# **Project Title:**

End-Stage Renal Disease Vascular Access Measure Development

# **Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to review the NQF endorsed Vascular Access measures (Minimizing Use of Catheters as Chronic Dialysis Access (#0256), and Maximizing Placement of Arterial Venous Fistula (#0257)) and consider possible revisions to the existing measures, including potential risk adjustment. The contract name is ESRD Quality Measure Development, Maintenance, and Support. The contract number is HHSM-500-2013-13017I.

## Date:

Information included is current on April 15, 2016

## **Measure Name:**

Hemodialysis Vascular Access: Standardized Fistula Rate

# **Descriptive Information:**

## Measure Name (Measure Title De.2.)

Hemodialysis Vascular Access: Standardized Fistula Rate

# Measure Type De.1.

Intermediate Clinical Outcome

## Brief Description of Measure De.3.

Adjusted percentage of adult hemodialysis patient-months using an autogenous arteriovenous fistula (AVF) as the sole means of vascular access.

## If Paired or Grouped De.4.

The numerator is the adjusted count of adult patient-months using an AVF as the sole means of vascular access as of the last hemodialysis treatment session of the month.

## Subject/Topic Areas De.5.

Renal, Renal: End Stage Renal Disease (ESRD)

# Crosscutting Areas De 6.

N/A

# **Measure Specifications:**

Measure-specific Web Page S.1. N/A

If This Is an eMeasure S.2a. This is not an eMeasure

Data Dictionary, Code Table, or Value Sets S.2b.

See Data Dictionary/Code Table

For Endorsement Maintenance S.3.

N/A

## Numerator Statement S.4.

The numerator is the adjusted count of adult patient-months using an AVF as the sole means of vascular access as of the last hemodialysis treatment session of the month.

#### Time Period for Data S.5.

12 months

#### **Numerator Details S.6.**

The number of patient-months using an AVF as the sole means of vascular access at a given facility, adjusted for patient-mix.

An AVF is considered in use if the CROWNWeb "Access Type IDs" of 14 or 22 has been recorded for a given month, where "14" represents AV fistula only (with 2 needles) and "22" represents AV fistula only with an approved single needle device.

## **Denominator Statement S.7.**

All patients at least 18 years old as of the first day of the reporting month who are determined to be maintenance hemodialysis patients (in-center and home HD) for the entire reporting month at the same facility.

#### **Target Population Category S.8.**

Populations at Risk

## **Denominator Details S.9.**

For each patient, we identify the dialysis provider at each month using a combination of Medicare-paid dialysis claims, the Medical Evidence Form (Form CMS-2728), and data from CROWNWeb. These sources are used to identify patients that are on in-center or home hemodialysis for the entire reporting month. Patients are required to have been treated by the same facility for the complete month in order to be assigned to that facility for the reporting month.

To be included in the denominator for a particular reporting month, the patient must be receiving home or in-center hemodialysis for the complete reporting month at the facility, and be at least 18 years old as of the first day of the month.

The monthly patient count at a facility includes all eligible prevalent and incident patients. The number of patient-months over a time period is the sum of patients reported for the months covered by the time period. An individual patient may contribute up to 12 patient-months per year.

## Denominator Exclusions (NQF Includes "Exceptions" in the "Exclusion" Field) S.10.

Exclusions that are implicit in the denominator definition include:

- Pediatric patients (<18 years old)
- Patients on Peritoneal Dialysis
- Patient-months with in-center or home hemodialysis for less than a complete reporting month at the same facility

In addition, the following exclusions are applied to the denominator:

Patients with a catheter that have limited life expectancy:

- Patients under hospice care in the current reporting month
- Patients with metastatic cancer in the past 12 months
- Patients with end stage liver disease in the past 12 months
- Patients with coma or anoxic brain injury in the past 12 months

# Denominator Exclusion Details (NQF Includes "Exceptions" in the "Exclusion" Field) S.11.

Determination of peritoneal dialysis treatment modality is derived from a combination of Medicare-paid dialysis claims, the Medical Evidence Form (Form CMS-2728), and data from CROWNWeb. These sources also determine patient assignment to the facility. Patients not treated by the facility for the entire month are excluded for that reporting month.

The patient's age is determined by subtracting the patient's date of birth from the first day of the reporting month. Patients that are <18 years old as of the first day of the reporting month are excluded.

For the exclusion of catheter patients with limited life expectancy, catheter use in the reporting month is defined as the CROWNWeb "Access Type ID" having any of the following values: (16,18,19,20,21,"·"), where Access\_Type\_ID "16" represents AV Fistula combined with a Catheter, "18" represents AV Graft combined with a Catheter, "19" represents Catheter only, "20" represents Port access only, "21" represents other/unknown, and "·" represents missing.

Hospice status is determined from a separate CMS file that contains final action claims submitted by Hospice providers. Once a beneficiary elects Hospice, all Hospice related claims will be found in this file, regardless if the beneficiary is in Medicare fee-for-service or in a Medicare managed care plan. Patients are identified as receiving hospice care if they have any final action claims submitted to Medicare by hospice providers in the current month.

Diagnoses of metastatic cancer, end stage liver disease, or coma in the past 12 months were determined from Medicare claims. Medicare claim types include inpatient admissions, outpatient claims (including dialysis claims) and physician services. Claims from providers, such as laboratories that report diagnosis codes when testing for the presence of a condition are excluded. A detailed list of ICD-9/ICD-10 diagnostic codes used to identify these comorbidities is included in the attached data dictionary code table (excel file).

## Stratification Details/Variables S.12.

N/A

## Risk Adjustment Type S.13.

Statistical risk model

## Statistical Risk Model and Variables S.14.

The proposed SFR measure is a directly standardized percentage, in that each facility's percentage of AVF use is adjusted to the national distribution of covariates (risk factors) (with 'national' here referring to all-facilities-combined). The SFR for facility i is an estimate of what the facility's percentage of AVF would equal if the facility's patient mix was equal to that of the nation as a whole. The measure is adjusted for patient demographic and clinical characteristics based on a logistic regression model. This model includes the facility indicators and assumes that the regression coefficients of risk factors are the same across all facilities. The common risk effects are assumed in order to improve computational stability in estimating facility-specific effects.

The patient characteristics included in the logistic regression model as covariates are:

- Age
- BMI at incidence
- Nursing home status in previous year
- Nephrologist's care prior to ESRD
- Duration of ESRD
- Inability to ambulate/transfer at ESRD incidence (CMS-2728 form)
- Comorbidities either at ESRD incidence (CMS-2728 form) or prevalent comorbidities based on Medicare claims filed in prior 12 months
  - o Diabetes
  - o Heart diseases
  - Peripheral vascular disease
  - Cerebrovascular disease
  - Chronic obstructive pulmonary disease
  - Anemia (unrelated to ESRD/CKD)
  - Non-Vascular Access-Related Infections
  - Drug dependence
- Indicator for Medicare coverage for at least 6 months during the past 12 months

## **Detailed Risk Model Specifications S.15.**

See Data Dictionary/Code Table

## Type of Score S.16.

Rate/proportion

#### Interpretation of Score S.17.

Better quality = Higher score

## Calculation Algorithm/Measure Logic S.18.

See calculation flowchart in Appendix

## Calculation Algorithm/Measure Logic Diagram URL or Attachment S.19.

See calculation flowchart in Appendix

Sampling S.20.

N/A

Survey/Patient-Reported Data S.21. N/A

## Missing Data S.22.

Patients with a missing vascular access type are counted in the denominator, but not the numerator. For comorbidities, if the patient had missing comorbidity values both in the preceding 12 months of Medicare claims and in the Medical Evidence Form for the corresponding comorbidity, we assume this patient did not have the comorbidity in that reporting month. The same methodology is applied to the comorbidity exclusions and the hospice exclusion.

## Data Source S.23.

Administrative claims, Electronic Clinical Data

## Data Source or Collection Instrument S.24.

CROWNWeb, Medicare Claims and the CMS Medical Evidence form 2728 are used as the data sources for establishing the denominator. CROWNWeb is the data source for establishing the numerator. Medicare claims and the CMS Medical Evidence form 2728 are data sources for the risk adjustment factors. Medicare claims and CROWNWeb are used for the exclusion criteria.

## Data Source or Collection Instrument (Reference) S.25.

No data collection instrument provided

Level of Analysis S.26.

Facility

**Care Setting S.27.** Dialysis Facility

**Composite Performance Measure S.28.** N/A

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## Date:

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## **Measure Name:**

Hemodialysis Vascular Access: Standardized Fistula Rate

## **Type of Measure:**

Intermediate Outcome

## Importance:

#### 1a—Opportunity for Improvement

#### 1a.1. This is a Measure of

Intermediate clinical outcome (e.g., lab value): standardized fistula rate

#### 1a.2.—Linkage

1a.2.1 Rationale N/A

#### 1a.3.—Linkage

Several observational studies have demonstrated an association between type of vascular access used for hemodialysis and patient mortality. Arteriovenous fistulae (AVF) are associated with the lowest mortality risk while long term catheters have the highest mortality. Arteriovenous grafts (AVG) have been found to have a risk of death that is higher than AVF but lower than catheters.

The measure focus is the process of assessing AV Fistula use at chronic dialysis facilities.

This process leads to improvement in mortality as follows:

Measure AV Fistula Rate -> Assess value -> Identify patients who do not have an AV Fistula -> Evaluation for an AV fistula by a qualified dialysis vascular access provider -> Increase Fistula Rate -> Lower patient mortality.

### 1a.3.1. Source of Systematic Review

Clinical Practice Guideline recommendation

#### 1a.4. — Clinical Practice Guideline Recommendation

1a.4.1. Guideline Citation

National Kidney Foundation KDOQI Clinical Practice Guidelines and Clinical Practice Recommendations for 2006 Updates: Hemodialysis Adequacy, Peritoneal Dialysis Adequacy and Vascular Access. Am J Kidney Dis 48:S1-S322, 2006 (suppl 1).

http://www.kidney.org/professionals/KDOQI/guidelines\_commentaries

#### 1a.4.2. Specific Guideline

GUIDELINE 2. SELECTION AND PLACEMENT OF HEMODIALYSIS ACCESS

A structured approach to the type and location of long-term HD accesses should help optimize access survival and minimize complications. Options for fistula placement should be considered first, followed by prosthetic grafts if fistula placement is not possible. Catheters should be avoided for HD and used only when other options listed are not available.

2.1 The order of preference for placement of fistulae in patients with kidney failure who choose HD as their initial mode of KRT should be (in descending order of preference):

2.1.1 Preferred: Fistulae. (B)

2.1.2 Acceptable: AVG of synthetic or biological material. (B)

2.1.3 Avoid if possible: Long-term catheters. (B)

2.1.4 Patients should be considered for construction of a primary fistula after failure of every dialysis AV access. (B)

#### 1a.4.3. Grade

KDOQI Guideline 2.1 was graded B, indicating moderate evidence supports the guideline. The "B" rating indicates: It is recommended that clinicians routinely follow the guideline for eligible patients. There is moderately strong evidence that the practice improves health outcomes.

#### 1a.4.4. Grades and Associated Definitions

The rating system defined in the KDOQI Guidelines was used to grade the strength of the Guideline recommendation. KDOQI defined grades as follows:

Grade A: It is strongly recommended that clinicians routinely follow the guideline for eligible patients. There is strong evidence that the practice improves health outcomes.

Grade B: It is recommended that clinicians routinely follow the guideline for eligible patients. There is moderately strong evidence that the practice improves health outcomes.

Grade CPR: It is recommended that clinicians consider following the guideline for eligible patients. This recommendation is based on either weak evidence or on the opinions of the Work Group and reviewers that the practice might improve health outcomes.

#### 1a.4.5. Methodology Citation

National Kidney Foundation. KDOQI Clinical Practice Guidelines and Clinical Practice Recommendations for 2006 Updates: Hemodialysis Adequacy, Peritoneal Dialysis Adequacy and Vascular Access. Am J Kidney Dis 48:S1-S322, 2006 (suppl 1).

http://www.kidney.org/professionals/KDOQI/guidelines\_commentaries

1a.4.6. Quantity, Quality, and Consistency

Yes  $\rightarrow$  complete section 1a.7

**1a.5.** — United States Preventative Services Task Force Recommendation 1a.5.1. Recommendation Citation N/A

**1a.5.2. Specific Recommendation** N/A

**1a.5.3. Grade** N/A

1a.5.4. Grades and Associated Definitions  $\ensuremath{\mathsf{N/A}}$ 

**1a.5.5. Methodology Citation** N/A

1a.6. — Other Systematic Review of the Body of Evidence

**1a.6.1. Review Citation** N/A

**1a.6.2. Methodology** Citation N/A

#### 1a.7. — Findings from Systematic Review of Body of the Evidence Supporting the Measure

#### 1a.7.1. Specifics Addressed in Evidence Review

The evidence review focuses on the advantages of AV fistula compared to other types of vascular access and highlights the superior patency, reduced need for interventions, and lower infection rates associated with AV fistula.

#### 1a.7.2. Grade

The quality of evidence was not explicitly graded in the KDOQI guidelines. However, it was implicitly assessed according to the criteria outlined in the table in 1a.7.3 below. The workgroup considered the overall methodological quality, the target population (e.g. patients on dialysis), and whether the health outcome was studied directly or not.

Overall, the evidence that supports the guideline was assessed as: Moderately Strong.

The workgroup defined "Moderately Strong" as: Evidence is sufficient to determine effects on health outcomes in the target population, but the strength of the evidence is limited by the number, quality, or consistency of the individual studies; OR evidence is from studies with some problems in design and/or

analysis; OR evidence is from well-designed, well-conducted studies on surrogate endpoints for efficacy and/or safety in the target population.

		Methadologic Quality				
Outcome	Population	Well designed and analyzed (little if any potential bias)	Some problems in design and/or analysis (some potential bias)	Poorly designed and/or analyzed (large potential bias)		
	•		• •	· · ·		
Health Outcomes	Target	Strong	Moderately Strong	Weak		
	Population					
Health Outcomes	Other than target population	Moderately Strong	Moderately Strong	Weak		
Surrogate	Target	Moderately Strong	Weak	Weak		
Measure	Population					
Surrogate	Other than target	Weak	Weak	Weak		
Measure	population					

#### 1a.7.3. Grades and Associated Definitions

<u>Strong</u>- Evidence includes results from well-designed, well-conducted study/studies in the target population that directly assess effects on health outcomes.

<u>Moderately strong</u>- Evidence is sufficient to determine effects on health outcomes in the target population, but the strength of the evidence is limited by the number, quality, or consistency of the individual studies; OR evidence is from a population other than the target population, but from well-designed, well conducted studies; OR evidence is from studies with some problems in design and/or analysis; OR evidence is from well-designed, well-conducted studies on surrogate endpoints for efficacy and/or safety in the target population.

<u>Weak</u>- Evidence is insufficient to assess the effects on net health outcomes because it is from studies with some problems in design and/or analysis on surrogate endpoints for efficacy and/or safety in the target population; OR the evidence is only for surrogate measures in a population other than the target population; OR the evidence is from studies that are poorly designed and/or analyzed.

## 1a.7.4. Time Period

January 1997 – June 2005

#### 1a.7.5. Number and Type of Study Designs

The 2006 Clinical Practice Guidelines for Vascular Access is an update to the original vascular access guidelines published in 1997 by the National Kidney Foundation. In the eight years that the literature review included for the update, there have been no randomized controlled trials for type of vascular access. Specifically, for the guideline used to support this measure, a total of 84 peer-reviewed publications are included in the body of evidence presented. While these are all observational studies, some are based on either national data such as the United States Renal Data System (USRDS) that includes all patients with end stage kidney disease in the US, or international data, such as the Dialysis Outcomes Practice Pattern Study (DOPPS) that provides a global perspective for US vascular access outcomes.

## 1a.7.6. Overall Quality of Evidence

The overall quality of evidence is moderately strong. All studies are in the target population of hemodialysis patients. Some studies have evaluated health outcomes such as patient mortality, but have limitations due to the observational nature of the design. Other studies have more rigorous design, but use surrogate outcomes such as access thrombosis.

## 1a.7.7. Estimates of Benefit

The 12 studies listed below highlight the core benefits such as reduced mortality and morbidity associated with using an AV fistula relative to either an AV graft or a tunneled catheter. Specifically, AV fistulae have:

- Lowest risk of thrombosis: in a systematic review of 34 studies evaluating access patency, AVF were found to have superior primary patency at 18 months compared to AV grafts (51% vs. 33%).<sup>1</sup>
- Lowest rate of angioplasty/intervention: Procedure rates have been reported as 0.53 procedures/patient/year for AV fistula compared to 0.92 procedures/patient/year for AV grafts.<sup>2</sup>
- Longest survival: Case-mix adjusted survival analysis indicated substantially better survival of AV fistula compared with AV grafts in the US [risk ratios (RR) of failure 0.56, P < 0.0009]<sup>3</sup>
- Lowest Cost<sup>4-6</sup>: Based on 1990 costs to Medicare, graft recipients cost HCFA (CMS) \$3,700 more than fistula patients when pro-rating graft reimbursements to the median fistula survival time.<sup>5</sup>
- Lowest rates of infection: AV fistula have the lowest rates of infection followed by AV grafts and then tunneled dialysis catheters<sup>7</sup>. Vascular access infections are common, and represent the second most common cause of death for patients receiving hemodialysis.<sup>8</sup>
- Lowest mortality and hospitalization: Patients using catheters (RR=2.3) and grafts (RR=1.47) have a greater mortality risk than patients dialyzed with fistulae<sup>9</sup>. Other studies have also found that use of fistulae reduces mortality and morbidity<sup>10-12</sup> compared to AV grafts or catheters.

#### **References:**

- Huber TS, Carter JW, Carter RL, Seeger JM: Patency of autogenous and polytetrafluoroethylene upper extremity arteriovenous hemodialysis accesses: A systematic review. J Vasc Surg 38(5):1005-11, 2003
- 2. Perera GB, Mueller MP, Kubaska SM, Wilson SE, Lawrence PF, Fujitani RM: Superiority of autogenous arteriovenous hemodialysis access: Maintenance of function with fewer secondary interventions. Ann Vasc Surg 18:66-73, 2004
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- The Cost Effectiveness of Alternative Types of Vascular access and the Economic Cost of ESRD. Bethesda, MD, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 1995, pp 139-157

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- 8. Gulati S, Sahu KM, Avula S, Sharma RK, Ayyagiri A, Pandey CM: Role of vascular access as a risk factor for infections in hemodialysis. Ren Fail 25:967-973, 2003
- 9. Dhingra RK, Young EW, Hulbert-Shearon TE, Leavey SF, Port FK: Type of vascular access and mortality in U.S. hemodialysis patients. Kidney Int 60:1443-1451, 2001
- 10. Woods JD, Port FK: The impact of vascular access for haemodialysis on patient morbidity and mortality. Nephrol Dial Transplant 12:657-659, 1997
- Xue JL, Dahl D, Ebben JP, Collins AJ: The association of initial hemodialysis access type with mortality outcomes in elderly Medicare ESRD patients. Am J Kidney Dis 42:1013-1019, 2003
- 12. Polkinghorne KR, McDonald SP, Atkins RC, Kerr PG: Vascular access and all-cause mortality: A propensity score analysis. J Am Soc Nephrol 15:477-486, 2004

## 1a.7.8. Benefits Over Harms

The potential harms of placing an AV fistula include: (1) failure of the AV fistula to mature such that additional surgery is needed for vascular access, (2) steal syndrome where the distal arm becomes ischemic, and (3) prolonged maturation times that increase reliance on a tunneled dialysis catheter and its attendant risk of infection. Overall these risks associated with an AV fistula are considered to be small and overshadowed by the long-term benefits outlined above.

