS
DW055ZZ	Beam Radiation of Whole Body using Neutrons	Procedure	ICD-10-PCS
DW050ZZ	Beam Radiation of Whole Body using Photons <1 MeV	Procedure	ICD-10-PCS
DWY37ZZ	Contact Radiation of Abdomen	Procedure	ICD-10-PCS
DGY27ZZ	Contact Radiation of Adrenal Glands	Procedure	ICD-10-PCS
DFY27ZZ	Contact Radiation of Bile Ducts	Procedure	ICD-10-PCS
DTY27ZZ	Contact Radiation of Bladder	Procedure	ICD-10-PCS
D0Y07ZZ	Contact Radiation of Brain	Procedure	ICD-10-PCS
D0Y17ZZ	Contact Radiation of Brain Stem	Procedure	ICD-10-PCS
DBY17ZZ	Contact Radiation of Bronchus	Procedure	ICD-10-PCS
DUY17ZZ	Contact Radiation of Cervix	Procedure	ICD-10-PCS
DWY27ZZ	Contact Radiation of Chest	Procedure	ICD-10-PCS
DBY77ZZ	Contact Radiation of Chest Wall	Procedure	ICD-10-PCS
DDY57ZZ	Contact Radiation of Colon	Procedure	ICD-10-PCS
DBY87ZZ	Contact Radiation of Diaphragm	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DDY27ZZ	Contact Radiation of Duodenum	Procedure	ICD-10-PCS
D9Y07ZZ	Contact Radiation of Ear	Procedure	ICD-10-PCS
DDY07ZZ	Contact Radiation of Esophagus	Procedure	ICD-10-PCS
D8Y07ZZ	Contact Radiation of Eye	Procedure	ICD-10-PCS
DPY97ZZ	Contact Radiation of Femur	Procedure	ICD-10-PCS
DFY17ZZ	Contact Radiation of Gallbladder	Procedure	ICD-10-PCS
D9Y87ZZ	Contact Radiation of Hard Palate	Procedure	ICD-10-PCS
DWY17ZZ	Contact Radiation of Head and Neck	Procedure	ICD-10-PCS
DWY47ZZ	Contact Radiation of Hemibody	Procedure	ICD-10-PCS
DPY67ZZ	Contact Radiation of Humerus	Procedure	ICD-10-PCS
D9Y37ZZ	Contact Radiation of Hypopharynx	Procedure	ICD-10-PCS
DDY47ZZ	Contact Radiation of Ileum	Procedure	ICD-10-PCS
DDY37ZZ	Contact Radiation of Jejunum	Procedure	ICD-10-PCS
DTY07ZZ	Contact Radiation of Kidney	Procedure	ICD-10-PCS
D9YB7ZZ	Contact Radiation of Larynx	Procedure	ICD-10-PCS
DMY07ZZ	Contact Radiation of Left Breast	Procedure	ICD-10-PCS
DFY07ZZ	Contact Radiation of Liver	Procedure	ICD-10-PCS
DBY27ZZ	Contact Radiation of Lung	Procedure	ICD-10-PCS
DPY37ZZ	Contact Radiation of Mandible	Procedure	ICD-10-PCS
DPY27ZZ	Contact Radiation of Maxilla	Procedure	ICD-10-PCS
DBY67ZZ	Contact Radiation of Mediastinum	Procedure	ICD-10-PCS
D9Y47ZZ	Contact Radiation of Mouth	Procedure	ICD-10-PCS
D9YD7ZZ	Contact Radiation of Nasopharynx	Procedure	ICD-10-PCS
D9Y17ZZ	Contact Radiation of Nose	Procedure	ICD-10-PCS
D9YF7ZZ	Contact Radiation of Oropharynx	Procedure	ICD-10-PCS
DPYC7ZZ	Contact Radiation of Other Bone	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DUY07ZZ	Contact Radiation of Ovary	Procedure	ICD-10-PCS
DFY37ZZ	Contact Radiation of Pancreas	Procedure	ICD-10-PCS
DGY47ZZ	Contact Radiation of Parathyroid Glands	Procedure	ICD-10-PCS
DPY87ZZ	Contact Radiation of Pelvic Bones	Procedure	ICD-10-PCS
DWY67ZZ	Contact Radiation of Pelvic Region	Procedure	ICD-10-PCS
D0Y77ZZ	Contact Radiation of Peripheral Nerve	Procedure	ICD-10-PCS
DGY17ZZ	Contact Radiation of Pineal Body	Procedure	ICD-10-PCS
DGY07ZZ	Contact Radiation of Pituitary Gland	Procedure	ICD-10-PCS
DBY57ZZ	Contact Radiation of Pleura	Procedure	ICD-10-PCS
DVY07ZZ	Contact Radiation of Prostate	Procedure	ICD-10-PCS
DPY77ZZ	Contact Radiation of Radius/Ulna	Procedure	ICD-10-PCS
DDY77ZZ	Contact Radiation of Rectum	Procedure	ICD-10-PCS
DPY57ZZ	Contact Radiation of Rib(s)	Procedure	ICD-10-PCS
DMY17ZZ	Contact Radiation of Right Breast	Procedure	ICD-10-PCS
D9Y67ZZ	Contact Radiation of Salivary Glands	Procedure	ICD-10-PCS
D9Y77ZZ	Contact Radiation of Sinuses	Procedure	ICD-10-PCS
DPY07ZZ	Contact Radiation of Skull	Procedure	ICD-10-PCS
D9Y97ZZ	Contact Radiation of Soft Palate	Procedure	ICD-10-PCS
D0Y67ZZ	Contact Radiation of Spinal Cord	Procedure	ICD-10-PCS
DPY47ZZ	Contact Radiation of Sternum	Procedure	ICD-10-PCS
DDY17ZZ	Contact Radiation of Stomach	Procedure	ICD-10-PCS
DVY17ZZ	Contact Radiation of Testis	Procedure	ICD-10-PCS
DGY57ZZ	Contact Radiation of Thyroid	Procedure	ICD-10-PCS
DPYB7ZZ	Contact Radiation of Tibia/Fibula	Procedure	ICD-10-PCS
D9Y57ZZ	Contact Radiation of Tongue	Procedure	ICD-10-PCS
DBY07ZZ	Contact Radiation of Trachea	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DTY17ZZ	Contact Radiation of Ureter	Procedure	ICD-10-PCS
DTY37ZZ	Contact Radiation of Urethra	Procedure	ICD-10-PCS
DUY27ZZ	Contact Radiation of Uterus	Procedure	ICD-10-PCS
DWY57ZZ	Contact Radiation of Whole Body	Procedure	ICD-10-PCS
DDY8CZZ	Intraoperative Radiation Therapy (IORT) of Anus	Procedure	ICD-10-PCS
DFY2CZZ	Intraoperative Radiation Therapy (IORT) of Bile Ducts	Procedure	ICD-10-PCS
DTY2CZZ	Intraoperative Radiation Therapy (IORT) of Bladder	Procedure	ICD-10-PCS
DUY1CZZ	Intraoperative Radiation Therapy (IORT) of Cervix	Procedure	ICD-10-PCS
DDY5CZZ	Intraoperative Radiation Therapy (IORT) of Colon	Procedure	ICD-10-PCS
DDY2CZZ	Intraoperative Radiation Therapy (IORT) of Duodenum	Procedure	ICD-10-PCS
DFY1CZZ	Intraoperative Radiation Therapy (IORT) of Gallbladder	Procedure	ICD-10-PCS
DDY4CZZ	Intraoperative Radiation Therapy (IORT) of Ileum	Procedure	ICD-10-PCS
DDY3CZZ	Intraoperative Radiation Therapy (IORT) of Jejunum	Procedure	ICD-10-PCS
DTY0CZZ	Intraoperative Radiation Therapy (IORT) of Kidney	Procedure	ICD-10-PCS
D9YBCZZ	Intraoperative Radiation Therapy (IORT) of Larynx	Procedure	ICD-10-PCS
DFY0CZZ	Intraoperative Radiation Therapy (IORT) of Liver	Procedure	ICD-10-PCS
D9Y4CZZ	Intraoperative Radiation Therapy (IORT) of Mouth	Procedure	ICD-10-PCS
D9YDCZZ	Intraoperative Radiation Therapy (IORT) of Nasopharynx	Procedure	ICD-10-PCS
DUY0CZZ	Intraoperative Radiation Therapy (IORT) of Ovary	Procedure	ICD-10-PCS
DFY3CZZ	Intraoperative Radiation Therapy (IORT) of Pancreas	Procedure	ICD-10-PCS
D9YCCZZ	Intraoperative Radiation Therapy (IORT) of Pharynx	Procedure	ICD-10-PCS
DVY0CZZ	Intraoperative Radiation Therapy (IORT) of Prostate	Procedure	ICD-10-PCS
DDY7CZZ	Intraoperative Radiation Therapy (IORT) of Rectum	Procedure	ICD-10-PCS
DDY1CZZ	Intraoperative Radiation Therapy (IORT) of Stomach	Procedure	ICD-10-PCS
DTY1CZZ	Intraoperative Radiation Therapy (IORT) of Ureter	Procedure	ICD-10-PCS
DTY3CZZ	Intraoperative Radiation Therapy (IORT) of Urethra	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DUY2CZZ	Intraoperative Radiation Therapy (IORT) of Uterus	Procedure	ICD-10-PCS
D0006ZZ	Beam Radiation of Brain using Neutron Capture	Procedure	ICD-10-PCS
D0016ZZ	Beam Radiation of Brain Stem using Neutron Capture	Procedure	ICD-10-PCS
D0066ZZ	Beam Radiation of Spinal Cord using Neutron Capture	Procedure	ICD-10-PCS
D7006ZZ	Beam Radiation of Bone Marrow using Neutron Capture	Procedure	ICD-10-PCS
D7016ZZ	Beam Radiation of Thymus using Neutron Capture	Procedure	ICD-10-PCS
D7026ZZ	Beam Radiation of Spleen using Neutron Capture	Procedure	ICD-10-PCS
D7036ZZ	Beam Radiation of Neck Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7046ZZ	Beam Radiation of Axillary Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7056ZZ	Beam Radiation of Thorax Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7066ZZ	Beam Radiation of Abdomen Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7076ZZ	Beam Radiation of Pelvis Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D7086ZZ	Beam Radiation of Inguinal Lymphatics using Neutron Capture	Procedure	ICD-10-PCS
D9016ZZ	Beam Radiation of Nose using Neutron Capture	Procedure	ICD-10-PCS
D9036ZZ	Beam Radiation of Hypopharynx using Neutron Capture	Procedure	ICD-10-PCS
D9046ZZ	Beam Radiation of Mouth using Neutron Capture	Procedure	ICD-10-PCS
D9056ZZ	Beam Radiation of Tongue using Neutron Capture	Procedure	ICD-10-PCS
D9066ZZ	Beam Radiation of Salivary Glands using Neutron Capture	Procedure	ICD-10-PCS
D9076ZZ	Beam Radiation of Sinuses using Neutron Capture	Procedure	ICD-10-PCS
D9086ZZ	Beam Radiation of Hard Palate using Neutron Capture	Procedure	ICD-10-PCS
D9096ZZ	Beam Radiation of Soft Palate using Neutron Capture	Procedure	ICD-10-PCS
D90B6ZZ	Beam Radiation of Larynx using Neutron Capture	Procedure	ICD-10-PCS
D90D6ZZ	Beam Radiation of Nasopharynx using Neutron Capture	Procedure	ICD-10-PCS
D90F6ZZ	Beam Radiation of Oropharynx using Neutron Capture	Procedure	ICD-10-PCS
DB006ZZ	Beam Radiation of Trachea using Neutron Capture	Procedure	ICD-10-PCS
DB016ZZ	Beam Radiation of Bronchus using Neutron Capture	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DB026ZZ	Beam Radiation of Lung using Neutron Capture	Procedure	ICD-10-PCS
DB056ZZ	Beam Radiation of Pleura using Neutron Capture	Procedure	ICD-10-PCS
DB066ZZ	Beam Radiation of Mediastinum using Neutron Capture	Procedure	ICD-10-PCS
DB076ZZ	Beam Radiation of Chest Wall using Neutron Capture	Procedure	ICD-10-PCS
DB086ZZ	Beam Radiation of Diaphragm using Neutron Capture	Procedure	ICD-10-PCS
DD006ZZ	Beam Radiation of Esophagus using Neutron Capture	Procedure	ICD-10-PCS
DD016ZZ	Beam Radiation of Stomach using Neutron Capture	Procedure	ICD-10-PCS
DD026ZZ	Beam Radiation of Duodenum using Neutron Capture	Procedure	ICD-10-PCS
DD036ZZ	Beam Radiation of Jejunum using Neutron Capture	Procedure	ICD-10-PCS
DD046ZZ	Beam Radiation of Ileum using Neutron Capture	Procedure	ICD-10-PCS
DD056ZZ	Beam Radiation of Colon using Neutron Capture	Procedure	ICD-10-PCS
DD076ZZ	Beam Radiation of Rectum using Neutron Capture	Procedure	ICD-10-PCS
DF006ZZ	Beam Radiation of Liver using Neutron Capture	Procedure	ICD-10-PCS
DF016ZZ	Beam Radiation of Gallbladder using Neutron Capture	Procedure	ICD-10-PCS
DF026ZZ	Beam Radiation of Bile Ducts using Neutron Capture	Procedure	ICD-10-PCS
DF036ZZ	Beam Radiation of Pancreas using Neutron Capture	Procedure	ICD-10-PCS
DG006ZZ	Beam Radiation of Pituitary Gland using Neutron Capture	Procedure	ICD-10-PCS
DG016ZZ	Beam Radiation of Pineal Body using Neutron Capture	Procedure	ICD-10-PCS
DG026ZZ	Beam Radiation of Adrenal Glands using Neutron Capture	Procedure	ICD-10-PCS
DG046ZZ	Beam Radiation of Parathyroid Glands using Neutron Capture	Procedure	ICD-10-PCS
DG056ZZ	Beam Radiation of Thyroid using Neutron Capture	Procedure	ICD-10-PCS
DM006ZZ	Beam Radiation of Left Breast using Neutron Capture	Procedure	ICD-10-PCS
DM016ZZ	Beam Radiation of Right Breast using Neutron Capture	Procedure	ICD-10-PCS
DP006ZZ	Beam Radiation of Skull using Neutron Capture	Procedure	ICD-10-PCS
DP026ZZ	Beam Radiation of Maxilla using Neutron Capture	Procedure	ICD-10-PCS
DP036ZZ	Beam Radiation of Mandible using Neutron Capture	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DP046ZZ	Beam Radiation of Sternum using Neutron Capture	Procedure	ICD-10-PCS
DP056ZZ	Beam Radiation of Rib(s) using Neutron Capture	Procedure	ICD-10-PCS
DP066ZZ	Beam Radiation of Humerus using Neutron Capture	Procedure	ICD-10-PCS
DP076ZZ	Beam Radiation of Radius/Ulna using Neutron Capture	Procedure	ICD-10-PCS
DP086ZZ	Beam Radiation of Pelvic Bones using Neutron Capture	Procedure	ICD-10-PCS
DP096ZZ	Beam Radiation of Femur using Neutron Capture	Procedure	ICD-10-PCS
DP0B6ZZ	Beam Radiation of Tibia/Fibula using Neutron Capture	Procedure	ICD-10-PCS
DP0C6ZZ	Beam Radiation of Other Bone using Neutron Capture	Procedure	ICD-10-PCS
DT006ZZ	Beam Radiation of Kidney using Neutron Capture	Procedure	ICD-10-PCS
DT016ZZ	Beam Radiation of Ureter using Neutron Capture	Procedure	ICD-10-PCS
DT026ZZ	Beam Radiation of Bladder using Neutron Capture	Procedure	ICD-10-PCS
DT036ZZ	Beam Radiation of Urethra using Neutron Capture	Procedure	ICD-10-PCS
DU006ZZ	Beam Radiation of Ovary using Neutron Capture	Procedure	ICD-10-PCS
DU016ZZ	Beam Radiation of Cervix using Neutron Capture	Procedure	ICD-10-PCS
DU026ZZ	Beam Radiation of Uterus using Neutron Capture	Procedure	ICD-10-PCS
DV006ZZ	Beam Radiation of Prostate using Neutron Capture	Procedure	ICD-10-PCS
DV016ZZ	Beam Radiation of Testis using Neutron Capture	Procedure	ICD-10-PCS
DW016ZZ	Beam Radiation of Head and Neck using Neutron Capture	Procedure	ICD-10-PCS
DW026ZZ	Beam Radiation of Chest using Neutron Capture	Procedure	ICD-10-PCS
DW036ZZ	Beam Radiation of Abdomen using Neutron Capture	Procedure	ICD-10-PCS
DW046ZZ	Beam Radiation of Hemibody using Neutron Capture	Procedure	ICD-10-PCS
DW056ZZ	Beam Radiation of Whole Body using Neutron Capture	Procedure	ICD-10-PCS
DW066ZZ	Beam Radiation of Pelvic Region using Neutron Capture	Procedure	ICD-10-PCS
D0001ZZ	Beam Radiation of Brain using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D0002ZZ	Beam Radiation of Brain using Photons >10 MeV	Procedure	ICD-10-PCS
D0011ZZ	Beam Radiation of Brain Stem using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D0012ZZ	Beam Radiation of Brain Stem using Photons >10 MeV	Procedure	ICD-10-PCS
D0061ZZ	Beam Radiation of Spinal Cord using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D0062ZZ	Beam Radiation of Spinal Cord using Photons >10 MeV	Procedure	ICD-10-PCS
D7001ZZ	Beam Radiation of Bone Marrow using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7002ZZ	Beam Radiation of Bone Marrow using Photons >10 MeV	Procedure	ICD-10-PCS
D7011ZZ	Beam Radiation of Thymus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7012ZZ	Beam Radiation of Thymus using Photons >10 MeV	Procedure	ICD-10-PCS
D7021ZZ	Beam Radiation of Spleen using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7022ZZ	Beam Radiation of Spleen using Photons >10 MeV	Procedure	ICD-10-PCS
D7031ZZ	Beam Radiation of Neck Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7032ZZ	Beam Radiation of Neck Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7041ZZ	Beam Radiation of Axillary Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7042ZZ	Beam Radiation of Axillary Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7051ZZ	Beam Radiation of Thorax Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7052ZZ	Beam Radiation of Thorax Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7061ZZ	Beam Radiation of Abdomen Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7062ZZ	Beam Radiation of Abdomen Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7071ZZ	Beam Radiation of Pelvis Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7072ZZ	Beam Radiation of Pelvis Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D7081ZZ	Beam Radiation of Inguinal Lymphatics using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D7082ZZ	Beam Radiation of Inguinal Lymphatics using Photons >10 MeV	Procedure	ICD-10-PCS
D9011ZZ	Beam Radiation of Nose using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9012ZZ	Beam Radiation of Nose using Photons >10 MeV	Procedure	ICD-10-PCS
D9031ZZ	Beam Radiation of Hypopharynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9032ZZ	Beam Radiation of Hypopharynx using Photons >10 MeV	Procedure	ICD-10-PCS
D9041ZZ	Beam Radiation of Mouth using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
D9042ZZ	Beam Radiation of Mouth using Photons >10 MeV	Procedure	ICD-10-PCS
D9051ZZ	Beam Radiation of Tongue using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9052ZZ	Beam Radiation of Tongue using Photons >10 MeV	Procedure	ICD-10-PCS
D9061ZZ	Beam Radiation of Salivary Glands using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9062ZZ	Beam Radiation of Salivary Glands using Photons >10 MeV	Procedure	ICD-10-PCS
D9071ZZ	Beam Radiation of Sinuses using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9072ZZ	Beam Radiation of Sinuses using Photons >10 MeV	Procedure	ICD-10-PCS
D9081ZZ	Beam Radiation of Hard Palate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9082ZZ	Beam Radiation of Hard Palate using Photons >10 MeV	Procedure	ICD-10-PCS
D9091ZZ	Beam Radiation of Soft Palate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D9092ZZ	Beam Radiation of Soft Palate using Photons >10 MeV	Procedure	ICD-10-PCS
D90B1ZZ	Beam Radiation of Larynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D90B2ZZ	Beam Radiation of Larynx using Photons >10 MeV	Procedure	ICD-10-PCS
D90D1ZZ	Beam Radiation of Nasopharynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D90D2ZZ	Beam Radiation of Nasopharynx using Photons >10 MeV	Procedure	ICD-10-PCS
D90F1ZZ	Beam Radiation of Oropharynx using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
D90F2ZZ	Beam Radiation of Oropharynx using Photons >10 MeV	Procedure	ICD-10-PCS
DB001ZZ	Beam Radiation of Trachea using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB002ZZ	Beam Radiation of Trachea using Photons >10 MeV	Procedure	ICD-10-PCS
DB011ZZ	Beam Radiation of Bronchus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB012ZZ	Beam Radiation of Bronchus using Photons >10 MeV	Procedure	ICD-10-PCS
DB021ZZ	Beam Radiation of Lung using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB022ZZ	Beam Radiation of Lung using Photons >10 MeV	Procedure	ICD-10-PCS
DB051ZZ	Beam Radiation of Pleura using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB052ZZ	Beam Radiation of Pleura using Photons >10 MeV	Procedure	ICD-10-PCS
DB061ZZ	Beam Radiation of Mediastinum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DB062ZZ	Beam Radiation of Mediastinum using Photons >10 MeV	Procedure	ICD-10-PCS
DB071ZZ	Beam Radiation of Chest Wall using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB072ZZ	Beam Radiation of Chest Wall using Photons >10 MeV	Procedure	ICD-10-PCS
DB081ZZ	Beam Radiation of Diaphragm using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DB082ZZ	Beam Radiation of Diaphragm using Photons >10 MeV	Procedure	ICD-10-PCS
DD001ZZ	Beam Radiation of Esophagus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD002ZZ	Beam Radiation of Esophagus using Photons >10 MeV	Procedure	ICD-10-PCS
DD011ZZ	Beam Radiation of Stomach using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD012ZZ	Beam Radiation of Stomach using Photons >10 MeV	Procedure	ICD-10-PCS
DD021ZZ	Beam Radiation of Duodenum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD022ZZ	Beam Radiation of Duodenum using Photons >10 MeV	Procedure	ICD-10-PCS
DD031ZZ	Beam Radiation of Jejunum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD032ZZ	Beam Radiation of Jejunum using Photons >10 MeV	Procedure	ICD-10-PCS
DD041ZZ	Beam Radiation of Ileum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD042ZZ	Beam Radiation of Ileum using Photons >10 MeV	Procedure	ICD-10-PCS
DD051ZZ	Beam Radiation of Colon using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD052ZZ	Beam Radiation of Colon using Photons >10 MeV	Procedure	ICD-10-PCS
DD071ZZ	Beam Radiation of Rectum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DD072ZZ	Beam Radiation of Rectum using Photons >10 MeV	Procedure	ICD-10-PCS
DF001ZZ	Beam Radiation of Liver using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF002ZZ	Beam Radiation of Liver using Photons >10 MeV	Procedure	ICD-10-PCS
DF011ZZ	Beam Radiation of Gallbladder using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF012ZZ	Beam Radiation of Gallbladder using Photons >10 MeV	Procedure	ICD-10-PCS
DF021ZZ	Beam Radiation of Bile Ducts using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DF022ZZ	Beam Radiation of Bile Ducts using Photons >10 MeV	Procedure	ICD-10-PCS
DF031ZZ	Beam Radiation of Pancreas using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DF032ZZ	Beam Radiation of Pancreas using Photons >10 MeV	Procedure	ICD-10-PCS
DG001ZZ	Beam Radiation of Pituitary Gland using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG002ZZ	Beam Radiation of Pituitary Gland using Photons >10 MeV	Procedure	ICD-10-PCS
DG011ZZ	Beam Radiation of Pineal Body using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG012ZZ	Beam Radiation of Pineal Body using Photons >10 MeV	Procedure	ICD-10-PCS
DG021ZZ	Beam Radiation of Adrenal Glands using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG022ZZ	Beam Radiation of Adrenal Glands using Photons >10 MeV	Procedure	ICD-10-PCS
DG041ZZ	Beam Radiation of Parathyroid Glands using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG042ZZ	Beam Radiation of Parathyroid Glands using Photons >10 MeV	Procedure	ICD-10-PCS
DG051ZZ	Beam Radiation of Thyroid using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DG052ZZ	Beam Radiation of Thyroid using Photons >10 MeV	Procedure	ICD-10-PCS
DM001ZZ	Beam Radiation of Left Breast using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DM002ZZ	Beam Radiation of Left Breast using Photons >10 MeV	Procedure	ICD-10-PCS
DM011ZZ	Beam Radiation of Right Breast using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DM012ZZ	Beam Radiation of Right Breast using Photons >10 MeV	Procedure	ICD-10-PCS
DP001ZZ	Beam Radiation of Skull using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP002ZZ	Beam Radiation of Skull using Photons >10 MeV	Procedure	ICD-10-PCS
DP021ZZ	Beam Radiation of Maxilla using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP022ZZ	Beam Radiation of Maxilla using Photons >10 MeV	Procedure	ICD-10-PCS
DP031ZZ	Beam Radiation of Mandible using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP032ZZ	Beam Radiation of Mandible using Photons >10 MeV	Procedure	ICD-10-PCS
DP041ZZ	Beam Radiation of Sternum using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP042ZZ	Beam Radiation of Sternum using Photons >10 MeV	Procedure	ICD-10-PCS
DP051ZZ	Beam Radiation of Rib(s) using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP052ZZ	Beam Radiation of Rib(s) using Photons >10 MeV	Procedure	ICD-10-PCS
DP061ZZ	Beam Radiation of Humerus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DP062ZZ	Beam Radiation of Humerus using Photons >10 MeV	Procedure	ICD-10-PCS
DP071ZZ	Beam Radiation of Radius/Ulna using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP072ZZ	Beam Radiation of Radius/Ulna using Photons >10 MeV	Procedure	ICD-10-PCS
DP081ZZ	Beam Radiation of Pelvic Bones using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP082ZZ	Beam Radiation of Pelvic Bones using Photons >10 MeV	Procedure	ICD-10-PCS
DP091ZZ	Beam Radiation of Femur using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP092ZZ	Beam Radiation of Femur using Photons >10 MeV	Procedure	ICD-10-PCS
DP0B1ZZ	Beam Radiation of Tibia/Fibula using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DP0B2ZZ	Beam Radiation of Tibia/Fibula using Photons >10 MeV	Procedure	ICD-10-PCS
DPOC1ZZ	Beam Radiation of Other Bone using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DPOC2ZZ	Beam Radiation of Other Bone using Photons >10 MeV	Procedure	ICD-10-PCS
DT001ZZ	Beam Radiation of Kidney using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT002ZZ	Beam Radiation of Kidney using Photons >10 MeV	Procedure	ICD-10-PCS
DT011ZZ	Beam Radiation of Ureter using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT012ZZ	Beam Radiation of Ureter using Photons >10 MeV	Procedure	ICD-10-PCS
DT021ZZ	Beam Radiation of Bladder using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT022ZZ	Beam Radiation of Bladder using Photons >10 MeV	Procedure	ICD-10-PCS
DT031ZZ	Beam Radiation of Urethra using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DT032ZZ	Beam Radiation of Urethra using Photons >10 MeV	Procedure	ICD-10-PCS
DU001ZZ	Beam Radiation of Ovary using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DU002ZZ	Beam Radiation of Ovary using Photons >10 MeV	Procedure	ICD-10-PCS
DU011ZZ	Beam Radiation of Cervix using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DU012ZZ	Beam Radiation of Cervix using Photons >10 MeV	Procedure	ICD-10-PCS
DU021ZZ	Beam Radiation of Uterus using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DU022ZZ	Beam Radiation of Uterus using Photons >10 MeV	Procedure	ICD-10-PCS
DV001ZZ	Beam Radiation of Prostate using Photons 1 - 10 MeV	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
DV002ZZ	Beam Radiation of Prostate using Photons >10 MeV	Procedure	ICD-10-PCS
DV011ZZ	Beam Radiation of Testis using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DV012ZZ	Beam Radiation of Testis using Photons >10 MeV	Procedure	ICD-10-PCS
DW011ZZ	Beam Radiation of Head and Neck using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW012ZZ	Beam Radiation of Head and Neck using Photons >10 MeV	Procedure	ICD-10-PCS
DW021ZZ	Beam Radiation of Chest using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW022ZZ	Beam Radiation of Chest using Photons >10 MeV	Procedure	ICD-10-PCS
DW031ZZ	Beam Radiation of Abdomen using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW032ZZ	Beam Radiation of Abdomen using Photons >10 MeV	Procedure	ICD-10-PCS
DW041ZZ	Beam Radiation of Hemibody using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW042ZZ	Beam Radiation of Hemibody using Photons >10 MeV	Procedure	ICD-10-PCS
DW051ZZ	Beam Radiation of Whole Body using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW052ZZ	Beam Radiation of Whole Body using Photons >10 MeV	Procedure	ICD-10-PCS
DW061ZZ	Beam Radiation of Pelvic Region using Photons 1 - 10 MeV	Procedure	ICD-10-PCS
DW062ZZ	Beam Radiation of Pelvic Region using Photons >10 MeV	Procedure	ICD-10-PCS
D0076ZZ	Beam Radiation of Peripheral Nerve using Neutron Capture	Procedure	ICD-10-PCS
XW03351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW04351	Introduction of Blinatumomab Antineoplastic Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 1	Procedure	ICD-10-PCS
XW043B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033B3	Introduction of Cytarabine and Daunorubicin Liposome Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW043C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Central Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
XW033C3	Introduction of Engineered Autologous Chimeric Antigen Receptor T-cell Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 3	Procedure	ICD-10-PCS
3E03005	Introduction of Other Antineoplastic into Peripheral Vein, Open Approach	Procedure	ICD-10-PCS
3E03305	Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
3E04005	Introduction of Other Antineoplastic into Central Vein, Open Approach	Procedure	ICD-10-PCS
3E04305	Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach	Procedure	ICD-10-PCS
3E05305	Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E06005	Introduction of Other Antineoplastic into Central Artery, Open Approach	Procedure	ICD-10-PCS
3E06305	Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach	Procedure	ICD-10-PCS
3E00X05	Introduction of other antineoplastic into skin and mucous membranes, external approach	Procedure	ICD-10-PCS
3E00X0M	Introduction of monoclonal antibody into skin and mucous membranes, external approach	Procedure	ICD-10-PCS
3E01305	Introduction of other antineoplastic into subcutaneous tissue, percutaneous approach	Procedure	ICD-10-PCS
3E0130M	Introduction of monoclonal antibody into subcutaneous tissue, percutaneous approach	Procedure	ICD-10-PCS
3E02305	Introduction of other antineoplastic into muscle, percutaneous approach	Procedure	ICD-10-PCS
3E0230M	Introduction of monoclonal antibody into muscle, percutaneous approach	Procedure	ICD-10-PCS
3E03002	Introduction of high-dose interleukin-2 into peripheral vein, open approach	Procedure	ICD-10-PCS
3E03003	Introduction of low-dose interleukin-2 into peripheral vein, open approach	Procedure	ICD-10-PCS
3E0300M	Introduction of monoclonal antibody into peripheral vein, open approach	Procedure	ICD-10-PCS
3E0300P	Introduction of clofarabine into peripheral vein, open approach	Procedure	ICD-10-PCS
3E03302	Introduction of high-dose interleukin-2 into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
3E03303	Introduction of low-dose interleukin-2 into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
3E0330M	Introduction of monoclonal antibody into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
3E0330P	Introduction of clofarabine into peripheral vein, percutaneous approach	Procedure	ICD-10-PCS
3E04002	Introduction of high-dose interleukin-2 into central vein, open approach	Procedure	ICD-10-PCS
3E04003	Introduction of low-dose interleukin-2 into central vein, open approach	Procedure	ICD-10-PCS
3E0400M	Introduction of monoclonal antibody into central vein, open approach	Procedure	ICD-10-PCS
3E0400P	Introduction of clofarabine into central vein, open approach	Procedure	ICD-10-PCS
3E04302	Introduction of high-dose interleukin-2 into central vein, percutaneous approach	Procedure	ICD-10-PCS
3E04303	Introduction of low-dose interleukin-2 into central vein, percutaneous approach	Procedure	ICD-10-PCS
3E0430M	Introduction of monoclonal antibody into central vein, percutaneous approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
3E0430P	Introduction of clofarabine into central vein, percutaneous approach	Procedure	ICD-10-PCS
3E05002	Introduction of high-dose interleukin-2 into peripheral artery, open approach	Procedure	ICD-10-PCS
3E05003	Introduction of low-dose interleukin-2 into peripheral artery, open approach	Procedure	ICD-10-PCS
3E05005	Introduction of other antineoplastic into peripheral artery, open approach	Procedure	ICD-10-PCS
3E0500M	Introduction of monoclonal antibody into peripheral artery, open approach	Procedure	ICD-10-PCS
3E0500P	Introduction of clofarabine into peripheral artery, open approach	Procedure	ICD-10-PCS
3E05302	Introduction of high-dose interleukin-2 into peripheral artery, percutaneous approach	Procedure	ICD-10-PCS
3E05303	Introduction of low-dose interleukin-2 into peripheral artery, percutaneous approach	Procedure	ICD-10-PCS
3E0530M	Introduction of monoclonal antibody into peripheral artery, percutaneous approach	Procedure	ICD-10-PCS
3E0530P	Introduction of clofarabine into peripheral artery, percutaneous approach	Procedure	ICD-10-PCS
3E06002	Introduction of high-dose interleukin-2 into central artery, open approach	Procedure	ICD-10-PCS
3E06003	Introduction of low-dose interleukin-2 into central artery, open approach	Procedure	ICD-10-PCS
3E0600M	Introduction of monoclonal antibody into central artery, open approach	Procedure	ICD-10-PCS
3E0600P	Introduction of clofarabine into central artery, open approach	Procedure	ICD-10-PCS
3E06302	Introduction of high-dose interleukin-2 into central artery, percutaneous approach	Procedure	ICD-10-PCS
3E06303	Introduction of low-dose interleukin-2 into central artery, percutaneous approach	Procedure	ICD-10-PCS
3E0630M	Introduction of monoclonal antibody into central artery, percutaneous approach	Procedure	ICD-10-PCS
3E0630P	Introduction of clofarabine into central artery, percutaneous approach	Procedure	ICD-10-PCS
3E09305	Introduction of other antineoplastic into nose, percutaneous approach	Procedure	ICD-10-PCS
3E0930M	Introduction of monoclonal antibody into nose, percutaneous approach	Procedure	ICD-10-PCS
3E09705	Introduction of other antineoplastic into nose, via natural or artificial opening	Procedure	ICD-10-PCS
3E0970M	Introduction of monoclonal antibody into nose, via natural or artificial opening	Procedure	ICD-10-PCS
3E09X05	Introduction of other antineoplastic into nose, external approach	Procedure	ICD-10-PCS
3E09X0M	Introduction of monoclonal antibody into nose, external approach	Procedure	ICD-10-PCS
3E0A305	Introduction of other antineoplastic into bone marrow, percutaneous approach	Procedure	ICD-10-PCS
3E0A30M	Introduction of monoclonal antibody into bone marrow, percutaneous approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
3E0B305	Introduction of other antineoplastic into ear, percutaneous approach	Procedure	ICD-10-PCS
3E0B30M	Introduction of monoclonal antibody into ear, percutaneous approach	Procedure	ICD-10-PCS
3E0B705	Introduction of other antineoplastic into ear, via natural or artificial opening	Procedure	ICD-10-PCS
3E0B70M	Introduction of monoclonal antibody into ear, via natural or artificial opening	Procedure	ICD-10-PCS
3E0BX05	Introduction of other antineoplastic into ear, external approach	Procedure	ICD-10-PCS
3E0BX0M	Introduction of monoclonal antibody into ear, external approach	Procedure	ICD-10-PCS
3E0C305	Introduction of other antineoplastic into eye, percutaneous approach	Procedure	ICD-10-PCS
3E0C30M	Introduction of monoclonal antibody into eye, percutaneous approach	Procedure	ICD-10-PCS
3E0C705	Introduction of other antineoplastic into eye, via natural or artificial opening	Procedure	ICD-10-PCS
3E0C70M	Introduction of monoclonal antibody into eye, via natural or artificial opening	Procedure	ICD-10-PCS
3E0CX05	Introduction of other antineoplastic into eye, external approach	Procedure	ICD-10-PCS
3E0CX0M	Introduction of monoclonal antibody into eye, external approach	Procedure	ICD-10-PCS
3E0D305	Introduction of other antineoplastic into mouth and pharynx, percutaneous approach	Procedure	ICD-10-PCS
3E0D30M	Introduction of monoclonal antibody into mouth and pharynx, percutaneous approach	Procedure	ICD-10-PCS
3E0D705	Introduction of other antineoplastic into mouth and pharynx, via natural or artificial opening	Procedure	ICD-10-PCS
3E0D70M	Introduction of monoclonal antibody into mouth and pharynx, via natural or artificial opening	Procedure	ICD-10-PCS
3E0DX05	Introduction of other antineoplastic into mouth and pharynx, external approach	Procedure	ICD-10-PCS
3E0DX0M	Introduction of monoclonal antibody into mouth and pharynx, external approach	Procedure	ICD-10-PCS
3E0E305	Introduction of other antineoplastic into products of conception, percutaneous approach	Procedure	ICD-10-PCS
3E0E30M	Introduction of monoclonal antibody into products of conception, percutaneous approach	Procedure	ICD-10-PCS
3E0E705	Introduction of other antineoplastic into products of conception, via natural or artificial opening	Procedure	ICD-10-PCS
3E0E70M	Introduction of monoclonal antibody into products of conception, via natural or artificial opening	Procedure	ICD-10-PCS
3E0E805	Introduction of other antineoplastic into products of conception, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0E80M	Introduction of monoclonal antibody into products of conception, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0F305	Introduction of other antineoplastic into respiratory tract, percutaneous approach	Procedure	ICD-10-PCS
3E0F30M	Introduction of monoclonal antibody into respiratory tract, percutaneous approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
3E0F705	Introduction of other antineoplastic into respiratory tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0F70M	Introduction of monoclonal antibody into respiratory tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0F805	Introduction of other antineoplastic into respiratory tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0F80M	Introduction of monoclonal antibody into respiratory tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0G305	Introduction of other antineoplastic into upper gi, percutaneous approach	Procedure	ICD-10-PCS
3E0G30M	Introduction of monoclonal antibody into upper gi, percutaneous approach	Procedure	ICD-10-PCS
3E0G705	Introduction of other antineoplastic into upper gi, via natural or artificial opening	Procedure	ICD-10-PCS
3E0G70M	Introduction of monoclonal antibody into upper gi, via natural or artificial opening	Procedure	ICD-10-PCS
3E0G805	Introduction of other antineoplastic into upper gi, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0G80M	Introduction of monoclonal antibody into upper gi, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0H305	Introduction of other antineoplastic into lower gi, percutaneous approach	Procedure	ICD-10-PCS
3E0H30M	Introduction of monoclonal antibody into lower gi, percutaneous approach	Procedure	ICD-10-PCS
3E0H705	Introduction of other antineoplastic into lower gi, via natural or artificial opening	Procedure	ICD-10-PCS
3E0H70M	Introduction of monoclonal antibody into lower gi, via natural or artificial opening	Procedure	ICD-10-PCS
3E0H805	Introduction of other antineoplastic into lower gi, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0H80M	Introduction of monoclonal antibody into lower gi, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0J305	Introduction of other antineoplastic into biliary and pancreatic tract, percutaneous approach	Procedure	ICD-10-PCS
3E0J30M	Introduction of monoclonal antibody into biliary and pancreatic tract, percutaneous approach	Procedure	ICD-10-PCS
3E0J705	Introduction of other antineoplastic into biliary and pancreatic tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0J70M	Introduction of monoclonal antibody into biliary and pancreatic tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0J805	Introduction of other antineoplastic into biliary and pancreatic tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0J80M	Introduction of monoclonal antibody into biliary and pancreatic tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0K305	Introduction of other antineoplastic into genitourinary tract, percutaneous approach	Procedure	ICD-10-PCS
3E0K30M	Introduction of monoclonal antibody into genitourinary tract, percutaneous approach	Procedure	ICD-10-PCS
3E0K705	Introduction of other antineoplastic into genitourinary tract, via natural or artificial opening	Procedure	ICD-10-PCS
3E0K70M	Introduction of monoclonal antibody into genitourinary tract, via natural or artificial opening	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
3E0K805	Introduction of other antineoplastic into genitourinary tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0K80M	Introduction of monoclonal antibody into genitourinary tract, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0L305	Introduction of other antineoplastic into pleural cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0L30M	Introduction of monoclonal antibody into pleural cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0L705	Introduction of other antineoplastic into pleural cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0L70M	Introduction of monoclonal antibody into pleural cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0M305	Introduction of other antineoplastic into peritoneal cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0M30M	Introduction of monoclonal antibody into peritoneal cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0M705	Introduction of other antineoplastic into peritoneal cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0M70M	Introduction of monoclonal antibody into peritoneal cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0N305	Introduction of other antineoplastic into male reproductive, percutaneous approach	Procedure	ICD-10-PCS
3E0N30M	Introduction of monoclonal antibody into male reproductive, percutaneous approach	Procedure	ICD-10-PCS
3E0N705	Introduction of other antineoplastic into male reproductive, via natural or artificial opening	Procedure	ICD-10-PCS
3E0N70M	Introduction of monoclonal antibody into male reproductive, via natural or artificial opening	Procedure	ICD-10-PCS
3E0N805	Introduction of other antineoplastic into male reproductive, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0N80M	Introduction of monoclonal antibody into male reproductive, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0P305	Introduction of other antineoplastic into female reproductive, percutaneous approach	Procedure	ICD-10-PCS
3E0P30M	Introduction of monoclonal antibody into female reproductive, percutaneous approach	Procedure	ICD-10-PCS
3E0P705	Introduction of other antineoplastic into female reproductive, via natural or artificial opening	Procedure	ICD-10-PCS
3E0P70M	Introduction of monoclonal antibody into female reproductive, via natural or artificial opening	Procedure	ICD-10-PCS
3E0P805	Introduction of other antineoplastic into female reproductive, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0P80M	Introduction of monoclonal antibody into female reproductive, via natural or artificial opening endoscopic	Procedure	ICD-10-PCS
3E0Q005	Introduction of other antineoplastic into cranial cavity and brain, open approach	Procedure	ICD-10-PCS
3E0Q00M	Introduction of monoclonal antibody into cranial cavity and brain, open approach	Procedure	ICD-10-PCS
3E0Q305	Introduction of other antineoplastic into cranial cavity and brain, percutaneous approach	Procedure	ICD-10-PCS
3E0Q30M	Introduction of monoclonal antibody into cranial cavity and brain, percutaneous approach	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
3E0Q705	Introduction of other antineoplastic into cranial cavity and brain, via natural or artificial opening	Procedure	ICD-10-PCS
3E0Q70M	Introduction of monoclonal antibody into cranial cavity and brain, via natural or artificial opening	Procedure	ICD-10-PCS
3E0R302	Introduction of high-dose interleukin-2 into spinal canal, percutaneous approach	Procedure	ICD-10-PCS
3E0R303	Introduction of low-dose interleukin-2 into spinal canal, percutaneous approach	Procedure	ICD-10-PCS
3E0R305	Introduction of other antineoplastic into spinal canal, percutaneous approach	Procedure	ICD-10-PCS
3E0R30M	Introduction of monoclonal antibody into spinal canal, percutaneous approach	Procedure	ICD-10-PCS
3E0S302	Introduction of high-dose interleukin-2 into epidural space, percutaneous approach	Procedure	ICD-10-PCS
3E0S303	Introduction of low-dose interleukin-2 into epidural space, percutaneous approach	Procedure	ICD-10-PCS
3E0S305	Introduction of other antineoplastic into epidural space, percutaneous approach	Procedure	ICD-10-PCS
3E0S30M	Introduction of monoclonal antibody into epidural space, percutaneous approach	Procedure	ICD-10-PCS
3E0U305	Introduction of other antineoplastic into joints, percutaneous approach	Procedure	ICD-10-PCS
3E0U30M	Introduction of monoclonal antibody into joints, percutaneous approach	Procedure	ICD-10-PCS
3E0V305	Introduction of other antineoplastic into bones, percutaneous approach	Procedure	ICD-10-PCS
3E0V30M	Introduction of monoclonal antibody into bones, percutaneous approach	Procedure	ICD-10-PCS
3E0W305	Introduction of other antineoplastic into lymphatics, percutaneous approach	Procedure	ICD-10-PCS
3E0W30M	Introduction of monoclonal antibody into lymphatics, percutaneous approach	Procedure	ICD-10-PCS
3E0Y305	Introduction of other antineoplastic into pericardial cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0Y30M	Introduction of monoclonal antibody into pericardial cavity, percutaneous approach	Procedure	ICD-10-PCS
3E0Y705	Introduction of other antineoplastic into pericardial cavity, via natural or artificial opening	Procedure	ICD-10-PCS
3E0Y70M	Introduction of monoclonal antibody into pericardial cavity, via natural or artificial opening	Procedure	ICD-10-PCS
XW033Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW033S5	Introduction of Iobenguane I-131 Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW043S5	Introduction of Iobenguane I-131 Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW043Q5	Introduction of Tagraxofusp-erzs Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXL5	Introduction of Erdafitinib Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXR5	Introduction of Venetoclax Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
XW0DXT5	Introduction of Ruxolitinib into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
XW0DXV5	Introduction of Gilteritinib Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5	Procedure	ICD-10-PCS
Z510	Encounter for antineoplastic radiation therapy	Diagnosis	ICD-10-CM
D61810	Antineoplastic chemotherapy induced pancytopenia	Diagnosis	ICD-10-CM
D6481	Anemia due to antineoplastic chemotherapy	Diagnosis	ICD-10-CM
D701	Agranulocytosis secondary to cancer chemotherapy	Diagnosis	ICD-10-CM
T80810	Extravasation of vesicant antineoplastic chemotherapy	Diagnosis	ICD-10-CM
T80810A	Extravasation of vesicant antineoplastic chemotherapy, initial encounter	Diagnosis	ICD-10-CM
T80810D	Extravasation of vesicant antineoplastic chemotherapy, subsequent encounter	Diagnosis	ICD-10-CM
Z511	Encounter for antineoplastic chemotherapy and immunotherapy	Diagnosis	ICD-10-CM
Z5111	Encounter for antineoplastic chemotherapy	Diagnosis	ICD-10-CM
Z5112	Encounter for antineoplastic immunotherapy	Diagnosis	ICD-10-CM
616011	ORENCIA	Prescribing, Medication	RXCUI
607377	ABATACEPT	Prescribing, Medication	RXCUI
614391	ABATACEPT	Prescribing, Medication	RXCUI
1145932	1 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE [ORENCIA]	Prescribing, Medication	RXCUI
1359480	ABATACEPT 125 MG/ML PREFILLED SYRINGE [ORENCIA]	Prescribing, Medication	RXCUI
1799230	1 ML ABATACEPT 125 MG/ML AUTO-INJECTOR [ORENCIA]	Prescribing, Medication	RXCUI
1799232	ABATACEPT 125 MG/ML AUTO-INJECTOR [ORENCIA]	Prescribing, Medication	RXCUI
1925255	0.4 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE [ORENCIA]	Prescribing, Medication	RXCUI
1925257	0.7 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE [ORENCIA]	Prescribing, Medication	RXCUI
616018	ABATACEPT 250 MG INJECTION [ORENCIA]	Prescribing, Medication	RXCUI
616207	ABATACEPT 10 MG/ML INJECTABLE SOLUTION [ORENCIA]	Prescribing, Medication	RXCUI
1145930	ABATACEPT 125 MG/ML [ORENCIA]	Prescribing, Medication	RXCUI
1659774	ABATACEPT 250 MG [ORENCIA]	Prescribing, Medication	RXCUI
616016	ABATACEPT 25 MG/ML [ORENCIA]	Prescribing, Medication	RXCUI
616206	ABATACEPT 10 MG/ML [ORENCIA]	Prescribing, Medication	RXCUI
1145931	ABATACEPT PREFILLED SYRINGE [ORENCIA]	Prescribing, Medication	RXCUI
1659775	ABATACEPT INJECTION [ORENCIA]	Prescribing, Medication	RXCUI
1799229	ABATACEPT AUTO-INJECTOR [ORENCIA]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
616017	ABATACEPT INJECTABLE SOLUTION [ORENCIA]	Prescribing, Medication	RXCUI
1183963	ORENCIA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1145929	1 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1360514	ABATACEPT 125 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1799228	1 ML ABATACEPT 125 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1799231	ABATACEPT 125 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1925254	0.4 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1925256	0.7 ML ABATACEPT 125 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
607381	ABATACEPT 10 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
616015	ABATACEPT 250 MG INJECTION	Prescribing, Medication	RXCUI
1145927	ABATACEPT 125 MG/ML	Prescribing, Medication	RXCUI
1659771	ABATACEPT 250 MG	Prescribing, Medication	RXCUI
607379	ABATACEPT 10 MG/ML	Prescribing, Medication	RXCUI
616014	ABATACEPT 25 MG/ML	Prescribing, Medication	RXCUI
1145928	ABATACEPT PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1659772	ABATACEPT INJECTION	Prescribing, Medication	RXCUI
1799227	ABATACEPT AUTO-INJECTOR	Prescribing, Medication	RXCUI
607380	ABATACEPT INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1163066	ABATACEPT INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
353484	HUMIRA	Prescribing, Medication	RXCUI
1594352	{6 (0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]) } PACK [HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACKAGE (6 COUNT)]	Prescribing, Medication	RXCUI
1594358	{3 (0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]) } PACK [HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACKAGE (3 COUNT)]	Administration Prescribing, Medication	RXCUI
1801278	{4 (0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA PEN - PSORIASIS STARTER PACK]	Administration Prescribing, Medication	RXCUI
1855527	{1 (0.4 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]) / 1 (0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]) } PACK [HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACKAGE (2 COUNT)]	Prescribing, Medication Administration	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1872984	{6 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA PEN 40 MG/0.4 ML STARTER PACK - CROHN'S DISEASE]	Prescribing, Medication	RXCUI
1872986	{4 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA PEN 40 MG/0.4 ML STARTER PACK - PSORIASIS]	Prescribing, Medication	RXCUI
1873087	{3 (0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]) } PACK [HUMIRA PREFILLED SYRINGE 80 MG/0.8 ML STARTER PACK - PEDIATRIC CROHN'S DISEASE]	Prescribing, Medication Administration	RXCUI
1921245	{3 (0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA PEN 80 MG/0.8 ML - STARTER PACKAGE FOR CROHN'S DISEASE, ULCERATIVE COLITIS OR HIDRADENITIS SUPPURATIVA]	Prescribing, Medication Administration	RXCUI
1921468	{2 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) / 1 (0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA PEN 80 MG/0.8 ML AND 40 MG/0.4 ML - PSORIASIS/UVEITIS STARTER PACKAGE]	Prescribing, Medication Administration	RXCUI
825170	{6 (0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR [HUMIRA]) } PACK [HUMIRA PEN - CROHN'S DISEASE STARTER PACK]	Prescribing, Medication	RXCUI
1594357	{3 (0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE) } PACK	Prescribing, Medication	RXCUI
1656703	{6 (0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR) } PACK	Prescribing, Medication	RXCUI
1801277	{4 (0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR) } PACK	Prescribing, Medication	RXCUI
1855526	{1 (0.4 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE) / 1 (0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE) } PACK	Prescribing, Medication	RXCUI
1872983	{6 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR) } PACK	Prescribing, Medication	RXCUI
1872985	{4 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR) } PACK	Prescribing, Medication	RXCUI
1873086	{3 (0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE) } PACK	Prescribing, Medication	RXCUI
1921244	{3 (0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR) } PACK	Prescribing, Medication	RXCUI
1921467	{2 (0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR) / 1 (0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR) } PACK	Prescribing, Medication	RXCUI
825169	{6 (0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE) } PACK	Prescribing, Medication	RXCUI
327361	ADALIMUMAB	Prescribing, Medication	RXCUI
2103477	ADALIMUMAB-ADBM	Prescribing, Medication	RXCUI
2103479	ADALIMUMAB-ATTO	Prescribing, Medication	RXCUI
1359755	ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
1551888	0.2 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
1655728	0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing, Medication	RXCUI
1655730	ADALIMUMAB 50 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing, Medication	RXCUI
1658078	ADALIMUMAB 50 MG/ML INJECTION [HUMIRA]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1726846	0.4 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
1726848	ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
1855524	0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
1872980	0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing, Medication	RXCUI
1872982	ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing, Medication	RXCUI
1921010	0.1 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
1921017	0.2 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
1921240	0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR [HUMIRA]	Prescribing, Medication	RXCUI
1921242	ADALIMUMAB 100 MG/ML PEN INJECTOR [HUMIRA]	Prescribing, Medication	RXCUI
1921466	0.4 ML ADALIMUMAB 100 MG/ML PEN INJECTOR [HUMIRA]	Prescribing, Medication	RXCUI
352334	0.8 ML ADALIMUMAB 50 MG/ML INJECTION [HUMIRA]	Prescribing, Medication	RXCUI
727705	0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
763565	0.4 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
1726845	ADALIMUMAB 100 MG/ML [HUMIRA]	Prescribing, Medication	RXCUI
576023	ADALIMUMAB 50 MG/ML [HUMIRA]	Prescribing, Medication	RXCUI
1655727	ADALIMUMAB AUTO-INJECTOR [HUMIRA]	Prescribing, Medication	RXCUI
1656698	ADALIMUMAB INJECTION [HUMIRA]	Prescribing, Medication	RXCUI
1921239	ADALIMUMAB PEN INJECTOR [HUMIRA]	Prescribing, Medication	RXCUI
363562	ADALIMUMAB INJECTABLE SOLUTION [HUMIRA]	Prescribing, Medication	RXCUI
727704	ADALIMUMAB PREFILLED SYRINGE [HUMIRA]	Prescribing, Medication	RXCUI
1171992	HUMIRA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1360097	ADALIMUMAB 50 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1551887	0.2 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1655726	0.8 ML ADALIMUMAB 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1655729	ADALIMUMAB 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1658077	ADALIMUMAB 50 MG/ML INJECTION	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1726844	0.4 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1726847	ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1855523	0.8 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1872979	0.4 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1872981	ADALIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1921009	0.1 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1921016	0.2 ML ADALIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1921238	0.8 ML ADALIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1921241	ADALIMUMAB 100 MG/ML PEN INJECTOR	Prescribing, Medication	RXCUI
1921465	0.4 ML ADALIMUMAB 100 MG/ML PEN INJECTOR	Prescribing, Medication	RXCUI
351290	0.8 ML ADALIMUMAB 50 MG/ML INJECTION	Prescribing, Medication	RXCUI
727703	0.8 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
763564	0.4 ML ADALIMUMAB 50 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1726843	ADALIMUMAB 100 MG/ML	Prescribing, Medication	RXCUI
358817	ADALIMUMAB 50 MG/ML	Prescribing, Medication	RXCUI
1655725	ADALIMUMAB AUTO-INJECTOR	Prescribing, Medication	RXCUI
1656695	ADALIMUMAB INJECTION	Prescribing, Medication	RXCUI
1921237	ADALIMUMAB PEN INJECTOR	Prescribing, Medication	RXCUI
378758	ADALIMUMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
727702	ADALIMUMAB PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1163691	ADALIMUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1594659	LEMTRADA	Prescribing, Medication	RXCUI
284679	CAMPATH	Prescribing, Medication	RXCUI
117055	ALEMTUZUMAB	Prescribing, Medication	RXCUI
1594663	1.2 ML ALEMTUZUMAB 10 MG/ML INJECTION [LEMTRADA]	Prescribing, Medication	RXCUI
1656635	ALEMTUZUMAB 30 MG/ML INJECTION [CAMPATH]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1656640	ALEMTUZUMAB 10 MG/ML INJECTION [LEMTRADA]	Prescribing, Medication	RXCUI
351967	ALEMTUZUMAB 10 MG/ML INJECTABLE SOLUTION [CAMPATH]	Prescribing, Medication	RXCUI
543438	ALEMTUZUMAB 30 MG/ML INJECTABLE SOLUTION [CAMPATH]	Prescribing, Medication	RXCUI
828267	1 ML ALEMTUZUMAB 30 MG/ML INJECTION [CAMPATH]	Prescribing, Medication	RXCUI
1594660	ALEMTUZUMAB 10 MG/ML [LEMTRADA]	Prescribing, Medication	RXCUI
1656631	ALEMTUZUMAB 30 MG/ML [CAMPATH]	Prescribing, Medication	RXCUI
543437	ALEMTUZUMAB 30 MG/ML [CAMPATH]	Prescribing, Medication	RXCUI
575719	ALEMTUZUMAB 10 MG/ML [CAMPATH]	Prescribing, Medication	RXCUI
828266	ALEMTUZUMAB 0.3 MG/ML [CAMPATH]	Prescribing, Medication	RXCUI
1594661	ALEMTUZUMAB INJECTABLE SOLUTION [LEMTRADA]	Prescribing, Medication	RXCUI
1656632	ALEMTUZUMAB INJECTION [CAMPATH]	Prescribing, Medication	RXCUI
1656637	ALEMTUZUMAB INJECTION [LEMTRADA]	Prescribing, Medication	RXCUI
362780	ALEMTUZUMAB INJECTABLE SOLUTION [CAMPATH]	Prescribing, Medication	RXCUI
1172298	CAMPATH INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1594662	LEMTRADA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1594658	1.2 ML ALEMTUZUMAB 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
1656634	ALEMTUZUMAB 30 MG/ML INJECTION	Prescribing, Medication	RXCUI
1656639	ALEMTUZUMAB 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
284064	ALEMTUZUMAB 10 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
485516	ALEMTUZUMAB 30 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
828265	1 ML ALEMTUZUMAB 30 MG/ML INJECTION	Prescribing, Medication	RXCUI
1594657	ALEMTUZUMAB 10 MG/ML	Prescribing, Medication	RXCUI
1656628	ALEMTUZUMAB 30 MG/ML	Prescribing, Medication	RXCUI
343434	ALEMTUZUMAB 10 MG/ML	Prescribing, Medication	RXCUI
485515	ALEMTUZUMAB 30 MG/ML	Prescribing, Medication	RXCUI
828264	ALEMTUZUMAB 0.3 MG/ML	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1656629	ALEMTUZUMAB INJECTION	Prescribing, Medication	RXCUI
378757	ALEMTUZUMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1164265	ALEMTUZUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1112977	NULOJIX	Prescribing, Medication	RXCUI
1112973	BELATACEPT	Prescribing, Medication	RXCUI
1112980	BELATACEPT 250 MG INJECTION [NULOJIX]	Prescribing, Medication	RXCUI
1112978	BELATACEPT 25 MG/ML [NULOJIX]	Prescribing, Medication	RXCUI
1804973	BELATACEPT 250 MG [NULOJIX]	Prescribing, Medication	RXCUI
1112979	BELATACEPT INJECTABLE SOLUTION [NULOJIX]	Prescribing, Medication	RXCUI
1804974	BELATACEPT INJECTION [NULOJIX]	Prescribing, Medication	RXCUI
1178807	NULOJIX INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1112976	BELATACEPT 250 MG INJECTION	Prescribing, Medication	RXCUI
1112974	BELATACEPT 25 MG/ML	Prescribing, Medication	RXCUI
1804970	BELATACEPT 250 MG	Prescribing, Medication	RXCUI
1112975	BELATACEPT INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1804971	BELATACEPT INJECTION	Prescribing, Medication	RXCUI
1155316	BELATACEPT INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1092441	BENLYSTA	Prescribing, Medication	RXCUI
1092437	BELIMUMAB	Prescribing, Medication	RXCUI
1092444	BELIMUMAB 80 MG/ML INJECTABLE SOLUTION [BENLYSTA]	Prescribing, Medication	RXCUI
1656398	BELIMUMAB 120 MG INJECTION [BENLYSTA]	Prescribing, Medication	RXCUI
1656402	BELIMUMAB 400 MG INJECTION [BENLYSTA]	Prescribing, Medication	RXCUI
1939299	1 ML BELIMUMAB 200 MG/ML AUTO-INJECTOR [BENLYSTA]	Prescribing, Medication	RXCUI
1939301	BELIMUMAB 200 MG/ML AUTO-INJECTOR [BENLYSTA]	Prescribing, Medication	RXCUI
1939348	1 ML BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA]	Prescribing, Medication	RXCUI
1939350	BELIMUMAB 200 MG/ML PREFILLED SYRINGE [BENLYSTA]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1092442	BELIMUMAB 80 MG/ML [BENLYSTA]	Prescribing, Medication	RXCUI
1656396	BELIMUMAB 120 MG [BENLYSTA]	Prescribing, Medication	RXCUI
1656401	BELIMUMAB 400 MG [BENLYSTA]	Prescribing, Medication	RXCUI
1939297	BELIMUMAB 200 MG/ML [BENLYSTA]	Prescribing, Medication	RXCUI
1092443	BELIMUMAB INJECTABLE SOLUTION [BENLYSTA]	Prescribing, Medication	RXCUI
1656397	BELIMUMAB INJECTION [BENLYSTA]	Prescribing, Medication	RXCUI
1939298	BELIMUMAB AUTO-INJECTOR [BENLYSTA]	Prescribing, Medication	RXCUI
1939347	BELIMUMAB PREFILLED SYRINGE [BENLYSTA]	Prescribing, Medication	RXCUI
1171464	BENLYSTA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1092440	BELIMUMAB 80 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1656395	BELIMUMAB 120 MG INJECTION	Prescribing, Medication	RXCUI
1656400	BELIMUMAB 400 MG INJECTION	Prescribing, Medication	RXCUI
1939296	1 ML BELIMUMAB 200 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1939300	BELIMUMAB 200 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1939346	1 ML BELIMUMAB 200 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1939349	BELIMUMAB 200 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1092438	BELIMUMAB 80 MG/ML	Prescribing, Medication	RXCUI
1656393	BELIMUMAB 120 MG	Prescribing, Medication	RXCUI
1656399	BELIMUMAB 400 MG	Prescribing, Medication	RXCUI
1939294	BELIMUMAB 200 MG/ML	Prescribing, Medication	RXCUI
1092439	BELIMUMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1656394	BELIMUMAB INJECTION	Prescribing, Medication	RXCUI
1939295	BELIMUMAB AUTO-INJECTOR	Prescribing, Medication	RXCUI
1939345	BELIMUMAB PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1159402	BELIMUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
853495	ILARIS	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
853491	CANAKINUMAB	Prescribing, Medication	RXCUI
1864326	1 ML CANAKINUMAB 150 MG/ML INJECTION [ILARIS]	Prescribing, Medication	RXCUI
1864328	CANAKINUMAB 150 MG/ML INJECTION [ILARIS]	Prescribing, Medication	RXCUI
853498	CANAKINUMAB 180 MG INJECTION [ILARIS]	Prescribing, Medication	RXCUI
1655974	CANAKINUMAB 180 MG [ILARIS]	Prescribing, Medication	RXCUI
1864325	CANAKINUMAB 150 MG/ML [ILARIS]	Prescribing, Medication	RXCUI
853496	CANAKINUMAB 150 MG/ML [ILARIS]	Prescribing, Medication	RXCUI
1655975	CANAKINUMAB INJECTION [ILARIS]	Prescribing, Medication	RXCUI
853497	CANAKINUMAB INJECTABLE SOLUTION [ILARIS]	Prescribing, Medication	RXCUI
1167137	ILARIS INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1864324	1 ML CANAKINUMAB 150 MG/ML INJECTION	Prescribing, Medication	RXCUI
1864327	CANAKINUMAB 150 MG/ML INJECTION	Prescribing, Medication	RXCUI
853494	CANAKINUMAB 180 MG INJECTION	Prescribing, Medication	RXCUI
1655971	CANAKINUMAB 180 MG	Prescribing, Medication	RXCUI
1864323	CANAKINUMAB 150 MG/ML	Prescribing, Medication	RXCUI
853492	CANAKINUMAB 150 MG/ML	Prescribing, Medication	RXCUI
1655972	CANAKINUMAB INJECTION	Prescribing, Medication	RXCUI
853493	CANAKINUMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1156606	CANAKINUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
795082	CIMZIA	Prescribing, Medication	RXCUI
709271	CERTOLIZUMAB PEGOL	Prescribing, Medication	RXCUI
1359935	CERTOLIZUMAB PEGOL 200 MG/ML PREFILLED SYRINGE [CIMZIA]	Prescribing, Medication	RXCUI
795085	CERTOLIZUMAB PEGOL 200 MG INJECTION [CIMZIA]	Prescribing, Medication	RXCUI
849599	1 ML CERTOLIZUMAB PEGOL 200 MG/ML PREFILLED SYRINGE [CIMZIA]	Prescribing, Medication	RXCUI
1653730	CERTOLIZUMAB PEGOL 200 MG [CIMZIA]	Prescribing, Medication	RXCUI
795083	CERTOLIZUMAB PEGOL 200 MG/ML [CIMZIA]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1653731	CERTOLIZUMAB PEGOL INJECTION [CIMZIA]	Prescribing, Medication	RXCUI
795084	CERTOLIZUMAB PEGOL INJECTABLE SOLUTION [CIMZIA]	Prescribing, Medication	RXCUI
849598	CERTOLIZUMAB PEGOL PREFILLED SYRINGE [CIMZIA]	Prescribing, Medication	RXCUI
1170885	CIMZIA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1360081	CERTOLIZUMAB PEGOL 200 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
795081	CERTOLIZUMAB PEGOL 200 MG INJECTION	Prescribing, Medication	RXCUI
849597	1 ML CERTOLIZUMAB PEGOL 200 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1653727	CERTOLIZUMAB PEGOL 200 MG	Prescribing, Medication	RXCUI
795079	CERTOLIZUMAB PEGOL 200 MG/ML	Prescribing, Medication	RXCUI
1653728	CERTOLIZUMAB PEGOL INJECTION	Prescribing, Medication	RXCUI
795080	CERTOLIZUMAB PEGOL INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
849596	CERTOLIZUMAB PEGOL PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1161226	CERTOLIZUMAB PEGOL INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
202994	LEUKERAN	Prescribing, Medication	RXCUI
2346	CHLORAMBUCIL	Prescribing, Medication	RXCUI
105553	CHLORAMBUCIL 2 MG ORAL TABLET [LEUKERAN]	Prescribing, Medication	RXCUI
105554	CHLORAMBUCIL 5 MG ORAL TABLET [LEUKERAN]	Prescribing, Medication	RXCUI
564080	CHLORAMBUCIL 2 MG [LEUKERAN]	Prescribing, Medication	RXCUI
564081	CHLORAMBUCIL 5 MG [LEUKERAN]	Prescribing, Medication	RXCUI
368349	CHLORAMBUCIL ORAL TABLET [LEUKERAN]	Prescribing, Medication	RXCUI
1166066	LEUKERAN ORAL PRODUCT	Prescribing, Medication	RXCUI
1166067	LEUKERAN PILL	Prescribing, Medication	RXCUI
197462	CHLORAMBUCIL 2 MG ORAL TABLET	Prescribing, Medication	RXCUI
199311	CHLORAMBUCIL 5 MG ORAL TABLET	Prescribing, Medication	RXCUI
249898	CHLORAMBUCIL 10 MG ORAL TABLET	Prescribing, Medication	RXCUI
411288	CHLORAMBUCIL 2 MG ORAL CAPSULE	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
315626	CHLORAMBUCIL 2 MG	Prescribing, Medication	RXCUI
331665	CHLORAMBUCIL 5 MG	Prescribing, Medication	RXCUI
332752	CHLORAMBUCIL 10 MG	Prescribing, Medication	RXCUI
371375	CHLORAMBUCIL ORAL TABLET	Prescribing, Medication	RXCUI
438413	CHLORAMBUCIL ORAL CAPSULE	Prescribing, Medication	RXCUI
1153038	CHLORAMBUCIL ORAL PRODUCT	Prescribing, Medication	RXCUI
1153039	CHLORAMBUCIL PILL	Prescribing, Medication	RXCUI
680973	SOLIRIS	Prescribing, Medication	RXCUI
591781	ECULIZUMAB	Prescribing, Medication	RXCUI
1655952	ECULIZUMAB 10 MG/ML INJECTION [SOLIRIS]	Prescribing, Medication	RXCUI
700387	30 ML ECULIZUMAB 10 MG/ML INJECTION [SOLIRIS]	Prescribing, Medication	RXCUI
700385	ECULIZUMAB 10 MG/ML [SOLIRIS]	Prescribing, Medication	RXCUI
1655949	ECULIZUMAB INJECTION [SOLIRIS]	Prescribing, Medication	RXCUI
700386	ECULIZUMAB INJECTABLE SOLUTION [SOLIRIS]	Prescribing, Medication	RXCUI
1184826	SOLIRIS INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1655951	ECULIZUMAB 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
700384	30 ML ECULIZUMAB 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
700382	ECULIZUMAB 10 MG/ML	Prescribing, Medication	RXCUI
1655947	ECULIZUMAB INJECTION	Prescribing, Medication	RXCUI
700383	ECULIZUMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1161281	ECULIZUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
216891	ENBREL	Prescribing, Medication	RXCUI
214555	ETANERCEPT	Prescribing, Medication	RXCUI
2103480	ETANERCEPT-SZZS	Prescribing, Medication	RXCUI
1360430	ETANERCEPT 50 MG/ML PREFILLED SYRINGE [ENBREL]	Prescribing, Medication	RXCUI
1653225	1 ML ETANERCEPT 50 MG/ML AUTO-INJECTOR [ENBREL]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1653227	ETANERCEPT 50 MG/ML AUTO-INJECTOR [ENBREL]	Prescribing, Medication	RXCUI
2182340	1 ML ETANERCEPT 50 MG/ML CARTRIDGE [ENBREL]	Prescribing, Medication	RXCUI
2182342	ETANERCEPT 50 MG/ML CARTRIDGE [ENBREL]	Prescribing, Medication	RXCUI
261105	ETANERCEPT 25 MG/ML INJECTABLE SOLUTION [ENBREL]	Prescribing, Medication	RXCUI
582673	ETANERCEPT 50 MG/ML INJECTABLE SOLUTION [ENBREL]	Prescribing, Medication	RXCUI
802652	1 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE [ENBREL]	Prescribing, Medication	RXCUI
802654	1 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE [ENBREL]	Prescribing, Medication	RXCUI
809159	0.5 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE [ENBREL]	Prescribing, Medication	RXCUI
574352	ETANERCEPT 25 MG/ML [ENBREL]	Prescribing, Medication	RXCUI
582672	ETANERCEPT 50 MG/ML [ENBREL]	Prescribing, Medication	RXCUI
1653224	ETANERCEPT AUTO-INJECTOR [ENBREL]	Prescribing, Medication	RXCUI
2182339	ETANERCEPT CARTRIDGE [ENBREL]	Prescribing, Medication	RXCUI
363197	ETANERCEPT INJECTABLE SOLUTION [ENBREL]	Prescribing, Medication	RXCUI
802651	ETANERCEPT PREFILLED SYRINGE [ENBREL]	Prescribing, Medication	RXCUI
1175957	ENBREL INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1359949	ETANERCEPT 50 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1653223	1 ML ETANERCEPT 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1653226	ETANERCEPT 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
2182338	1 ML ETANERCEPT 50 MG/ML CARTRIDGE	Prescribing, Medication	RXCUI
2182341	ETANERCEPT 50 MG/ML CARTRIDGE	Prescribing, Medication	RXCUI
253014	ETANERCEPT 25 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
582671	ETANERCEPT 50 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
727757	1 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
727904	0.51 ML ETANERCEPT 20 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
802653	1 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
809158	0.5 ML ETANERCEPT 50 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
342977	ETANERCEPT 25 MG/ML	Prescribing, Medication	RXCUI
582670	ETANERCEPT 50 MG/ML	Prescribing, Medication	RXCUI
727903	ETANERCEPT 20 MG/ML	Prescribing, Medication	RXCUI
1653222	ETANERCEPT AUTO-INJECTOR	Prescribing, Medication	RXCUI
2182337	ETANERCEPT CARTRIDGE	Prescribing, Medication	RXCUI
385098	ETANERCEPT INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
727756	ETANERCEPT PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1156809	ETANERCEPT INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
848161	SIMPONI	Prescribing, Medication	RXCUI
819300	GOLIMUMAB	Prescribing, Medication	RXCUI
1360436	GOLIMUMAB 100 MG/ML PREFILLED SYRINGE [SIMPONI]	Prescribing, Medication	RXCUI
1431647	4 ML GOLIMUMAB 12.5 MG/ML INJECTION [SIMPONI]	Prescribing, Medication	RXCUI
1482814	1 ML GOLIMUMAB 100 MG/ML PREFILLED SYRINGE [SIMPONI]	Prescribing, Medication	RXCUI
1653144	0.5 ML GOLIMUMAB 100 MG/ML AUTO-INJECTOR [SIMPONI]	Prescribing, Medication	RXCUI
1653146	GOLIMUMAB 100 MG/ML AUTO-INJECTOR [SIMPONI]	Prescribing, Medication	RXCUI
1653166	1 ML GOLIMUMAB 100 MG/ML AUTO-INJECTOR [SIMPONI]	Prescribing, Medication	RXCUI
1653574	GOLIMUMAB 12.5 MG/ML INJECTION [SIMPONI]	Prescribing, Medication	RXCUI
848164	0.5 ML GOLIMUMAB 100 MG/ML PREFILLED SYRINGE [SIMPONI]	Prescribing, Medication	RXCUI
1431644	GOLIMUMAB 12.5 MG/ML [SIMPONI]	Prescribing, Medication	RXCUI
848162	GOLIMUMAB 100 MG/ML [SIMPONI]	Prescribing, Medication	RXCUI
1431645	GOLIMUMAB INJECTABLE SOLUTION [SIMPONI ARIA]	Prescribing, Medication	RXCUI
1653143	GOLIMUMAB AUTO-INJECTOR [SIMPONI]	Prescribing, Medication	RXCUI
1653571	GOLIMUMAB INJECTION [SIMPONI]	Prescribing, Medication	RXCUI
848163	GOLIMUMAB PREFILLED SYRINGE [SIMPONI]	Prescribing, Medication	RXCUI
1182643	SIMPONI INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1359486	GOLIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1431642	4 ML GOLIMUMAB 12.5 MG/ML INJECTION	Prescribing, Medication	RXCUI
1482813	1 ML GOLIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1653142	0.5 ML GOLIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1653145	GOLIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1653165	1 ML GOLIMUMAB 100 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1653573	GOLIMUMAB 12.5 MG/ML INJECTION	Prescribing, Medication	RXCUI
848160	0.5 ML GOLIMUMAB 100 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1431639	GOLIMUMAB 12.5 MG/ML	Prescribing, Medication	RXCUI
848158	GOLIMUMAB 100 MG/ML	Prescribing, Medication	RXCUI
1431641	GOLIMUMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1653141	GOLIMUMAB AUTO-INJECTOR	Prescribing, Medication	RXCUI
1653569	GOLIMUMAB INJECTION	Prescribing, Medication	RXCUI
848159	GOLIMUMAB PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1157808	GOLIMUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1790542	INFLECTRA	Prescribing, Medication	RXCUI
1927286	RENFLEXIS	Prescribing, Medication	RXCUI
219610	REMICADE	Prescribing, Medication	RXCUI
2266526	AVSOLA	Prescribing, Medication	RXCUI
191831	INFLIXIMAB	Prescribing, Medication	RXCUI
1790539	INFLIXIMAB-DYYB	Prescribing, Medication	RXCUI
1927283	INFLIXIMAB-ABDA	Prescribing, Medication	RXCUI
2103476	INFLIXIMAB-QBTX	Prescribing, Medication	RXCUI
2266523	INFLIXIMAB-AXXQ	Prescribing, Medication	RXCUI
1790546	INFLIXIMAB-DYYB 100 MG INJECTION [INFLECTRA]	Prescribing, Medication	RXCUI
1927290	INFLIXIMAB-ABDA 100 MG INJECTION [RENFLEXIS]	Prescribing, Medication	RXCUI
213361	INFLIXIMAB 100 MG INJECTION [REMICADE]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
2266530	INFLIXIMAB-AXXQ 100 MG INJECTION [AVSOLA]	Prescribing, Medication	RXCUI
1655943	INFLIXIMAB 100 MG [REMICADE]	Prescribing, Medication	RXCUI
1790543	INFLIXIMAB-DYYB 100 MG [INFLECTRA]	Prescribing, Medication	RXCUI
1927287	INFLIXIMAB-ABDA 100 MG [RENFLEXIS]	Prescribing, Medication	RXCUI
2266527	INFLIXIMAB-AXXQ 100 MG [AVSOLA]	Prescribing, Medication	RXCUI
573255	INFLIXIMAB 10 MG/ML [REMICADE]	Prescribing, Medication	RXCUI
1655944	INFLIXIMAB INJECTION [REMICADE]	Prescribing, Medication	RXCUI
1790544	INFLIXIMAB INJECTION [INFLECTRA]	Prescribing, Medication	RXCUI
1927288	INFLIXIMAB INJECTION [RENFLEXIS]	Prescribing, Medication	RXCUI
2266528	INFLIXIMAB INJECTION [AVSOLA]	Prescribing, Medication	RXCUI
363437	INFLIXIMAB INJECTABLE SOLUTION [REMICADE]	Prescribing, Medication	RXCUI
1180726	REMICADE INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1790545	INFLECTRA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1927289	RENFLEXIS INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
2266529	AVSOLA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1790541	INFLIXIMAB-DYYB 100 MG INJECTION	Prescribing, Medication	RXCUI
1927285	INFLIXIMAB-ABDA 100 MG INJECTION	Prescribing, Medication	RXCUI
2266525	INFLIXIMAB-AXXQ 100 MG INJECTION	Prescribing, Medication	RXCUI
310994	INFLIXIMAB 100 MG INJECTION	Prescribing, Medication	RXCUI
1655940	INFLIXIMAB 100 MG	Prescribing, Medication	RXCUI
1790540	INFLIXIMAB-DYYB 100 MG	Prescribing, Medication	RXCUI
1927284	INFLIXIMAB-ABDA 100 MG	Prescribing, Medication	RXCUI
2266524	INFLIXIMAB-AXXQ 100 MG	Prescribing, Medication	RXCUI
358693	INFLIXIMAB 10 MG/ML	Prescribing, Medication	RXCUI
1655941	INFLIXIMAB INJECTION	Prescribing, Medication	RXCUI
376873	INFLIXIMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1160692	INFLIXIMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
215393	ARAVA	Prescribing, Medication	RXCUI
27169	LEFLUNOMIDE	Prescribing, Medication	RXCUI
213377	LEFLUNOMIDE 10 MG ORAL TABLET [ARAVA]	Prescribing, Medication	RXCUI
213379	LEFLUNOMIDE 20 MG ORAL TABLET [ARAVA]	Prescribing, Medication	RXCUI
213380	LEFLUNOMIDE 100 MG ORAL TABLET [ARAVA]	Prescribing, Medication	RXCUI
573271	LEFLUNOMIDE 10 MG [ARAVA]	Prescribing, Medication	RXCUI
573273	LEFLUNOMIDE 20 MG [ARAVA]	Prescribing, Medication	RXCUI
573274	LEFLUNOMIDE 100 MG [ARAVA]	Prescribing, Medication	RXCUI
368264	LEFLUNOMIDE ORAL TABLET [ARAVA]	Prescribing, Medication	RXCUI
1170095	ARAVA ORAL PRODUCT	Prescribing, Medication	RXCUI
1170096	ARAVA PILL	Prescribing, Medication	RXCUI
205284	LEFLUNOMIDE 10 MG ORAL TABLET	Prescribing, Medication	RXCUI
205285	LEFLUNOMIDE 20 MG ORAL TABLET	Prescribing, Medication	RXCUI
205286	LEFLUNOMIDE 100 MG ORAL TABLET	Prescribing, Medication	RXCUI
316133	LEFLUNOMIDE 10 MG	Prescribing, Medication	RXCUI
316134	LEFLUNOMIDE 20 MG	Prescribing, Medication	RXCUI
317399	LEFLUNOMIDE 100 MG	Prescribing, Medication	RXCUI
372570	LEFLUNOMIDE ORAL TABLET	Prescribing, Medication	RXCUI
1162566	LEFLUNOMIDE ORAL PRODUCT	Prescribing, Medication	RXCUI
1162567	LEFLUNOMIDE PILL	Prescribing, Medication	RXCUI
1876381	OCREVUS	Prescribing, Medication	RXCUI
1876366	OCRELIZUMAB	Prescribing, Medication	RXCUI
1876385	10 ML OCRELIZUMAB 30 MG/ML INJECTION [OCREVUS]	Prescribing, Medication	RXCUI
1876387	OCRELIZUMAB 30 MG/ML INJECTION [OCREVUS]	Prescribing, Medication	RXCUI
1876382	OCRELIZUMAB 30 MG/ML [OCREVUS]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1876383	OCRELIZUMAB INJECTION [OCREVUS]	Prescribing, Medication	RXCUI
1876384	OCREVUS INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1876380	10 ML OCRELIZUMAB 30 MG/ML INJECTION	Prescribing, Medication	RXCUI
1876386	OCRELIZUMAB 30 MG/ML INJECTION	Prescribing, Medication	RXCUI
1876377	OCRELIZUMAB 30 MG/ML	Prescribing, Medication	RXCUI
1876379	OCRELIZUMAB INJECTION	Prescribing, Medication	RXCUI
1876378	OCRELIZUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
876301	ARZERRA	Prescribing, Medication	RXCUI
712566	OFATUMUMAB	Prescribing, Medication	RXCUI
1658044	50 ML OFATUMUMAB 20 MG/ML INJECTION [ARZERRA]	Prescribing, Medication	RXCUI
1658046	OFATUMUMAB 20 MG/ML INJECTION [ARZERRA]	Prescribing, Medication	RXCUI
1658048	5 ML OFATUMUMAB 20 MG/ML INJECTION [ARZERRA]	Prescribing, Medication	RXCUI
876304	OFATUMUMAB 10 MG/ML INJECTABLE SOLUTION [ARZERRA]	Prescribing, Medication	RXCUI
877012	OFATUMUMAB 20 MG/ML INJECTABLE SOLUTION [ARZERRA]	Prescribing, Medication	RXCUI
876302	OFATUMUMAB 10 MG/ML [ARZERRA]	Prescribing, Medication	RXCUI
877011	OFATUMUMAB 20 MG/ML [ARZERRA]	Prescribing, Medication	RXCUI
1658043	OFATUMUMAB INJECTION [ARZERRA]	Prescribing, Medication	RXCUI
876303	OFATUMUMAB INJECTABLE SOLUTION [ARZERRA]	Prescribing, Medication	RXCUI
1171445	ARZERRA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1658042	50 ML OFATUMUMAB 20 MG/ML INJECTION	Prescribing, Medication	RXCUI
1658045	OFATUMUMAB 20 MG/ML INJECTION	Prescribing, Medication	RXCUI
1658047	5 ML OFATUMUMAB 20 MG/ML INJECTION	Prescribing, Medication	RXCUI
876300	OFATUMUMAB 10 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
877010	OFATUMUMAB 20 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
876298	OFATUMUMAB 10 MG/ML	Prescribing, Medication	RXCUI
877009	OFATUMUMAB 20 MG/ML	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1658041	OFATUMUMAB INJECTION	Prescribing, Medication	RXCUI
876299	OFATUMUMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1159554	OFATUMUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
763454	ARCALYST	Prescribing, Medication	RXCUI
763450	RILONACEPT	Prescribing, Medication	RXCUI
763457	RILONACEPT 220 MG INJECTION [ARCALYST]	Prescribing, Medication	RXCUI
1724261	RILONACEPT 220 MG [ARCALYST]	Prescribing, Medication	RXCUI
763455	RILONACEPT 80 MG/ML [ARCALYST]	Prescribing, Medication	RXCUI
1724262	RILONACEPT INJECTION [ARCALYST]	Prescribing, Medication	RXCUI
763456	RILONACEPT INJECTABLE SOLUTION [ARCALYST]	Prescribing, Medication	RXCUI
1170102	ARCALYST INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
763453	RILONACEPT 220 MG INJECTION	Prescribing, Medication	RXCUI
1724258	RILONACEPT 220 MG	Prescribing, Medication	RXCUI
763451	RILONACEPT 80 MG/ML	Prescribing, Medication	RXCUI
1724259	RILONACEPT INJECTION	Prescribing, Medication	RXCUI
763452	RILONACEPT INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1157438	RILONACEPT INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1927886	RITUXAN HYCELA	Prescribing, Medication	RXCUI
2105827	TRUXIMA	Prescribing, Medication	RXCUI
226754	RITUXAN	Prescribing, Medication	RXCUI
2273513	RUXIENCE	Prescribing, Medication	RXCUI
121191	RITUXIMAB	Prescribing, Medication	RXCUI
1927884	HYALURONIDASE / RITUXIMAB	Prescribing, Medication	RXCUI
2105824	RITUXIMAB-ABBS	Prescribing, Medication	RXCUI
2273510	RITUXIMAB-PVVR	Prescribing, Medication	RXCUI
1657864	10 ML RITUXIMAB 10 MG/ML INJECTION [RITUXAN]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1657866	RITUXIMAB 10 MG/ML INJECTION [RITUXAN]	Prescribing, Medication	RXCUI
1657868	50 ML RITUXIMAB 10 MG/ML INJECTION [RITUXAN]	Prescribing, Medication	RXCUI
1927890	11.7 ML HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML INJECTION [RITUXAN HYCELA]	Prescribing, Medication	RXCUI
1927892	HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML INJECTION [RITUXAN HYCELA]	Prescribing, Medication	RXCUI
1927894	13.4 ML HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML INJECTION [RITUXAN HYCELA]	Prescribing, Medication	RXCUI
2105831	10 ML RITUXIMAB-ABBS 10 MG/ML INJECTION [TRUXIMA]	Prescribing, Medication	RXCUI
2105833	RITUXIMAB-ABBS 10 MG/ML INJECTION [TRUXIMA]	Prescribing, Medication	RXCUI
2105835	50 ML RITUXIMAB-ABBS 10 MG/ML INJECTION [TRUXIMA]	Prescribing, Medication	RXCUI
213126	RITUXIMAB 10 MG/ML INJECTABLE SOLUTION [RITUXAN]	Prescribing, Medication	RXCUI
2273517	10 ML RITUXIMAB-PVVR 10 MG/ML INJECTION [RUXIENCE]	Prescribing, Medication	RXCUI
2273519	RITUXIMAB-PVVR 10 MG/ML INJECTION [RUXIENCE]	Prescribing, Medication	RXCUI
2273521	50 ML RITUXIMAB-PVVR 10 MG/ML INJECTION [RUXIENCE]	Prescribing, Medication	RXCUI
1927887	HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML [RITUXAN HYCELA]	Prescribing, Medication	RXCUI
2105828	RITUXIMAB-ABBS 10 MG/ML [TRUXIMA]	Prescribing, Medication	RXCUI
2273514	RITUXIMAB-PVVR 10 MG/ML [RUXIENCE]	Prescribing, Medication	RXCUI
573051	RITUXIMAB 10 MG/ML [RITUXAN]	Prescribing, Medication	RXCUI
1657863	RITUXIMAB INJECTION [RITUXAN]	Prescribing, Medication	RXCUI
1927888	HYALURONIDASE / RITUXIMAB INJECTION [RITUXAN HYCELA]	Prescribing, Medication	RXCUI
2105829	RITUXIMAB INJECTION [TRUXIMA]	Prescribing, Medication	RXCUI
2273515	RITUXIMAB INJECTION [RUXIENCE]	Prescribing, Medication	RXCUI
362907	RITUXIMAB INJECTABLE SOLUTION [RITUXAN]	Prescribing, Medication	RXCUI
1185345	RITUXAN INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1927889	RITUXAN HYCELA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
2105830	TRUXIMA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
2273516	RUXIENCE INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1657862	10 ML RITUXIMAB 10 MG/ML INJECTION	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1657865	RITUXIMAB 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
1657867	50 ML RITUXIMAB 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
1927885	11.7 ML HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML INJECTION	Prescribing, Medication	RXCUI
1927891	HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML INJECTION	Prescribing, Medication	RXCUI
1927893	13.4 ML HYALURONIDASE, HUMAN RECOMBINANT 2000 UNT/ML / RITUXIMAB 120 MG/ML INJECTION	Prescribing, Medication	RXCUI
2105826	10 ML RITUXIMAB-ABBS 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
2105832	RITUXIMAB-ABBS 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
2105834	50 ML RITUXIMAB-ABBS 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
2273512	10 ML RITUXIMAB-PVVR 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
2273518	RITUXIMAB-PVVR 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
2273520	50 ML RITUXIMAB-PVVR 10 MG/ML INJECTION	Prescribing, Medication	RXCUI
242435	RITUXIMAB 10 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1927881	RITUXIMAB 120 MG/ML	Prescribing, Medication	RXCUI
2105825	RITUXIMAB-ABBS 10 MG/ML	Prescribing, Medication	RXCUI
2273511	RITUXIMAB-PVVR 10 MG/ML	Prescribing, Medication	RXCUI
316648	RITUXIMAB 10 MG/ML	Prescribing, Medication	RXCUI
1657861	RITUXIMAB INJECTION	Prescribing, Medication	RXCUI
1927883	HYALURONIDASE / RITUXIMAB INJECTION	Prescribing, Medication	RXCUI
377259	RITUXIMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1157967	RITUXIMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1927882	HYALURONIDASE / RITUXIMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1599793	COSENTYX	Prescribing, Medication	RXCUI
1599788	SECUKINUMAB	Prescribing, Medication	RXCUI
1599797	1 ML SECUKINUMAB 150 MG/ML PREFILLED SYRINGE [COSENTYX]	Prescribing, Medication	RXCUI
1599799	SECUKINUMAB 150 MG/ML PREFILLED SYRINGE [COSENTYX]	Prescribing, Medication	RXCUI
1653243	1 ML SECUKINUMAB 150 MG/ML AUTO-INJECTOR [COSENTYX]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1653245	SECUKINUMAB 150 MG/ML AUTO-INJECTOR [COSENTYX]	Prescribing, Medication	RXCUI
1599794	SECUKINUMAB 150 MG/ML [COSENTYX]	Prescribing, Medication	RXCUI
1599795	SECUKINUMAB PREFILLED SYRINGE [COSENTYX]	Prescribing, Medication	RXCUI
1653242	SECUKINUMAB AUTO-INJECTOR [COSENTYX]	Prescribing, Medication	RXCUI
1599796	COSENTYX INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1599792	1 ML SECUKINUMAB 150 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1599798	SECUKINUMAB 150 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1653241	1 ML SECUKINUMAB 150 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1653244	SECUKINUMAB 150 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1599789	SECUKINUMAB 150 MG/ML	Prescribing, Medication	RXCUI
1599791	SECUKINUMAB PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1653240	SECUKINUMAB AUTO-INJECTOR	Prescribing, Medication	RXCUI
1599790	SECUKINUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
895761	ACTEMRA	Prescribing, Medication	RXCUI
612865	TOCILIZUMAB	Prescribing, Medication	RXCUI
1441530	0.9 ML TOCILIZUMAB 180 MG/ML PREFILLED SYRINGE [ACTEMRA]	Prescribing, Medication	RXCUI
1441532	TOCILIZUMAB 180 MG/ML PREFILLED SYRINGE [ACTEMRA]	Prescribing, Medication	RXCUI
1657976	4 ML TOCILIZUMAB 20 MG/ML INJECTION [ACTEMRA]	Prescribing, Medication	RXCUI
1657978	TOCILIZUMAB 20 MG/ML INJECTION [ACTEMRA]	Prescribing, Medication	RXCUI
1657980	10 ML TOCILIZUMAB 20 MG/ML INJECTION [ACTEMRA]	Prescribing, Medication	RXCUI
1657982	20 ML TOCILIZUMAB 20 MG/ML INJECTION [ACTEMRA]	Prescribing, Medication	RXCUI
2106075	0.9 ML TOCILIZUMAB 180 MG/ML AUTO-INJECTOR [ACTEMRA]	Prescribing, Medication	RXCUI
2106077	TOCILIZUMAB 180 MG/ML AUTO-INJECTOR [ACTEMRA]	Prescribing, Medication	RXCUI
895764	TOCILIZUMAB 20 MG/ML INJECTABLE SOLUTION [ACTEMRA]	Prescribing, Medication	RXCUI
1441528	TOCILIZUMAB 180 MG/ML [ACTEMRA]	Prescribing, Medication	RXCUI
895762	TOCILIZUMAB 20 MG/ML [ACTEMRA]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1441529	TOCILIZUMAB PREFILLED SYRINGE [ACTEMRA]	Prescribing, Medication	RXCUI
1657975	TOCILIZUMAB INJECTION [ACTEMRA]	Prescribing, Medication	RXCUI
2106074	TOCILIZUMAB AUTO-INJECTOR [ACTEMRA]	Prescribing, Medication	RXCUI
895763	TOCILIZUMAB INJECTABLE SOLUTION [ACTEMRA]	Prescribing, Medication	RXCUI
1169167	ACTEMRA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1441527	0.9 ML TOCILIZUMAB 180 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1441531	TOCILIZUMAB 180 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1657974	4 ML TOCILIZUMAB 20 MG/ML INJECTION	Prescribing, Medication	RXCUI
1657977	TOCILIZUMAB 20 MG/ML INJECTION	Prescribing, Medication	RXCUI
1657979	10 ML TOCILIZUMAB 20 MG/ML INJECTION	Prescribing, Medication	RXCUI
1657981	20 ML TOCILIZUMAB 20 MG/ML INJECTION	Prescribing, Medication	RXCUI
2106073	0.9 ML TOCILIZUMAB 180 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
2106076	TOCILIZUMAB 180 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
895760	TOCILIZUMAB 20 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1441525	TOCILIZUMAB 180 MG/ML	Prescribing, Medication	RXCUI
895758	TOCILIZUMAB 20 MG/ML	Prescribing, Medication	RXCUI
1441526	TOCILIZUMAB PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1657973	TOCILIZUMAB INJECTION	Prescribing, Medication	RXCUI
2106072	TOCILIZUMAB AUTO-INJECTOR	Prescribing, Medication	RXCUI
895759	TOCILIZUMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1162729	TOCILIZUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1357542	XELJANZ	Prescribing, Medication	RXCUI
1357536	TOFACITINIB	Prescribing, Medication	RXCUI
1358492	TOFACITINIB CITRATE	Prescribing, Medication	RXCUI
1357547	TOFACITINIB 5 MG ORAL TABLET [XELJANZ]	Prescribing, Medication	RXCUI
1741049	24 HR TOFACITINIB 11 MG EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1741051	TOFACITINIB 11 MG EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing, Medication	RXCUI
2048568	TOFACITINIB 10 MG ORAL TABLET [XELJANZ]	Prescribing, Medication	RXCUI
2273115	24 HR TOFACITINIB 22 MG EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing, Medication	RXCUI
2273117	TOFACITINIB 22 MG EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing, Medication	RXCUI
1357543	TOFACITINIB 5 MG [XELJANZ]	Prescribing, Medication	RXCUI
1741047	TOFACITINIB 11 MG [XELJANZ]	Prescribing, Medication	RXCUI
2048567	TOFACITINIB 10 MG [XELJANZ]	Prescribing, Medication	RXCUI
2273114	TOFACITINIB 22 MG [XELJANZ]	Prescribing, Medication	RXCUI
1357544	TOFACITINIB ORAL TABLET [XELJANZ]	Prescribing, Medication	RXCUI
1741048	TOFACITINIB EXTENDED RELEASE ORAL TABLET [XELJANZ]	Prescribing, Medication	RXCUI
1357545	XELJANZ ORAL PRODUCT	Prescribing, Medication	RXCUI
1357546	XELJANZ PILL	Prescribing, Medication	RXCUI
1357541	TOFACITINIB 5 MG ORAL TABLET	Prescribing, Medication	RXCUI
1741046	24 HR TOFACITINIB 11 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1741050	TOFACITINIB 11 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
2048566	TOFACITINIB 10 MG ORAL TABLET	Prescribing, Medication	RXCUI
2273113	24 HR TOFACITINIB 22 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
2273116	TOFACITINIB 22 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1357537	TOFACITINIB 5 MG	Prescribing, Medication	RXCUI
1741044	TOFACITINIB 11 MG	Prescribing, Medication	RXCUI
2048565	TOFACITINIB 10 MG	Prescribing, Medication	RXCUI
2273112	TOFACITINIB 22 MG	Prescribing, Medication	RXCUI
1357540	TOFACITINIB ORAL TABLET	Prescribing, Medication	RXCUI
1741045	TOFACITINIB EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1357538	TOFACITINIB ORAL PRODUCT	Prescribing, Medication	RXCUI
1357539	TOFACITINIB PILL	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
151397	AZAMUNE	Prescribing, Medication	RXCUI
151888	IMMUNOPRIN	Prescribing, Medication	RXCUI
152156	OPRISINE	Prescribing, Medication	RXCUI
202559	IMURAN	Prescribing, Medication	RXCUI
360562	BERKAPRINE	Prescribing, Medication	RXCUI
404872	AZASAN	Prescribing, Medication	RXCUI
1256	AZATHIOPRINE	Prescribing, Medication	RXCUI
267476	AZATHIOPRINE SODIUM	Prescribing, Medication	RXCUI
105609	AZATHIOPRINE 50 MG ORAL TABLET [AZAMUNE]	Prescribing, Medication	RXCUI
105610	AZATHIOPRINE 25 MG ORAL TABLET [IMURAN]	Prescribing, Medication	RXCUI
105611	AZATHIOPRINE 50 MG ORAL TABLET [IMURAN]	Prescribing, Medication	RXCUI
105612	AZATHIOPRINE 50 MG ORAL TABLET [IMMUNOPRIN]	Prescribing, Medication	RXCUI
105613	AZATHIOPRINE 50 MG ORAL TABLET [BERKAPRINE]	Prescribing, Medication	RXCUI
108922	AZATHIOPRINE 50 MG ORAL TABLET [OPRISINE]	Prescribing, Medication	RXCUI
153130	AZATHIOPRINE 10 MG ORAL TABLET [IMURAN]	Prescribing, Medication	RXCUI
213563	AZATHIOPRINE 10 MG/ML INJECTABLE SOLUTION [IMURAN]	Prescribing, Medication	RXCUI
404351	AZATHIOPRINE 50 MG ORAL TABLET [AZASAN]	Prescribing, Medication	RXCUI
404475	AZATHIOPRINE 75 MG ORAL TABLET [AZASAN]	Prescribing, Medication	RXCUI
404476	AZATHIOPRINE 100 MG ORAL TABLET [AZASAN]	Prescribing, Medication	RXCUI
701338	AZATHIOPRINE 25 MG ORAL TABLET [AZASAN]	Prescribing, Medication	RXCUI
564118	AZATHIOPRINE 50 MG [AZAMUNE]	Prescribing, Medication	RXCUI
564119	AZATHIOPRINE 25 MG [IMURAN]	Prescribing, Medication	RXCUI
564120	AZATHIOPRINE 50 MG [IMURAN]	Prescribing, Medication	RXCUI
564121	AZATHIOPRINE 50 MG [IMMUNOPRIN]	Prescribing, Medication	RXCUI
564122	AZATHIOPRINE 50 MG [BERKAPRINE]	Prescribing, Medication	RXCUI
564655	AZATHIOPRINE 50 MG [OPRISINE]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
565180	AZATHIOPRINE 10 MG [IMURAN]	Prescribing, Medication	RXCUI
573446	AZATHIOPRINE 10 MG/ML [IMURAN]	Prescribing, Medication	RXCUI
576332	AZATHIOPRINE 50 MG [AZASAN]	Prescribing, Medication	RXCUI
576426	AZATHIOPRINE 75 MG [AZASAN]	Prescribing, Medication	RXCUI
576427	AZATHIOPRINE 100 MG [AZASAN]	Prescribing, Medication	RXCUI
701337	AZATHIOPRINE 25 MG [AZASAN]	Prescribing, Medication	RXCUI
368214	AZATHIOPRINE ORAL TABLET [IMURAN]	Prescribing, Medication	RXCUI
368521	AZATHIOPRINE ORAL TABLET [BERKAPRINE]	Prescribing, Medication	RXCUI
369525	AZATHIOPRINE ORAL TABLET [AZAMUNE]	Prescribing, Medication	RXCUI
369534	AZATHIOPRINE ORAL TABLET [IMMUNOPRIN]	Prescribing, Medication	RXCUI
403109	AZATHIOPRINE ORAL TABLET [OPRISINE]	Prescribing, Medication	RXCUI
405819	AZATHIOPRINE ORAL TABLET [AZASAN]	Prescribing, Medication	RXCUI
92955	AZATHIOPRINE INJECTABLE SOLUTION [IMURAN]	Prescribing, Medication	RXCUI
1167775	IMMUNOPRIN ORAL PRODUCT	Prescribing, Medication	RXCUI
1167776	IMMUNOPRIN PILL	Prescribing, Medication	RXCUI
1172006	IMURAN ORAL PRODUCT	Prescribing, Medication	RXCUI
1172007	IMURAN PILL	Prescribing, Medication	RXCUI
1172211	BERKAPRINE ORAL PRODUCT	Prescribing, Medication	RXCUI
1172212	BERKAPRINE PILL	Prescribing, Medication	RXCUI
1176316	AZAMUNE ORAL PRODUCT	Prescribing, Medication	RXCUI
1176317	AZAMUNE PILL	Prescribing, Medication	RXCUI
1176318	AZASAN ORAL PRODUCT	Prescribing, Medication	RXCUI
1176319	AZASAN PILL	Prescribing, Medication	RXCUI
1182311	OPRISINE ORAL PRODUCT	Prescribing, Medication	RXCUI
1182312	OPRISINE PILL	Prescribing, Medication	RXCUI
153129	AZATHIOPRINE 10 MG ORAL TABLET	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
197388	AZATHIOPRINE 50 MG ORAL TABLET	Prescribing, Medication	RXCUI
199310	AZATHIOPRINE 25 MG ORAL TABLET	Prescribing, Medication	RXCUI
239983	AZATHIOPRINE 100 MG INJECTION	Prescribing, Medication	RXCUI
359228	AZATHIOPRINE 100 MG ORAL TABLET	Prescribing, Medication	RXCUI
359229	AZATHIOPRINE 75 MG ORAL TABLET	Prescribing, Medication	RXCUI
410148	AZATHIOPRINE 250 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
315447	AZATHIOPRINE 50 MG	Prescribing, Medication	RXCUI
329313	AZATHIOPRINE 25 MG	Prescribing, Medication	RXCUI
333493	AZATHIOPRINE 10 MG/ML	Prescribing, Medication	RXCUI
360265	AZATHIOPRINE 75 MG	Prescribing, Medication	RXCUI
360266	AZATHIOPRINE 100 MG	Prescribing, Medication	RXCUI
385562	AZATHIOPRINE 10 MG	Prescribing, Medication	RXCUI
434684	AZATHIOPRINE 250 MG	Prescribing, Medication	RXCUI
1789839	AZATHIOPRINE INJECTION	Prescribing, Medication	RXCUI
370973	AZATHIOPRINE ORAL TABLET	Prescribing, Medication	RXCUI
375463	AZATHIOPRINE INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
434685	AZATHIOPRINE ORAL CAPSULE	Prescribing, Medication	RXCUI
1155000	AZATHIOPRINE INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1155001	AZATHIOPRINE ORAL PRODUCT	Prescribing, Medication	RXCUI
1155002	AZATHIOPRINE PILL	Prescribing, Medication	RXCUI
219912	SIMULECT	Prescribing, Medication	RXCUI
196102	BASILIXIMAB	Prescribing, Medication	RXCUI
1656646	BASILIXIMAB 10 MG INJECTION [SIMULECT]	Prescribing, Medication	RXCUI
1656650	BASILIXIMAB 20 MG INJECTION [SIMULECT]	Prescribing, Medication	RXCUI
227146	BASILIXIMAB 4 MG/ML INJECTABLE SOLUTION [SIMULECT]	Prescribing, Medication	RXCUI
1656644	BASILIXIMAB 10 MG [SIMULECT]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1656649	BASILIXIMAB 20 MG [SIMULECT]	Prescribing, Medication	RXCUI
574069	BASILIXIMAB 4 MG/ML [SIMULECT]	Prescribing, Medication	RXCUI
1656645	BASILIXIMAB INJECTION [SIMULECT]	Prescribing, Medication	RXCUI
362559	BASILIXIMAB INJECTABLE SOLUTION [SIMULECT]	Prescribing, Medication	RXCUI
1182652	SIMULECT INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1656643	BASILIXIMAB 10 MG INJECTION	Prescribing, Medication	RXCUI
1656648	BASILIXIMAB 20 MG INJECTION	Prescribing, Medication	RXCUI
313873	BASILIXIMAB 10 MG INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
359248	BASILIXIMAB 10 MG INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1656641	BASILIXIMAB 10 MG	Prescribing, Medication	RXCUI
1656647	BASILIXIMAB 20 MG	Prescribing, Medication	RXCUI
333494	BASILIXIMAB 10 MG	Prescribing, Medication	RXCUI
360267	BASILIXIMAB 10 MG	Prescribing, Medication	RXCUI
1656642	BASILIXIMAB INJECTION	Prescribing, Medication	RXCUI
377149	BASILIXIMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1159396	BASILIXIMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
202816	SANDIMMUNE	Prescribing, Medication	RXCUI
202817	NEORAL	Prescribing, Medication	RXCUI
219800	SANGCYA	Prescribing, Medication	RXCUI
261530	GENGRAF	Prescribing, Medication	RXCUI
349643	EON BRAND OF CYCLOSPORINE	Prescribing, Medication	RXCUI
349644	SIDMAK BRAND OF CYCLOSPORINE	Prescribing, Medication	RXCUI
583287	CYSLOSPORINE	Prescribing, Medication	RXCUI
3008	CYCLOSPORINE	Prescribing, Medication	RXCUI
236077	CYCLOSPORINE, MODIFIED	Prescribing, Medication	RXCUI
108843	CYCLOSPORINE 100 MG ORAL CAPSULE [NEORAL]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
108844	CYCLOSPORINE 50 MG ORAL CAPSULE [NEORAL]	Prescribing, Medication	RXCUI
108845	CYCLOSPORINE 25 MG ORAL CAPSULE [NEORAL]	Prescribing, Medication	RXCUI
1732369	CYCLOSPORINE 50 MG/ML INJECTION [SANDIMMUNE]	Prescribing, Medication	RXCUI
1797521	CYCLOSPORINE, MODIFIED 50 MG ORAL CAPSULE [GENGRAF]	Prescribing, Medication	RXCUI
197552	CYCLOSPORINE 100 MG ORAL CAPSULE [SANDIMMUNE]	Prescribing, Medication	RXCUI
212810	CYCLOSPORINE 25 MG ORAL CAPSULE [SANDIMMUNE]	Prescribing, Medication	RXCUI
212821	CYCLOSPORINE 50 MG ORAL CAPSULE [SANDIMMUNE]	Prescribing, Medication	RXCUI
212844	5 ML CYCLOSPORINE 50 MG/ML INJECTION [SANDIMMUNE]	Prescribing, Medication	RXCUI
212956	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [NEORAL]	Prescribing, Medication	RXCUI
212957	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [SANDIMMUNE]	Prescribing, Medication	RXCUI
212958	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [SANGCYA]	Prescribing, Medication	RXCUI
309627	CYCLOSPORINE 100 MG ORAL CAPSULE [EON BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
309628	CYCLOSPORINE 100 MG ORAL CAPSULE [GENGRAF]	Prescribing, Medication	RXCUI
309629	CYCLOSPORINE 25 MG ORAL CAPSULE [GENGRAF]	Prescribing, Medication	RXCUI
309630	CYCLOSPORINE 100 MG ORAL CAPSULE [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
309631	CYCLOSPORINE 25 MG ORAL CAPSULE [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
313937	CYCLOSPORINE 25 MG ORAL CAPSULE [EON BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
358934	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [GENGRAF]	Prescribing, Medication	RXCUI
358935	CYCLOSPORINE 100 MG/ML ORAL SOLUTION [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
583290	CYCLOSPORINE 100 MG ORAL CAPSULE [CYSLOSPORINE]	Prescribing, Medication	RXCUI
835835	CYCLOSPORINE, MODIFIED 100 MG ORAL CAPSULE [GENGRAF]	Prescribing, Medication	RXCUI
835892	CYCLOSPORINE, MODIFIED 100 MG/ML ORAL SOLUTION [GENGRAF]	Prescribing, Medication	RXCUI
835896	CYCLOSPORINE, MODIFIED 25 MG ORAL CAPSULE [GENGRAF]	Prescribing, Medication	RXCUI
835899	CYCLOSPORINE, MODIFIED 100 MG/ML ORAL SOLUTION [NEORAL]	Prescribing, Medication	RXCUI
835909	CYCLOSPORINE, MODIFIED 25 MG ORAL CAPSULE [NEORAL]	Prescribing, Medication	RXCUI
835911	CYCLOSPORINE, MODIFIED 100 MG ORAL CAPSULE [NEORAL]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1797520	CYCLOSPORINE, MODIFIED 50 MG [GENGRAF]	Prescribing, Medication	RXCUI
486331	CYCLOSPORINE 100 MG/ML [SANDIMMUNE]	Prescribing, Medication	RXCUI
564618	CYCLOSPORINE 100 MG [NEORAL]	Prescribing, Medication	RXCUI
564619	CYCLOSPORINE 50 MG [NEORAL]	Prescribing, Medication	RXCUI
564620	CYCLOSPORINE 25 MG [NEORAL]	Prescribing, Medication	RXCUI
565430	CYCLOSPORINE 100 MG [SANDIMMUNE]	Prescribing, Medication	RXCUI
572889	CYCLOSPORINE 25 MG [SANDIMMUNE]	Prescribing, Medication	RXCUI
572895	CYCLOSPORINE 50 MG [SANDIMMUNE]	Prescribing, Medication	RXCUI
572915	CYCLOSPORINE 50 MG/ML [SANDIMMUNE]	Prescribing, Medication	RXCUI
572918	CYCLOSPORINE 100 MG/ML [NEORAL]	Prescribing, Medication	RXCUI
572919	CYCLOSPORINE 100 MG/ML [SANGCYA]	Prescribing, Medication	RXCUI
575103	CYCLOSPORINE 100 MG [EON BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
575104	CYCLOSPORINE 100 MG [GENGRAF]	Prescribing, Medication	RXCUI
575105	CYCLOSPORINE 25 MG [GENGRAF]	Prescribing, Medication	RXCUI
575106	CYCLOSPORINE 100 MG [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
575107	CYCLOSPORINE 25 MG [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
575200	CYCLOSPORINE 25 MG [EON BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
576050	CYCLOSPORINE 100 MG/ML [GENGRAF]	Prescribing, Medication	RXCUI
576051	CYCLOSPORINE 100 MG/ML [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
583288	CYCLOSPORINE 100 MG [CYSLOSPORINE]	Prescribing, Medication	RXCUI
835787	CYCLOSPORINE, MODIFIED 100 MG [GENGRAF]	Prescribing, Medication	RXCUI
835887	CYCLOSPORINE, MODIFIED 100 MG/ML [GENGRAF]	Prescribing, Medication	RXCUI
835895	CYCLOSPORINE, MODIFIED 25 MG [GENGRAF]	Prescribing, Medication	RXCUI
835897	CYCLOSPORINE, MODIFIED 100 MG/ML [NEORAL]	Prescribing, Medication	RXCUI
835900	CYCLOSPORINE, MODIFIED 100 MG [NEORAL]	Prescribing, Medication	RXCUI
835901	CYCLOSPORINE, MODIFIED 25 MG [NEORAL]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1732366	CYCLOSPORINE INJECTION [SANDIMMUNE]	Prescribing, Medication	RXCUI
363913	CYCLOSPORINE ORAL SOLUTION [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
363914	CYCLOSPORINE ORAL SOLUTION [GENGRAF]	Prescribing, Medication	RXCUI
363942	CYCLOSPORINE ORAL SOLUTION [NEORAL]	Prescribing, Medication	RXCUI
364418	CYCLOSPORINE ORAL SOLUTION [SANGCYA]	Prescribing, Medication	RXCUI
366172	CYCLOSPORINE ORAL CAPSULE [SIDMAK BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
366173	CYCLOSPORINE ORAL CAPSULE [GENGRAF]	Prescribing, Medication	RXCUI
366174	CYCLOSPORINE ORAL CAPSULE [EON BRAND OF CYCLOSPORINE]	Prescribing, Medication	RXCUI
366479	CYCLOSPORINE ORAL CAPSULE [NEORAL]	Prescribing, Medication	RXCUI
366488	CYCLOSPORINE ORAL CAPSULE [SANDIMMUNE]	Prescribing, Medication	RXCUI
583289	CYCLOSPORINE ORAL CAPSULE [CYSLOSPORINE]	Prescribing, Medication	RXCUI
94034	CYCLOSPORINE INJECTABLE SOLUTION [SANDIMMUNE]	Prescribing, Medication	RXCUI
94035	CYCLOSPORINE ORAL SOLUTION [SANDIMMUNE]	Prescribing, Medication	RXCUI
1169824	GENGRAF ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1169825	GENGRAF ORAL PRODUCT	Prescribing, Medication	RXCUI
1169826	GENGRAF PILL	Prescribing, Medication	RXCUI
1174462	CYSLOSPORINE ORAL PRODUCT	Prescribing, Medication	RXCUI
1174463	CYSLOSPORINE PILL	Prescribing, Medication	RXCUI
1181672	NEORAL ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1181673	NEORAL ORAL PRODUCT	Prescribing, Medication	RXCUI
1181674	NEORAL PILL	Prescribing, Medication	RXCUI
1185408	SANDIMMUNE INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1185409	SANDIMMUNE ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1185410	SANDIMMUNE ORAL PRODUCT	Prescribing, Medication	RXCUI
1185411	SANDIMMUNE PILL	Prescribing, Medication	RXCUI
1185971	SANGCYA ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1185972	SANGCYA ORAL PRODUCT	Prescribing, Medication	RXCUI
1732368	CYCLOSPORINE 50 MG/ML INJECTION	Prescribing, Medication	RXCUI
197553	CYCLOSPORINE 25 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
205168	CYCLOSPORINE 50 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
205175	5 ML CYCLOSPORINE 50 MG/ML INJECTION	Prescribing, Medication	RXCUI
226692	CYCLOSPORINE 10 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
241834	CYCLOSPORINE, MODIFIED 100 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
309632	CYCLOSPORINE 100 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
328160	CYCLOSPORINE 100 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
348431	CYCLOSPORINE 1000 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
670177	CYCLOSPORINE 50 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
835886	CYCLOSPORINE, MODIFIED 100 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
835894	CYCLOSPORINE, MODIFIED 25 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
835919	CYCLOSPORINE, MODIFIED 10 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
835925	CYCLOSPORINE, MODIFIED 50 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
315749	CYCLOSPORINE 100 MG	Prescribing, Medication	RXCUI
315750	CYCLOSPORINE 100 MG/ML	Prescribing, Medication	RXCUI
315751	CYCLOSPORINE 25 MG	Prescribing, Medication	RXCUI
315752	CYCLOSPORINE 50 MG	Prescribing, Medication	RXCUI
315753	CYCLOSPORINE 50 MG/ML	Prescribing, Medication	RXCUI
334294	CYCLOSPORINE, MODIFIED 100 MG	Prescribing, Medication	RXCUI
358763	CYCLOSPORINE 1000 MG/ML	Prescribing, Medication	RXCUI
385602	CYCLOSPORINE 10 MG	Prescribing, Medication	RXCUI
835885	CYCLOSPORINE, MODIFIED 100 MG/ML	Prescribing, Medication	RXCUI
835893	CYCLOSPORINE, MODIFIED 25 MG	Prescribing, Medication	RXCUI
835918	CYCLOSPORINE, MODIFIED 10 MG	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
835924	CYCLOSPORINE, MODIFIED 50 MG	Prescribing, Medication	RXCUI
1732364	CYCLOSPORINE INJECTION	Prescribing, Medication	RXCUI
371666	CYCLOSPORINE ORAL CAPSULE	Prescribing, Medication	RXCUI
371667	CYCLOSPORINE ORAL SOLUTION	Prescribing, Medication	RXCUI
374573	CYCLOSPORINE INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1156186	CYCLOSPORINE INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1156188	CYCLOSPORINE ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1156189	CYCLOSPORINE ORAL PRODUCT	Prescribing, Medication	RXCUI
1156190	CYCLOSPORINE PILL	Prescribing, Medication	RXCUI
1795335	ZINBRYTA	Prescribing, Medication	RXCUI
81770	ZENAPAX	Prescribing, Medication	RXCUI
190353	DACLIZUMAB	Prescribing, Medication	RXCUI
1795339	1 ML DACLIZUMAB 150 MG/ML PREFILLED SYRINGE [ZINBRYTA]	Prescribing, Medication	RXCUI
1795341	DACLIZUMAB 150 MG/ML PREFILLED SYRINGE [ZINBRYTA]	Prescribing, Medication	RXCUI
1925211	1 ML DACLIZUMAB 150 MG/ML AUTO-INJECTOR [ZINBRYTA]	Prescribing, Medication	RXCUI
1925213	DACLIZUMAB 150 MG/ML AUTO-INJECTOR [ZINBRYTA]	Prescribing, Medication	RXCUI
213177	DACLIZUMAB 5 MG/ML INJECTABLE SOLUTION [ZENAPAX]	Prescribing, Medication	RXCUI
1795336	DACLIZUMAB 150 MG/ML [ZINBRYTA]	Prescribing, Medication	RXCUI
573100	DACLIZUMAB 5 MG/ML [ZENAPAX]	Prescribing, Medication	RXCUI
1795337	DACLIZUMAB PREFILLED SYRINGE [ZINBRYTA]	Prescribing, Medication	RXCUI
1925210	DACLIZUMAB AUTO-INJECTOR [ZINBRYTA]	Prescribing, Medication	RXCUI
362855	DACLIZUMAB INJECTABLE SOLUTION [ZENAPAX]	Prescribing, Medication	RXCUI
1187246	ZENAPAX INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1795338	ZINBRYTA INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1795334	1 ML DACLIZUMAB 150 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1795340	DACLIZUMAB 150 MG/ML PREFILLED SYRINGE	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1925209	1 ML DACLIZUMAB 150 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1925212	DACLIZUMAB 150 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
200171	DACLIZUMAB 5 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1795332	DACLIZUMAB 150 MG/ML	Prescribing, Medication	RXCUI
315755	DACLIZUMAB 5 MG/ML	Prescribing, Medication	RXCUI
1795333	DACLIZUMAB PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1925208	DACLIZUMAB AUTO-INJECTOR	Prescribing, Medication	RXCUI
377159	DACLIZUMAB INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1151834	DACLIZUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
2104612	GAMIFANT	Prescribing, Medication	RXCUI
2104604	EMAPALUMAB	Prescribing, Medication	RXCUI
2104603	EMAPALUMAB-LZSG	Prescribing, Medication	RXCUI
2104616	2 ML EMAPALUMAB-LZSG 5 MG/ML INJECTION [GAMIFANT]	Prescribing, Medication	RXCUI
2104618	EMAPALUMAB-LZSG 5 MG/ML INJECTION [GAMIFANT]	Prescribing, Medication	RXCUI
2104622	10 ML EMAPALUMAB-LZSG 5 MG/ML INJECTION [GAMIFANT]	Prescribing, Medication	RXCUI
2104613	EMAPALUMAB-LZSG 5 MG/ML [GAMIFANT]	Prescribing, Medication	RXCUI
2104614	EMAPALUMAB INJECTION [GAMIFANT]	Prescribing, Medication	RXCUI
2104615	GAMIFANT INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
2104611	2 ML EMAPALUMAB-LZSG 5 MG/ML INJECTION	Prescribing, Medication	RXCUI
2104617	EMAPALUMAB-LZSG 5 MG/ML INJECTION	Prescribing, Medication	RXCUI
2104621	10 ML EMAPALUMAB-LZSG 5 MG/ML INJECTION	Prescribing, Medication	RXCUI
2104608	EMAPALUMAB-LZSG 5 MG/ML	Prescribing, Medication	RXCUI
2104610	EMAPALUMAB INJECTION	Prescribing, Medication	RXCUI
2104609	EMAPALUMAB INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
845509	AFINITOR	Prescribing, Medication	RXCUI
977428	ZORTRESS	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
845508	{28 (EVEROLIMUS 10 MG ORAL TABLET) } PACK	Prescribing, Medication	RXCUI
845516	{28 (EVEROLIMUS 5 MG ORAL TABLET) } PACK	Prescribing, Medication	RXCUI
141704	EVEROLIMUS	Prescribing, Medication	RXCUI
1119402	EVEROLIMUS 7.5 MG ORAL TABLET [AFINITOR]	Prescribing, Medication	RXCUI
1310138	EVEROLIMUS 2 MG TABLET FOR ORAL SUSPENSION [AFINITOR]	Prescribing, Medication	RXCUI
1310144	EVEROLIMUS 3 MG TABLET FOR ORAL SUSPENSION [AFINITOR]	Prescribing, Medication	RXCUI
1310147	EVEROLIMUS 5 MG TABLET FOR ORAL SUSPENSION [AFINITOR]	Prescribing, Medication	RXCUI
2056897	EVEROLIMUS 1 MG ORAL TABLET [ZORTRESS]	Prescribing, Medication	RXCUI
845512	EVEROLIMUS 10 MG ORAL TABLET [AFINITOR]	Prescribing, Medication	RXCUI
845518	EVEROLIMUS 5 MG ORAL TABLET [AFINITOR]	Prescribing, Medication	RXCUI
977431	EVEROLIMUS 0.25 MG ORAL TABLET [ZORTRESS]	Prescribing, Medication	RXCUI
977436	EVEROLIMUS 0.5 MG ORAL TABLET [ZORTRESS]	Prescribing, Medication	RXCUI
977440	EVEROLIMUS 0.75 MG ORAL TABLET [ZORTRESS]	Prescribing, Medication	RXCUI
998191	EVEROLIMUS 2.5 MG ORAL TABLET [AFINITOR]	Prescribing, Medication	RXCUI
1119401	EVEROLIMUS 7.5 MG [AFINITOR]	Prescribing, Medication	RXCUI
1310135	EVEROLIMUS 0.08 MG/ML [AFINITOR]	Prescribing, Medication	RXCUI
1310143	EVEROLIMUS 0.12 MG/ML [AFINITOR]	Prescribing, Medication	RXCUI
1310146	EVEROLIMUS 0.2 MG/ML [AFINITOR]	Prescribing, Medication	RXCUI
1869515	EVEROLIMUS 2 MG [AFINITOR]	Prescribing, Medication	RXCUI
1869520	EVEROLIMUS 3 MG [AFINITOR]	Prescribing, Medication	RXCUI
2056896	EVEROLIMUS 1 MG [ZORTRESS]	Prescribing, Medication	RXCUI
845510	EVEROLIMUS 10 MG [AFINITOR]	Prescribing, Medication	RXCUI
845517	EVEROLIMUS 5 MG [AFINITOR]	Prescribing, Medication	RXCUI
977429	EVEROLIMUS 0.25 MG [ZORTRESS]	Prescribing, Medication	RXCUI
977435	EVEROLIMUS 0.5 MG [ZORTRESS]	Prescribing, Medication	RXCUI
977439	EVEROLIMUS 0.75 MG [ZORTRESS]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
998190	EVEROLIMUS 2.5 MG [AFINITOR]	Prescribing, Medication	RXCUI
1310136	EVEROLIMUS ORAL SUSPENSION [AFINITOR]	Prescribing, Medication	RXCUI
1869516	EVEROLIMUS TABLET FOR ORAL SUSPENSION [AFINITOR]	Prescribing, Medication	RXCUI
845511	EVEROLIMUS ORAL TABLET [AFINITOR]	Prescribing, Medication	RXCUI
977430	EVEROLIMUS ORAL TABLET [ZORTRESS]	Prescribing, Medication	RXCUI
1172066	AFINITOR ORAL PRODUCT	Prescribing, Medication	RXCUI
1172067	AFINITOR PILL	Prescribing, Medication	RXCUI
1186316	ZORTRESS ORAL PRODUCT	Prescribing, Medication	RXCUI
1186317	ZORTRESS PILL	Prescribing, Medication	RXCUI
1310137	AFINITOR ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1119400	EVEROLIMUS 7.5 MG ORAL TABLET	Prescribing, Medication	RXCUI
1308428	EVEROLIMUS 2 MG TABLET FOR ORAL SUSPENSION	Prescribing, Medication	RXCUI
1308430	EVEROLIMUS 3 MG TABLET FOR ORAL SUSPENSION	Prescribing, Medication	RXCUI
1308432	EVEROLIMUS 5 MG TABLET FOR ORAL SUSPENSION	Prescribing, Medication	RXCUI
2056895	EVEROLIMUS 1 MG ORAL TABLET	Prescribing, Medication	RXCUI
845507	EVEROLIMUS 10 MG ORAL TABLET	Prescribing, Medication	RXCUI
845515	EVEROLIMUS 5 MG ORAL TABLET	Prescribing, Medication	RXCUI
977427	EVEROLIMUS 0.25 MG ORAL TABLET	Prescribing, Medication	RXCUI
977434	EVEROLIMUS 0.5 MG ORAL TABLET	Prescribing, Medication	RXCUI
977438	EVEROLIMUS 0.75 MG ORAL TABLET	Prescribing, Medication	RXCUI
998189	EVEROLIMUS 2.5 MG ORAL TABLET	Prescribing, Medication	RXCUI
1119399	EVEROLIMUS 7.5 MG	Prescribing, Medication	RXCUI
1308425	EVEROLIMUS 0.08 MG/ML	Prescribing, Medication	RXCUI
1308429	EVEROLIMUS 0.12 MG/ML	Prescribing, Medication	RXCUI
1308431	EVEROLIMUS 0.2 MG/ML	Prescribing, Medication	RXCUI
1869512	EVEROLIMUS 2 MG	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1869518	EVEROLIMUS 3 MG	Prescribing, Medication	RXCUI
2056894	EVEROLIMUS 1 MG	Prescribing, Medication	RXCUI
845505	EVEROLIMUS 10 MG	Prescribing, Medication	RXCUI
845514	EVEROLIMUS 5 MG	Prescribing, Medication	RXCUI
977426	EVEROLIMUS 0.25 MG	Prescribing, Medication	RXCUI
977433	EVEROLIMUS 0.5 MG	Prescribing, Medication	RXCUI
977437	EVEROLIMUS 0.75 MG	Prescribing, Medication	RXCUI
998188	EVEROLIMUS 2.5 MG	Prescribing, Medication	RXCUI
1308427	EVEROLIMUS ORAL SUSPENSION	Prescribing, Medication	RXCUI
1869513	EVEROLIMUS TABLET FOR ORAL SUSPENSION	Prescribing, Medication	RXCUI
845506	EVEROLIMUS ORAL TABLET	Prescribing, Medication	RXCUI
1163786	EVEROLIMUS ORAL PRODUCT	Prescribing, Medication	RXCUI
1163787	EVEROLIMUS PILL	Prescribing, Medication	RXCUI
1308426	EVEROLIMUS ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1536485	PURIXAN	Prescribing, Medication	RXCUI
219513	PURINETHOL	Prescribing, Medication	RXCUI
103	MERCAPTOPYRINE	Prescribing, Medication	RXCUI
1546028	MERCAPTOPYRINE ANHYDROUS	Prescribing, Medication	RXCUI
1536490	MERCAPTOPYRINE 20 MG/ML ORAL SUSPENSION [PURIXAN]	Prescribing, Medication	RXCUI
206788	MERCAPTOPYRINE 50 MG ORAL TABLET [PURINETHOL]	Prescribing, Medication	RXCUI
1536486	MERCAPTOPYRINE 20 MG/ML [PURIXAN]	Prescribing, Medication	RXCUI
567599	MERCAPTOPYRINE 50 MG [PURINETHOL]	Prescribing, Medication	RXCUI
1536487	MERCAPTOPYRINE ORAL SUSPENSION [PURIXAN]	Prescribing, Medication	RXCUI
368861	MERCAPTOPYRINE ORAL TABLET [PURINETHOL]	Prescribing, Medication	RXCUI
1183583	PURINETHOL ORAL PRODUCT	Prescribing, Medication	RXCUI
1183584	PURINETHOL PILL	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1536488	PURIXAN ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1536489	PURIXAN ORAL PRODUCT	Prescribing, Medication	RXCUI
1536484	MERCAPTOPYRINE 20 MG/ML ORAL SUSPENSION	Prescribing, Medication	RXCUI
197931	MERCAPTOPYRINE 50 MG ORAL TABLET	Prescribing, Medication	RXCUI
199766	MERCAPTOPYRINE 10 MG ORAL TABLET	Prescribing, Medication	RXCUI
1536481	MERCAPTOPYRINE 20 MG/ML	Prescribing, Medication	RXCUI
316246	MERCAPTOPYRINE 50 MG	Prescribing, Medication	RXCUI
332204	MERCAPTOPYRINE 10 MG	Prescribing, Medication	RXCUI
1536483	MERCAPTOPYRINE ORAL SUSPENSION	Prescribing, Medication	RXCUI
372782	MERCAPTOPYRINE ORAL TABLET	Prescribing, Medication	RXCUI
1165710	MERCAPTOPYRINE ORAL PRODUCT	Prescribing, Medication	RXCUI
1165711	MERCAPTOPYRINE PILL	Prescribing, Medication	RXCUI
1536482	MERCAPTOPYRINE ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1441403	OTREXUP	Prescribing, Medication	RXCUI
152008	MAXTREX	Prescribing, Medication	RXCUI
1544379	RASUVO	Prescribing, Medication	RXCUI
1921593	XATMEP	Prescribing, Medication	RXCUI
284900	TREXALL	Prescribing, Medication	RXCUI
346424	EMTEXATE	Prescribing, Medication	RXCUI
491604	RHEUMATREX	Prescribing, Medication	RXCUI
1150118	{8 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX DOSE PACK 8]	Prescribing, Medication	RXCUI
1541216	{12 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX DOSE PACK 12]	Prescribing, Medication	RXCUI
1541218	{16 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX DOSE PACK 16]	Prescribing, Medication	RXCUI
1541221	{20 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX DOSE PACK 20]	Prescribing, Medication	RXCUI
1541224	{24 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX DOSE PACK 24]	Prescribing, Medication	RXCUI
1541226	{28 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX DOSE PACK 28]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1541228	{32 (METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]) } PACK [RHEUMATREX DOSE PACK 32]	Prescribing, Medication	RXCUI
1150117	{8 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing, Medication	RXCUI
1541215	{12 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing, Medication	RXCUI
1541217	{16 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing, Medication	RXCUI
1541220	{20 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing, Medication	RXCUI
1541222	{24 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing, Medication	RXCUI
1541225	{28 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing, Medication	RXCUI
1541227	{32 (METHOTREXATE 2.5 MG ORAL TABLET) } PACK	Prescribing, Medication	RXCUI
6851	METHOTREXATE	Prescribing, Medication	RXCUI
287734	METHOTREXATE SODIUM	Prescribing, Medication	RXCUI
102953	METHOTREXATE 10 MG ORAL TABLET [EMTEXATE]	Prescribing, Medication	RXCUI
102954	METHOTREXATE 2.5 MG/ML INJECTABLE SOLUTION [EMTEXATE]	Prescribing, Medication	RXCUI
102955	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION [EMTEXATE]	Prescribing, Medication	RXCUI
102956	METHOTREXATE 100 MG/ML INJECTABLE SOLUTION [EMTEXATE]	Prescribing, Medication	RXCUI
102957	METHOTREXATE 50 MG/ML INJECTABLE SOLUTION [EMTEXATE]	Prescribing, Medication	RXCUI
102958	METHOTREXATE 2.5 MG/ML INJECTABLE SOLUTION [MAXTREX]	Prescribing, Medication	RXCUI
102959	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION [MAXTREX]	Prescribing, Medication	RXCUI
105587	METHOTREXATE 2.5 MG ORAL TABLET [MAXTREX]	Prescribing, Medication	RXCUI
105588	METHOTREXATE 10 MG ORAL TABLET [MAXTREX]	Prescribing, Medication	RXCUI
1441407	0.4 ML METHOTREXATE 25 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1441409	METHOTREXATE 25 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1441413	0.4 ML METHOTREXATE 37.5 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1441415	METHOTREXATE 37.5 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1441418	0.4 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1441420	METHOTREXATE 50 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1441424	0.4 ML METHOTREXATE 62.5 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1441426	METHOTREXATE 62.5 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1544383	0.2 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544384	METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544386	0.25 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544388	0.3 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544390	0.35 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544394	0.4 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544396	0.45 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544398	0.5 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544400	0.55 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544402	0.6 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1544404	0.15 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1594759	0.4 ML METHOTREXATE 18.8 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1594761	METHOTREXATE 18.8 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1747181	0.4 ML METHOTREXATE 31.3 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1747183	METHOTREXATE 31.3 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1747187	0.4 ML METHOTREXATE 43.8 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1747189	METHOTREXATE 43.8 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1747194	0.4 ML METHOTREXATE 56.3 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1747196	METHOTREXATE 56.3 MG/ML AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1921598	METHOTREXATE 2.5 MG/ML ORAL SOLUTION [XATMEP]	Prescribing, Medication	RXCUI
207033	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION [FOLEX PFS]	Prescribing, Medication	RXCUI
284592	METHOTREXATE 5 MG ORAL TABLET [TREXALL]	Prescribing, Medication	RXCUI
284593	METHOTREXATE 10 MG ORAL TABLET [TREXALL]	Prescribing, Medication	RXCUI
284594	METHOTREXATE 7.5 MG ORAL TABLET [TREXALL]	Prescribing, Medication	RXCUI
284595	METHOTREXATE 15 MG ORAL TABLET [TREXALL]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
579782	METHOTREXATE 2.5 MG ORAL TABLET [RHEUMATREX]	Prescribing, Medication	RXCUI
1441404	METHOTREXATE 25 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1441412	METHOTREXATE 37.5 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1441417	METHOTREXATE 50 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1441423	METHOTREXATE 62.5 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1544380	METHOTREXATE 50 MG/ML [RASUVO]	Prescribing, Medication	RXCUI
1594758	METHOTREXATE 18.75 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1659721	METHOTREXATE 18.8 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1747180	METHOTREXATE 31.3 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1747186	METHOTREXATE 43.8 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1747193	METHOTREXATE 56.3 MG/ML [OTREXUP]	Prescribing, Medication	RXCUI
1921594	METHOTREXATE 2.5 MG/ML [XATMEP]	Prescribing, Medication	RXCUI
563189	METHOTREXATE 10 MG [EMTEXATE]	Prescribing, Medication	RXCUI
563190	METHOTREXATE 2.5 MG/ML [EMTEXATE]	Prescribing, Medication	RXCUI
563191	METHOTREXATE 25 MG/ML [EMTEXATE]	Prescribing, Medication	RXCUI
563192	METHOTREXATE 100 MG/ML [EMTEXATE]	Prescribing, Medication	RXCUI
563193	METHOTREXATE 50 MG/ML [EMTEXATE]	Prescribing, Medication	RXCUI
563194	METHOTREXATE 2.5 MG/ML [MAXTREX]	Prescribing, Medication	RXCUI
563195	METHOTREXATE 25 MG/ML [MAXTREX]	Prescribing, Medication	RXCUI
564104	METHOTREXATE 2.5 MG [MAXTREX]	Prescribing, Medication	RXCUI
564105	METHOTREXATE 10 MG [MAXTREX]	Prescribing, Medication	RXCUI
567829	METHOTREXATE 25 MG/ML [FOLEX PFS]	Prescribing, Medication	RXCUI
575019	METHOTREXATE 5 MG [TREXALL]	Prescribing, Medication	RXCUI
575020	METHOTREXATE 10 MG [TREXALL]	Prescribing, Medication	RXCUI
575021	METHOTREXATE 7.5 MG [TREXALL]	Prescribing, Medication	RXCUI
575022	METHOTREXATE 15 MG [TREXALL]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
579780	METHOTREXATE 2.5 MG [RHEUMATREX]	Prescribing, Medication	RXCUI
1441405	METHOTREXATE PREFILLED SYRINGE [OTREXUP]	Prescribing, Medication	RXCUI
1544381	METHOTREXATE PREFILLED SYRINGE [RASUVO]	Prescribing, Medication	RXCUI
1655205	METHOTREXATE AUTO-INJECTOR [OTREXUP]	Prescribing, Medication	RXCUI
1655252	METHOTREXATE AUTO-INJECTOR [RASUVO]	Prescribing, Medication	RXCUI
1921595	METHOTREXATE ORAL SOLUTION [XATMEP]	Prescribing, Medication	RXCUI
362547	METHOTREXATE INJECTABLE SOLUTION [EMTEXATE]	Prescribing, Medication	RXCUI
362736	METHOTREXATE INJECTABLE SOLUTION [MAXTREX]	Prescribing, Medication	RXCUI
363432	METHOTREXATE INJECTABLE SOLUTION [FOLEX PFS]	Prescribing, Medication	RXCUI
368138	METHOTREXATE ORAL TABLET [TREXALL]	Prescribing, Medication	RXCUI
368588	METHOTREXATE ORAL TABLET [MAXTREX]	Prescribing, Medication	RXCUI
368665	METHOTREXATE ORAL TABLET [EMTEXATE]	Prescribing, Medication	RXCUI
579781	METHOTREXATE ORAL TABLET [RHEUMATREX]	Prescribing, Medication	RXCUI
1175944	EMTEXATE INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1175945	EMTEXATE ORAL PRODUCT	Prescribing, Medication	RXCUI
1175946	EMTEXATE PILL	Prescribing, Medication	RXCUI
1179677	TREXALL ORAL PRODUCT	Prescribing, Medication	RXCUI
1179678	TREXALL PILL	Prescribing, Medication	RXCUI
1182738	MAXTREX INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1182739	MAXTREX ORAL PRODUCT	Prescribing, Medication	RXCUI
1182740	MAXTREX PILL	Prescribing, Medication	RXCUI
1183068	RHEUMATREX ORAL PRODUCT	Prescribing, Medication	RXCUI
1183069	RHEUMATREX PILL	Prescribing, Medication	RXCUI
1441406	OTREXUP INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1544382	RASUVO INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1921596	XATMEP ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1921597	XATMEP ORAL PRODUCT	Prescribing, Medication	RXCUI
105585	METHOTREXATE 2.5 MG ORAL TABLET	Prescribing, Medication	RXCUI
105586	METHOTREXATE 10 MG ORAL TABLET	Prescribing, Medication	RXCUI
105589	METHOTREXATE 100 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1441402	0.4 ML METHOTREXATE 25 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1441408	METHOTREXATE 25 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1441411	0.4 ML METHOTREXATE 37.5 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1441414	METHOTREXATE 37.5 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1441416	0.4 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1441419	METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1441422	0.4 ML METHOTREXATE 62.5 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1441425	METHOTREXATE 62.5 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1544378	0.2 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1544385	0.25 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1544387	0.3 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1544389	0.35 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1544395	0.45 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1544397	0.5 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1544399	0.55 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1544401	0.6 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1544403	0.15 ML METHOTREXATE 50 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1594757	0.4 ML METHOTREXATE 18.8 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1594760	METHOTREXATE 18.8 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1655956	40 ML METHOTREXATE 25 MG/ML INJECTION	Prescribing, Medication	RXCUI
1655957	METHOTREXATE 25 MG/ML INJECTION	Prescribing, Medication	RXCUI
1655959	10 ML METHOTREXATE 25 MG/ML INJECTION	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1655960	2 ML METHOTREXATE 25 MG/ML INJECTION	Prescribing, Medication	RXCUI
1655967	4 ML METHOTREXATE 25 MG/ML INJECTION	Prescribing, Medication	RXCUI
1655968	8 ML METHOTREXATE 25 MG/ML INJECTION	Prescribing, Medication	RXCUI
1747179	0.4 ML METHOTREXATE 31.3 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1747182	METHOTREXATE 31.3 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1747185	0.4 ML METHOTREXATE 43.8 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1747188	METHOTREXATE 43.8 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1747192	0.4 ML METHOTREXATE 56.3 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1747195	METHOTREXATE 56.3 MG/ML AUTO-INJECTOR	Prescribing, Medication	RXCUI
1921592	METHOTREXATE 2.5 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
1946772	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
245256	METHOTREXATE 10 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
250936	METHOTREXATE 500 MG INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
283510	METHOTREXATE 15 MG ORAL TABLET	Prescribing, Medication	RXCUI
283511	METHOTREXATE 5 MG ORAL TABLET	Prescribing, Medication	RXCUI
283671	METHOTREXATE 7.5 MG ORAL TABLET	Prescribing, Medication	RXCUI
311624	METHOTREXATE 15 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
311625	METHOTREXATE 1000 MG INJECTION	Prescribing, Medication	RXCUI
311626	METHOTREXATE 12.5 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
311627	METHOTREXATE 25 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
315148	METHOTREXATE 2.5 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
415045	METHOTREXATE 5 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
415046	METHOTREXATE 7.5 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
415063	METHOTREXATE 7.46 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1441410	METHOTREXATE 37.5 MG/ML	Prescribing, Medication	RXCUI
1441421	METHOTREXATE 62.5 MG/ML	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1594756	METHOTREXATE 18.75 MG/ML	Prescribing, Medication	RXCUI
1656681	METHOTREXATE 1000 MG	Prescribing, Medication	RXCUI
1659719	METHOTREXATE 18.8 MG/ML	Prescribing, Medication	RXCUI
1747178	METHOTREXATE 31.3 MG/ML	Prescribing, Medication	RXCUI
1747184	METHOTREXATE 43.8 MG/ML	Prescribing, Medication	RXCUI
1747191	METHOTREXATE 56.3 MG/ML	Prescribing, Medication	RXCUI
328404	METHOTREXATE 50 MG/ML	Prescribing, Medication	RXCUI
328406	METHOTREXATE 25 MG/ML	Prescribing, Medication	RXCUI
328407	METHOTREXATE 2.5 MG	Prescribing, Medication	RXCUI
330028	METHOTREXATE 2.5 MG/ML	Prescribing, Medication	RXCUI
331568	METHOTREXATE 10 MG	Prescribing, Medication	RXCUI
331569	METHOTREXATE 15 MG	Prescribing, Medication	RXCUI
332454	METHOTREXATE 5 MG	Prescribing, Medication	RXCUI
332455	METHOTREXATE 7.5 MG	Prescribing, Medication	RXCUI
334051	METHOTREXATE 10 MG/ML	Prescribing, Medication	RXCUI
334421	METHOTREXATE 500 MG	Prescribing, Medication	RXCUI
346335	METHOTREXATE 12.5 MG/ML	Prescribing, Medication	RXCUI
360547	METHOTREXATE 100 MG/ML	Prescribing, Medication	RXCUI
380984	METHOTREXATE 15 MG/ML	Prescribing, Medication	RXCUI
451557	METHOTREXATE 7.46 MG/ML	Prescribing, Medication	RXCUI
451938	METHOTREXATE 5 MG/ML	Prescribing, Medication	RXCUI
451941	METHOTREXATE 7.5 MG/ML	Prescribing, Medication	RXCUI
1441401	METHOTREXATE PREFILLED SYRINGE	Prescribing, Medication	RXCUI
1655203	METHOTREXATE AUTO-INJECTOR	Prescribing, Medication	RXCUI
1655955	METHOTREXATE INJECTION	Prescribing, Medication	RXCUI
1921591	METHOTREXATE ORAL SOLUTION	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
372835	METHOTREXATE INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
372836	METHOTREXATE ORAL TABLET	Prescribing, Medication	RXCUI
1162235	METHOTREXATE INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1162236	METHOTREXATE ORAL PRODUCT	Prescribing, Medication	RXCUI
1162237	METHOTREXATE PILL	Prescribing, Medication	RXCUI
1921590	METHOTREXATE ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
227302	ORTHOCLONE OKT3	Prescribing, Medication	RXCUI
42405	MUROMONAB-CD3	Prescribing, Medication	RXCUI
206950	MUROMONAB-CD3 1 MG/ML INJECTABLE SOLUTION [ORTHOCLONE OKT3]	Prescribing, Medication	RXCUI
567751	MUROMONAB-CD3 1 MG/ML [ORTHOCLONE OKT3]	Prescribing, Medication	RXCUI
402708	MUROMONAB-CD3 INJECTABLE SOLUTION [ORTHOCLONE OKT3]	Prescribing, Medication	RXCUI
1184532	ORTHOCLONE OKT3 INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
239984	MUROMONAB-CD3 1 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
317432	MUROMONAB-CD3 1 MG/ML	Prescribing, Medication	RXCUI
372973	MUROMONAB-CD3 INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
1156388	MUROMONAB-CD3 INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
152633	CELLCEPT	Prescribing, Medication	RXCUI
265323	MYCOPHENOLATE	Prescribing, Medication	RXCUI
68149	MYCOPHENOLATE MOFETIL	Prescribing, Medication	RXCUI
237112	MYCOPHENOLATE MOFETIL HYDROCHLORIDE	Prescribing, Medication	RXCUI
408142	MYCOPHENOLATE SODIUM	Prescribing, Medication	RXCUI
152591	MYCOPHENOLATE 250 MG ORAL CAPSULE [CELLCEPT]	Prescribing, Medication	RXCUI
153754	MYCOPHENOLATE 500 MG ORAL TABLET [CELLCEPT]	Prescribing, Medication	RXCUI
213394	MYCOPHENOLATE MOFETIL 500 MG INJECTION [CELLCEPT]	Prescribing, Medication	RXCUI
261236	MYCOPHENOLATE 200 MG/ML ORAL SUSPENSION [CELLCEPT]	Prescribing, Medication	RXCUI
579573	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET [MYFORTIC]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
579576	MYCOPHENOLATE 360 MG ENTERIC COATED TABLET [MYFORTIC]	Prescribing, Medication	RXCUI
616435	MYCOPHENOLATE MOFETIL 500 MG ORAL TABLET [CELLCEPT]	Prescribing, Medication	RXCUI
616444	MYCOPHENOLATE MOFETIL 200 MG/ML ORAL SUSPENSION [CELLCEPT]	Prescribing, Medication	RXCUI
616447	MYCOPHENOLATE MOFETIL 250 MG ORAL CAPSULE [CELLCEPT]	Prescribing, Medication	RXCUI
616449	MYCOPHENOLATE 360 MG ENTERIC COATED TABLET [MYFORTIC]	Prescribing, Medication	RXCUI
616450	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET [MYFORTIC]	Prescribing, Medication	RXCUI
541580	MYCOPHENOLATE 180 MG [MYFORTIC]	Prescribing, Medication	RXCUI
541585	MYCOPHENOLATE 360 MG [MYFORTIC]	Prescribing, Medication	RXCUI
564992	MYCOPHENOLATE 250 MG [CELLCEPT]	Prescribing, Medication	RXCUI
565378	MYCOPHENOLATE 500 MG [CELLCEPT]	Prescribing, Medication	RXCUI
573288	MYCOPHENOLATE MOFETIL 6 MG/ML [CELLCEPT]	Prescribing, Medication	RXCUI
574465	MYCOPHENOLATE 200 MG/ML [CELLCEPT]	Prescribing, Medication	RXCUI
579571	MYCOPHENOLATE 180 MG [MYFORTIC]	Prescribing, Medication	RXCUI
579574	MYCOPHENOLATE 360 MG [MYFORTIC]	Prescribing, Medication	RXCUI
616433	MYCOPHENOLATE MOFETIL 500 MG [CELLCEPT]	Prescribing, Medication	RXCUI
616442	MYCOPHENOLATE MOFETIL 200 MG/ML [CELLCEPT]	Prescribing, Medication	RXCUI
616445	MYCOPHENOLATE MOFETIL 250 MG [CELLCEPT]	Prescribing, Medication	RXCUI
1726179	MYCOPHENOLATE MOFETIL INJECTION [CELLCEPT]	Prescribing, Medication	RXCUI
363166	MYCOPHENOLATE MOFETIL INJECTABLE SOLUTION [CELLCEPT]	Prescribing, Medication	RXCUI
365853	MYCOPHENOLATE ORAL SUSPENSION [CELLCEPT]	Prescribing, Medication	RXCUI
366524	MYCOPHENOLATE ORAL CAPSULE [CELLCEPT]	Prescribing, Medication	RXCUI
369377	MYCOPHENOLATE ORAL TABLET [CELLCEPT]	Prescribing, Medication	RXCUI
579572	MYCOPHENOLATE ENTERIC COATED TABLET [MYFORTIC]	Prescribing, Medication	RXCUI
579575	MYCOPHENOLATE ENTERIC COATED TABLET [MYFORTIC]	Prescribing, Medication	RXCUI
616434	MYCOPHENOLATE MOFETIL ORAL TABLET [CELLCEPT]	Prescribing, Medication	RXCUI
616443	MYCOPHENOLATE MOFETIL ORAL SUSPENSION [CELLCEPT]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
616446	MYCOPHENOLATE MOFETIL ORAL CAPSULE [CELLCEPT]	Prescribing, Medication	RXCUI
616448	MYCOPHENOLATE ENTERIC COATED TABLET [MYFORTIC]	Prescribing, Medication	RXCUI
1166213	CELLCEPT INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1166214	CELLCEPT ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1166215	CELLCEPT ORAL PRODUCT	Prescribing, Medication	RXCUI
1166216	CELLCEPT PILL	Prescribing, Medication	RXCUI
199058	MYCOPHENOLATE MOFETIL 250 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
200060	MYCOPHENOLATE MOFETIL 500 MG ORAL TABLET	Prescribing, Medication	RXCUI
311880	MYCOPHENOLATE MOFETIL 200 MG/ML ORAL SUSPENSION	Prescribing, Medication	RXCUI
311881	MYCOPHENOLATE MOFETIL 500 MG INJECTION	Prescribing, Medication	RXCUI
414999	MYCOPHENOLATE MOFETIL 25 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
433833	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET	Prescribing, Medication	RXCUI
433834	MYCOPHENOLATE 360 MG ENTERIC COATED TABLET	Prescribing, Medication	RXCUI
562143	MYCOPHENOLATE 250 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
562175	MYCOPHENOLATE 500 MG ORAL TABLET	Prescribing, Medication	RXCUI
562701	MYCOPHENOLATE 200 MG/ML ORAL SUSPENSION	Prescribing, Medication	RXCUI
579569	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET	Prescribing, Medication	RXCUI
596873	MYCOPHENOLATE 180 MG EXTENDED RELEASE ENTERIC COATED TABLET	Prescribing, Medication	RXCUI
670049	MYCOPHENOLATE 180 MG ENTERIC COATED TABLET	Prescribing, Medication	RXCUI
670051	MYCOPHENOLATE 360 MG ENTERIC COATED TABLET	Prescribing, Medication	RXCUI
316316	MYCOPHENOLATE MOFETIL 250 MG	Prescribing, Medication	RXCUI
316317	MYCOPHENOLATE MOFETIL 500 MG	Prescribing, Medication	RXCUI
331587	MYCOPHENOLATE MOFETIL 200 MG/ML	Prescribing, Medication	RXCUI
332547	MYCOPHENOLATE MOFETIL 6 MG/ML	Prescribing, Medication	RXCUI
353404	MYCOPHENOLATE 250 MG	Prescribing, Medication	RXCUI
353412	MYCOPHENOLATE 500 MG	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
353414	MYCOPHENOLATE 200 MG/ML	Prescribing, Medication	RXCUI
446560	MYCOPHENOLATE 180 MG	Prescribing, Medication	RXCUI
446562	MYCOPHENOLATE 360 MG	Prescribing, Medication	RXCUI
452791	MYCOPHENOLATE MOFETIL 25 MG/ML	Prescribing, Medication	RXCUI
485018	MYCOPHENOLATE 180 MG	Prescribing, Medication	RXCUI
485022	MYCOPHENOLATE 360 MG	Prescribing, Medication	RXCUI
579567	MYCOPHENOLATE 180 MG	Prescribing, Medication	RXCUI
670048	MYCOPHENOLATE 180 MG	Prescribing, Medication	RXCUI
670050	MYCOPHENOLATE 360 MG	Prescribing, Medication	RXCUI
1726176	MYCOPHENOLATE MOFETIL INJECTION	Prescribing, Medication	RXCUI
374667	MYCOPHENOLATE MOFETIL ORAL TABLET	Prescribing, Medication	RXCUI
374670	MYCOPHENOLATE MOFETIL ORAL SUSPENSION	Prescribing, Medication	RXCUI
376670	MYCOPHENOLATE MOFETIL INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
379060	MYCOPHENOLATE MOFETIL ORAL CAPSULE	Prescribing, Medication	RXCUI
446561	MYCOPHENOLATE ENTERIC COATED TABLET	Prescribing, Medication	RXCUI
562142	MYCOPHENOLATE ORAL CAPSULE	Prescribing, Medication	RXCUI
562174	MYCOPHENOLATE ORAL TABLET	Prescribing, Medication	RXCUI
562700	MYCOPHENOLATE ORAL SUSPENSION	Prescribing, Medication	RXCUI
579568	MYCOPHENOLATE ENTERIC COATED TABLET	Prescribing, Medication	RXCUI
596872	MYCOPHENOLATE EXTENDED RELEASE ENTERIC COATED TABLET	Prescribing, Medication	RXCUI
1157869	MYCOPHENOLATE MOFETIL INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1157870	MYCOPHENOLATE MOFETIL ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1157871	MYCOPHENOLATE MOFETIL ORAL PRODUCT	Prescribing, Medication	RXCUI
1157872	MYCOPHENOLATE MOFETIL PILL	Prescribing, Medication	RXCUI
258355	RAPAMUNE	Prescribing, Medication	RXCUI
35302	SIROLIMUS	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCU), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1724309	TEMSIROLIMUS 25 MG/ML INJECTION [TORISEL]	Prescribing, Medication	RXCUI
351901	SIROLIMUS 1 MG/ML ORAL SOLUTION [RAPAMUNE]	Prescribing, Medication	RXCUI
351989	SIROLIMUS 1 MG ORAL TABLET [RAPAMUNE]	Prescribing, Medication	RXCUI
404432	SIROLIMUS 2 MG ORAL TABLET [RAPAMUNE]	Prescribing, Medication	RXCUI
905160	SIROLIMUS 0.5 MG ORAL TABLET [RAPAMUNE]	Prescribing, Medication	RXCUI
575659	SIROLIMUS 1 MG/ML [RAPAMUNE]	Prescribing, Medication	RXCUI
575733	SIROLIMUS 1 MG [RAPAMUNE]	Prescribing, Medication	RXCUI
576390	SIROLIMUS 2 MG [RAPAMUNE]	Prescribing, Medication	RXCUI
905159	SIROLIMUS 0.5 MG [RAPAMUNE]	Prescribing, Medication	RXCUI
1724306	TEMSIROLIMUS INJECTION [TORISEL]	Prescribing, Medication	RXCUI
364904	SIROLIMUS ORAL SOLUTION [RAPAMUNE]	Prescribing, Medication	RXCUI
368672	SIROLIMUS ORAL TABLET [RAPAMUNE]	Prescribing, Medication	RXCUI
1177701	RAPAMUNE ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1177702	RAPAMUNE ORAL PRODUCT	Prescribing, Medication	RXCUI
1177703	RAPAMUNE PILL	Prescribing, Medication	RXCUI
1178590	TORISEL INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
314230	SIROLIMUS 1 MG/ML ORAL SOLUTION	Prescribing, Medication	RXCUI
349208	SIROLIMUS 1 MG ORAL TABLET	Prescribing, Medication	RXCUI
360110	SIROLIMUS 2 MG ORAL TABLET	Prescribing, Medication	RXCUI
905158	SIROLIMUS 0.5 MG ORAL TABLET	Prescribing, Medication	RXCUI
333296	SIROLIMUS 1 MG/ML	Prescribing, Medication	RXCUI
350512	SIROLIMUS 1 MG	Prescribing, Medication	RXCUI
360318	SIROLIMUS 2 MG	Prescribing, Medication	RXCUI
905157	SIROLIMUS 0.5 MG	Prescribing, Medication	RXCUI
1724304	TEMSIROLIMUS INJECTION	Prescribing, Medication	RXCUI
375278	SIROLIMUS ORAL SOLUTION	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
378277	SIROLIMUS ORAL TABLET	Prescribing, Medication	RXCUI
1158757	SIROLIMUS ORAL LIQUID PRODUCT	Prescribing, Medication	RXCUI
1158758	SIROLIMUS ORAL PRODUCT	Prescribing, Medication	RXCUI
1158759	SIROLIMUS PILL	Prescribing, Medication	RXCUI
1161488	TEMSIROLIMUS INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1235236	HECORIA	Prescribing, Medication	RXCUI
1431972	ASTAGRAF	Prescribing, Medication	RXCUI
1664435	ENVARUSUS	Prescribing, Medication	RXCUI
196463	PROGRAF	Prescribing, Medication	RXCUI
42316	TACROLIMUS	Prescribing, Medication	RXCUI
235991	ANHYDROUS TACROLIMUS	Prescribing, Medication	RXCUI
484288	TACROLIMUS MONOHYDRATE	Prescribing, Medication	RXCUI
108513	TACROLIMUS 1 MG ORAL CAPSULE [PROGRAF]	Prescribing, Medication	RXCUI
108514	TACROLIMUS 5 MG ORAL CAPSULE [PROGRAF]	Prescribing, Medication	RXCUI
108515	1 ML TACROLIMUS 5 MG/ML INJECTION [PROGRAF]	Prescribing, Medication	RXCUI
1235241	TACROLIMUS 0.5 MG ORAL CAPSULE [HECORIA]	Prescribing, Medication	RXCUI
1235243	TACROLIMUS 1 MG ORAL CAPSULE [HECORIA]	Prescribing, Medication	RXCUI
1235245	TACROLIMUS 5 MG ORAL CAPSULE [HECORIA]	Prescribing, Medication	RXCUI
1431977	24 HR TACROLIMUS 0.5 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing, Medication	RXCUI
1431979	TACROLIMUS 0.5 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing, Medication	RXCUI
1431982	24 HR TACROLIMUS 1 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing, Medication	RXCUI
1431984	TACROLIMUS 1 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing, Medication	RXCUI
1431987	24 HR TACROLIMUS 5 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing, Medication	RXCUI
1431989	TACROLIMUS 5 MG EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing, Medication	RXCUI
1664440	24 HR TACROLIMUS 4 MG EXTENDED RELEASE ORAL TABLET [ENVARUSUS]	Prescribing, Medication	RXCUI
1664442	TACROLIMUS 4 MG EXTENDED RELEASE ORAL TABLET [ENVARUSUS]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1664458	24 HR TACROLIMUS 0.75 MG EXTENDED RELEASE ORAL TABLET [ENVARUSUS]	Prescribing, Medication	RXCUI
1664460	TACROLIMUS 0.75 MG EXTENDED RELEASE ORAL TABLET [ENVARUSUS]	Prescribing, Medication	RXCUI
1664463	24 HR TACROLIMUS 1 MG EXTENDED RELEASE ORAL TABLET [ENVARUSUS]	Prescribing, Medication	RXCUI
1664465	TACROLIMUS 1 MG EXTENDED RELEASE ORAL TABLET [ENVARUSUS]	Prescribing, Medication	RXCUI
1738339	TACROLIMUS 5 MG/ML INJECTION [PROGRAF]	Prescribing, Medication	RXCUI
2052609	TACROLIMUS 0.2 MG GRANULES FOR ORAL SUSPENSION [PROGRAF]	Prescribing, Medication	RXCUI
2052704	TACROLIMUS 1 MG GRANULES FOR ORAL SUSPENSION [PROGRAF]	Prescribing, Medication	RXCUI
261134	TACROLIMUS 0.5 MG ORAL CAPSULE [PROGRAF]	Prescribing, Medication	RXCUI
1235237	TACROLIMUS 0.5 MG [HECORIA]	Prescribing, Medication	RXCUI
1235242	TACROLIMUS 1 MG [HECORIA]	Prescribing, Medication	RXCUI
1235244	TACROLIMUS 5 MG [HECORIA]	Prescribing, Medication	RXCUI
1431973	TACROLIMUS 0.5 MG [ASTAGRAF]	Prescribing, Medication	RXCUI
1431981	TACROLIMUS 1 MG [ASTAGRAF]	Prescribing, Medication	RXCUI
1431986	TACROLIMUS 5 MG [ASTAGRAF]	Prescribing, Medication	RXCUI
1664436	TACROLIMUS 4 MG [ENVARUSUS]	Prescribing, Medication	RXCUI
1664457	TACROLIMUS 0.75 MG [ENVARUSUS]	Prescribing, Medication	RXCUI
1664462	TACROLIMUS 1 MG [ENVARUSUS]	Prescribing, Medication	RXCUI
2052606	TACROLIMUS 0.2 MG [PROGRAF]	Prescribing, Medication	RXCUI
564557	TACROLIMUS 1 MG [PROGRAF]	Prescribing, Medication	RXCUI
564558	TACROLIMUS 5 MG [PROGRAF]	Prescribing, Medication	RXCUI
564559	TACROLIMUS 5 MG/ML [PROGRAF]	Prescribing, Medication	RXCUI
574378	TACROLIMUS 0.5 MG [PROGRAF]	Prescribing, Medication	RXCUI
1235238	TACROLIMUS ORAL CAPSULE [HECORIA]	Prescribing, Medication	RXCUI
1431974	TACROLIMUS EXTENDED RELEASE ORAL CAPSULE [ASTAGRAF]	Prescribing, Medication	RXCUI
1664437	TACROLIMUS EXTENDED RELEASE ORAL TABLET [ENVARUSUS]	Prescribing, Medication	RXCUI
1738336	TACROLIMUS INJECTION [PROGRAF]	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
2052607	TACROLIMUS GRANULES FOR ORAL SUSPENSION [PROGRAF]	Prescribing, Medication	RXCUI
362879	TACROLIMUS INJECTABLE SOLUTION [PROGRAF]	Prescribing, Medication	RXCUI
366273	TACROLIMUS ORAL CAPSULE [PROGRAF]	Prescribing, Medication	RXCUI
1180662	PROGRAF INJECTABLE PRODUCT	Prescribing, Medication	RXCUI
1180663	PROGRAF ORAL PRODUCT	Prescribing, Medication	RXCUI
1180664	PROGRAF PILL	Prescribing, Medication	RXCUI
1235239	HECORIA ORAL PRODUCT	Prescribing, Medication	RXCUI
1235240	HECORIA PILL	Prescribing, Medication	RXCUI
1431975	ASTAGRAF ORAL PRODUCT	Prescribing, Medication	RXCUI
1431976	ASTAGRAF PILL	Prescribing, Medication	RXCUI
1664438	ENVARUSUS ORAL PRODUCT	Prescribing, Medication	RXCUI
1664439	ENVARUSUS PILL	Prescribing, Medication	RXCUI
2052608	PROGRAF GRANULE PRODUCT	Prescribing, Medication	RXCUI
1431971	24 HR TACROLIMUS 0.5 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
1431978	TACROLIMUS 0.5 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
1431980	24 HR TACROLIMUS 1 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
1431983	TACROLIMUS 1 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
1431985	24 HR TACROLIMUS 5 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
1431988	TACROLIMUS 5 MG EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
1664434	24 HR TACROLIMUS 4 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1664441	TACROLIMUS 4 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1664456	24 HR TACROLIMUS 0.75 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1664459	TACROLIMUS 0.75 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1664461	24 HR TACROLIMUS 1 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1664464	TACROLIMUS 1 MG EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1738338	TACROLIMUS 5 MG/ML INJECTION	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
198377	TACROLIMUS 1 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
198378	TACROLIMUS 5 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
198379	1 ML TACROLIMUS 5 MG/ML INJECTION	Prescribing, Medication	RXCUI
2052605	TACROLIMUS 0.2 MG GRANULES FOR ORAL SUSPENSION	Prescribing, Medication	RXCUI
2052703	TACROLIMUS 1 MG GRANULES FOR ORAL SUSPENSION	Prescribing, Medication	RXCUI
313190	TACROLIMUS 0.5 MG ORAL CAPSULE	Prescribing, Medication	RXCUI
427807	TACROLIMUS 5 MG ORAL TABLET	Prescribing, Medication	RXCUI
427808	TACROLIMUS 1 MG ORAL TABLET	Prescribing, Medication	RXCUI
1599039	TACROLIMUS 0.5 MG/ML	Prescribing, Medication	RXCUI
1664432	TACROLIMUS 4 MG	Prescribing, Medication	RXCUI
1664455	TACROLIMUS 0.75 MG	Prescribing, Medication	RXCUI
2052503	TACROLIMUS 0.2 MG	Prescribing, Medication	RXCUI
316758	TACROLIMUS 1 MG	Prescribing, Medication	RXCUI
316759	TACROLIMUS 5 MG	Prescribing, Medication	RXCUI
317510	TACROLIMUS 5 MG/ML	Prescribing, Medication	RXCUI
330404	TACROLIMUS 0.5 MG	Prescribing, Medication	RXCUI
331549	TACROLIMUS 0.001 MG/MG	Prescribing, Medication	RXCUI
331550	TACROLIMUS 0.0003 MG/MG	Prescribing, Medication	RXCUI
1431970	TACROLIMUS EXTENDED RELEASE ORAL CAPSULE	Prescribing, Medication	RXCUI
1664433	TACROLIMUS EXTENDED RELEASE ORAL TABLET	Prescribing, Medication	RXCUI
1738334	TACROLIMUS INJECTION	Prescribing, Medication	RXCUI
2052604	TACROLIMUS GRANULES FOR ORAL SUSPENSION	Prescribing, Medication	RXCUI
374015	TACROLIMUS ORAL CAPSULE	Prescribing, Medication	RXCUI
377119	TACROLIMUS INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
451875	TACROLIMUS ORAL TABLET	Prescribing, Medication	RXCUI
1163655	TACROLIMUS INJECTABLE PRODUCT	Prescribing, Medication	RXCUI