## 1a.7.9. Provide for Each New Study

1a.8. This systematic review and thematic synthesis of qualitative studies describes patients' perspectives on vascular access initiation and maintenance in hemodialysis. 46 studies were reviewed and found that initiation of vascular access signifies kidney failure and imminent dialysis, which is emotionally confronting. Patients strive to preserve their vascular access for survival, but at the same time describe it as an agonizing reminder of their body's failings and "abnormality" of being amalgamated with a machine disrupting their identity and lifestyle. Timely education and counseling about vascular access and building patients' trust in health care providers may improve the quality of dialysis and lead to better outcomes for patients with chronic kidney disease requiring hemodialysis. Impact: Adds the patient's perspective to the discussion on vascular access options.

Al-Jaishi AA, Oliver MJ, Thomas SM, et al. **Patency rates of the arteriovenous fistula for hemodialysis: a systematic review and meta-analysis**. *Am J Kidney Dis. 2014 Mar;63(3):464-78. doi:* 10.1053/j.ajkd.2013.08.023. Epub 2013 Oct 30. Review.

This systematic review and meta-analysis reported that in recent years AVFs had a high rate of primary failure and low to moderate primary and secondary patency rates. Consideration of these outcomes is required when choosing a patient's preferred access type.

Impact: Updates primary and secondary patency rates of AVF for more contemporary cohorts of dialysis patients. The lower success rates suggests that some patients may not realize the full benefits of AVF that have been previously reported in the KDOQI systematic review.

Oliver MJ, Quinn RR. **Recalibrating vascular access for elderly patients.** *Clin J Am Soc Nephrol.* 2014 *Apr;9(4):645-7. doi: 10.2215/CJN.01560214. Epub 2014 Mar 20.* 

Governments in numerous jurisdictions have set targets for fistula utilization and some have tied reimbursement to attaining these targets. This creates an environment in which it is tempting to overemphasize the benefits of fistulas and the risks of catheters when discussing vascular access options with patients.

Impact: Highlights that not all older patients may benefit from an AVF.

Drew DA, Lok CE, Cohen JT, et al. Vascular access choice in incident hemodialysis patients: a decision analysis. J Am Soc Nephrol. 2015 Jan;26(1):183-91. doi: 10.1681/ASN.2013111236. Epub 2014 Jul 25.

Decision analysis evaluating AV fistula, AV graft, and central venous catheter (CVC) strategies for patients initiating hemodialysis with a CVC, a scenario occurring in over 70% of United States dialysis patients. An AV fistula attempt strategy was found to be superior to AV grafts and CVCs in regard to mortality and cost for the majority of patient characteristic combinations, especially younger men without diabetes. Women with diabetes and elderly men with diabetes had similar outcomes, regardless of access type. Overall, the advantages of an AV fistula attempt strategy lessened considerably among older patients, particularly women with diabetes, reflecting the effect of lower AV fistula success rates and lower life expectancy. These results suggest that vascular access-related outcomes may be optimized by considering individual patient characteristics.

Impact: Certain patient groups, such as women with diabtes, have lower reported success rates of AVF creation and may have equivalent outcomes with an AVG.

# Wish JB. **Catheter last, fistula not-so-first.** J Am Soc Nephrol. 2015 Jan;26(1):5-7. doi: 10.1681/ASN.2014060594. Epub 2014 Jul 25.

The issue of vascular access choice is not as black and white as the Centers for Medicare & Medicaid Services (CMS) would like it to appear, with arteriovenous fistula (AVF) always being good or "first" and central venous catheters (CVCs) always being bad or "last." Nonetheless, CMS has instituted a quality incentive program (QIP) for dialysis providers that rewards high AVF prevalence and penalizes high CVC prevalence without regard to patient mix. For payment year 2014, vascular access constitutes 30% of the total QIP score. This may have already led to access to care issues, as some dialysis providers are refusing to accept patients with CVCs. CMS has recently given ground on this issue by renaming the "Fistula First" initiative "Fistula First Catheter Last" (FFLC) to emphasize that CVC avoidance is as important or more important than AVF use.

Impact: Opinion piece on changes in the Fistula First initiative reflecting the implementation of the current NQF endorsed fistula and catheter vascular access measures in the CMS Quality Incentive Program (QIP). The empahsis of the opinion piece suggests a greater shift to catheter avoidance versus only prioritizing promotion of fistula use.

## Grubbs V, Wasse H, Vittinghoff E, et al. **Health status as a potential mediator of the association between hemodialysis vascular access and mortality.** *Nephrol Dial Transplant. 2014 Apr;29(4):892-8. doi: 10.1093/ndt/gft438. Epub 2013 Nov 13.*

Selection of healthier patients for arteriovenous fistula (AVF) placement may explain higher observed catheter-associated mortality among elderly hemodialysis patients. A proportional hazard model was used to examine 117 277 incident hemodialysis patients aged 67-90 years from USRDS for the association of initial vascular access type and 5-year mortality after accounting for health status. Patients with catheter alone had more limited functional status (25.5 versus 10.8% of those with AVF)

and 3-fold more prior hospital days than those with AVF (mean 18.0 versus 5.4). In a fully adjusted model including health status, mortality differences between access type were attenuated, but remained statistically significant <AVG [HR 1.18 (1.13-1.22)], catheter plus AVF [HR 1.20 (1.17-1.23)], catheter plus AVG {HR 1.38 [1.26 (1.21-1.31)]} and catheter only [HR 1.54 (1.50-1.58)], P < 0.001>.The observed attenuation in mortality differences previously attributed to access type alone suggests the existence of selection bias. Nevertheless, the persistence of an apparent survival advantage after adjustment for health status suggests that AVF should still be the access of choice for elderly individuals beginning hemodialysis until more definitive data eliminating selection bias become available.

Impact: Underscores the need to adjust for patient characteristics and comorbidities when evaluating the association between vascular access type and outcomes such as mortality.

Lok, Charmaine E & Foley, Robert. Vascular access morbidity and mortality: trends of the last decade. *Clin J Am Soc Nephrol. 2013 Jul;8(7):1213-9. doi: 10.2215/CJN.01690213.* 

During the past decade, clear trends in the types of incident and prevalent hemodialysis vascular access can be observed. There has been a steady increase and recent stabilizaton of patients initiating hemodialysis with a central venous catheter, representing approximately 80% of all incident accesses. There has also been a steady increase in prevalent fistula use, currently greater than 50% within 4 months of hemodialysis initiation. Patient and vascular access related morbidity and mortality are reflected in the type of vascular access used at initiation and for long-term maintenance dialysis. There is a three- to fourfold increase in risk of infectious complications in patients initiating dialysis with a catheter compared with either a fistula or graft and a sevenfold higher risk when the catheter is used as a prevalent access. Procedure rates have increased two- to threefold for all types of access. There is a significant increased risk of mortality associated with catheter use, especially within the first year of dialysis initiation.

Impact: Despite longstanding KDOQI guidelines, many patients still start hemodialysis with a tunneled catheter and experience higher rates of infectious complications compared to those with an AVF.

Ravani, Pietro & Palmer, Suetonia C & Oliver, Matthew J et al. Associations between hemodialysis access type and clinical outcomes: a systematic review. J Am Soc Nephrol. 2013 Feb;24(3):465-73. doi: 10.1681/ASN.2012070643. Epub 2013 Feb 21.

Clinical practice guidelines recommend an arteriovenous fistula as the preferred vascular access for hemodialysis, but quantitative associations between vascular access type and various clinical outcomes remain controversial. This systematic review of cohort studies evaluates the associations between type of vascular access (arteriovenous fistula, arteriovenous graft, and central venous catheter) and risk for death, infection, and major cardiovascular events. 67 (62 cohort studies comprising 586,337 participants)studies were selected. In a random effects meta-analysis, compared with persons with fistulas, those individuals using catheters had higher risks for all-cause mortality (risk ratio=1.53, 95% CI=1.41-1.67), fatal infections (2.12, 1.79-2.52), and cardiovascular events (1.38, 1.24-1.54). Similarly, compared with persons with grafts, those individuals using catheters had higher risks for mortality (1.38, 1.25-1.52), fatal infections (1.49, 1.15-1.93), and cardiovascular events (1.26, 1.11-1.43). Compared with persons with fistulas, those individuals with grafts had increased all-cause mortality (1.18, 1.09-1.27) and fatal infection (1.36, 1.17-1.58), but we did not detect a difference in the risk for cardiovascular events (1.07, 0.95-1.21). The risk for bias, especially selection bias, was high. In conclusion, persons using catheters for hemodialysis seem to have the highest risks for death, infections, and cardiovascular events compared with other vascular access types, and patients with usable fistulas have the lowest risk.

Impact: This study emphasizes that the body of evidence is consistent in the magnitude and direction of effect with regards to the benefits of AVF over central venous catheter.

Moist, Louise M & Lok, Charmaine E & Vachharajani, Tushar J et al. **Optimal hemodialysis vascular** access in the elderly patient. *Semin Dial. 2012 Nov-Dec;25(6):640-8. doi: 10.1111/sdi.12037.* 

The optimal vascular access for elderly patients remains a challenge due to the difficulty balancing the benefits and risks in a population with increased comorbidity and decreased survival. Age is commonly associated with failure to mature in fistula and decreased rates of primary and secondary patency in both fistula and grafts. In the elderly, at 1 and 2 years, primary patency rates range from 43% to 74% and from 29% to 67%, respectively. Secondary patency rates at 1 and 2 years range from 56% to 82% and 44% to 67%, respectively. Cumulative fistula survival is no better than grafts survival when primary failures are included. Several observational studies consistently demonstrate a lower adjusted mortality among those using a fistula compared with a catheter; however, catheter use in the elderly is increasing in most countries with the exception of Japan. Both guidelines and guality initiatives do not acknowledge the trade-offs involved in managing the elderly patients with multiple chronic conditions and limited life expectancy or the value that patients place on achieving these outcomes. The framework for choice of vascular access presented in this article considers: (1) likelihood of disease progression before death, (2) patient life expectancy, (3) risks and benefits by vascular access type, and (4) patient preference. Future studies evaluating the timing and type of vascular access with careful assessments of complications, functionality, cost benefit, and patients' preference will provide relevant information to individualize and optimize care to improve morbidity, mortality, and quality of life in the elderly patient.

Impact: Outlines the importance of considering patient factors in vascular access options for elderly patients.

Schmidt, Rebecca J & Goldman, Richard S & Germain, Michael. **Pursuing permanent hemodialysis** vascular access in patients with a poor prognosis: juxtaposing potential benefit and harm. *Am J Kidney Dis. 2012 Dec;60(6):1023-31. doi: 10.1053/j.ajkd.2012.07.020. Epub 2012 Sep 19.* 

For patients with end-stage renal disease requiring hemodialysis, the native arteriovenous fistula remains the gold standard of vascular access, with tunneled cuffed central venous catheters reserved for temporary use or as a last resort in patients for whom a permanent vascular access is not possible. It is expected that most patients receiving hemodialysis will be suitable for arteriovenous fistula placement, with suitable patients defined as those: (1) for whom long-term dialysis is expected to confer benefit, (2) with vascular anatomy amenable to arteriovenous fistula placement, and (3) with progressive irreversible kidney failure who are more likely to require dialysis than to die before reaching dialysis dependence. The present article reviews considerations for vascular access decision making, focusing on older patients and those with a poor prognosis, weighing the risks and benefits of arteriovenous fistulas, arteriovenous grafts, and central venous catheters and emphasizing that in the process of vascular access decision making for such patients, medical and ethical obligations to avoid central venous catheters must be balanced by the obligation to do no harm.

Impact: Risks and benefits of arteriovenous fistulas, relative to arteriovenous grafts, and central venous catheters need to be considered, particularly carefully in older patients and those with poor prognosis (limited life expectancy).

Vassalotti, Joseph A & Jennings, William C & Beathard, Gerald A et al. Fistula first breakthrough initiative: targeting catheter last in fistula first. *Semin Dial. 2012 May;25(3):303-10. doi:* 10.1111/j.1525-139X.2012.01069.x. Epub 2012 Apr 4.

An arteriovenous fistula (AVF) is the optimal vascular access for hemodialysis (HD), because it is associated with prolonged survival, fewer infections, lower hospitalization rates, and reduced costs. The AVF First breakthrough initiative (FFBI) has made dramatic progress, effectively promoting the increase in the national AVF prevalence since the program's inception from 32% in May 2003 to nearly 60% in 2011. Central venous catheter (CVC) use has stabilized and recently decreased slightly for prevalent patients (treated more than 90 days), while CVC usage in the first 90 days remains unacceptably high at nearly 80%. This high prevalence of CVC utilization suggests important specific improvement goals for FFBI. In addition to the current 66% AVF goal, the initiative should include specific CVC usage target(s), based on the KDOQI goal of less than 10% in patients undergoing HD for more than 90 days, and a substantially improved initial target from the current CVC proportion. These specific CVC targets would be disseminated through the ESRD networks to individual dialysis facilities, further emphasizing CVC avoidance in the transition from advanced CKD to chronic kidney failure, while continuing to decrease CVC by prompt conversion of CVC-based hemodialysis patients to permanent vascular access, utilizing an AVF whenever feasible.

Impact: Emphasizes that catheter avoidance should receive more attention than simply increasing the proportion of patients with an AVF.

Tamura, Manjula Kurella & Tan, Jane C & O'Hare, Ann M. **Optimizing renal replacement therapy in older adults: a framework for making individualized decisions.** *Kidney Int. 2012 Aug;82(3):261-9. doi: 10.1038/ki.2011.384. Epub 2011 Nov 16.* 

It is often difficult to synthesize information about the risks and benefits of recommended management strategies in older patients with end-stage renal disease since they may have more comorbidity and lower life expectancy than patients described in clinical trials or practice guidelines. In this review, we outline a framework for individualizing end-stage renal disease management decisions in older patients. The framework considers three factors: life expectancy, the risks and benefits of competing treatment strategies, and patient preferences. We illustrate the use of this framework by applying it to three key end-stage renal disease decisions in older patients with varying life expectancy: choice of dialysis modality, choice of vascular access for hemodialysis, and referral for kidney transplantation. In several instances, this approach might provide support for treatment decisions that directly contradict available practice guidelines, illustrating circumstances when strict application of guidelines may be inappropriate for certain patients. By combining quantitative estimates of benefits and harms with qualitative assessments of patient preferences, clinicians may be better able to tailor treatment recommendations to individual older patients, thereby improving the overall quality of end-stage renal disease care.

Impact: An individualized approach to vascular access decisions that relies on both quantitative assessment of benefits and harms, as well as patient preference, can lead to treatement decisions that contradict practice guidelines.

Ng, Leslie J & Chen, Fangfei & Pisoni, Ronald L et al. **Hospitalization risks related to vascular access type among incident US hemodialysis patients.** *Nephrol Dial Transplant. 2011 Nov;26(11):3659-66. doi: 10.1093/ndt/gfr063. Epub 2011 Mar 3.* 

The excess morbidity and mortality related to catheter utilization at and immediately following dialysis initiation may simply be a proxy for poor prognosis. This study examined hospitalization burden related

to vascular access (VA) type among incident patients who received some predialysis care using the DOPPS patient cohort (1996-2004) who reported predialysis nephrologist care. VA utilization was assessed at baseline and throughout the first 6 months on dialysis. Poisson regression was used to estimate the risk of all-cause and cause-specific hospitalizations during the first 6 months. Among 2635 incident patients, 60% were dialyzing with a catheter, 22% with a graft and 18% with a fistula at baseline. Compared to fistulae, baseline catheter use was associated with an increased risk of all-cause hospitalization [adjusted relative risk (RR) = 1.30, 95% confidence interval (CI): 1.09-1.54] and graft use was not (RR = 1.07, 95% CI: 0.89-1.28). Allowing for VA changes over time, the risk of catheter versus fistula use was more pronounced (RR = 1.72, 95% CI: 1.42-2.08) and increased slightly for graft use (RR = 1.15, 95% CI: 0.94-1.41). Baseline catheter use was most strongly related to infection-related (RR = 1.47, 95% CI: 0.92-2.36) and VA-related hospitalizations (RR = 1.49, 95% CI: 1.06-2.11). These effects were further strengthened when VA use was allowed to vary over time (RR = 2.31, 95% CI: 1.48-3.61 and RR = 3.10, 95% CI: 1.95-4.91, respectively). A similar pattern was noted for VA-related hospitalizations with graft use. Among potentially healthier incident patients, hospitalization risk, particularly infection and VA-related, was highest for patients dialyzing with a catheter at initiation and throughout follow-up, providing further support to clinical practice recommendations to minimize catheter placement.

Impact: Additional support for the association between catheter use and risk of hospitalization, particularly infection related hospitalizations.

## 1a.8. — Other Source of Evidence

1a.8.1. Process Used N/A

1a.8.2. Citation N/A

#### 1b.—Evidence to Support Measure Focus

#### 1b.1. Rationale

The NKF K/DOQI guidelines state the following: 1) AV fistulas have the lowest rate of thrombosis and require the fewest interventions, 2) cost of AV fistula use and maintenance is the lowest, 3) fistulas have the lowest rates of infection, and 4) fistulas are associated with the highest survival and lowest hospitalization rates. Indeed, a number of epidemiologic studies consistently demonstrate the reduced morbidity and mortality associated with greater use of AV fistulas for vascular access in maintenance hemodialysis.

As the accompanying literature review indicates, there are a growing number of studies reporting that creating AVF in some patients is less likely to be successful in the presence of certain comorbidities. In addition, certain patient groups may have less incremental benefit from an AV fistula relative to an AV graft. By adjusting the fistula rate for patient characteristics and comorbidities associated with low AV fistula success rates, this measure accounts for patients where a graft or even a catheter may be a more appropriate option.

This measure is intended to be jointly reported with Hemodialysis Vascular Access: Long-term Catheter Rate. These two vascular access quality measures, when used together, consider Arterial Venous Fistula (AVF) use as a positive outcome and prolonged use of a tunneled catheter as a negative outcome. With

the growing recognition that some patients have exhausted options for an AVF or have comorbidities that may limit the success of AVF creation, joint reporting of the measures accounts for all three vascular access options. The fistula measure adjusts for patient factors where fistula placement may be either more difficult or not appropriate and acknowledges that in certain circumstances an AV graft may be the best access option. This paired incentive structure that relies on both measures (SFR, long-term catheter rate) reflects consensus best practice, and supports maintenance of the gains in vascular access success achieved via the Fistula First/Catheter Last Project over the last decade.