Appendix E. List of RxNorm Concept Unique Identifier (RXCUI), Logical Observation Identifiers Names and Codes (LOINC),

Code	Description	Code Category	Code Type
1164202	TACROLIMUS ORAL PRODUCT	Prescribing, Medication	RXCUI
1164203	TACROLIMUS PILL	Prescribing, Medication	RXCUI
2052603	TACROLIMUS GRANULE PRODUCT	Prescribing, Medication	RXCUI
723805	TORISEL	Prescribing, Medication	RXCUI
657797	TEMSIROLIMUS	Prescribing, Medication	RXCUI
725108	1.2 ML TEMSIROLIMUS 25 MG/ML INJECTION [TORISEL]	Prescribing, Medication	RXCUI
725106	TEMSIROLIMUS 25 MG/ML [TORISEL]	Prescribing, Medication	RXCUI
725107	TEMSIROLIMUS INJECTABLE SOLUTION [TORISEL]	Prescribing, Medication	RXCUI
1724308	TEMSIROLIMUS 25 MG/ML INJECTION	Prescribing, Medication	RXCUI
722289	1.2 ML TEMSIROLIMUS 25 MG/ML INJECTION	Prescribing, Medication	RXCUI
993785	TEMSIROLIMUS 10 MG/ML INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
722287	TEMSIROLIMUS 25 MG/ML	Prescribing, Medication	RXCUI
993784	TEMSIROLIMUS 10 MG/ML	Prescribing, Medication	RXCUI
722288	TEMSIROLIMUS INJECTABLE SOLUTION	Prescribing, Medication	RXCUI
72435	anakinra	Prescribing, Medication	RXCUI
352734	Kineret	Prescribing, Medication	RXCUI
727711	0.67 ML anakinra 149 MG/ML Prefilled Syringe	Prescribing, Medication	RXCUI
727714	0.67 ML anakinra 149 MG/ML Prefilled Syringe [Kineret]	Prescribing, Medication	RXCUI
727708	anakinra Prefilled Syringe	Prescribing, Medication	RXCUI
727710	anakinra 149 MG/ML	Prescribing, Medication	RXCUI
727712	anakinra 149 MG/ML [Kineret]	Prescribing, Medication	RXCUI
727713	anakinra Prefilled Syringe [Kineret]	Prescribing, Medication	RXCUI
1157701	anakinra Injectable Product	Prescribing, Medication	RXCUI
1170741	Kineret Injectable Product	Prescribing, Medication	RXCUI

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
Inhaled Corticosteroids	
120 ACTUAT beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Inhaler [Qvar]	
BECLOMETHASONE DIPROPIONATE	
Beclomethasone Dipropionate Hfa	
beclomethasone dipropionate	Beconase AQ
beclomethasone dipropionate	QNASL
beclomethasone dipropionate	Qvar RediHaler
beclomethasone dipropionate 0.04 MG/ACTUAT Metered Dose Nasal Spray [Qnasl]	
beclomethasone dipropionate 0.042 MG/ACTUAT Metered Dose Nasal Spray [Beconase]	
beclomethasone dipropionate 0.08 MG/ACTUAT Metered Dose Nasal Spray [Qnasl]	
budesonide	Pulmicort
budesonide	Pulmicort Flexhaler
budesonide	Rhinocort Allergy
budesonide	budesonide
ciclesonide	Alvesco
ciclesonide	Omnaris
ciclesonide	Zetonna
flunisolide	flunisolide
fluticasone furoate	Arnuity Ellipta
fluticasone furoate	Children's Flonase Sensimist
fluticasone furoate	Flonase Sensimist
fluticasone propionate	24 Hour Allergy Relief
fluticasone propionate	Aller-Flo
fluticasone propionate	Allergy Relief (fluticasone)
fluticasone propionate	ArmonAir Digihaler
fluticasone propionate	Children's Flonase Allergy Rlf
fluticasone propionate	Childrens 24 Hr Allergy Relief
fluticasone propionate	ClariSpray
fluticasone propionate	Flonase Allergy Relief
fluticasone propionate	Flovent Diskus
fluticasone propionate	Flovent HFA
fluticasone propionate	Xhance
fluticasone propionate	fluticasone propionate
mometasone furoate	Asmanex HFA
mometasone furoate	Asmanex Twisthaler
mometasone furoate	Nasonex
mometasone furoate	mometasone
triamcinolone acetonide	24 Hour Nasal Allergy
triamcinolone acetonide	Aller-Cort
triamcinolone acetonide	Children's Nasacort
triamcinolone acetonide	Nasacort
triamcinolone acetonide	Nasal Allergy
triamcinolone acetonide	triamcinolone acetonide
Dexamethasone	
dexamethasone	Decadron
dexamethasone	Dexabliss
dexamethasone	Dexamethasone Intensol