## 1b.2. Performance Scores

Analysis of CROWNWeb data from January 2014- December 2014 indicated the facility level mean percentage of patient-months with a fistula was 64.6% (SD=10.4%). Distribution: Min=9.2%, 1st quartile=57.8%, median=64.8%, 3rd quartile=71.7%, Max=97.5%. Information about the data used in these analyses can be found under "Scientific Acceptability".

## 1b.3. Summary of Data Indicating Opportunity

N/A

## 1b.4. and 1b.5. Disparities

Using data from calendar year 2014, age, sex, race and ethnicity were evaluated in a logistic regression model for AV Fistula use. Below are the odds ratios for these patient characteristics. The other covariates included in the model are not shown here as the odds ratios were very similar to those reported in Table 5 of the testing form (risk adjusted model results). Age, sex, race, and ethnicity are all statistically significant predictors of AVF use. Specifically, patients 75 years of age or older were 18% less likely to have an AV fistula when compared to the younger reference group while females are about half as likely to have fistulas as males. Hispanic ethnicity was associated with higher odds of fistula use whereas blacks are about 33% less likely to have fistulas than whites. The analysis results for age, race, and sex indicate potential disparity in fistula use. In the absence of biological effects explaining these differences, risk adjustment for these demographic factors could potentially mask disparities in care.

Age:

For the 18-<25 age group, the Odds Ratio (95% Cl) is 1.08 (0.85, 1.36), P-value is 0.542. For the 25-<60 age group, the Odds Ratio (95% Cl) is 1.07 (1.02, 1.12), P-value is 0.005 The 60-<75 age group was used as the reference group. For the 75+ age group, the Odds Ratio (95% Cl) is 0.82 (0.78, 0.87), P-value is <.0001

Sex:

For Female: the Odds Ratio (95% CI) is 0.52 (0.50, 0.54), P-value is <.0001 Male was used as the reference group.

Race:

White was used as the reference group.

For Black: the Odds Ratio (95% Cl) is 0.67 (0.63, 0.71), P-value is <.0001 For Other race: the Odds Ratio (95% Cl) is 1.07 (0.96, 1.19), P-value is 0.206

## Ethnicity:

For Hispanic: the Odds Ratio (95% CI) is 1.16 (1.08, 1.25), P-value is <.0001 Non-Hispanic was used as the reference group.

#### 1c.—High Priority

## 1c.1. Demonstrated High-Priority Aspect of Health Care

Affects large numbers, A leading cause of morbidity/mortality

#### 1c.3. Epidemiologic or Resource Use Data

Numerous studies demonstrate that the use of AV fistulas have the best 5-year patency rates and require the fewest interventions compared with other access types. The advantages of AV fistula over other accesses are clearly delineated in the NKF K/DOQI guidelines, summarized as follows: 1) AV fistulas have the lowest rate of thrombosis and require the fewest interventions, 2) cost of AV fistula use and maintenance is the lowest, 3) fistulas have the lowest rates of infection, and 4) fistulas are associated with the highest survival and lowest hospitalization rates. Indeed, a number of epidemiologic studies consistently demonstrate the reduced morbidity and mortality associated with greater use of AV fistulas for vascular access in maintenance hemodialysis.

#### 1c.4. Citations

1. National Kidney Foundation: DOQI Clinical Practice Guidelines for Vascular Access. http://www.kidney.org/Professionals/kdoqi/guideline\_upHD\_PD\_VA/index.htm

## 1c.5. Patient-Reported Outcome Performance Measure (PRO-PM)

N/A

# Scientific Acceptability:

## 1.—Data Sample Description

## 1.1. What Type of Data was Used for Testing?

Measure Specified to Use Data From: administrative claims, clinical database/registry Measure Tested with Data From: administrative claims, clinical database/registry

#### 1.2. Identify the Specific Dataset

National CROWNWeb data from January 2014-December 2014 and Medicare claims data from January 2013 – December 2014

## 1.3. What are the Dates of the Data Used in Testing?

January 2013-December 2014

## 1.4. What Levels of Analysis Were Tested?

Measure Specified to Measure Performance of: hospital/facility/agency Measure Tested at Level of: hospital/facility/agency

## 1.5. How Many and Which Measured Entities Were Included in the Testing and Analysis?

Patients on both home and in-center hemodialysis during the last HD treatment of the month from January 2014- December 2014 were included in the analyses. The number of facilities per month ranged from 5,736- 5,871 and the total number of patients per month ranged from 344,945- 363,257.

Public reporting of this measure on DFC or in the ESRD QIP would be restricted to facilities with at least 11 eligible patients throughout the year for the measure. We have applied this restriction to all the reliability and validity testing reported here.

## **1.6.** How Many and Which Patients Were Included in the Testing and Analysis?

There were a total of 4,274,619 eligible patient-months. Among those patient-months over the whole year, the average age was 62.7 years, 43.8% of patient-months were female, 56.3% were white, 37.1% were black, 66.7% had race listed as other, 18.4% were Hispanic and 46.4% had type II diabetes as the primary cause of ESRD.

## 1.7. Sample Differences, if Applicable

N/A

# **1.8** What were the patient-level sociodemographic (SDS) variables that were available and analyzed in the data or sample used?

Patient level:

- Employment status 6 months prior to ESRD
- Race
- Sex
- Ethnicity
- Medicare coverage\*

\*Assessed at a specific time point (e.g., at the reporting month). Medicare coverage in model was defined as: 1. Medicare as primary and Medicaid

- 2. Medicare as primary and Medicald
- 3. Medicare as secondary or Medicare HMO (e.g. Medicare Advantage)
- 4. Non-Medicare/missing

Data on patient level SDS/SES factors obtained from Medicare claims and administrative data.

ZIP code level – Area Deprivation Index (ADI) elements from Census data:

- Unemployment rate (%)
- Median family income
- Income disparity
- Families below the poverty level (%)
- Single-parent households with children <18 years old (%)
- Home ownership rate (%)
- Median home value
- Median monthly mortgage
- Median gross rent
- Population (aged 25+) with <9 years of education (%)
- Population (aged 25+) without high school diploma (%)

#### 2a.2—Reliability Testing

#### 2a2.1. Level of Reliability Testing

Performance measure score (e.g., signal-to-noise analysis)

#### 2a2.2. Method of Reliability Testing

We used January 2014 – December 2014 CROWNWeb data to calculate facility-level annual performance scores. The NQF-recommended approach for determining measure reliability is a one-way analysis of variance (ANOVA), in which the between-facility variation ( $\sigma_b^2$ ) and the within-facility variation ( $\sigma_{t,w}^2$ ) in the measure is determined. The inter-unit reliability (IUR) measures the proportion of the total variation of a measure (i.e.,  $\sigma_b^2 + \sigma_{t,w}^2$ ) that is attributable to the between-facility variation, the true signal reflecting the differences across facilities. We assessed reliability by calculating inter-unit reliability (IUR) for the annual performance scores. A small IUR (near 0) reveals that most of the variation of the differences among facilities, whereas a large IUR (near 1) indicates that most of the variation between facilities is due to the real difference between facilities.

Here we describe our approach to calculating IUR. Let  $T_1,...,T_N$  be the Standardized Fistula Rate (SFR) for N facilities. Since the variation in  $T_1,...,T_N$  is mainly driven by the estimates of facility-specific intercepts  $(\alpha_1,...,\alpha_N)$ , we use their asymptotic distributions to estimate the within-facility variation in SFR. Applying the delta method, we estimate the variance of  $T_i$  and denote the estimate as  $S_i^2$ . Calling on formulas from the one-way ANOVA, the within-facility variance in SFR can be estimated by

$$s_{t,w}^{2} = \frac{\sum_{i=1}^{N} [(n_{i} - 1)S_{i}^{2}]}{\sum_{i=1}^{N} (n_{i} - 1)},$$

and the total variation in SFR can be estimated by

$$s_t^2 = \frac{1}{n'(N-1)} \sum_{i=1}^N n_i (T_i - \overline{T})^2,$$

where  $n_i$  is the number of subjects in the *i*th facility,  $\overline{T} = \sum n_i T_i / \sum n_i$ , and

$$n' = \frac{1}{N-1} \left( \sum n_i - \sum n_i^2 / \sum n_i \right)$$

is approximately the average facility size (number of patients per facility). Thus, the IUR =  $\sigma_b^2 / (\sigma_b^2 + \sigma_{t,w}^2)$  can be estimated by  $(s_t^2 - s_{t,w}^2)/s_t^2$ .

The reliability of SFR calculation only included facilities with at least 11 patients during the entire year.

#### 2a2.3. Statistical Results from Reliability Testing

The IUR is 0.736 which indicates that about 74% of the variation in the annual SFR can be attributed to between-facility differences in performance (signal) and about 26% to the within-facility variation (noise).

#### 2a2.4. Interpretation

The result of IUR testing suggests a high degree of reliability.

#### 2b2—Validity Testing

#### 2b2.1. Level of Validity Testing

Performance measure score Empirical validity testing Systematic assessment of face validity of <u>performance measure score</u> as an indicator

## 2b2.2. Method of Validity Testing

Validity was assessed using Poisson regression models to measure the association between facility level quintiles of performance scores and the 2014 Standardized Mortality Ratio (SMR, NQF 0369) and 2014 Standardized Hospitalization Ratio (SHR, NQF 1463). Facility-level performance scores were divided into quintiles (Q1 to Q5) and the relative risk (RR) of mortality (and hospitalization, separately) was calculated for each quintile, using the combined Q4 and Q5 as the reference group. Thus, a RR>1.0 would indicate a higher relative risk of mortality or hospitalization, compared to the highest performance score quintiles.

In 2015 a vascular access TEP was convened to provide input on the development of access measures, and specifically input on exclusions for both catheter and fistula measures, and for fistula, risk adjustment factors to be considered. Ultimately, evaluation and selection of the clinical and patient risk factors for this measure was informed by the final TEP recommendations. The TEP recognized that while fistulas are preferred, an unintended consequence of a fistula measure that doesn't account for the patient's overall health status could harm patients by subjecting them to fistula surgery that is less likely to succeed or limit access to care for patients with more comorbidities. To accomplish this goal the TEP discussed adjusting the measure for conditions or scenarios where a graft may be an acceptable or preferred alternative to a fistula. The candidate measure was reviewed and validated by the Technical Expert Panel (TEP) in 2015.

#### 2b2.3. Statistical Results from Validity Testing

Quintiles of the performance scores were defined as follows:

Q1: 9.2%-<55.9%

Q2: 55.9%-<62.0%

Q3: 62.0-<67.4%

Q4\*: 67.4%-<73.4%

Q5\*: 73.4%-<97.5%

\*Q4 and Q5 as Reference

Results from the Poisson model indicated that the percent of patient-months with a fistula was significantly associated with the risks of mortality and hospitalization.

For the 2014 SMR, the relative risk of mortality increased as the performance measure quintile decreased from the reference group (combined Q4 and Q5) with the highest risk in quintile 1. For quintile 3, RR=1.03 (95% CI: 1.01, 1.05; p=0.003), quintile 2, RR=1.05 (95% CI: 1.03, 1.07; p<0.001), and quintile 1, RR=1.10 (95% CI: 1.08, 1.12; p<0.001).

Similarly, for 2014 SHR, the relative risk of hospitalization increased as the performance measure quintile decreased from the reference group (combined Q4 and Q5) with the highest risk in quintile 1. For quintile 3, RR=1.07 (95% CI: 1.06, 1.07; p<0.001), quintile 2, RR=1.08 (95% CI: 1.08, 1.09; p<0.001), and quintile 1, RR=1.11 (95% CI: 1.11, 1.11; p<0.001).

## 2b2.4. Interpretation

These results of the Poisson regression suggest the predictive relationship of lower fistula use with higher mortality and hospitalization, as measured by the respective standardized mortality and hospitalization rates, and compared to facilities with higher fistula use.

## 2b3—Exclusion Analysis

## 2b3.1. Method of Testing Exclusion

The following exclusions are applied to the denominator:

Patients with a catheter that have limited life expectancy. Limited life expectancy is defined as:

- Patients under hospice care in the current reporting month
- Patients with metastatic cancer in the past 12 months
- Patients with end stage liver disease in the past 12 months
- Patients with coma or anoxic brain injury in the past 12 months

The facility-level standardized fistula rate with and without the patient-month exclusions are calculated and compared.

## 2b3.2. Statistical Results from Testing Exclusion

The following tables show percent of patient months at risk and number of unique patients excluded as a result of the above mentioned exclusion strategy.

Table 1: Percent of patient-months at risk excluded

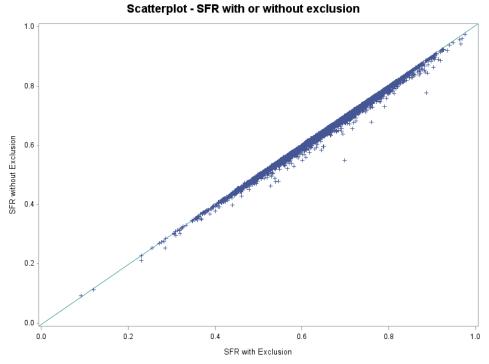
Year	<b>Before Exclusion</b>	After Exclusion	Percent
2014	4,314,450	4,274,619	0.92%

Table 2: Number and percent of unique patients excluded

Year	<b>Before Exclusion</b>	After Exclusion	Percent
2014	468,910	457,902	2.35%

Table 3: Distribution of performance scores before and after the exclusion

Standardized Fistula Rate	Ν	Mean	Standard Deviation	Minimum	Maximum
Before exclusion	5928	0.640	0.103	0.092	0.975
After exclusion	5928	0.646	0.104	0.092	0.975



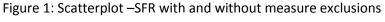
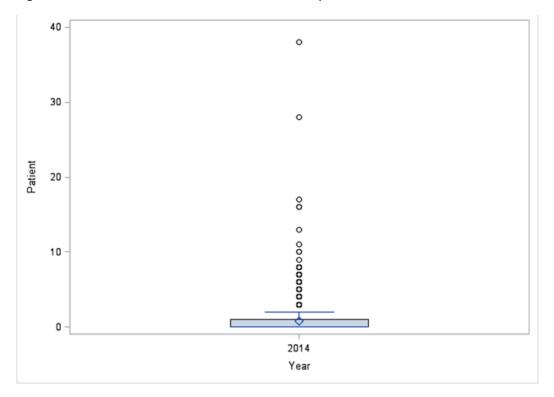


Figure 2. Distribution of Excluded Patients at facility level for 2014



#### 2b3.3. Interpretation

The exclusion criteria are necessary since the percentage of patients excluded at each facility is not evenly distributed across facilities (Distribution shown in the boxplot above). Due to the unequal distribution across facilities, the exclusion criteria take into account that some facilities treat a higher portion of patients with limited life expectancy. Additionally, our results shown in both the scatter-plot (Figure 1) as well as the Pearson Correlation Coefficient of 0.998 (p-value <0.0001) between SFRs with and without the exclusion suggests that the overall impact of the exclusion on the measure's validity is not substantial since the two are highly correlated.

## 2b4—Risk Adjustment or Stratification

## 2b4.1. Method of controlling for differences

Statistical risk model with 19 patient-month level risk factors

## 2b4.2. Rationale why Risk Adjustment is not Needed

N/A

## 2b4.3. Conceptual, Clinical, and Statistical Methods

Although there have been significant gains in the proportion of dialysis patients that have an AV fistula, it is generally recognized that some patients on hemodialysis will need to have an AV graft or even a catheter. As evidence, the CMS AV fistula target at the facility level is 68%, rather than 100%, which recognizes that one third of patients will require a different type of access. Given that there is variation in the burden of comorbidities between different facilities, adjusting for these factors when calculating an AV fistula rate implicitly recognizes that some patients are more likely to have AV grafts. Several of the studies (listed in 1a.7.9) detail particular patient characteristics that are associated with a decreased likelihood of having a successful AV fistula created. Ultimately, evaluation and selection of the clinical and patient risk factors was informed by the final TEP recommendations. The TEP recognized that while fistulas are preferred, an unintended consequence of a fistula measure that doesn't account for the patient's overall health status could harm patients by subjecting them to fistula surgery that is less likely to succeed or limit access to care for patients with more comorbidities. The TEP recognized that they could not make the statement that fistulas and grafts are truly equivalent in all patients, but wanted to ensure that grafts were a strongly preferred outcome to catheters and should not be disincentivized. To accomplish this goal the TEP discussed adjusting the measure for conditions or scenarios where a graft may be an acceptable or preferred alternative to a fistula. The covariates in the final model represent a combination of those recommended by the TEP for inclusion as well as factors that empiric analyses indicated were predictive of AV fistula use. Final decisions of the risk factors were based on both the clinical and statistical association with the lower likelihood of fistula use in patients with these risk factors, and that these factors were not likely to be associated with facility care.

Risk adjustment is based on a multivariate logistic regression model. The adjustment is made for age, BMI at incident, nursing home status, nephrologist's care prior to ESRD, duration of ESRD, diabetes as primary cause of ESRD, and comorbidities. Although covariates are assumed to have the same effects across facilities, the adjustment model is fitted with different facility effects (through facility-specific intercept terms), which provides valid estimates even if the distribution of adjustment variables differs across facilities. The common risk effects are assumed in order to improve computational stability in estimating facility-specific effects. All analyses are done using SAS. In general, adjustment factors for the SFR were selected based on several considerations. We began with a large set of patient characteristics, including demographics, comorbidities at ESRD incidence or past 12 months, and other characteristics. We used an indicator to identify patients with < 6 months of Medicare coverage in the past 12 months as part of the analyses that relied on Medicare claims for comorbidities. Factors considered appropriate were then investigated with statistical models to determine if they were related to AVF use. Factors related to the SFR were also evaluated for face validity before being included.

We used two data sources to collect comorbidity information: CMS-2728 and Medicare claims filed in prior 12 months. The covariates for comorbidities included in the final model take a value of 1 if there was any evidence of the condition in either CMS-2728 or Medicare claims, otherwise 0. Some patient characteristics or comorbidities are only available in CMS-2728, some are only available in Medicare claims, and some are available from both sources. We considered the condition to be present if it was noted in either the CMS-2728 form, or Medicare claims, or both. Table 4 shows that most all of the comorbidities had a statistically significant association with AVF use. As a comparison, using data from January 2014 we compared analysis results of two additional risk adjustment models that included: 1) no comorbidity adjustment at all (denoted as Model 0), and 2) comorbidities defined by CMS-2728 only (denoted as Model 1). Table A1 in the Appendix shows that the c-statistic of our final model was the highest, compared with Model 0 and Model 1 (c-statistic=0.688 for Model 0; 0.691 for Model 1; and 0.700 for our final model). In Table A2 of the Appendix, some of regression coefficients (especially for age, nursing home status and peripheral vascular disease) increased or decreased from those in Models 0 and 1.