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
dexamethasone	Dxevo
dexamethasone	HiDex
dexamethasone	TaperDex
dexamethasone	dexamethasone
dexamethasone acetate and sodium phosphate in sterile water	dexamethasone ac, sodph-water
dexamethasone acetate in sodium chloride, iso-osmotic	dexamethasoneace-NaCl,iso-osm
dexamethasone sodium phosphate	ReadySharp dexamethasone
dexamethasone sodium phosphate	dexamethasone sodiumphosphate
dexamethasone sodium phosphate in 0.9 % sodium chloride	dexamethasone-0.9 % sod.chlor
dexamethasone sodium phosphate/PF	Active Injection Kit D (PF)
dexamethasone sodium phosphate/PF	DoubleDex (PF)
dexamethasone sodium phosphate/PF	MAS Care-Pak (PF)
dexamethasone sodium phosphate/PF	dexamethasone sodium phos(PF)
Azithromycin	
AZITHROMYCIN	AZITHROMYCIN
AZITHROMYCIN	ZITHROMAX
AZITHROMYCIN IV FOR	AZITHROMYCIN
azithromycin	Zithromax
azithromycin	Zithromax TRI-PAK
azithromycin	Zithromax Z-Pak
azithromycin	azithromycin
Hydroxychloroquine	
HYDROXYCHLOROQUINE SULFATE	
hydroxychloroquine sulfate	Plaquenil
hydroxychloroquine sulfate	hydroxychloroquine
Chloroquine	
CHLOROQUINE PHOSPHATE	CHLOROQUINEPHOSPHATE
chloroquine phosphate	chloroquine phosphate
Anticoagulants (Oral)	
APIXABAN	ELIQUIS
DABIGATRAN ETEXILATE MESYLATE	PRADAXA
WARFARIN SODIUM	COUMADIN
WARFARIN SODIUM	WARFARIN SODIUM
apixaban	Eliquis
apixaban	Eliquis DVT-PE Treat 30DStart
betrixaban maleate	Bevyxxa
dabigatran etexilate mesylate	Pradaxa
edoxaban tosylate	Savaysa
rivaroxaban	Xarelto
rivaroxaban	Xarelto DVT-PE Treat 30dStart
warfarin sodium	Coumadin
warfarin sodium	Jantoven
warfarin sodium	warfarin
Anticoagulants (Non-Oral)	
BIVALIRUDIN FOR IV	ANGIOMAX
ENOXAPARIN SODIUM	ENOXAPARIN SODIUM
HEPARIN SODIUM (BOVINE)	HEPARIN SODIUM BEEFLUNG