In response to the requirements for NQF's Trial Period for the assessment of sociodemographic risk adjustment factors for quality measures, we investigated several patient and zip code level data elements (see list in 1.8). Sociodemographic factors included in the analysis were based on conceptual criteria and empirically demonstrated findings in the literature which have shown differences in fistula use exist among racial minorities, women and the poor. In addition, the particular patient and area level variables chosen were based on availability of data for the analyses. We were able to acquire individual area-level variables included in the Area Deprivation Index (ADI) developed by Singh and colleagues at the University of Wisconsin[1].

1. Singh, GK. Area deprivation and widening inequalities in US mortality, 1969–1998. Am J Public Health. 2003;93(7):1137–1143.

#### 2b4.4a. Statistical Results

In the table below, we list results from the adjusted model described above. For a given covariate, the regression coefficient represents the logit of the rate. We also report the odds ratio for each covariate. With a few exceptions (youngest age group, other heart diseases and anemia), all main effects are statistically significant at the 0.05 level.

Covariate	Coefficient	Odds Ratio	P-value
Age			
18-<25	0.073	1.076	0.530
25-<59	0.087	1.091	0.000

Table 4. Model Coefficients and Odds Ratios, Data Year 2014

Covariate	Coefficient	Odds Ratio	P-value
60-<75	reference		
75+	-0.202	0.817	<.0001
BMI			
underweight(< 18.5)	-0.215	0.806	0.001
normal(18.5 - 24.9)	reference		
overweight(>24.9)	0.054	1.055	0.026
Nursing home status*	-0.321	0.726	<.0001
Nephrologist's Care prior to ESRD*	0.257	1.293	<.0001
Duration of ESRD			
<1 year	-1.171	0.310	0.000
1-<5 years	reference		
5-<9 years	-0.234	0.792	0.000
9+	-0.602	0.548	0.000
Primary Cause of ESRD			
Diabetes	-0.053	0.948	0.034
Other	reference		
Comorbidities*			
Diabetes (NOT as primary cause of ESRD)	-0.121	0.886	<.0001
Heart Failure	-0.046	0.955	0.038
Other Heart Diseases	-0.037	0.963	0.114
Peripheral Vascular Disease	-0.340	0.712	<.0001
Cerebrovascular Disease	-0.113	0.893	<.0001
Chronic Obstructive Pulmonary Disease	-0.083	0.921	0.001
Drug Dependence	-0.207	0.813	<.0001
Inability to ambulate/transfer	-0.497	0.609	<.0001
Anemia (unrelated to ESRD/CKD)	-0.049	0.952	0.228
Non-Vascular Access-Related Infections: Pneumonia/Hepatitis/HIV/Tuberculosis	-0.286	0.751	<.0001

Covariate	Coefficient	Odds Ratio	P-value
Less than 6-months of Medicare coverage in past 12 months	-0.447	0.640	<.0001
* 'No' was used as reference.			

## 2b4.4b. Statistical Results for SDS factors

The table below shows the parameter estimates for patient and area level SDS/SES variables based on a logistic regression model for AV fistula use that included all these variables along with all the other clinical covariates used for adjustment in SFR. Here we only report results for the SDS/SES factors.

Table 5. Coefficients and odds ratios for SDS/SES variables

Variable		Odds	
Variable	Estimate	Ratio	P-value
Sex			
Female	-0.647	0.524	<.0001
Male	Reference		
Ethnicity			
Hispanic	0.160	1.173	<.0001
Non-Hispanic	Reference		
Race			
White	Reference		
Black	-0.406	0.666	<.0001
Other	0.081	1.085	0.126
Employment Status (2728)			
Employed	Reference		
Unemployed	-0.139	0.870	<.0001
Other	-0.172	0.842	<.0001
Medicare Coverage			
Medicare as primary without Medicaid	Reference		
Medicare as primary with Medicaid	-0.008	0.992	0.770
Medicare as secondary or Medicare HMO	0.044	1.045	0.135
Non-Medicare/missing	-0.212	0.809	<.0001
ADI (zipcode_level)			
Unemployment rate (%)	0.003	1.003	0.688
Median family income	-0.005	0.995	0.695
Families below the poverty level (%)	0.001	1.001	0.861
Single-parent households w/ children <18 (%)	-0.001	0.999	0.590
Home ownership rate (%)	0.000	1.000	0.929
Median home value	0.004	0.948	0.871
Median monthly mortgage	-0.002	0.998	0.981
Median gross rent	-0.037	0.964	0.680
Population (aged 25+) without High School	0.002	1.002	0.589

Variable	Estimate	Odds Ratio	P-value
diploma (%)			
Income disparity	-0.026	0.975	0.434

Patient-level SDS/SES: Compared to males, females were less likely to have an autogenous arteriovenous fistula (AVF) (OR=0.52; p<0.01). Hispanics were more likely to have an AVF (OR=1.17; p<0.01), compared to non-Hispanics. Compared to white patients, black patients were less likely to have an AVF (OR=0.67, p<0.01). As for employment status, unemployed and other patients were less likely to have an AVF (OR=0.87; p<0.01; OR=0.84; p<0.01), compared to employed patients. Note that for employment categories, the "Other" category represents diverse patient groups with regards to SES, such as students, homemakers, and those who are retired. Compared to Medicare only patients, patients with both Medicare and Medicaid or patients with Medicare as secondary coverage/Medicare HMO have no significant difference in fistula use (OR=0.99, p=0.77; OR=1.05, p=0.14), while patients classified as no Medicare/missing were less likely to have an AVF (OR=0.81, p<0.01).

Area-level SDS/SES: Area-level effects were generally very small and were not statistically significant.

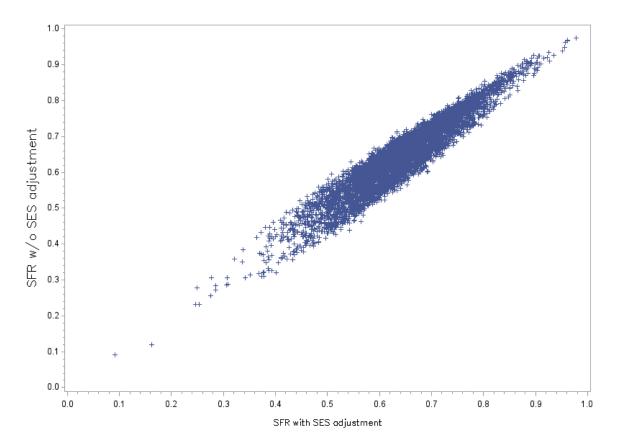


Figure 3. Correlation between SFRs with and without SDS/SES adjustment

The standard and SDS/SES-adjusted SFRs were highly correlated at 0.95 (*p*<.001).

SFR w/o SDS/SES	SFR with SDS/SES
-----------------	------------------

	Better than expected	As expected	Worse than expected	Total
Better than expected	196 (3.3%)	65 (1.1%)	0	261 (4.4%)
As expected	64 (1.1%)	5409 (91.2%)	53 (0.9%)	5526 (93.2%)
Worse than expected	0	52 (0.9%)	89 (1.5%)	141 (2.4%)
Total	260 (4.4%)	5526 (93.2%)	142 (2.4%)	5928

After adjustment for SDS/SES, 234 facilities (4.0%) changed performance categories. 118 (2.0%) facilities were down-graded and 116 (2.0%) facilities were upgraded.

These analyses indicate that patient-level, but not area-level, variables for SDS/SES impact expected AVF rates. Furthermore, we observed that adjustment for SDS/SES shifted facility performance, but more facilities declined in performance ranking with SDS/SES adjustment than improved.

Area-level factors are not included as adjustments due to the absence of clinically meaningful or statistically observed differences on the fistula rate with these adjustments. Patient-level SDS/SES variables are not included as adjustments in the measure due to the absence of a convincing biological or clinical rationale that warrant accounting for different outcomes on the basis of race, sex, or socioeconomic status. For example, some providers in the dialysis community believe that women are less likely to have AVF due to smaller vessels and hypothesize that this may be a biologic explanation for subsequent higher primary failure rates seen in women. While several studies have reported that women have smaller vasculature than men [1,2], this has not been a consistent finding, and may be isolated to forearm vessels. Studies that have focused on upper arm AVF have demonstrated similar AVF rates between men and women, suggesting a lack of sufficient biological or clinical support for different outcomes in fistula rates between female and males [3].

 Jemcov, TK Morphologic and functional vessel characteristics assessed by ultrasonography for prediction of radiocephalic fistula maturation. J Vasc Access 2013; 14(4):356-363
 Allon, M et al. Effect of preoperative sonographic mapping on vascular access outcomes in hemodialysis patients. Kidney International, Vol. 60 (2001), pp. 2013–2020
 Caplin, N et al. Venous Access:Women Are Equal. Am J Kidney Dis 2003. 41:429-432.

#### 2b4.5. Method Used to Develop the Statistical Model or Stratification Approach

Risk factors were selected for the final model based on the magnitude of the coefficients, evaluation of their statistical significance, and the model c-statistic.

## 2b4.6. Statistical Risk Model Discrimination Statistics (e.g., c-statistic, R<sup>2</sup>)

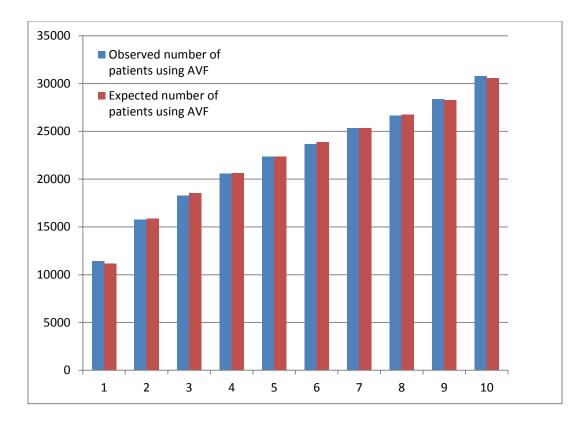
The C-statistic (also known as the Index of Concordance) was 0.70. This indicates that the model correctly ordered 70% of the pairs of patient-months that were discordant with respect to the response variate.

## 2b4.7. Statistical Risk Model Calibration Statistics (e.g., Hosmer-Lemeshow statistic)

The Hosmer-Lemeshow test statistic based on deciles of risk is 39.1 with p-value <0.0001. In very large samples such as this even relatively small departures from the model will lead to significant results. The c-statistic and risk decile plot show that the model provides an overall good fit to the data.

#### 2b4.8. Statistical Risk Model Calibration—Risk decile plots or calibration curves

Figure 4: Decile plots for the number of patients using AVF



# **2b4.9. Results of Risk Stratification Analysis** N/A

## 2b4.10. Interpretation

The decile plot (Figure 4) shows that the risk factors in the model are discriminating well between patients. There is good separation among all 10 groups by risk scores, and the ordering is as predicted by the model (i.e., patients predicted to have a lower probability of AVF use actually do have a lower percentage of AVF use). The absolute differences between the risk groups are also large, with patients predicted to have the highest likelihood of AVF use (Group 10) having 3 times higher AVF rate than those predicted to have the lowest likelihood (Group 1). This means that the model fit is good and therefore adequately adjusts for patient characteristics (case mix).

## 2b4.11. Optional Additional Testing for Risk Adjustment

N/A

## 2b5—Identification of statistically significant and clinically meaningful differences

## 2b5.1. Method for determining

Differences in measure performance were evaluated separately for each facility, where the annual standardized fistula rate (SFR) of each facility was compared to the overall national distribution.

Here we describe our approach for testing of statistical significance. Let  $T_1,...,T_N$  be the Standardized Fistula Rate (SFR) for N facilities. Since the variation in  $T_1,...,T_N$  is mainly driven by the estimates of

facility-specific intercepts ( $\alpha_1,..., \alpha_N$ ), we use their asymptotic distributions and apply the delta method to estimate the standard errors of SFRs. Let  $S_i$  denote the standard error estimate of  $T_i$ . The test-statistic is then calculated by ( $T_i$  - national average of SFR)/ $S_i$ , which asymptotically follows the standard normal distribution under the null hypothesis. A two-sided test with significant level 0.05 was used. As the reference null distribution, we used Efron's empirical null distribution in lieu of the theoretical null distribution since the empirical null method is more robust approach that takes account of the national random variation among facilities not accounted for in the model (Efron, 2004; Kalbfleisch and Wolfe, 2013). It essentially rescales the critical value for the test statistic. The rescaling multiple is estimated by the slope (estimated via robust regression) correlating the empirical and theoretical Z-score quantiles (e.g., with a multiple of 1 indicating that in fact no rescaling is required). In this approach, facilities are flagged if they have outcomes that are more extreme when compared to the variation in national AVF rate.

Efron, Bradley. Large-Scale Simultaneous Hypothesis Testing: The Choice of a Null Hypothesis. Journal of the American Statistical Association. Vol. 99, No. 465 (Mar., 2004), pp. 96-104

Kalbfleisch JD, Wolfe RA. On monitoring outcomes of medical providers. Statistics in the Biosciences. November 2013, Volume 5, Issue 2, pp 286-302

#### 2b5.2. Statistical Results

Proportion of facilities with statistically significant differences (p-values < 0.05) is shown as follows:

Category	Number of facilities	Percent of facilities
Better than expected	261	4.40%
As expected	5526	93.22%
Worse than expected	141	2.38%

#### 2b5.3. Interpretation

For the annual SFR, 5,526 (93%) facilities have achieved expected performance, 141 (2.4%) facilities have performed worse than expected (lower fistula rate), 261 (4.4%) facilities have performed better than expected (higher fistula rate).

In general, a higher rate of fistula use represents better quality of care. This analysis demonstrates both practical and statistically significant differences in performance across facilities based on their adjusted proportion of patient months with a fistula in use.

#### 2b6—Comparability of performance scores

#### 2b6.1. Method of testing conducted to demonstrate comparability

N/A

**2b6.2. Statistical Results** N/A

**2b6.3. Interpretation** N/A

## Feasibility:

#### 3a.1. How are the data elements needed to compute measure scores generated

Generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score)

**3b.1.** Are the data elements needed for the measure as specified available electronically ALL data elements are in defined fields in a combination of electronic sources

**3b.3.** If this is an eMeasure, provide a summary of the feasibility assessment  $\ensuremath{\mathsf{N/A}}$ 

3c.1. Describe what you have learned or modified as a result of testing  $\ensuremath{\mathsf{N/A}}$ 

3c.2. Describe any fees, licensing, or other requirements  $\ensuremath{\mathsf{N/A}}$ 

# Usability and Use:

**4.1—Current and Planned Use** Planned: Public Reporting, Payment Program

**4a.1.** Program, sponsor, purpose, geographic area, accountable entities, patients N/A

4a.2. If not publicly reported or used for accountability, reasons

Measure is currently under development.

#### 4a.3. If not, provide a credible plan for implementation

CMS will determine if and when the measure will be implemented in a CMS program. Upon endorsement, CMS will consider retiring the currently endorsed measure of fistula use (#0257) in favor of this new measure for implementation in a future performance year for the ESRD QIP and reporting period for Dialysis Facility Compare at the next available opportunity.

#### 4b.1. Progress on improvement

N/A

#### 4b.2. If no improvement was demonstrated, what are the reasons

The measure is not yet implemented in a public reporting program, so improvement could not be

evaluated. CMS currently anticipates implementation of the standardized fistula rate. Once implemented facility performance on the measure can be evaluated to determine if the measure has supported and detected quality improvement in promoting fistula use for the incident and prevalent populations, while also taking into account those patient risk factors that hinder successful fistula use in certain subpopulations.

# **Related and Competing Measures**

## 5—Relation to Other NQF-Endorsed Measures

Yes

## 5.1a. The measure titles and NQF numbers are listed here

0251 : Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement 2594 : Optimal End Stage Renal Disease (ESRD) Starts

5.1b. If the measures are not NQF-endorsed, indicate the measure title  $$\mathrm{N/A}$$ 

#### 5a—Harmonization

## 5a.1. Are the measure specifications completely harmonized

No

#### 5a.2. If not completely harmonized, identify the differences rationale, and impact

Measure 0251 contains several components in addition to assessing fistula use. It is a referral process measure. The most basic requirement to get into the numerator is referral to a vascular surgeon (or other qualified physician). This has the potential for facilities to score well on the measure separate from whether patients are receiving treatment with a fistula, graft, or catheter, as long as the patient was referred to or evaluated by a vascular surgeon. We acknowledge this is an important step to fistula placement however it departs from the intent of this fistula measure to function as a more direct incentive to encourage fistula use. Moreover, consistent with the concerns and recommendations made by the vascular access TEP, the SFR is risk adjusted and includes risk factors to account for patients where fistula may not be the appropriate access type. Measure 2594 is not directed toward dialysis facilities. The setting focus addresses a different provider type which falls outside the purview of measures evaluating dialysis facility performance on fistula use. This suggests a fundamental difference in the measure target populations, setting and intent that cannot be harmonized. Additionally, the measure is limited to incident patients, while the SFR includes both incident and prevalent patients as the measured population.

#### **5b**—Competing measures

5b.1 Describe why this measure is superior to competing measures There are no competing measures.

# Additional Information:

## Co.1. — Measure Steward Point of Contact

#### Co.1.1. Organization Centers for Medicare & Medicaid Services

Co.1.2. First Name Sophia

Co.1.3. Last Name Chan

**Co.1.4. Email Address** sophia.chan@cms.hhs.gov

**Co.1.5. Phone Number** N/A

#### Co.2. — Developer Point of Contact (indicate if same as Measure Steward Point of Contact

**Co.2.1. Organization** University of Michigan Kidney Epidemiology and Cost Center

**Co.2.2. First Name** Jennifer

Co.2.3. Last Name Sardone

**Co.2.4. Email Address** jmsto@med.umich.edu

## Co.2.5. Phone Number

734-548-3057

#### Ad.1. Workgroup/Expert Panel Involved in Measure Development

According to the CMS Measure Management System Blueprint, TEPs are advisory to the measure contractor. In this advisory role, the primary duty of the TEP is to suggest candidate measures and related specifications, review any existing measures, and determine if there is sufficient evidence to support the proposed candidate measures.

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Derek Forfang Patient Leadership Committee Chair ESRD Network 17 Board Member Intermountain End State Renal Disease Network Inc. Beneficiary Advisory Council (Vice Chair) The National Forum of ESRD Networks Board Member The National Forum of ERSD Networks San Pablo, CA

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Daniel Weiner, MD, MS Nephrologist, Tufts Medical Center Associate Medical Director DCI Boston Associate Professor of Medicine Tufts University School of Medicine Boston, MA Ad.2. Year the Measure Was First Released 2016

Ad.3. Month and Year of Most Recent Revision 04, 2016

Ad.4. What is your frequency for review/update of this measure? Annually

Ad.5. When is your next scheduled review/update for this measure? 04, 2017

Ad.6. Copyright Statement N/A

Ad.7. Disclaimers

Ad.8. Additional Information/Comments N/A

## **Data Dictionary**

Variable	Primary Data Source
Facility CCN #	CMS data sources <sup>*1</sup>
Reporting year and month	CROWNWeb
Vascular Access Type	CROWNWeb
Date of Birth	CMS data sources <sup>*1</sup>
Date of First ESRD	Medical Evidence Form (CMS-2728)
Age at the first day of reporting month	CMS data sources <sup>*1</sup>
BMI at incidence	Medical Evidence Form (CMS-2728)
Nursing home status (in the previous calendar year)	CMS Minimum Data Set
Nephrologist's Care prior to ESRD	Medical Evidence Form (CMS-2728)
Diabetes - Primary cause of ESRD	Medical Evidence Form (CMS-2728)
Diabetes –Not as primary cause of ESRD *5	Medicare Claims <sup>*3</sup> Medical Evidence Form (CMS-2728)
Heart Failure <sup>*5</sup>	Medicare Claims <sup>*3</sup> Medical Evidence Form (CMS-2728)
Other Heart Diseases <sup>*5</sup>	Medicare Claims <sup>*3</sup> Medical Evidence Form (CMS-2728)
Peripheral Vascular Disease <sup>*5</sup>	Medicare Claims <sup>*3</sup> Medical Evidence Form (CMS-2728)
Cerebrovascular Disease <sup>*5</sup>	Medicare Claims <sup>*3</sup> Medical Evidence Form (CMS-2728)
Chronic Obstructive Pulmonary Disease <sup>*5</sup>	Medicare Claims <sup>*3</sup> Medical Evidence Form (CMS-2728)
Drug Dependence <sup>*5</sup>	Medicare Claims <sup>*3,</sup> Medical Evidence Form (CMS-2728)
Inability to ambulate/transfer	Medical Evidence Form (CMS-2728)
Anemias (unrelated to ESRD/CKD) <sup>*5</sup>	Medicare Claims <sup>*3</sup>
Non-Vascular Access-Related Infections: Pneumonias/ Hepatitis/HIV/AIDS/Tuberculosis <sup>*5</sup>	Medicare Claims <sup>*3</sup>
Not having at least 6-month Medicare eligible in past 12 months	Medicare Claims <sup>*3</sup>
Hospice_status in the current month <sup>*4</sup>	CMS Hospice file <sup>*2</sup>
Metastatic Cancer reported on Medicare Claims in past 12 months *4	Medicare Claims <sup>*3</sup>
End-Stage Liver Disease reported on Medicare Claims in past 12 months <sup>*4</sup>	Medicare Claims <sup>*3</sup>
Coma or Anoxic Brain Damage reported on Medicare Claims in past 12 months <sup>*4</sup>	

\*1. Multiple data sources include CMS Consolidated Renal Operations in a Web-enabled Network (CROWNWeb), the CMS Annual Facility Survey (Form CMS-2744), Medicare dialysis and hospital payment records, the CMS Medical Evidence Form (Form CMS-2728), transplant data from the Organ Procurement and Transplant Network (OPTN), the Death Notification Form (Form CMS-2746), the Dialysis Facility Compare (DFC) and the Social Security Death Master File.

Unique patients are identified by using a combination of SSN, first name, surname, sex, Medicare claim number and birth date. A matching process is performed to ensure that minor typos and misspellings do not cause a patient record to fall out of their history. The matching process is able to successfully match 99.5% of patients. The remaining patients have incomplete or incorrect data that does not allow them to be matched.

\*2. Hospice information comes from the CMS Hospice file that contains final action claims submitted by Hospice providers. Once a beneficiary elects Hospice, all Hospice related claims will be found in this file, regardless if the beneficiary is in Medicare fee-for-service or in a Medicare managed care plan.

\*3. Medicare claims include Part A claims such as inpatient admissions and Part B claims such as outpatient claims (including dialysis claims) and physician services. Claims from providers, such as laboratories, that report diagnosis codes when testing for the presence of a condition are excluded.

\*4. Exclusion factors: A detailed list of ICD-9 diagnostic codes and HCPCS CPT codes used to identify comorbidities is included in this file (See Tab ICD-9 to 10 Exclusions).

\*5. Comorbidities were identified by combining prevalent comorbidities reported on all Medicare Claims in past 12 month and incident comorbidities reported on the Medical Evidence Form (CMS-2728). A detailed list of ICD-9 diagnostic codes and HCPCS CPT codes used to identify comorbidities from Medicare Claims are listed in Tab ICD-9 to 10 Adjustments)

## ICD-9 to 10 Mapping: Exclusions

	ICD-5 to 10 Mapping. Exclusions			
ICD9DX	ICD9::ICD9DX_desc	ICD10CM		ICD10::ICD10CM_desc
1960	Secondary and unspecified malignant neoplasm of lymph nodes of head,			Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
L961	Secondary and unspecified malignant neoplasm of intrathoracic lymph no			Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
1962	Secondary and unspecified malignant neoplasm of intra-abdominal lymph		C772	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
.965	Secondary and unspecified malignant neoplasm of lymph nodes of inguin	a C774	C774	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
966	Secondary and unspecified malignant neoplasm of intrapelvic lymph node	e C775	C775	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
.968	Secondary and unspecified malignant neoplasm of lymph nodes of multip	l C778	C778	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
.970	Secondary malignant neoplasm of lung	C7800	C7800	Secondary malignant neoplasm of unspecified lung
1971	Secondary malignant neoplasm of mediastinum	C781	C781	Secondary malignant neoplasm of mediastinum
972	Secondary malignant neoplasm of pleura	C782	C782	Secondary malignant neoplasm of pleura
1973	Secondary malignant neoplasm of other respiratory organs	C7839	C7839	Secondary malignant neoplasm of other respiratory organs
.974	Secondary malignant neoplasm of small intestine including duodenum	C784	C784	Secondary malignant neoplasm of small intestine
1975	Secondary malignant neoplasm of large intestine and rectum	C785	C785	Secondary malignant neoplasm of large intestine and rectum
976	Secondary malignant neoplasm of retroperitoneum and peritoneum	C786	C786	Secondary malignant neoplasm of retroperitoneum and peritoneum
977	Malignant neoplasm of liver, secondary	C787	C787	Secondary malignant neoplasm of liver and intrahepatic bile duct
.978	Secondary malignant neoplasm of other digestive organs and spleen	C787	C787	Secondary malignant neoplasm of liver and intrahepatic bile duct
.978	Secondary malignant neoplasm of other digestive organs and spleen	C7889	C7889	Secondary malignant neoplasm of other digestive organs
.980	Secondary malignant neoplasm of kidney	C7900		Secondary malignant neoplasm of unspecified kidney and renal pelvis
.981	Secondary malignant neoplasm of other urinary organs	C7911		Secondary malignant neoplasm of bladder
.981	Secondary malignant neoplasm of other urinary organs	C7919		Secondary malignant neoplasm of other urinary organs
.983	Secondary malignant neoplasm of brain and spinal cord	C7931		Secondary malignant neoplasm of brain
.984	Secondary malignant neoplasm of other parts of nervous system	C7932		Secondary malignant neoplasm of cerebral meninges
.984	Secondary malignant neoplasm of other parts of nervous system	C7949		Secondary malignant neoplasm of other parts of nervous system
.985	Secondary malignant neoplasm of bone and bone marrow	C7951		Secondary malignant neoplasm of bone
1985	Secondary malignant neoplasm of bone and bone marrow	C7952		Secondary malignant neoplasm of bone marrow
.985	Secondary malignant neoplasm of ovary	C7960		Secondary malignant neoplasm of unspecified ovary
1980	Secondary malignant neoplasm of adrenal gland	C7980		Secondary malignant neoplasm of unspecified adrenal gland
1987	Secondary malignant neoplasm of other specified sites	C7989		Secondary malignant neoplasm of other specified sites
.9889	Disseminated malignant neoplasm without specification of site	C7989 C800	C7989	Disseminated malignant neoplasm, unspecified
20400	Acute lymphoid leukemia, without mention of having achieved remission			Acute lymphoblastic leukemia not having achieved remission
20401	Acute lymphoid leukemia, in remission	C9101		Acute lymphoblastic leukemia, in remission
20402	Acute lymphoid leukemia, in relapse	C9102		Acute lymphoblastic leukemia, in relapse
0500	Acute myeloid leukemia, without mention of having achieved remission	C9200		Acute myeloblastic leukemia, not having achieved remission
20500	Acute myeloid leukemia, without mention of having achieved remission	C9240		Acute promyelocytic leukemia, not having achieved remission
20500	Acute myeloid leukemia, without mention of having achieved remission	C9250		Acute myelomonocytic leukemia, not having achieved remission
20501	Acute myeloid leukemia, in remission	C9201		Acute myeloblastic leukemia, in remission
20501	Acute myeloid leukemia, in remission	C9241		Acute promyelocytic leukemia, in remission
20501	Acute myeloid leukemia, in remission	C9251	C9251	Acute myelomonocytic leukemia, in remission
20502	Acute myeloid leukemia, in relapse	C9202	C9202	Acute myeloblastic leukemia, in relapse
20502	Acute myeloid leukemia, in relapse	C9242	C9242	Acute promyelocytic leukemia, in relapse
20502	Acute myeloid leukemia, in relapse	C9252	C9252	Acute myelomonocytic leukemia, in relapse
20600	Acute monocytic leukemia, without mention of having achieved remission	n <b>C</b> 9300	C9300	Acute monoblastic/monocytic leukemia, not having achieved remission
20601	Acute monocytic leukemia, in remission	C9301	C9301	Acute monoblastic/monocytic leukemia, in remission
20602	Acute monocytic leukemia, in relapse	C9302	C9302	Acute monoblastic/monocytic leukemia, in relapse
20700	Acute erythremia and erythroleukemia, without mention of having achiev	/ C9400	C9400	Acute erythroid leukemia, not having achieved remission
20701	Acute erythremia and erythroleukemia, in remission	C9401		Acute erythroid leukemia, in remission
20702	Acute erythremia and erythroleukemia, in relapse	C9402		Acute erythroid leukemia, in relapse
20800	Acute leukemia of unspecified cell type, without mention of having achieve			Acute leukemia of unspecified cell type not having achieved remission
20801	Acute leukemia of unspecified cell type, in remission	C9501		Acute leukemia of unspecified cell type, in remission
20802				
	Acute leukemia of unspecified cell type, in relapse	C9502		Acute leukemia of unspecified cell type, in relapse
20970	Secondary neuroendocrine tumor, unspecified site	C7B00		Secondary carcinoid tumors, unspecified site
20971	Secondary neuroendocrine tumor of distant lymph nodes	C7B01		Secondary carcinoid tumors of distant lymph nodes
0972	Secondary neuroendocrine tumor of liver	C7B02		Secondary carcinoid tumors of liver
0973	Secondary neuroendocrine tumor of bone	C7B03		Secondary carcinoid tumors of bone
0974	Secondary neuroendocrine tumor of peritoneum	C7B04		Secondary carcinoid tumors of peritoneum
.0975	Secondary Merkel cell carcinoma	C7B1	C7B1	Secondary Merkel cell carcinoma
0979	Secondary neuroendocrine tumor of other sites	C7B09	C7B09	Secondary carcinoid tumors of other sites
0979	Secondary neuroendocrine tumor of other sites	C7B8	C7B8	Other secondary neuroendocrine tumors
481	Anoxic brain damage	G931		Anoxic brain damage, not elsewhere classified
	Compression of brain	G935	G935	Compression of brain
484				Cerebral edema
		G936		
485	Cerebral edema	G936		Esophageal varices with bleeding
485 560	Cerebral edema Esophageal varices with bleeding	18501	18501	Esophageal varices with bleeding
485 560 561	Cerebral edema Esophageal varices with bleeding Esophageal varices without mention of bleeding	18501 18500	18501 18500	Esophageal varices without bleeding
485 560 561 5620	Cerebral edema Esophageal varices with bleeding Esophageal varices without mention of bleeding Esophageal varices in diseases classified elsewhere, with bleeding	18501 18500 18511	18501 18500 18511	Esophageal varices without bleeding Secondary esophageal varices with bleeding
485 560 561 5620 5621	Cerebral edema Esophageal varices with bleeding Esophageal varices without mention of bleeding Esophageal varices in diseases classified elsewhere, with bleeding Esophageal varices in diseases classified elsewhere, without mention of b	18501 18500 18511 1 18510	18501 18500 18511 18510	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding
485 560 561 5620 5621 722	Cerebral edema Esophageal varices with bleeding Esophageal varices without mention of bleeding Esophageal varices in diseases classified elsewhere, with bleeding Esophageal varices in diseases classified elsewhere, without mention of b Hepatic encephalopathy	I8501 I8500 I8511 I 8510 K7290	<ul><li>18501</li><li>18500</li><li>18511</li><li>18510</li><li>K7290</li></ul>	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding Hepatic failure, unspecified without coma
485 560 561 5620 5621 722	Cerebral edema Esophageal varices with bleeding Esophageal varices without mention of bleeding Esophageal varices in diseases classified elsewhere, with bleeding Esophageal varices in diseases classified elsewhere, without mention of b	18501 18500 18511 1 18510	<ul><li>18501</li><li>18500</li><li>18511</li><li>18510</li><li>K7290</li></ul>	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding
485 560 561 5620 5621 722 722	Cerebral edema Esophageal varices with bleeding Esophageal varices without mention of bleeding Esophageal varices in diseases classified elsewhere, with bleeding Esophageal varices in diseases classified elsewhere, without mention of b Hepatic encephalopathy	I8501 I8500 I8511 I 8510 K7290	<ul><li>18501</li><li>18500</li><li>18511</li><li>18510</li><li>K7290</li></ul>	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding Hepatic failure, unspecified without coma
485 560 561 5620 5621 722 722 723	Cerebral edema Esophageal varices with bleeding Esophageal varices without mention of bleeding Esophageal varices in diseases classified elsewhere, with bleeding Esophageal varices in diseases classified elsewhere, without mention of b Hepatic encephalopathy Hepatic encephalopathy	I8501 I8500 I8511 I I8510 K7290 K7291	<ul> <li>18501</li> <li>18500</li> <li>18511</li> <li>18510</li> <li>K7290</li> <li>K7291</li> </ul>	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding Hepatic failure, unspecified without coma Hepatic failure, unspecified with coma
485 560 561 5620 5621 722 722 723 723	Cerebral edema Esophageal varices with bleeding Esophageal varices without mention of bleeding Esophageal varices in diseases classified elsewhere, with bleeding Esophageal varices in diseases classified elsewhere, without mention of b Hepatic encephalopathy Hepatic encephalopathy Portal hypertension	I8501 I8500 I8511 I 8510 K7290 K7291 K766	<ul> <li>18501</li> <li>18500</li> <li>18511</li> <li>18510</li> <li>K7290</li> <li>K7291</li> <li>K766</li> <li>K767</li> </ul>	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding Hepatic failure, unspecified without coma Hepatic failure, unspecified with coma Portal hypertension
485 560 561 5620 5621 722 722 723 724 728	Cerebral edemaEsophageal varices with bleedingEsophageal varices without mention of bleedingEsophageal varices in diseases classified elsewhere, with bleedingEsophageal varices in diseases classified elsewhere, without mention of bHepatic encephalopathyHepatic encephalopathyPortal hypertensionHepatorenal syndromeOther sequelae of chronic liver disease	I8501 I8500 I8511 I 8510 K7290 K7291 K766 K767 K7210	<ul> <li>18501</li> <li>18500</li> <li>18511</li> <li>18510</li> <li>K7290</li> <li>K7291</li> <li>K766</li> <li>K767</li> <li>K7210</li> </ul>	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding Hepatic failure, unspecified without coma Hepatic failure, unspecified with coma Portal hypertension Hepatorenal syndrome Chronic hepatic failure without coma
8485 560 561 5620 5621 5722 5722 5723 5724 5728 5728	Cerebral edemaEsophageal varices with bleedingEsophageal varices without mention of bleedingEsophageal varices in diseases classified elsewhere, with bleedingEsophageal varices in diseases classified elsewhere, without mention of bHepatic encephalopathyHepatic encephalopathyPortal hypertensionHepatorenal syndromeOther sequelae of chronic liver diseaseOther sequelae of chronic liver disease	I8501 I8500 I8511 I 8510 K7290 K7291 K766 K767 K7210 K7290	<ul> <li>18501</li> <li>18500</li> <li>18511</li> <li>18510</li> <li>K7290</li> <li>K7291</li> <li>K766</li> <li>K767</li> <li>K7210</li> <li>K7290</li> <li>K7290</li> </ul>	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding Hepatic failure, unspecified without coma Hepatic failure, unspecified with coma Portal hypertension Hepatorenal syndrome Chronic hepatic failure without coma Hepatic failure, unspecified without coma
485 560 561 5620 5621 5722 5722 5723 5723 5724 5728 5728 5728 5728	Cerebral edema Esophageal varices with bleeding Esophageal varices without mention of bleeding Esophageal varices in diseases classified elsewhere, with bleeding Esophageal varices in diseases classified elsewhere, without mention of b Hepatic encephalopathy Hepatic encephalopathy Portal hypertension Hepatorenal syndrome Other sequelae of chronic liver disease Other sequelae of chronic liver disease Hepatopulmonary syndrome	I8501 I8500 I8511 I 8510 K7290 K7291 K766 K767 K7210 K7290 K7290 K7681	<ul> <li>I8501</li> <li>I8500</li> <li>I8511</li> <li>I8510</li> <li>K7290</li> <li>K7291</li> <li>K766</li> <li>K767</li> <li>K767</li> <li>K7210</li> <li>K7290</li> <li>K7681</li> </ul>	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding Hepatic failure, unspecified without coma Hepatic failure, unspecified with coma Portal hypertension Hepatorenal syndrome Chronic hepatic failure without coma Hepatic failure, unspecified without coma Hepatic failure, unspecified without coma
3484 3485 4560 4561 45620 45621 5722 5723 5723 5724 5728 5728 5735 78001 78003	Cerebral edemaEsophageal varices with bleedingEsophageal varices without mention of bleedingEsophageal varices in diseases classified elsewhere, with bleedingEsophageal varices in diseases classified elsewhere, without mention of bHepatic encephalopathyHepatic encephalopathyPortal hypertensionHepatorenal syndromeOther sequelae of chronic liver diseaseOther sequelae of chronic liver disease	I8501 I8500 I8511 I 8510 K7290 K7291 K766 K767 K7210 K7290	<ul> <li>18501</li> <li>18500</li> <li>18511</li> <li>18510</li> <li>K7290</li> <li>K7291</li> <li>K766</li> <li>K767</li> <li>K7210</li> <li>K7290</li> <li>K7681</li> <li>R4020</li> </ul>	Esophageal varices without bleeding Secondary esophageal varices with bleeding Secondary esophageal varices without bleeding Hepatic failure, unspecified without coma Hepatic failure, unspecified with coma Portal hypertension Hepatorenal syndrome Chronic hepatic failure without coma Hepatic failure, unspecified without coma