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
HEPARIN SODIUM (PORCINE)	HEPARIN SODIUM
HEPARIN SODIUM (PORCINE) IV	HEPARIN SODIUM
argatroban	argatroban
argatroban in 0.9 % sodium chloride	argatroban in 0.9 % sod chlor
argatroban in sodium chloride, iso-osmotic	argatroban in NaCl (iso-os)
bivalirudin	Angiomax
bivalirudin	bivalirudin
bivalirudin in 0.9 % sodium chloride	bivalirudin-0.9 % sodium chlor
dalteparin sodium,porcine	Fragmin
enoxaparin sodium	Lovenox
enoxaparin sodium	enoxaparin
fondaparinux sodium	Arixtra
fondaparinux sodium	fondaparinux
heparin sodium,porcine	heparin (porcine)
heparin sodium,porcine in 0.9 % sodium chloride	heparin (porcine) in 0.9%NaCl
heparin sodium,porcine/PF	heparin, porcine (PF)
Antiplatelets	
ASPIRIN	ANACIN
ASPIRIN	ASPERGUM
ASPIRIN	ASPIRIN
ASPIRIN	ASPIRIN ADULT LOWSTRENGTH
ASPIRIN	ASPIRIN CHILDRENS
ASPIRIN	ASPIRIN EC
ASPIRIN	ASPIRIN EC LOW DOSE
ASPIRIN	ASPIRIN EC MAXIMUMSTRENGTH
ASPIRIN	ASPIRIN ENTERIC COATED
	ADULT LOW STRENGTH
ASPIRIN	ASPIRIN LOW DOSE
ASPIRIN	ASPIRTAB
ASPIRIN	ASPIRTAB MAXIMUMSTRENGTH
ASPIRIN	BAYER ADVANCEDASPIRIN EXTRA STRENGTH
ASPIRIN	BAYER ADVANCEDASPIRIN REGULARSTRENGTH
ASPIRIN	BAYER ASPIRIN
ASPIRIN	BAYER ASPIRIN REGIMEN
ASPIRIN	BAYER LOW STRENGTH
ASPIRIN	BUFFERIN LOW DOSE
ASPIRIN	CHILDREN'S CHEWABLEASPIRIN
ASPIRIN	CVS ASPIRIN ADULT LOWDOSE
ASPIRIN	EC ASPIRIN
ASPIRIN	ECPIRIN
ASPIRIN	ENTERIC COATED ASPIRIN
ASPIRIN	EQ ADULT ASPIRIN LOWSTRENGTH
ASPIRIN	EQ ASPIRIN
ASPIRIN	EQ ASPIRIN EC
ASPIRIN	EQ ASPIRIN LOW DOSE
ASPIRIN	EQL ASPIRIN
ASPIRIN	EQL ASPIRIN EC
ASPIRIN	EQL ASPIRIN LOW DOSE
ASPIRIN	GNP ASPIRIN LOW DOSE
ASPIRIN	GNP CHILDRENS ASPIRIN
ASPIRIN	GOODSENSE ASPIRIN LOWDOSE