vasc access category	ICD9DX	ICD9::ICD9DX_desc	ICD10CM	ICD10::ICD10CM_desc
Infections: Other	0010	Cholera due to vibrio cholerae	A000	A000 Cholera due to Vibrio cholerae 01, biovar cholerae
Infections: Other	0011	Cholera due to vibrio cholerae el tor	A001	A001 Cholera due to Vibrio cholerae 01, biovar eltor
Infections: Other	0019	Cholera, unspecified	A009	A009 Cholera, unspecified
Infections: Other	0020	Typhoid fever	A0100	A0100 Typhoid fever, unspecified
Infections: Other	0021	Paratyphoid fever A	A011	A011 Paratyphoid fever A
Infections: Other	0022	Paratyphoid fever B	A012	A012 Paratyphoid fever B
Infections: Other	0023	Paratyphoid fever C	A013	A013 Paratyphoid fever C
Infections: Other	0029	Paratyphoid fever, unspecified	A014	A014 Paratyphoid fever, unspecified
Infections: Other	0030	Salmonella gastroenteritis	A020	A020 Salmonella enteritis
Infections: Other	0031	Salmonella septicemia	A021	A021 Salmonella sepsis
Infections: Other	00320	Localized salmonella infection, unspecified	A0220	A0220 Localized salmonella infection, unspecified
Infections: Other	00321	Salmonella meningitis	A0221	A0221 Salmonella meningitis
Pneumonia	00322	Salmonella pneumonia	A0222	A0222 Salmonella pneumonia
Infections: Other	00323	Salmonella arthritis	A0223	A0223 Salmonella arthritis
Infections: Other	00324	Salmonella osteomyelitis	A0224	A0224 Salmonella osteomyelitis
Infections: Other	00329	Other localized salmonella infections	A0229	A0229 Salmonella with other localized infection
Infections: Other	0038	Other specified salmonella infections	A0223	A028 Other specified salmonella infections
Infections: Other	0039	Salmonella infection, unspecified	A028	A029 Salmonella infection, unspecified
Infections: Other	0040	Shigella dysenteriae	A030	A030 Shigellosis due to Shigella dysenteriae
Infections: Other	0041	Shigella flexneri	A031	A031 Shigellosis due to Shigella flexneri
Infections: Other	0042	Shigella boydii	A031	A032 Shigellosis due to Shigella boydii
Infections: Other	0042	Shigella sonnei	A032	A032 Shigellosis due to Shigella sonnei
Infections: Other	0043	Other specified shigella infections	A033	A038 Other shigellosis
Infections: Other	0048	Shigellosis, unspecified	A038 A039	A039 Shigellosis, unspecified
Infections: Other	0050	Staphylococcal food poisoning	A059 A050	A059 Foodborne staphylococcal intoxication
Infections: Other	0051	Botulism food poisoning	A050 A051	A050 Pooluborne staphylococcal intoxication A051 Botulism food poisoning
Infections: Other	0052	Food poisoning due to Clostridium perfring		A051 Botalish lood poisoning A052 Foodborne Clostridium perfringens [Clostridium welchii] intoxication
Infections: Other	0053	Food poisoning due to other Clostridian	A058	A052 Pooloone clostificitin permigens (clostificitin welching intoxication) A058 Other specified bacterial foodborne intoxications
Infections: Other	0054	Food poisoning due to Vibrio parahaemoly		A058 Other specified bacterial roodborne intoxications A053 Foodborne Vibrio parahaemolyticus intoxication
Infections: Other	00581	Food poisoning due to Vibrio vulnificus	A055	A055 Foodborne Vibrio vulnificus intoxication
Infections: Other	00589	Other bacterial food poisoning	A055 A054	A053 Foodborne Bacillus cereus intoxication
Infections: Other	00589	Other bacterial food poisoning	A054 A058	
Infections: Other	00589	Food poisoning, unspecified	A058 A059	A058 Other specified bacterial foodborne intoxications A059 Bacterial foodborne intoxication, unspecified
Infections: Other Infections: Other	0060	Acute amebic dysentery without mention of		A060 Acute amebic dysentery A061 Chronic intestinal amebiasis
	0061	Chronic intestinal amebiasis without menti		
Infections: Other	0062	Amebic nondysenteric colitis	A062	A062 Amebic nondysenteric colitis
Infections: Other	0063	Amebic liver abscess	A064	A064 Amebic liver abscess
Infections: Other	0064	Amebic lung abscess	A065	A065 Amebic lung abscess
Infections: Other	0065	Amebic brain abscess	A066	A066 Amebic brain abscess
Infections: Other	0066	Amebic skin ulceration	A067	A067 Cutaneous amebiasis
Infections: Other	0068	Amebic infection of other sites	A0689	A0689 Other amebic infections
Infections: Other	0069	Amebiasis, unspecified	A069	A069 Amebiasis, unspecified
Infections: Other	0070	Balantidiasis	A070	A070 Balantidiasis
Infections: Other	0071	Giardiasis	A071	A071 Giardiasis [lambliasis]
Infections: Other	0072	Coccidiosis	A073	A073 Isosporiasis
Infections: Other	0073	Intestinal trichomoniasis	A078	A078 Other specified protozoal intestinal diseases
Infections: Other	0074	Cryptosporidiosis	A072	A072 Cryptosporidiosis
		Cuclosporiosis	1071	A074 Cyclosporiasis
Infections: Other	0075	Cyclosporiasis	A074	
Infections: Other Infections: Other Infections: Other	0075 0078 0079	Other specified protozoal intestinal disease Unspecified protozoal intestinal disease		A074 Cyclosponasis A078 Other specified protozoal intestinal diseases A079 Protozoal intestinal disease, unspecified

Unspecified protozoal intestinal disease A079 0079 Infections: Other Intestinal infection due to E. coli, unspecified A044 00800 Infections: Other 00801 Intestinal infection due to enteropathogenic A040 Infections: Other 00802 Intestinal infection due to enterotoxigenic E. A041 Infections: Other 00803 Intestinal infection due to enteroinvasive E. (A042 Infections: Other 00804 Intestinal infection due to enterohemorrhag A043 Infections: Other 00809 Intestinal infection due to other intestinal E. A044 Infections: Other 0081 Intestinal infection due to arizona group of p A048 Infections: Other 0082 Intestinal infection due to aerobacter aeroge A048 Infections: Other 0083 Intestinal infection due to proteus (mirabilis) A048 Intestinal infection due to staphylococcus A048 Infections: Other 00841 Infections: Other 00842 Intestinal infection due to pseudomonas A048 Infections: Other 00843 Intestinal infection due to campylobacter A045 00844 Infections: Other Intestinal infection due to yersinia enterocol A046 Infections: Other 00845 Intestinal infection due to Clostridium difficil A047 Intestinal infection due to other anaerobes A048 Infections: Other 00846 00847 Infections: Other Intestinal infection due to other gram-negati A048 00849 Intestinal infection due to other organisms A048 Infections: Other Infections: Other 0085 Bacterial enteritis, unspecified A049 Infections: Other 00861 Enteritis due to rotavirus A080 A082 Infections: Other 00862 Enteritis due to adenovirus Infections: Other 00863 A0811 Enteritis due to norwalk virus Infections: Other 00864 Enteritis due to other small round viruses [SI A0819 Infections: Other 00865 A0831 Enteritis due to calicivirus A0832 Infections: Other 00866 Enteritis due to astrovirus Infections: Other 00867 A0839 Enteritis due to enterovirus nec Infections: Other 00869 Enteritis due to other viral enteritis A0839 Infections: Other 0088 Intestinal infection due to other organism, n A088 Infections: Other 0090 Infectious colitis, enteritis, and gastroenterit A09 Infections: Other 0091 Colitis, enteritis, and gastroenteritis of presu A09 0092 Infections: Other Infectious diarrhea A09 Infections: Other 0093 Diarrhea of presumed infectious origin A09 01000 Tuberculosis Primary tuberculous infection, unspecified A157 Tuberculosis 01001 Primary tuberculous infection, bacteriologica A157 Tuberculosis 01002 Primary tuberculous infection, bacteriologica A157 01003 Tuberculosis Primary tuberculous infection, tubercle bacil A157 Tuberculosis 01004 Primary tuberculous infection, tubercle bacil A157 01005 Tuberculosis Primary tuberculous infection, tubercle bacil A157 Tuberculosis 01006 Primary tuberculous infection, tubercle bacil A157 Tuberculosis 01010 Tuberculous pleurisy in primary progressive A156 Tuberculosis 01011 Tuberculous pleurisy in primary progressive A156 01012 Tuberculosis Tuberculous pleurisy in primary progressive A156 Tuberculosis 01013 Tuberculous pleurisy in primary progressive A156 01014 Tuberculosis Tuberculous pleurisy in primary progressive A156 01015 Tuberculosis Tuberculous pleurisy in primary progressive A156 Tuberculosis 01016 Tuberculous pleurisy in primary progressive A156 Tuberculosis 01080 Other primary progressive tuberculosis, unst A157 Tuberculosis 01081 Other primary progressive tuberculosis, bact A157 Tuberculosis 01082 Other primary progressive tuberculosis, bact A157 01083 Tuberculosis Other primary progressive tuberculosis, tube A157 Tuberculosis 01084 Other primary progressive tuberculosis, tube A157 01085 Tuberculosis Other primary progressive tuberculosis, tube A157 01086 Tuberculosis Other primary progressive tuberculosis, tube A157 Tuberculosis 01090 Primary tuberculous infection, unspecified, LA157 Tuberculosis 01091 Primary tuberculous infection, unspecified, t A157 01092 Tuberculosis Primary tuberculous infection, unspecified, t A157 01093 Tuberculosis Primary tuberculous infection, unspecified, t A157 01094 Tuberculosis Primary tuberculous infection, unspecified, t A157 Primary tuberculous infection, unspecified, t A157 Tuberculosis 01095 Tuberculosis 01096 Primary tuberculous infection, unspecified, t A157 Tuberculosis 01100 Tuberculosis of lung, infiltrative, unspecified A150 Tuberculosis 01101 Tuberculosis of lung, infiltrative, bacteriologi A150 Tuberculosis of lung, infiltrative, bacteriologi A150 Tuberculosis 01102

ICD-9 to 10 Mapping: Adjustments

A044 Other intestinal Escherichia coli infections A040 Enteropathogenic Escherichia coli infection A041 Enterotoxigenic Escherichia coli infection A042 Enteroinvasive Escherichia coli infection A043 Enterohemorrhagic Escherichia coli infection Other intestinal Escherichia coli infections A044 A048 Other specified bacterial intestinal infections A045 Campylobacter enteritis A046 Enteritis due to Yersinia enterocolitica A047 Enterocolitis due to Clostridium difficile A048 Other specified bacterial intestinal infections A048 Other specified bacterial intestinal infections A048 Other specified bacterial intestinal infections A049 Bacterial intestinal infection, unspecified A080 Rotaviral enteritis A082 Adenoviral enteritis A0811 Acute gastroenteropathy due to Norwalk agent A0819 Acute gastroenteropathy due to other small round viruses A0831 Calicivirus enteritis A0832 Astrovirus enteritis A0839 Other viral enteritis A0839 Other viral enteritis A088 Other specified intestinal infections A09 Infectious gastroenteritis and colitis, unspecified A09 Infectious gastroenteritis and colitis, unspecified A09 Infectious gastroenteritis and colitis, unspecified Infectious gastroenteritis and colitis, unspecified A09 A157 Primary respiratory tuberculosis A156 Tuberculous pleurisy A157 Primary respiratory tuberculosis A150 Tuberculosis of lung A150 Tuberculosis of lung A150 Tuberculosis of lung

Tuberculosis	01103	Tuberculosis of lung, infiltrative, tubercle bac A150	A150 Tuberculosis of lung
Tuberculosis	01104	Tuberculosis of lung, infiltrative, tubercle bac A150	A150 Tuberculosis of lung
Tuberculosis	01105	Tuberculosis of lung, infiltrative, tubercle bac A150	A150 Tuberculosis of lung
Tuberculosis	01106	Tuberculosis of lung, infiltrative, tubercle bac A150	A150 Tuberculosis of lung
Tuberculosis	01110	Tuberculosis of lung, nodular, unspecified A150	A150 Tuberculosis of lung
Tuberculosis	01111	Tuberculosis of lung, nodular, bacteriologica A150	A150 Tuberculosis of lung

Tuberculosis	01112	Tuberculosis of lung, nodular, bacteriologica A150	ļ
Tuberculosis	01113	Tuberculosis of lung, nodular, tubercle bacill A150	A
Tuberculosis Tuberculosis	01114 01115	Tuberculosis of lung, nodular, tubercle bacilli A150	A
Tuberculosis	01115	Tuberculosis of lung, nodular, tubercle bacill A150 Tuberculosis of lung, nodular, tubercle bacill A150	F F
Tuberculosis	01120	Tuberculosis of lung with cavitation, unspeci A150	A
Tuberculosis	01121	Tuberculosis of lung with cavitation, bacteric A150	A
Tuberculosis Tuberculosis	01122 01123	Tuberculosis of lung with cavitation, bacteric A150 Tuberculosis of lung with cavitation, tubercle A150	L L
Tuberculosis	01123	Tuberculosis of lung with cavitation, tubercle A150	ļ
Tuberculosis	01125	Tuberculosis of lung with cavitation, tubercle A150	A
Tuberculosis	01126	Tuberculosis of lung with cavitation, tubercle A150	A
Tuberculosis Tuberculosis	01130 01131	Tuberculosis of bronchus, unspecified A155 Tuberculosis of bronchus, bacteriological or   A155	L L
Tuberculosis	01131	Tuberculosis of bronchus, bacteriological of A155	ļ
Tuberculosis	01133	Tuberculosis of bronchus, tubercle bacilli fou A155	A
Tuberculosis	01134	Tuberculosis of bronchus, tubercle bacilli not A155	A
Tuberculosis Tuberculosis	01135 01136	Tuberculosis of bronchus, tubercle bacilli not A155 Tuberculosis of bronchus, tubercle bacilli not A155	F L
Tuberculosis	01140	Tuberculous fibrosis of lung, unspecified A150	, ,
Tuberculosis	01141	Tuberculous fibrosis of lung, bacteriological (A150	A
Tuberculosis	01142	Tuberculous fibrosis of lung, bacteriological (A150	I I
Tuberculosis Tuberculosis	01143 01144	Tuberculous fibrosis of lung, tubercle bacilli 1 A150 Tuberculous fibrosis of lung, tubercle bacilli 1 A150	F F
Tuberculosis	01145	Tuberculous fibrosis of lung, tubercle bacilli r A150	ļ
Tuberculosis	01146	Tuberculous fibrosis of lung, tubercle bacilli 1 A150	ŀ
Tuberculosis Tuberculosis	01150 01151	Tuberculous bronchiectasis, unspecified A150 Tuberculous bronchiectasis, bacteriological cA150	A I
Tuberculosis	01151	Tuberculous bronchiectasis, bacteriological c A150	, ,
Tuberculosis	01153	Tuberculous bronchiectasis, tubercle bacilli f A150	ŀ
Tuberculosis	01154	Tuberculous bronchiectasis, tubercle bacilli r A150	A
Tuberculosis Tuberculosis	01155 01156	Tuberculous bronchiectasis, tubercle bacilli r A150 Tuberculous bronchiectasis, tubercle bacilli r A150	I I
Tuberculosis	01150	Tuberculous preumonia [any form], unspeci A150	ļ
Tuberculosis	01161	Tuberculous pneumonia [any form], bacteric A150	ŀ
Tuberculosis	01162	Tuberculous pneumonia [any form], bacteric A150	A
Tuberculosis Tuberculosis	01163 01164	Tuberculous pneumonia [any form], tubercle A150 Tuberculous pneumonia [any form], tubercle A150	F L
Tuberculosis	01165	Tuberculous pneumonia [any form], tubercle A150	4
Tuberculosis	01166	Tuberculous pneumonia [any form], tubercle A150	A
Tuberculosis	01170	Tuberculous pneumothorax, unspecified A150	A
Tuberculosis Tuberculosis	01171 01172	Tuberculous pneumothorax, bacteriological A150 Tuberculous pneumothorax, bacteriological A150	F L
Tuberculosis	01172	Tuberculous pneumothorax, tubercle bacilli A150	ļ
Tuberculosis	01174	Tuberculous pneumothorax, tubercle bacilli A150	A
Tuberculosis	01175	Tuberculous pneumothorax, tubercle bacilli A150	P
Tuberculosis Tuberculosis	01176 01180	Tuberculous pneumothorax, tubercle bacilli A150 Other specified pulmonary tuberculosis, uns A150	F L
Tuberculosis	01181	Other specified pulmonary tuberculosis, bac A150	ļ
Tuberculosis	01182	Other specified pulmonary tuberculosis, bact A150	A
Tuberculosis	01183	Other specified pulmonary tuberculosis, tub A150	A
Tuberculosis Tuberculosis	01184 01185	Other specified pulmonary tuberculosis, tub: A150 Other specified pulmonary tuberculosis, tub: A150	
Tuberculosis	01186	Other specified pulmonary tuberculosis, tub: A150	A
Tuberculosis	01190	Pulmonary tuberculosis, unspecified, unspec A150	A
Tuberculosis Tuberculosis	01191 01192	Pulmonary tuberculosis, unspecified, bacteri A150 Pulmonary tuberculosis, unspecified, bacteri A150	I I
Tuberculosis	01192	Pulmonary tuberculosis, unspecified, tubercl A150	ļ
Tuberculosis	01194	Pulmonary tuberculosis, unspecified, tubercl A150	ŀ
Tuberculosis	01195	Pulmonary tuberculosis, unspecified, tubercl A150	A
Tuberculosis Tuberculosis	01196 01200	Pulmonary tuberculosis, unspecified, tubercl A150 Tuberculous pleurisy, unspecified A156	A A A A A A A A A A A A A A A A A A A
Tuberculosis	01200	Tuberculous pleurisy, bacteriological or histc A156	ļ
Tuberculosis	01202	Tuberculous pleurisy, bacteriological or histc A156	A
Tuberculosis	01203	Tuberculous pleurisy, tubercle bacilli found ( A156	I.
Tuberculosis Tuberculosis	01204 01205	Tuberculous pleurisy, tubercle bacilli not fou A156 Tuberculous pleurisy, tubercle bacilli not fou A156	F L
Tuberculosis	01205	Tuberculous pleurisy, tubercle bacilli not fou A156	ļ
Tuberculosis	01210	Tuberculosis of intrathoracic lymph nodes, u A154	A
Tuberculosis	01211	Tuberculosis of intrathoracic lymph nodes, b A154	P
Tuberculosis Tuberculosis	01212 01213	Tuberculosis of intrathoracic lymph nodes, b A154 Tuberculosis of intrathoracic lymph nodes, ti A154	F F
Tuberculosis	01214	Tuberculosis of intrathoracic lymph nodes, ti A154	ļ
Tuberculosis	01215	Tuberculosis of intrathoracic lymph nodes, tt A154	A
Tuberculosis Tuberculosis	01216 01220	Tuberculosis of intrathoracic lymph nodes, ti A154 Isolated tracheal or bronchial tuberculosis, u A155	A I
Tuberculosis	01220	Isolated tracheal or bronchial tuberculosis, b A155	, ,
Tuberculosis	01222	Isolated tracheal or bronchial tuberculosis, b A155	A
Tuberculosis	01223	Isolated tracheal or bronchial tuberculosis, tr A155	A
Tuberculosis Tuberculosis	01224 01225	Isolated tracheal or bronchial tuberculosis, ti A155 Isolated tracheal or bronchial tuberculosis, ti A155	A A A A A A A A A A A A A A A A A A A
Tuberculosis	01225	Isolated tracheal or bronchial tuberculosis, trA155	ļ
Tuberculosis	01230	Tuberculous laryngitis, unspecified A155	ļ
Tuberculosis	01231	Tuberculous laryngitis, bacteriological or hist A155	A
Tuberculosis Tuberculosis	01232 01233	Tuberculous laryngitis, bacteriological or hist A155 Tuberculous laryngitis, tubercle bacilli found A155	F L
Tuberculosis	01234	Tuberculous laryngitis, tubercle bacilli not fo A155	ļ
Tuberculosis	01235	Tuberculous laryngitis, tubercle bacilli not fo A155	A
Tuberculosis Tuberculosis	01236 01280	Tuberculous laryngitis, tubercle bacilli not fo A155 Other specified respiratory tuberculosis, uns A158	A I
Tuberculosis	01280	Other specified respiratory tuberculosis, bac A158	4
Tuberculosis	01282	Other specified respiratory tuberculosis, bac A158	A
Tuberculosis	01283	Other specified respiratory tuberculosis, tub A158	A
Tuberculosis Tuberculosis	01284 01285	Other specified respiratory tuberculosis, tub A158 Other specified respiratory tuberculosis, tub A158	A I
Tuberculosis	01285	Other specified respiratory tuberculosis, tub A158 Other specified respiratory tuberculosis, tub A158	F F
Tuberculosis	01300	Tuberculous meningitis, unspecified A170	A
Tuberculosis	01301	Tuberculous meningitis, bacteriological or hi A170	A
Tuberculosis Tuberculosis	01302 01303	Tuberculous meningitis, bacteriological or hi: A170 Tuberculous meningitis, tubercle bacilli foun A170	L L
Tuberculosis	01304	Tuberculous meningitis, tubercle bacilli not f A170	ļ
Tuberculosis	01305	Tuberculous meningitis, tubercle bacilli not f A170	ŀ
Tuberculosis Tuberculosis	01306	Tuberculous meningitis, tubercle bacilli not f A170	P
Tuberculosis Tuberculosis	01310 01311	Tuberculoma of meninges, unspecified A171 Tuberculoma of meninges, bacteriological or A171	F L
Tuberculosis	01312	Tuberculoma of meninges, bacteriological or A171	ļ
Tuberculosis	01313	Tuberculoma of meninges, tubercle bacilli fo A171	ļ
Tuberculosis Tuberculosis	01314	Tuberculoma of meninges, tubercle bacilli nc A171 Tuberculoma of meninges, tubercle bacilli nc A171	F
Tuberculosis Tuberculosis	01315 01316	Tuberculoma of meninges, tubercle bacilli nc A171 Tuberculoma of meninges, tubercle bacilli nc A171	F L
Tuberculosis	01320	Tuberculoma of brain, unspecified A1781	ļ
Tuberculosis	01321	Tuberculoma of brain, bacteriological or hist A1781	ļ
Tuberculosis Tuberculosis	01322 01323	Tuberculoma of brain, bacteriological or hist A1781 Tuberculoma of brain, tubercle bacilli found A1781	A .
Tuberculosis	01323	Tuberculoma of brain, tubercle bacilli found A1781 Tuberculoma of brain, tubercle bacilli not foi A1781	F F
Tuberculosis	01325	Tuberculoma of brain, tubercle bacilli not for A1781	ļ

A150 Tuberculosis of lung A155 Tuberculosis of larynx, trachea and bronchus A150 Tuberculosis of lung A156 Tuberculous pleurisy A154 Tuberculosis of intrathoracic lymph nodes A155 Tuberculosis of larynx, trachea and bronchus A158 Other respiratory tuberculosis A170 Tuberculous meningitis A171 Meningeal tuberculoma A1781 Tuberculoma of brain and spinal cord A1781 Tuberculoma of brain and spinal cord

Tuberculosis	01325	Tuberculoma of brain, tubercle bacilli not for A1781	A
Tuberculosis	01326	Tuberculoma of brain, tubercle bacilli not for A1781	A
Tuberculosis	01330	Tuberculous abscess of brain, unspecified A1781	A
Tuberculosis	01331	Tuberculous abscess of brain, bacteriological A1781	A
Tuberculosis	01332	Tuberculous abscess of brain, bacteriological A1781	A
Tuberculosis	01333	Tuberculous abscess of brain, tubercle bacilli A1781	A

A1781 Tuberculoma of brain and spinal cord

Tuberculosis	01334	Tuberculous abscess of brain, tubercle bacilli A1781
Tuberculosis	01335	Tuberculous abscess of brain, tubercle bacilli A1781
Tuberculosis	01336	Tuberculous abscess of brain, tubercle bacilli A1781
Tuberculosis	01340	Tuberculoma of spinal cord, unspecified A1781
Tuberculosis	01341	Tuberculoma of spinal cord, bacteriological c A1781
Tuberculosis	01341	Tuberculoma of spinal cord, bacteriological cA1781
Tuberculosis	01342	Tuberculoma of spinal cord, tubercle bacilli f A1781
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Tuberculosis	01344	Tuberculoma of spinal cord, tubercle bacilli r A1781
Tuberculosis	01345	Tuberculoma of spinal cord, tubercle bacilli r A1781
Tuberculosis	01346	Tuberculoma of spinal cord, tubercle bacilli r A1781
Tuberculosis	01350	Tuberculous abscess of spinal cord, unspecifi A1781
Tuberculosis	01351	Tuberculous abscess of spinal cord, bacteriol A1781
Tuberculosis	01352	Tuberculous abscess of spinal cord, bacteriol A1781
Tuberculosis	01353	Tuberculous abscess of spinal cord, tubercle A1781
Tuberculosis	01354	Tuberculous abscess of spinal cord, tubercle A1781
Tuberculosis	01355	Tuberculous abscess of spinal cord, tubercle A1781
Tuberculosis	01356	Tuberculous abscess of spinal cord, tubercle A1781
Tuberculosis	01360	Tuberculous encephalitis or myelitis, unspeci A1782
Tuberculosis	01361	Tuberculous encephalitis or myelitis, bacteri A1782
Tuberculosis	01362	
		Tuberculous encephalitis or myelitis, bacteri A1782
Tuberculosis	01363	Tuberculous encephalitis or myelitis, tubercl A1782
Tuberculosis	01364	Tuberculous encephalitis or myelitis, tubercl A1782
Tuberculosis	01365	Tuberculous encephalitis or myelitis, tubercl A1782
Tuberculosis	01366	Tuberculous encephalitis or myelitis, tubercl A1782
Tuberculosis	01380	Other specified tuberculosis of central nervo A1789
Tuberculosis	01381	Other specified tuberculosis of central nervo A1789
Tuberculosis	01382	Other specified tuberculosis of central nervo A1789
Tuberculosis	01383	Other specified tuberculosis of central nervo A1789
Tuberculosis	01384	Other specified tuberculosis of central nervo A1789
Tuberculosis	01385	Other specified tuberculosis of central nervo A1789
Tuberculosis	01386	Other specified tuberculosis of central nervo A1789
Tuberculosis	01390	ل. Unspecified tuberculosis of central nervous s A179
Tuberculosis	01391	Unspecified tuberculosis of central nervous s A179
Tuberculosis	01392	Unspecified tuberculosis of central nervous s A179
Tuberculosis	01392	Unspecified tuberculosis of central nervous s A179
Tuberculosis	01393	Unspecified tuberculosis of central nervous s A179 Unspecified tuberculosis of central nervous s A179
		•
Tuberculosis	01395	Unspecified tuberculosis of central nervous s A179
Tuberculosis	01396	Unspecified tuberculosis of central nervous s A179
Tuberculosis	01400	Tuberculous peritonitis, unspecified A1831
Tuberculosis	01401	Tuberculous peritonitis, bacteriological or hi: A1831
Tuberculosis	01402	Tuberculous peritonitis, bacteriological or hi: A1831
Tuberculosis	01403	Tuberculous peritonitis, tubercle bacilli foun A1831
Tuberculosis	01404	Tuberculous peritonitis, tubercle bacilli not f A1831
Tuberculosis	01405	Tuberculous peritonitis, tubercle bacilli not f A1831
Tuberculosis	01406	Tuberculous peritonitis, tubercle bacilli not f A1831
Tuberculosis	01480	Other tuberculosis of intestines, peritoneum A1832
Tuberculosis	01480	Other tuberculosis of intestines, peritoneum A1839
Tuberculosis	01481	Other tuberculosis of intestines, peritoneum A1832
Tuberculosis	01481	Other tuberculosis of intestines, peritoneum A1839
Tuberculosis	01482	Other tuberculosis of intestines, peritoneum A1832
Tuberculosis	01482	Other tuberculosis of intestines, peritoneum A1839
Tuberculosis	01483	Other tuberculosis of intestines, peritoneum A1832
Tuberculosis	01483	Other tuberculosis of intestines, peritoneum A1839
Tuberculosis	01484	Other tuberculosis of intestines, peritoneum A1832
Tuberculosis	01484	Other tuberculosis of intestines, peritoneum A1839
Tuberculosis	01485	Other tuberculosis of intestines, peritoneum A1832
Tuberculosis	01485	Other tuberculosis of intestines, peritoneum A1839
Tuberculosis	01486	Other tuberculosis of intestines, peritoneum A1832
Tuberculosis	01486	Other tuberculosis of intestines, peritoneum A1839
Tuberculosis	01500	Tuberculosis of vertebral column, unspecifie A1801
Tuberculosis	01501	Tuberculosis of vertebral column, bacteriolo <sub>i</sub> A1801
Tuberculosis	01501	Tuberculosis of vertebral column, bacteriolo, A1801
Tuberculosis	01503	Tuberculosis of vertebral column, tubercle b A1801
Tuberculosis	01504	Tuberculosis of vertebral column, tubercle b A1801
Tuberculosis	01505	Tuberculosis of vertebral column, tubercle b A1801
Tuberculosis	01506	Tuberculosis of vertebral column, tubercle b A1801
Tuberculosis	01510	Tuberculosis of hip, unspecified A1802
Tuberculosis	01511	Tuberculosis of hip, bacteriological or histolo A1802
Tuberculosis	01512	Tuberculosis of hip, bacteriological or histolo A1802
Tuberculosis	01513	Tuberculosis of hip, tubercle bacilli found (in A1802
Tuberculosis	01514	Tuberculosis of hip, tubercle bacilli not founc A1802
Tuberculosis	01515	Tuberculosis of hip, tubercle bacilli not founc A1802
Tuberculosis	01516	Tuberculosis of hip, tubercle bacilli not found A1802
Tuberculosis	01520	Tuberculosis of knee, unspecified A1802
Tuberculosis	01521	Tuberculosis of knee, bacteriological or histo A1802
Tuberculosis	01522	Tuberculosis of knee, bacteriological or histo A1802
Tuberculosis	01523	Tuberculosis of knee, tubercle bacilli found (i A1802
Tuberculosis	01523	Tuberculosis of knee, tubercle bacilli not four A1802
Tuberculosis	01525	Tuberculosis of knee, tubercle bacilli not fourA1802
Tuberculosis	01525	Tuberculosis of knee, tubercle bacilli not fourA1802 Tuberculosis of knee, tubercle bacilli not fourA1802
Tuberculosis	01526	Tuberculosis of knee, tubercle bacilli not four A1802 Tuberculosis of limb bones, unspecified A1803
		•
Tuberculosis	01551	Tuberculosis of limb bones, bacteriological o A1803
Tuberculosis	01552	Tuberculosis of limb bones, bacteriological o A1803
Tuberculosis	01553	Tuberculosis of limb bones, tubercle bacilli fc A1803
Tuberculosis	01554	Tuberculosis of limb bones, tubercle bacilli n A1803
Tuberculosis	01555	Tuberculosis of limb bones, tubercle bacilli n A1803
Tuberculosis	01556	Tuberculosis of limb bones, tubercle bacilli n A1803
Tuberculosis	01560	Tuberculosis of mastoid, unspecified A1803
Tuberculosis	01561	Tuberculosis of mastoid, bacteriological or hi A1803
Tuberculosis	01562	Tuberculosis of mastoid, bacteriological or hi A1803
Tuberculosis	01563	Tuberculosis of mastoid, tubercle bacilli foun A1803
Tuberculosis	01564	Tuberculosis of mastoid, tubercle bacilli not 1A1803
Tuberculosis		Tuberculosis of mastoid, tubercle bacilli not 1A1803
Tuberculosis	01565	
Tuberculosis		Tuberculosis of mastoid, tubercle hacilli not (A1803
Tuberculosis	01566	Tuberculosis of mastoid, tubercle bacilli not †A1803 Tuberculosis of other specified bone, unspec A1803
1 40 41 41 (01) 313	01566 01570	Tuberculosis of other specified bone, unspec A1803
Tuberculosis	01566 01570 01571	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803
Tuberculosis	01566 01570 01571 01572	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803
Tuberculosis	01566 01570 01571 01572 01573	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803
Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified bone, tubercl A1803
Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified bone, tubercl A1803
Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified bone, tubercl A1803
Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01583	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, tubercl A1802 Tuberculosis of other specified joint, tubercl A1802
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01584 01585	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, tubercl A1802
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01584 01585 01586	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, tubercl A1802
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01584 01585 01586 01590	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, tubercl A1802
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01583 01584 01585 01586 01590 01590	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacterit A1802 Tuberculosis of other specified joint, bacterit A1802 Tuberculosis of other specified joint, tubercl A1802
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01584 01585 01586 01590 01590 01591	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, tubercl A1802 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01584 01585 01586 01590 01590 01591	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, tubercl A1802 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01584 01585 01586 01590 01590 01591 01591 01591	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, tubercl A1802 Tuberculosis of unspecified bones and joints A1802 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01584 01585 01586 01590 01590 01591 01591 01592	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, tubercl A1802 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803
Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis Tuberculosis	01566 01570 01571 01572 01573 01574 01575 01576 01580 01581 01582 01583 01584 01585 01586 01590 01590 01591 01591 01591	Tuberculosis of other specified bone, unspec A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, bacteri A1803 Tuberculosis of other specified bone, tubercl A1803 Tuberculosis of other specified joint, unspeci A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, bacteric A1802 Tuberculosis of other specified joint, tubercl A1802 Tuberculosis of unspecified bones and joints A1802 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803 Tuberculosis of unspecified bones and joints A1803

A1781 Tuberculoma of brain and spinal cord A1782 Tuberculous meningoencephalitis A1789 Other tuberculosis of nervous system A179 Tuberculosis of nervous system, unspecified A179 Tuberculosis of nervous system, unspecified Tuberculosis of nervous system, unspecified A179 A179 Tuberculosis of nervous system, unspecified A1831 Tuberculous peritonitis A1832 Tuberculous enteritis A1839 Retroperitoneal tuberculosis A1801 Tuberculosis of spine A1802 Tuberculous arthritis of other joints A1803 Tuberculosis of other bones A1802 Tuberculous arthritis of other joints A1803 Tuberculosis of other bones A1802 Tuberculous arthritis of other joints A1803 Tuberculosis of other bones A1802 Tuberculous arthritis of other joints A1803 Tuberculosis of other bones A1802 Tuberculous arthritis of other joints

Tuberculosis	01593	Tuberculosis of unspecified bones and joints A1803	A1803 Tuberculosis of other bones
Tuberculosis	01594	Tuberculosis of unspecified bones and joints A1802	A1802 Tuberculous arthritis of other joints
Tuberculosis	01594	Tuberculosis of unspecified bones and joints A1803	A1803 Tuberculosis of other bones
Tuberculosis	01595	Tuberculosis of unspecified bones and joints A1802	A1802 Tuberculous arthritis of other joints
Tuberculosis	01595	Tuberculosis of unspecified bones and joints A1803	A1803 Tuberculosis of other bones
Tuberculosis	01596	Tuberculosis of unspecified bones and joints A1802	A1802 Tuberculous arthritis of other joints