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
ASPIRIN	H-E-B ASPIRIN
ASPIRIN	HM ASPIRIN
ASPIRIN	MEDIQUE ASPIRIN
ASPIRIN	MM ASPIRIN
ASPIRIN	NORWICH ASPIRIN
ASPIRIN	OSCO ASPIRIN
ASPIRIN	RA ASPIRIN
ASPIRIN	RA ASPIRIN EC
ASPIRIN	RA ASPIRIN EC MAXIMUMSTRENGTH
ASPIRIN	RA CHILDRENS ASPIRIN
ASPIRIN	RA PAIN RELIEF ASPIRIN
ASPIRIN	ST JOSEPH ASPIRIN
ASPIRIN	TGT ASPIRIN
ASPIRIN	TGT ASPIRIN LOW DOSE
ASPIRIN	TH ASPIRIN
ASPIRIN	TH ASPIRIN LOW DOSE
ASPIRIN	TH ENTERIC ASPIRIN
ASPIRIN	UNI-TREN
ASPIRIN	ZORPRIN
ASPIRIN BUFFERED	ALBERTSONS BUFFEREDASPIRIN
ASPIRIN BUFFERED	ASPIRIN BUFFERED
ASPIRIN DISINTEGRATING	ADULT ASPIRIN LOWSTRENGTH
ASPIRIN DISPERSIBLE	ADULT ASPIRIN LOWSTRENGTH
ASPIRIN EFFER	EFFERVESCENT PAINRELIEF
ASPIRIN EFFER	NEUTRALIN
ASPIRIN EFFER	SB EFFERVESCENT PAINRELIEF
CILOSTAZOL	CILOSTAZOL
CLOPIDOGREL BISULFATE	CLOPIDOGREL
CLOPIDOGREL BISULFATE	PLAVIX
CLOPIDOGREL TAB 75 MG/ASPIRIN TAB DR 81 MG THERAPY PACK	CLOPIDOGREL KIT
TICAGRELOR	BRILINTA
TICLOPIDINE HCL	TICLID
TICLOPIDINE HCL	TICLOPIDINE HCL
aspirin	Adult Aspirin Regimen
aspirin	Adult Low Dose Aspirin
aspirin	Aspir-81
aspirin	Aspir-Low
aspirin	Aspir-Trin
aspirin	Aspirin Childrens
aspirin	Aspirin Low Dose
aspirin	Bayer Advanced
aspirin	Bayer Aspirin
aspirin	Bayer Chewable Aspirin
aspirin	Children's Aspirin
aspirin	Durlaza
aspirin	E.C. Prin
aspirin	Ecotrin
aspirin	Ecotrin Low Strength
aspirin	Enteric Coated Aspirin
aspirin	Extra Strength Bayer

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
aspirin	Lo-Dose Aspirin
aspirin	St Joseph Aspirin
aspirin	St. Joseph Aspirin
aspirin	aspirin
aspirin/caffeine	Bayer Back and Body
aspirin/dipyridamole	Aggrenox
aspirin/dipyridamole	aspirin-dipyridamole
cangrelor tetrasodium	Kengreal
cilostazol	cilostazol
clopidogrel bisulfate	Plavix
clopidogrel bisulfate	clopidogrel
dipyridamole	dipyridamole
prasugrel HCl	Effient
prasugrel HCl	prasugrel
ticagrelor	Brilinta
vorapaxar sulfate	Zontivity
Immunosuppressants	
ADALIMUMAB PEN/INJECTOR KIT 40 MG/0.8ML	Immunosuppressant
AZATHIOPRINE	Immunosuppressant
AZATHIOPRINE TAB 50 MG	Immunosuppressant
BELIMUMAB SUBCUTANEOUS SOLUTION	Immunosuppressant
BLEOMYCIN SULFATE FOR INJ 15 UNIT	Chemotherapeutic agents
CAPECITABINE TAB 150 MG	Chemotherapeutic agents
CYCLOPHOSPHAMIDE	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOPHOSPHAMIDE LYOPHILIZED FOR INJ	Chemotherapeutic agents
CYCLOSPORINE MODIFIED CAP 25 MG	Immunosuppressant
DACARBAZINE FOR INJ 200 MG	Chemotherapeutic agents
DACARBAZINE FOR INJ 500 MG	Chemotherapeutic agents
DACARBAZINE POWDER	Chemotherapeutic agents
DAUNORUBICIN HCL FOR INJ 50 MG	Chemotherapeutic agents
DOXORUBICIN HCL FOR INJ 10 MG	Chemotherapeutic agents
DOXORUBICIN HCL FOR INJ 150 MG	Chemotherapeutic agents
DOXORUBICIN HCL FOR INJ 20 MG	Chemotherapeutic agents
DOXORUBICIN HCL FOR INJ 50 MG	Chemotherapeutic agents
DOXORUBICIN HCL INJ 2 MG/ML	Chemotherapeutic agents
DOXORUBICIN HCL LIPOSOMAL	Chemotherapeutic agents
DUVELISIB CAP 15 MG	Chemotherapeutic agents
DUVELISIB CAP 25 MG	Chemotherapeutic agents
ERLOTINIB TAB 100 MG	Chemotherapeutic agents
ERLOTINIB TAB 150 MG	Chemotherapeutic agents
ETOPOSIDE INJ 20 MG/ML	Chemotherapeutic agents
FLOXURIDINE FOR INJ 0.5 GM	Chemotherapeutic agents
FLUDARABINE PHOSPHATE FOR INJ 50 MG	Chemotherapeutic agents
FLUOROURACIL INJ 1 GM/20ML (50 MG/ML)	Chemotherapeutic agents

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
FLUOROURACIL INJ 2.5 GM/50ML (50 MG/ML)	Chemotherapeutic agents
FLUOROURACIL INJ 5 GM/100ML (50 MG/ML)	Chemotherapeutic agents
FLUOROURACIL INJ 50 MG/ML	Chemotherapeutic agents
FLUOROURACIL INJ 500 MG/10ML (50 MG/ML)	Chemotherapeutic agents
HYDROXYUREA CAP 500 MG	Chemotherapeutic agents
IFOSFAMIDE FOR INJ 1 GM	Chemotherapeutic agents
IFOSFAMIDE FOR INJ 3 GM	Chemotherapeutic agents
IMATINIB MESYLATE TAB 400 MG (BASE	Chemotherapeutic agents
INEBILIZUMAB/CDON IV	Immunosuppressant
INTERFERON ALFA-2B FOR INJ 3 MU	Chemotherapeutic agents
INTERFERON ALFA-2B INJ 10 MU/ML	Chemotherapeutic agents
INTERFERON ALFA-2B INJ 6000000 UNIT/ML	Chemotherapeutic agents
LEFLUNOMIDE	Immunosuppressant
METHOTREXATE	Immunosuppressant
METHOTREXATE POWDER	Chemotherapeutic agents
METHOTREXATE SODIUM INJ 25 MG/ML	Chemotherapeutic agents
METHOTREXATE SODIUM TAB 2.5 MG (BASE	Chemotherapeutic agents
METHOTREXATE SOLN PF AUTO-INJECTOR	Immunosuppressant
MITOMYCIN FOR INJ 20 MG	Chemotherapeutic agents
MITOMYCIN FOR INJ 5 MG	Chemotherapeutic agents
MITOMYCIN SOLN FOR INTRAVESICAL	Chemotherapeutic agents
MYCOPHENOLATE MOFETIL TAB 500 MG	Immunosuppressant
OLAPARIB TAB 150 MG	Chemotherapeutic agents
OXALIPLATIN	Chemotherapeutic agents
PACLITAXEL IV	Chemotherapeutic agents
SUNITINIB MALATE CAP 50 MG (BASE	Chemotherapeutic agents
TACROLIMUS	Immunosuppressant
TACROLIMUS CAP 1 MG	Immunosuppressant
TEMOZOLOMIDE CAP 100 MG	Chemotherapeutic agents
TEMOZOLOMIDE CAP 20 MG	Chemotherapeutic agents
TEMOZOLOMIDE CAP 250 MG	Chemotherapeutic agents
TEMOZOLOMIDE CAP 5 MG	Chemotherapeutic agents
URACIL MUSTARD	Chemotherapeutic agents
VINCRIStINE SULFATE IV SOLN 1 MG/ML	Chemotherapeutic agents
abatacept	Orencia
abatacept	Orencia ClickJect
abatacept/maltose	Orencia (with maltose)
abemaciclib	Verzenio
acalabrutinib	Calquence
adalimumab	Humira
adalimumab	Humira Pediatric Crohns Start
adalimumab	Humira Pen
adalimumab	Humira Pen Crohns-UC-HSStart
adalimumab	Humira Pen Psor-Uveits-AdolHS
adalimumab	Humira(CF)
adalimumab	Humira(CF) Pedi CrohnsStarter
adalimumab	Humira(CF) Pen

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Generic Name	Brand Name
adalimumab	Humira(CF) PenCrohns-UC-HS
adalimumab	Humira(CF) PenPsor-Uv-Adol HS
ado-trastuzumab emtansine	Kadcyla
afatinib dimaleate	Gilotrif
aldesleukin	Proleukin
alectinib HCl	Alecensa
alemtuzumab	Campath
alemtuzumab	Lemtrada
alpelisib	Piqray
anakinra	Kineret
anti-thymocyte globulin,rabbit	Thymoglobulin
apremilast	Otezla
apremilast	Otezla Starter
arsenic trioxide	Trisenox
arsenic trioxide	arsenic trioxide
asparaginase (Erwinia chrysanthemi)	Erwinaze
atezolizumab	Tecentriq
auranofin	Ridaura
avapritinib	Ayvakit
avelumab	Bavencio
axicabtagene ciloleucel	Yescarta
axitinib	Inlyta
azacitidine	Onureg
azacitidine	Vidaza
azacitidine	azacitidine
azathioprine	Azasan
azathioprine	Imuran
azathioprine	azathioprine
azathioprine sodium	azathioprine sodium
baricitinib	Olumiant
basiliximab	Simulect
belantamab mafodotin-blmf	Blenrep
belatacept	Nulojix
belimumab	Benlysta
belinostat	Beleodaq
bendamustine HCl	Belrapzo
bendamustine HCl	Bendeka
bendamustine HCl	Treanda
bendamustine HCl	bendamustine
bevacizumab	Avastin
bevacizumab-awwb	Mvasi
bevacizumab-bvzr	Zirabev
bexarotene	Targretin
bexarotene	bexarotene
binimetinib	Mektovi
bleomycin sulfate	bleomycin
blinatumomab	Blinicyto

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Generic Name	Brand Name
bortezomib	Velcade
bortezomib	bortezomib
bosutinib	Bosulif
brentuximab vedotin	Adcetris
brexucabtagene autoleucl	Tecartus
brigatinib	Alunbrig
busulfan	Busulfex
busulfan	Myleran
busulfan	busulfan
cabazitaxel	Jevtana
cabozantinib s-malate	Cabometyx
cabozantinib s-malate	Cometriq
calaspargase pegol-mknl	Asparlas
canakinumab/PF	Ilaris (PF)
capecitabine	Xeloda
capecitabine	capecitabine
capmatinib hydrochloride	Tabrecta
carboplatin	Paraplatin
carboplatin	carboplatin
carfilzomib	Kyprolis
carmustine	BiCNU
carmustine	carmustine
carmustine in polifeprosan 20	Gliadel Wafer
cemiplimab-rwlc	Libtayo
ceritinib	Zykadia
certolizumab pegol	Cimzia
certolizumab pegol	Cimzia Powder for Reconst
certolizumab pegol	Cimzia Starter Kit
cetuximab	Erbix
chlorambucil	Leukeran
cisplatin	cisplatin
cladribine	cladribine
clofarabine	Clolar
clofarabine	clofarabine
cobimetinib fumarate	Cotellic
copanlisib di-HCl	Aliqopa
crizotinib	Xalkori
cyclophosphamide	cyclophosphamide
cyclosporine	Sandimmune
cyclosporine	cyclosporine
cyclosporine, modified	Gengraf
cyclosporine, modified	Neoral
cyclosporine, modified	cyclosporine modified
cytarabine	cytarabine
cytarabine/PF	cytarabine (PF)
dabrafenib mesylate	Tafinlar
dacarbazine	dacarbazine

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
dacomitinib	Vizimpro
dactinomycin	Cosmegen
dactinomycin	dactinomycin
daratumumab	Darzalex
daratumumab-hyaluronidase-fihj	Darzalex Faspro
dasatinib	Sprycel
daunorubicin HCl	daunorubicin
daunorubicin/cytarabine liposomal	Vyxeos
decitabine	Dacogen
decitabine	decitabine
decitabine/cedazuridine	Inqovi
dinutuximab	Unituxin
docetaxel	Docefrez
docetaxel	docetaxel
doxorubicin HCl	Adriamycin
doxorubicin HCl	doxorubicin
doxorubicin HCl pegylated liposomal	Doxil
doxorubicin HCl pegylated liposomal	Lipodox
doxorubicin HCl pegylated liposomal	Lipodox 50
doxorubicin HCl pegylated liposomal	doxorubicin, peg-liposomal
durvalumab	Imfinzi
duvelisib	Copiktra
eculizumab	Soliris
elotuzumab	Empliciti
emapalumab-lzsg	Gamifant
enasidenib mesylate	Idhifa
encorafenib	Braftovi
enfortumab vedotin-ejfv	Padcev
entrectinib	Rozlytrek
epirubicin HCl	Ellence
epirubicin HCl	epirubicin
erdafitinib	Balversa
eribulin mesylate	Halaven
erlotinib HCl	Tarceva
erlotinib HCl	erlotinib
etanercept	Enbrel
etanercept	Enbrel Mini
etanercept	Enbrel SureClick
etoposide	Toposar
etoposide	etoposide
etoposide phosphate	Etopophos
everolimus	Afinitor
everolimus	Afinitor Disperz
everolimus	Zortress
everolimus	everolimus (antineoplastic)
everolimus	everolimus(immunosuppressive)
fam-trastuzumab deruxtecan-nxki	Enhertu

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
fedratinib dihydrochloride	Inrebic
fingolimod HCl	Gilenya
floxuridine	floxuridine
fludarabine phosphate	fludarabine
fluorouracil	Adrucil
fluorouracil	fluorouracil
fostamatinib disodium	Tavalisse
gefitinib	Iressa
gemcitabine HCl	gemcitabine
gemcitabine HCl in 0.9 % sodium chloride	Infugem
gemtuzumab ozogamicin	Mylotarg
gilteritinib fumarate	Xospata
glasdegib maleate	Daurismo
glucarpidase	Voraxaze
golimumab	Simponi
golimumab	Simponi ARIA
hydroxyurea	Hydrea
hydroxyurea	hydroxyurea
ibrutinib	Imbruvica
idarubicin HCl	Idamycin PFS
idarubicin HCl	idarubicin
idelalisib	Zydelig
ifosfamide	Ifex
ifosfamide	ifosfamide
imatinib mesylate	Gleevec
imatinib mesylate	imatinib
inebilizumab-cdon	Uplizna
infliximab	Remicade
infliximab-abda	Renflexis
infliximab-dyyb	Inflectra
inotuzumab ozogamicin	Besponsa
interferon alfa-2b, recomb.	Intron A
interferon alfa-n3	Alferon N
interferon gamma-1b, recomb.	Actimmune
ipilimumab	Yervoy
irinotecan HCl	Camptosar
irinotecan HCl	irinotecan
irinotecan liposomal	Onivyde
isatuximab-irfc	Sarclisa
ivosidenib	Tibsovo
ixabepilone	Ixempra
ixazomib citrate	Ninlaro
kit for prep yttrium-90/ibritumomab	Zevalin (Y-90)
lapatinib ditosylate	Tykerb
lapatinib ditosylate	lapatinib
larotrectinib sulfate	Vitrakvi
leflunomide	Arava

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
leflunomide	leflunomide
lenalidomide	Revlimid
lenvatinib mesylate	Lenvima
lisocabtagene maraleucel	Breyanzi
lomustine	Gleostine
lorlatinib	Lorbrena
lurbinectedin	Zepzelca
lymphocyte immune globulin,antithymocyte	Atgam
melphalan	Alkeran
melphalan	melphalan
melphalan HCl	Alkeran (as HCl)
melphalan HCl	melphalan HCl
melphalan HCl/betadex sulfobutyl ether sodium	Evomela
mercaptopurine	Purixan
mercaptopurine	mercaptopurine
methotrexate	Xatmep
methotrexate sodium	Trexall
methotrexate sodium	methotrexate sodium
methotrexate sodium/PF	methotrexate sodium (PF)
methotrexate/PF	Otrexup (PF)
methotrexate/PF	Rasuvo (PF)
methotrexate/PF	RediTrex (PF)
midostaurin	Rydapt
mitomycin	Mutamycin
mitomycin	mitomycin
mitoxantrone HCl	mitoxantrone
mogamulizumab-kpkc	Poteligeo
moxetumomab pasudotox-tdfk	Lumoxiti
mycophenolate mofetil	CellCept
mycophenolate mofetil	mycophenolate mofetil
mycophenolate mofetil HCl	CellCept Intravenous
mycophenolate mofetil HCl	mycophenolate mofetil (HCl)
mycophenolate sodium	Myfortic
mycophenolate sodium	mycophenolate sodium
naxitamab-gqgk	Danyelza
necitumumab	Portrazza
nelarabine	Arranon
neratinib maleate	Nerlynx
nilotinib HCl	Tasigna
niraparib tosylate	Zejula
nivolumab	Opdivo
obinutuzumab	Gazyva
ocrelizumab	Ocrevus
ofatumumab	Arzerra
olaparib	Lynparza
olaratumab	Lartruvo
omacetaxine mepesuccinate	Synribo

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
osimertinib mesylate	Tagrisso
oxaliplatin	oxaliplatin
paclitaxel	paclitaxel
paclitaxel protein-bound	Abraxane
palbociclib	Ibrance
panitumumab	Vectibix
panobinostat lactate	Farydak
pazopanib HCl	Votrient
pegaspargase	Oncaspar
peginterferon alfa-2b	Sylatron
pembrolizumab	Keytruda
pemetrexed disodium	Alimta
pemigatinib	Pemazyre
pentostatin	Nipent
pertuzumab	Perjeta
pertuzumab-trastuzumab-hyaluronidase-zzxf	Phesgo
pexidartinib hydrochloride	Turalio
polatuzumab vedotin-piiq	Polivy
pomalidomide	Pomalyst
ponatinib HCl	Iclusig
pralatrexate	Folotyn
pralsetinib	Gavreto
procarbazine HCl	Matulane
ramucirumab	Cyramza
regorafenib	Stivarga
ribociclib succinate	Kisqali
ribociclib succinate/letrozole	Kisqali Femara Co-Pack
rilonacept	Arcalyst
ripretinib	Qinlock
rituximab	Rituxan
rituximab-abbs	Truxima
rituximab-arrx	Riabni
rituximab-pvvr	Ruxience
rituximab/hyaluronidase, human recombinant	Rituxan Hycela
romidepsin	Istodax
romidepsin	romidepsin
rucaparib camsylate	Rubraca
ruxolitinib phosphate	Jakafi
sacituzumab govitecan-hziy	Trodelyv
sarilumab	Kevzara
satralizumab-mwge	Enspryng
secukinumab	Cosentyx
secukinumab	Cosentyx (2 Syringes)
secukinumab	Cosentyx Pen
secukinumab	Cosentyx Pen (2 Pens)
selinexor	Xpovio
selpercatinib	Retevmo

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Generic Name	Brand Name
selumetinib sulfate/vitamin E TPGS	Koselugo
sipuleucel-T/lactated ringers solution	Provenge
sirolimus	Rapamune
sirolimus	sirolimus
sonidegib phosphate	Odomzo
sorafenib tosylate	Nexavar
streptozocin	Zanosar
sunitinib malate	Sutent
tacrolimus	Astagraf XL
tacrolimus	Envarsus XR
tacrolimus	Prograf
tacrolimus	tacrolimus
tafasitamab-cxix	Monjuvi
tagraxofusp-erzs	Elzonris
talazoparib tosylate	Talzenna
talimogene laherparepvec	Imlygic
tazemetostat hydrobromide	Tazverik
temozolomide	Temodar
temozolomide	temozolomide
temsirolimus	Torisel
temsirolimus	temsirolimus
teniposide	teniposide
tepotinib HCl	Tepmetko
thalidomide	Thalomid
thioguanine	Tabloid
thiotepa	Tepadina
thiotepa	thiotepa
tisagenlecleucel	Kymriah
tocilizumab	Actemra
tocilizumab	Actemra ACTPen
tofacitinib citrate	Xeljanz
tofacitinib citrate	Xeljanz XR
topotecan HCl	Hycamtin
topotecan HCl	topotecan
trabectedin	Yondelis
trametinib dimethyl sulfoxide	Mekinist
trastuzumab	Herceptin
trastuzumab-anns	Kanjinti
trastuzumab-dkst	Ogivri
trastuzumab-dttb	Ontruzant
trastuzumab-hyaluronidase-oysk	Herceptin Hylecta
trastuzumab-pkrb	Herzuma
trastuzumab-qyyp	Trazimera
trifluridine/tipiracil HCl	Lonsurf
trilaciclib dihydrochloride	Cosela
tucatinib	Tukysa
umbralisib tosylate	Ukoniq

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
upadacitinib	Rinvoq
valrubicin	Valstar
valrubicin	valrubicin
vandetanib	Caprelsa
vemurafenib	Zelboraf
venetoclax	Venclexta
venetoclax	Venclexta Starting Pack
vinblastine sulfate	vinblastine
vincristine sulfate	Vincasar PFS
vincristine sulfate	vincristine
vincristine sulfate liposomal	Marqibo
vinorelbine tartrate	Navelbine
vinorelbine tartrate	vinorelbine
vismodegib	Erivedge
voclosporin	Lupkynis
vorinostat	Zolinza
zanubrutinib	Brukina
ziv-aflibercept	Zaltrap
Remdesivir	
REMDESIVIR FOR IV	REMDESIVIR
remdesivir	Veklury
remdesivir	remdesivir
Systemic Corticosteroids	
betamethasone acetate and sodium phos in sterile water/PF	betameth ac,sodphos(PF)-water
betamethasone acetate/betamethasone sodium phosphate	BSP-0820
betamethasone acetate/betamethasone sodium phosphate	Beta-1
betamethasone acetate/betamethasone sodium phosphate	Celestone Soluspan
betamethasone acetate/betamethasone sodium phosphate	Pod-Care 100C
betamethasone acetate/betamethasone sodium phosphate	ReadySharp Betamethasone
betamethasone acetate/betamethasone sodium phosphate	betamethasone acet,sod phos
betamethasone acetate/betamethasone sodium phosphate/water	betamethasone ace,sodphos-wtr
betamethasone sodium phosph in sterile water for injection	betamethasone sodphosph-water
budesonide	Entocort EC
budesonide	Uceris
cortisone acetate	cortisone
deflazacort	Emflaza
hydrocortisone	Cortef
hydrocortisone	hydrocortisone
hydrocortisone sod succinate	A-Hydrocort
hydrocortisone sod succinate	Solu-Cortef

Appendix F. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request

Generic Name	Brand Name
hydrocortisone sodium succinate/PF	Solu-Cortef Act-O-Vial (PF)
methylprednisolone	Medrol
methylprednisolone	Medrol (Pak)
methylprednisolone	Methylpred DP
methylprednisolone	methylprednisolone
methylprednisolone acetate	Depo-Medrol
methylprednisolone acetate	P-Care D40
methylprednisolone acetate	P-Care D80
methylprednisolone acetate	methylprednisolone acetate
methylprednisolone acetate in sodium chloride,iso-osmotic/PF	methylpredac(PF)-NaCl,iso-osm
methylprednisolone acetate in sterile water for injection	methylprednisoloneacet-water
methylprednisolone acetate/bupivacaine HCl in sterile water	methylprednisolac-bupivac-wat
methylprednisolone sodium succinate	Solu-Medrol
methylprednisolone sodium succinate	methylprednisolone sodiumsucc
methylprednisolone sodium succinate/PF	Solu-Medrol (PF)
prednisolone	Millipred
prednisolone	Millipred DP
prednisolone	prednisolone
prednisolone sodium phosphate	Orapred ODT
prednisolone sodium phosphate	Pediapred
prednisolone sodium phosphate	Veripred 20
prednisolone sodium phosphate	prednisolone sodiumphosphate
prednisone	Prednisone Intensol
prednisone	Rayos
prednisone	prednisone
triamcinolone acetonide	Kenalog
triamcinolone acetonide	Kenalog-80
triamcinolone acetonide	P-Care K40
triamcinolone acetonide	P-Care K80
triamcinolone acetonide	Pod-Care 100K
triamcinolone acetonide	Pro-C-Dure 5
triamcinolone acetonide	Pro-C-Dure 6
triamcinolone acetonide in 0.9 % sodium chloride	triamcinolone aceton-0.9%NaCl
triamcinolone acetonide/0.9% sodium chloride/PF	triamcinol ac (PF) in0.9%NaCl
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	triamcinolonedia(PF)-0.9%NaCl
triamcinolone hexacetonide	Aristospan Intra-Articular
triamcinolone hexacetonide	Aristospan Intralesional

Appendix G.1. Specifications Defining Parameters for this Request

Request Description: The objective of this request was to identify patients of all ages with evidence of baricitinib or tocilizumab use in the hospital setting, with and without a COVID-19 diagnosis and/or COVID-19 positive lab; we also assessed evidence of concomitant use of remdesivir with baricitinib and systemic corticosteroids with tocilizumab.

Query Period Run 1: April 1, 2020 - June 30, 2020
 Run 2: July 1, 2020 - September 30, 2020
 Run 3: October 1, 2020 - December 31, 2020
 Run 4: January 1, 2021 - March 31, 2021

Enrollment Requirement EB1
Age Group (Years) 0-17, 18-34, 35-54, 55-64, 65-74, 75-84, 85+
Age Calculation Index
Sex Male, Female
Race 01, 02, 03, 04, 05, 06, 07, NI, UN, OT
Hispanic Yes, No
Baseline Table Yes
Vital Assessment Yes
Analysis Level Patient
Select Index Min

Health Event of Interest					Inclusion/Exclusion Criteria							
Scenario	Prevalent Event	Care Setting	Principal Diagnosis	Tables Queried	Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start (Days)	Condition Period End (Days)	Care Setting ¹	Principal Diagnosis	Lab Value	Tables Queried
1	Baricitinib Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Remdesivir Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any	Diagnosis	
2	Baricitinib Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Remdesivir Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any	Diagnosis	
3	Baricitinib Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Remdesivir Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any	Diagnosis	
					COVID-19 Dx or Positive Lab	Include	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE, POSITIVE, DETECTED	Diagnosis, Lab

Appendix G.1. Specifications Defining Parameters for this Request

Scenario	Health Event of Interest				Inclusion/Exclusion Criteria							
	Prevalent Event	Care Setting	Principal Diagnosis	Tables Queried	Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start	Condition Period End	Care Setting ¹	Principal Diagnosis	Lab Value	Tables Queried
4	Baricitinib Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Remdesivir Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any		
					COVID-19 Dx or Positive Lab	Include	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab
5	Baricitinib Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Remdesivir Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any		
					COVID-19 Dx or Positive Lab	Exclude	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab
6	Baricitinib Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Remdesivir Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Diagnosis, Dispensing, Procedure
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any		
					COVID-19 Dx or Positive Lab	Exclude	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab

Appendix G.1. Specifications Defining Parameters for this Request

Scenario	Health Event of Interest				Inclusion/Exclusion Criteria							
	Prevalent Event	Care Setting	Principal Diagnosis	Tables Queried	Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start	Condition Period End	Care Setting ¹	Principal Diagnosis	Lab Value	Tables Queried
7	COVID-19 Diagnosis or Positive Lab	EI, IP, OS	N/A	Diagnosis, Lab	N/A	N/A	N/A	N/A	N/A	N/A	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	N/A
8	Tocilizumab Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Systemic Corticosteroid Rx	Include	-2	2	N/A	N/A	Prescribing, Med Admin, Dispensing, Procedure	
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
9	Tocilizumab Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Systemic Corticosteroid Rx	Exclude	-2	2	N/A	N/A	Prescribing, Med Admin, Dispensing, Procedure	
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
10	Tocilizumab Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Systemic Corticosteroid Rx	Include	-2	2	N/A	N/A	Prescribing, Med Admin, Dispensing, Procedure	
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
					COVID-19 Dx or Positive Lab	Include	-10	1	Any	Any		Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED
11	Tocilizumab Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Systemic Corticosteroid Rx	Exclude	-2	2	N/A	N/A	Prescribing, Med Admin, Dispensing, Procedure	
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any		Diagnosis
					COVID-19 Dx or Positive Lab	Include	-10	1	Any	Any		Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED

Appendix G.1. Specifications Defining Parameters for this Request

Scenario	Health Event of Interest				Inclusion/Exclusion Criteria							
	Prevalent Event	Care Setting	Principal Diagnosis	Tables Queried	Pre-Existing Condition or Medication or Lab	Include or Exclude	Condition Period Start	Condition Period End	Care Setting ¹	Principal Diagnosis	Lab Value	Tables Queried
12	Tocilizumab Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Systemic Corticosteroid Rx	Include	-2	2	N/A	N/A		Prescribing, Med Admin, Dispensing, Procedure
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any	Diagnosis	
					COVID-19 Dx or Positive Lab	Exclude	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab
13	Tocilizumab Prescription	Any	N/A	Prescribing, Med Admin, Procedure, Dispensing	Systemic Corticosteroid Rx	Exclude	-2	2	N/A	N/A		Prescribing, Med Admin, Dispensing, Procedure
					Any Diagnosis	Include	-10	1	EI, IP, OS	Any	Diagnosis	
					COVID-19 Dx or Positive Lab	Exclude	-10	1	Any	Any	Qualitative: POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	Diagnosis, Lab

Appendix G.2. Characteristics for Request

Characteristics								
Group	Characteristic	Care setting	Principal Diagnosis position	Lab Result Value	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of instances the covariate should be found in evaluation period	Tables Queried
Cohort Characteristic								
All	COVID-19 Diagnosis or Positive Lab test	Any	Any	POSITIVE, PRESUMPTIVE POSITIVE, DETECTED	-21	1	1	Diagnosis, Lab
Procedure								
All	O ₂ Administration	Any	Any	N/A	-1	0	1	Procedure
All	Mechanical Ventilation	Any	Any	N/A	-1	0	1	Procedure
All	ECMO	Any	Any	N/A	-1	0	1	Procedure
All		Any	Any	N/A	-1	0	1	Procedure
All	O ₂ Administration (Sensitivity)	Any	Any	N/A	-7	0	1	Procedure
All	Mechanical Ventilation (Sensitivity)	Any	Any	N/A	-7	0	1	Procedure
All	ECMO (Sensitivity)	Any	Any	N/A	-7	0	1	Procedure
All	Combined O ₂ /Vent/ECMO (Sensitivity)	Any	Any	N/A	-7	0	1	Male, Female
Diagnosis								
All	Dyspnea	Any	Any	N/A	-10	0	1	Yes, No
All	Pneumonia	Any	Any	N/A	-10	0	1	Diagnosis
All	Acute Respiratory Distress Syndrome (ARDS)	Any	Any	N/A	-10	0	1	Diagnosis
All	Acute Respiratory Failure (ARF)	Any	Any	N/A	-10	0	1	Diagnosis
All	Shock	Any	Any	N/A	-10	0	1	Diagnosis

Appendix G.2. Characteristics for Request

Characteristics									
Group	Characteristic	Care setting	Principal Diagnosis position	Lab Result Value	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of instances the covariate should be found in evaluation period	Tables Queried	
				Medication					
All	Azithromycin	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
All	Dexamethasone	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
Scenarios 1-7	Tocilizumab	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
Scenarios 1-7	Systemic Corticosteroids	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
Scenarios 8-13	Baricitinib	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
Scenarios 8-13	Remdesivir	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
All	Inhaled Corticosteroids	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
All	Oral Anticoagulants	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
All	Non-Oral Anticoagulants	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
All	Hydroxychloroquine	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
All	Antiplatelets	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin,	
All	Convalescent Plasma	N/A	Any	N/A	-7	7	1	Procedures	
All	Chloroquine	N/A	Any	N/A	-7	7	1	Prescribing, Med Admin, Procedures	

Appendix G.2. Characteristics for Request

Characteristics

Group	Characteristic	Care setting	Principal Diagnosis position	Lab Result Value	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of instances the covariate should be found in evaluation period	Tables Queried
Underlying Condition								
All	Hospitalized Stroke/Transient Ischemic Attack	EI, IP, OS	Any	N/A	-183	0	1	Diagnosis
All	Other hospitalized cerebrovascular disease (CVD)	EI, IP, OS	Any	N/A	-183	0	1	Diagnosis
All	Non-hospitalized Stroke, TIA, or other CVD	AV, ED, OA	Any	N/A	-183	0	1	Diagnosis
All	Atrial Fibrillation	Any	Any	N/A	-183	0	1	Diagnosis, Procedure
All	Coronary Revascularization	Any	Any	N/A	-183	0	1	Diagnosis, Procedure
All	Congestive Heart Failure	Any	Any	N/A	-183	0	1	Diagnosis
All	Hospitalized AMI	EI, IP, OS	Any	N/A	-183	0	1	Diagnosis
All	Hypertension	Any	Any	N/A	-183	0	1	Diagnosis
All	Asthma	Any	Any	N/A	-183	0	1	Diagnosis
All	COPD	Any	Any	N/A	-183	0	1	Diagnosis
All	Interstitial Lung Disease	Any	Any	N/A	-183	0	1	Diagnosis
All	Hypersensitivity Pneumonitis	Any	Any	N/A	-183	0	1	Diagnosis
All	Bronchiectasis	Any	Any	N/A	-183	0	1	Diagnosis

Appendix G.2. Characteristics for Request

Characteristics								
Group	Characteristic	Care setting	Principal Diagnosis position	Lab Result Value	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of instances the covariate should be found in evaluation period	Tables Queried
All	Idiopathic pulmonary fibrosis	Any	Any	N/A	-183	0	1	Diagnosis
All	Pulmonary Hypertension	Any	Any	N/A	-183	0	1	Diagnosis
All	Diabetes	Any	Any	N/A	-183	0	1	Diagnosis
All	Chronic Liver Disease	Any	Any	N/A	-183	0	1	Diagnosis
All	Chronic Kidney Disease	Any	Any	N/A	-183	0	1	Diagnosis
All	Rheumatological Inflammatory	Any	Any	N/A	-183	0	1	Diagnosis
All	Hyperglycemia	Any	Any	N/A	-183	0	1	Diagnosis
All	Ketoacidosis	Any	Any	N/A	-183	0	1	Diagnosis
All	Psychosis (Baseline)	Any	Any	N/A	-183	0	1	Diagnosis
All	Neurological Conditions	Any	Any	N/A	-183	0	1	Diagnosis
All	Hematological Malignancy	Any	Any	N/A	-183	0	1	Diagnosis

Appendix G.2. Characteristics for Request

Characteristics

Group	Characteristic	Care setting	Principal Diagnosis position	Lab Result Value	Evaluation Period Start (Days)	Evaluation Period End (Days)	Number of instances the covariate should be found in evaluation period	Tables Queried
All	Solid Malignancy	Any	Any	N/A	-183	0	1	Diagnosis
All	Immunodeficiency	Any	Any	N/A	-183	0	1	Diagnosis, Procedure
All	Immunosuppressants	Any	Any	N/A	-183	0	1	Procedure, Med Admin, Prescribing, Diagnosis

Appendix G.3. Vital Assessment Specifications for Request

Group	Vital Statistic to be Assessed	Variable for Cross-Stratification	Vital Assessment Start (Days)	Vital Assessment End (Days)	Smoking Stratification Category	Height Stratification (in)	Weight Stratification (lbs)	Age Category (Years)
	BMI	AgeGroup	-365	0				0m-23m, 2-17, 18-20, 21-34, 35-54, 55-64, 65-74, 75-84, 85+
	Smoking		-365	0	01, 02, 03, 04			