Tuberculosis	01596	Tuberculosis of unspecified bones and joints A1803
Tuberculosis	01600	Tuberculosis of kidney, unspecified A1811
Tuberculosis	01601	Tuberculosis of kidney, bacteriological or hist A1811
Tuberculosis	01602	Tuberculosis of kidney, bacteriological or hist A1811
Tuberculosis	01603	Tuberculosis of kidney, tubercle bacilli found A1811
Tuberculosis	01604	Tuberculosis of kidney, tubercle bacilli not fo A1811
Tuberculosis	01605	Tuberculosis of kidney, tubercle bacilli not fo A1811
Tuberculosis	01606	Tuberculosis of kidney, tubercle bacilli not fo A1811
Tuberculosis	01610	Tuberculosis of bladder, unspecified A1812
Tuberculosis	01611	Tuberculosis of bladder, bacteriological or hi A1812
Tuberculosis	01612	Tuberculosis of bladder, bacteriological or hi A1812
Tuberculosis	01613	Tuberculosis of bladder, tubercle bacilli foun A1812
Tuberculosis	01614	Tuberculosis of bladder, tubercle bacilli not f A1812
Tuberculosis	01615	Tuberculosis of bladder, tubercle bacilli not f A1812
Tuberculosis	01616	Tuberculosis of bladder, tubercle bacilli not f A1812
Tuberculosis	01620	Tuberculosis of ureter, unspecified A1811
Tuberculosis	01621	Tuberculosis of ureter, bacteriological or hist A1811
Tuberculosis	01622 01623	Tuberculosis of ureter, bacteriological or hist A1811
Tuberculosis Tuberculosis	01623	Tuberculosis of ureter, tubercle bacilli found A1811
Tuberculosis	01624	Tuberculosis of ureter, tubercle bacilli not fo A1811 Tuberculosis of ureter, tubercle bacilli not fo A1811
Tuberculosis	01625	Tuberculosis of ureter, tubercle bacilli not to A1811 Tuberculosis of ureter, tubercle bacilli not fo A1811
Tuberculosis	01630	Tuberculosis of other urinary organs, unspec A1813
Tuberculosis	01630	Tuberculosis of other urinary organs, bacteri A1813
Tuberculosis	01632	Tuberculosis of other urinary organs, bacteri A1813
Tuberculosis	01633	Tuberculosis of other urinary organs, tubercl A1813
Tuberculosis	01634	Tuberculosis of other urinary organs, tubercl A1813
Tuberculosis	01635	Tuberculosis of other urinary organs, tubercl A1813
Tuberculosis	01636	Tuberculosis of other urinary organs, tubercl A1813
Tuberculosis	01640	Tuberculosis of epididymis, unspecified A1815
Tuberculosis	01641	Tuberculosis of epididymis, bacteriological o A1815
Tuberculosis	01642	Tuberculosis of epididymis, bacteriological o A1815
Tuberculosis	01643	Tuberculosis of epididymis, tubercle bacilli fc A1815
Tuberculosis	01644	Tuberculosis of epididymis, tubercle bacilli n A1815
Tuberculosis	01645	Tuberculosis of epididymis, tubercle bacilli n A1815
Tuberculosis	01646	Tuberculosis of epididymis, tubercle bacilli n A1815
Tuberculosis	01650	Tuberculosis of other male genital organs, ur A1814
Tuberculosis	01650	Tuberculosis of other male genital organs, ur A1815
Tuberculosis	01651	Tuberculosis of other male genital organs, bcA1814
Tuberculosis	01651	Tuberculosis of other male genital organs, b: A1815
Tuberculosis	01652	Tuberculosis of other male genital organs, brA1814
Tuberculosis	01652	Tuberculosis of other male genital organs, baA1815
Tuberculosis	01653	Tuberculosis of other male genital organs, tu A1814
Tuberculosis	01653	Tuberculosis of other male genital organs, tu A1815
Tuberculosis	01654	Tuberculosis of other male genital organs, tu A1814
Tuberculosis	01654	Tuberculosis of other male genital organs, tu A1815
Tuberculosis	01655	Tuberculosis of other male genital organs, tu A1814
Tuberculosis	01655	Tuberculosis of other male genital organs, tu A1815
Tuberculosis	01656	Tuberculosis of other male genital organs, tu A1814
Tuberculosis Tuberculosis	01656	Tuberculosis of other male genital organs, tu A1815
Tuberculosis	01660 01661	Tuberculous oophoritis and salpingitis, unspe A1817 Tuberculous oophoritis and salpingitis, bacte A1817
Tuberculosis	01662	Tuberculous oophoritis and salpingitis, bacte A1817 Tuberculous oophoritis and salpingitis, bacte A1817
Tuberculosis	01663	Tuberculous oophoritis and salpingitis, table A1817
Tuberculosis	01664	Tuberculous oophoritis and salpingitis, tuber A1817 Tuberculous oophoritis and salpingitis, tuber A1817
Tuberculosis	01665	Tuberculous oophoritis and salpingitis, tuber A1817
Tuberculosis	01666	Tuberculous oophoritis and salpingitis, tuber A1817
Tuberculosis	01670	Tuberculosis of other female genital organs, A1816
Tuberculosis	01670	Tuberculosis of other female genital organs, A1817
Tuberculosis	01670	Tuberculosis of other female genital organs, A1818
Tuberculosis	01671	Tuberculosis of other female genital organs, A1816
Tuberculosis	01671	Tuberculosis of other female genital organs, A1817
Tuberculosis	01671	Tuberculosis of other female genital organs, A1818
Tuberculosis	01672	Tuberculosis of other female genital organs, A1816
Tuberculosis	01672	Tuberculosis of other female genital organs, A1817
Tuberculosis	01672	Tuberculosis of other female genital organs, A1818
Tuberculosis	01673	Tuberculosis of other female genital organs, A1816
Tuberculosis	01673	Tuberculosis of other female genital organs, A1817
Tuberculosis	01673	Tuberculosis of other female genital organs, A1818
Tuberculosis	01674	Tuberculosis of other female genital organs, A1816
Tuberculosis	01674	Tuberculosis of other female genital organs, A1817
Tuberculosis	01674	Tuberculosis of other female genital organs, A1818
Tuberculosis	01675	Tuberculosis of other female genital organs, A1816
Tuberculosis	01675	Tuberculosis of other female genital organs, A1817
Tuberculosis	01675	Tuberculosis of other female genital organs, A1818
Tuberculosis	01676	Tuberculosis of other female genital organs, A1816
Tuberculosis	01676	Tuberculosis of other female genital organs, A1817
Tuberculosis	01676	Tuberculosis of other female genital organs, A1818
Tuberculosis Tuberculosis	01690 01691	Genitourinary tuberculosis, unspecified, uns A1810 Genitourinary tuberculosis, unspecified, bact A1810
Tuberculosis Tuberculosis	01691 01692	Genitourinary tuberculosis, unspecified, bact A1810 Genitourinary tuberculosis, unspecified, bact A1810
Tuberculosis	01692	Genitourinary tuberculosis, unspecified, bact A1810 Genitourinary tuberculosis, unspecified, tube A1810
Tuberculosis	01693	Genitourinary tuberculosis, unspecified, tube A1810 Genitourinary tuberculosis, unspecified, tube A1810
Tuberculosis	01694	Genitourinary tuberculosis, unspecified, tube A1810 Genitourinary tuberculosis, unspecified, tube A1810
Tuberculosis	01696	Genitourinary tuberculosis, unspecified, tuber1810 Genitourinary tuberculosis, unspecified, tuber1810
Tuberculosis	01700	Tuberculosis of skin and subcutaneous cellul A184
Tuberculosis	01701	Tuberculosis of skin and subcutaneous cellul A184
Tuberculosis	01702	Tuberculosis of skin and subcutaneous cellul A184
Tuberculosis	01703	Tuberculosis of skin and subcutaneous cellul A184
Tuberculosis	01704	Tuberculosis of skin and subcutaneous cellul A184
Tuberculosis	01705	Tuberculosis of skin and subcutaneous cellul A184
Tuberculosis	01706	Tuberculosis of skin and subcutaneous cellul A184
Tuberculosis	01710	Erythema nodosum with hypersensitivity rea A184
Tuberculosis	01711	Erythema nodosum with hypersensitivity rea A184
Tuberculosis	01712	Erythema nodosum with hypersensitivity rea A184
Tuberculosis	01713	Erythema nodosum with hypersensitivity rea A184
Tuberculosis	01714	Erythema nodosum with hypersensitivity rea A184
Tuberculosis	01715	Erythema nodosum with hypersensitivity rea A184
Tuberculosis	01716	Erythema nodosum with hypersensitivity rea A184
Tuberculosis	01720	Tuberculosis of peripheral lymph nodes, uns A182
Tuberculosis	01721	Tuberculosis of peripheral lymph nodes, bac A182
Tuberculosis	01722	Tuberculosis of peripheral lymph nodes, bac A182
Tuberculosis	01723	Tuberculosis of peripheral lymph nodes, tub A182
Tuberculosis	01724	Tuberculosis of peripheral lymph nodes, tub A182
Tuberculosis	01725	Tuberculosis of peripheral lymph nodes, tub A182
Tuberculosis	01726	Tuberculosis of peripheral lymph nodes, tub A182
Tuberculosis	01730	Tuberculosis of eye, unspecifiedA1850Tuberculosis of eye, unspecifiedA1851
Tuberculosis	01730	Tuberculosis of eye, unspecifiedA1851Tuberculosis of eye, unspecifiedA1852
Tuberculosis	01730	Tuberculosis of eye, unspecifiedA1852Tuberculosis of eye, unspecifiedA1853
Tuberculosis Tuberculosis	01730	Tuberculosis of eye, unspecifiedA1853Tuberculosis of eye, unspecifiedA1854
Tuberculosis Tuberculosis	01730 01730	Tuberculosis of eye, unspecifiedA1854Tuberculosis of eye, unspecifiedA1859
Tuberculosis Tuberculosis	01730 01731	Tuberculosis of eye, unspecified A1859 Tuberculosis of eye, bacteriological or histolc A1850
Tuberculosis	01731	Tuberculosis of eye, bacteriological of histol(A1850 Tuberculosis of eye, bacteriological or histol(A1851
Tuberculosis	01731	Tuberculosis of eye, bacteriological of histol(A1851 Tuberculosis of eye, bacteriological or histol(A1852
Tuberculosis	01731	Tuberculosis of eye, bacteriological or histol(A1854
		, , , , , , , , , , , , , , , , , , , ,

A1803 Tuberculosis of other bones A1811 Tuberculosis of kidney and ureter A1812 Tuberculosis of bladder A1811 Tuberculosis of kidney and ureter A1813 Tuberculosis of other urinary organs A1815 Tuberculosis of other male genital organs A1814 Tuberculosis of prostate A1815 Tuberculosis of other male genital organs A1814 Tuberculosis of prostate A1815 Tuberculosis of other male genital organs A1814 Tuberculosis of prostate A1815 Tuberculosis of other male genital organs A1814 Tuberculosis of prostate A1815 Tuberculosis of other male genital organs A1814 Tuberculosis of prostate A1815 Tuberculosis of other male genital organs A1814 Tuberculosis of prostate A1815 Tuberculosis of other male genital organs A1814 Tuberculosis of prostate A1815 Tuberculosis of other male genital organs A1817 Tuberculous female pelvic inflammatory disease A1816 Tuberculosis of cervix A1817 Tuberculous female pelvic inflammatory disease A1818 Tuberculosis of other female genital organs A1816 Tuberculosis of cervix A1817 Tuberculous female pelvic inflammatory disease A1818 Tuberculosis of other female genital organs A1816 Tuberculosis of cervix A1817 Tuberculous female pelvic inflammatory disease A1818 Tuberculosis of other female genital organs A1816 Tuberculosis of cervix A1817 Tuberculous female pelvic inflammatory disease A1818 Tuberculosis of other female genital organs A1816 Tuberculosis of cervix A1817 Tuberculous female pelvic inflammatory disease A1818 Tuberculosis of other female genital organs A1816 Tuberculosis of cervix A1817 Tuberculous female pelvic inflammatory disease A1818 Tuberculosis of other female genital organs A1816 Tuberculosis of cervix A1817 Tuberculous female pelvic inflammatory disease A1818 Tuberculosis of other female genital organs A1810 Tuberculosis of genitourinary system, unspecified A184 Tuberculosis of skin and subcutaneous tissue A182 Tuberculous peripheral lymphadenopathy A1850 Tuberculosis of eye, unspecified A1851 Tuberculous episcleritis A1852 Tuberculous keratitis A1853 Tuberculous chorioretinitis A1854 Tuberculous iridocyclitis A1859 Other tuberculosis of eye A1850 Tuberculosis of eye, unspecified A1851 Tuberculous episcleritis A1852 Tuberculous keratitis

Tuberculosis	01731	Tuberculosis of eye, bacteriological or histol A1854	A1854 Tuberculous iridocyclitis
Tuberculosis	01731	Tuberculosis of eye, bacteriological or histol A1859	A1859 Other tuberculosis of eye
Tuberculosis	01732	Tuberculosis of eye, bacteriological or histol A1850	A1850 Tuberculosis of eye, unspecified
Tuberculosis	01732	Tuberculosis of eye, bacteriological or histol A1851	A1851 Tuberculous episcleritis
Tuberculosis	01732	Tuberculosis of eye, bacteriological or histol A1852	A1852 Tuberculous keratitis
Tuberculosis	01732	Tuberculosis of eye, bacteriological or histol A1854	A1854 Tuberculous iridocyclitis

Tuberculosis	01732	Tuberculosis of eye, bacteriological or histological or histol	A1859
Tuberculosis	01733	Tuberculosis of eye, tubercle bacilli found (in	A1850
Tuberculosis	01733	Tuberculosis of eye, tubercle bacilli found (in	A1851
Tuberculosis		Tuberculosis of eye, tubercle bacilli found (in	
Tuberculosis		Tuberculosis of eye, tubercle bacilli found (in	
Tuberculosis		Tuberculosis of eye, tubercle bacilli found (in	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not foun	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not found	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not foun	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not foun	
Tuberculosis Tuberculosis		Tuberculosis of eye, tubercle bacilli not found	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not found Tuberculosis of eye, tubercle bacilli not found	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not foun	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not foun	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not foun-	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not found	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not foun	
Tuberculosis		Tuberculosis of eye, tubercle bacilli not found	
Tuberculosis	01736	Tuberculosis of eye, tubercle bacilli not found	A1854
Tuberculosis	01736	Tuberculosis of eye, tubercle bacilli not foun	A1859
Tuberculosis	01740	Tuberculosis of ear, unspecified	A186
Tuberculosis	01741	Tuberculosis of ear, bacteriological or histolc	A186
Tuberculosis	01742	Tuberculosis of ear, bacteriological or histological or histol	A186
Tuberculosis		Tuberculosis of ear, tubercle bacilli found (in	
Tuberculosis		Tuberculosis of ear, tubercle bacilli not found	
Tuberculosis		Tuberculosis of ear, tubercle bacilli not found	
Tuberculosis		Tuberculosis of ear, tubercle bacilli not found	
Tuberculosis			A1881
Tuberculosis		Tuberculosis of thyroid gland, bacteriological	
Tuberculosis Tuberculosis		Tuberculosis of thyroid gland, bacteriological Tuberculosis of thyroid gland, tubercle bacilli	
Tuberculosis		Tuberculosis of thyroid gland, tubercle bacilli	
		Tuberculosis of thyroid gland, tubercle bacilli	
Tuberculosis		Tuberculosis of thyroid gland, tubercle bacilli	
Tuberculosis		Tuberculosis of adrenal glands, unspecified	
Tuberculosis		Tuberculosis of adrenal glands, bacteriologic	
Tuberculosis		Tuberculosis of adrenal glands, bacteriologic	
Tuberculosis		Tuberculosis of adrenal glands, tubercle baci	
Tuberculosis		Tuberculosis of adrenal glands, tubercle baci	
Tuberculosis		Tuberculosis of adrenal glands, tubercle baci	
Tuberculosis		Tuberculosis of adrenal glands, tubercle baci	
Tuberculosis	01770	Tuberculosis of spleen, unspecified	A1885
Tuberculosis	01771	Tuberculosis of spleen, bacteriological or hist	A1885
Tuberculosis	01772	Tuberculosis of spleen, bacteriological or hist	A1885
Tuberculosis	01773	Tuberculosis of spleen, tubercle bacilli found	A1885
Tuberculosis	01774	Tuberculosis of spleen, tubercle bacilli not fo	A1885
Tuberculosis	01775	Tuberculosis of spleen, tubercle bacilli not fo	A1885
Tuberculosis	01776	Tuberculosis of spleen, tubercle bacilli not fo	A1885
Tuberculosis		Tuberculosis of esophagus, unspecified	A1889
Tuberculosis		Tuberculosis of esophagus, bacteriological or	
Tuberculosis		Tuberculosis of esophagus, bacteriological or	
Tuberculosis		Tuberculosis of esophagus, tubercle bacilli fo	
Tuberculosis		Tuberculosis of esophagus, tubercle bacilli no	
Tuberculosis		Tuberculosis of esophagus, tubercle bacilli no	
Tuberculosis		Tuberculosis of esophagus, tubercle bacilli no	
Tuberculosis		Tuberculosis of other specified organs, unspective and the specified organs in a factor of the specified organs.	
Tuberculosis Tuberculosis		Tuberculosis of other specified organs, bacte	
Tuberculosis		Tuberculosis of other specified organs, bacte Tuberculosis of other specified organs, bacte	
Tuberculosis		Tuberculosis of other specified organs, bacte	
Tuberculosis		Tuberculosis of other specified organs, tuber	
Tuberculosis		Tuberculosis of other specified organs, tuber	
Tuberculosis		Tuberculosis of other specified organs, tuber	
Tuberculosis		Tuberculosis of other specified organs, tuber	
Tuberculosis	01795	Tuberculosis of other specified organs, tuber	A1884
Tuberculosis	01795	Tuberculosis of other specified organs, tuber	A1889
Tuberculosis	01796	Tuberculosis of other specified organs, tuber	A1884
Tuberculosis	01796	Tuberculosis of other specified organs, tuber	A1889
Tuberculosis	01800	Acute miliary tuberculosis, unspecified	A192
Tuberculosis		Acute miliary tuberculosis, bacteriological or	A192
Tuberculosis		Acute miliary tuberculosis, bacteriological or	
Tuberculosis		Acute miliary tuberculosis, tubercle bacilli fo	
Tuberculosis		Acute miliary tuberculosis, tubercle bacilli nc	
Tuberculosis		Acute miliary tuberculosis, tubercle bacilli nc	
Tuberculosis		Acute miliary tuberculosis, tubercule bacilli no	
Tuberculosis		Other specified miliary tuberculosis, unspeci-	
Tuberculosis Tuberculosis		Other specified miliary tuberculosis, bacteric Other specified miliary tuberculosis, bacteric	
Tuberculosis		Other specified miliary tuberculosis, bacteric	
Tuberculosis		Other specified miliary tuberculosis, tubercle	
Tuberculosis		Other specified miliary tuberculosis, tubercle	
Tuberculosis		Other specified miliary tuberculosis, tubercle	
Tuberculosis		Miliary tuberculosis, unspecified, unspecified	
Tuberculosis		Miliary tuberculosis, unspecified, bacteriolog	A199
Tuberculosis		Miliary tuberculosis, unspecified, bacteriolog	
Tuberculosis		Miliary tuberculosis, unspecified, tubercle ba	
Tuberculosis		Miliary tuberculosis, unspecified, tubercle ba	
Tuberculosis		Miliary tuberculosis, unspecified, tubercle ba	
Tuberculosis		Miliary tuberculosis, unspecified, tubercle ba	
Infections: Other			A200
Infections: Other		Cellulocutaneous plague	A201
Infections: Other		Septicemic plague	A207
Infections: Other Infections: Other			A202 A202
Infections: Other			A202 A202
Infections: Other			A202 A208
Infections: Other			A209
Infections: Other			A210
Infections: Other		-	A213
Infections: Other			A212
Infections: Other		-	A211
Infections: Other		0	A217
Infections: Other			A218
Infections: Other		-	A219
Infections: Other			A220
Infections: Other			A221
Infections: Other			A222
Infections: Other			A227
Infections: Other		•	A228
Infections: Other		•	A229
Infections: Other			A230
Infections: Other Infections: Other			A231
Infections: Other Infections: Other			A232 A233
	J_JJ		1200
Infections: Other		Other brucellosis	A238

A1859 Other tuberculosis of eye A1850 Tuberculosis of eye, unspecified A1851 Tuberculous episcleritis A1852 Tuberculous keratitis A1854 Tuberculous iridocyclitis A1859 Other tuberculosis of eye A1850 Tuberculosis of eye, unspecified A1851 Tuberculous episcleritis A1852 Tuberculous keratitis A1854 Tuberculous iridocyclitis A1859 Other tuberculosis of eye A1850 Tuberculosis of eye, unspecified A1851 Tuberculous episcleritis A1852 Tuberculous keratitis A1854 Tuberculous iridocyclitis A1859 Other tuberculosis of eye A1850 Tuberculosis of eye, unspecified A1851 Tuberculous episcleritis A1852 Tuberculous keratitis A1854 Tuberculous iridocyclitis A1859 Other tuberculosis of eye A186 Tuberculosis of (inner) (middle) ear A1881 Tuberculosis of thyroid gland A187 Tuberculosis of adrenal glands A1885 Tuberculosis of spleen A1889 Tuberculosis of other sites A1884 Tuberculosis of heart A1884 Tuberculosis of heart A1889 Tuberculosis of other sites A1884 Tuberculosis of heart A1889 Tuberculosis of other sites A1884 Tuberculosis of heart A1889 Tuberculosis of other sites A1884 Tuberculosis of heart A1889 Tuberculosis of other sites A1884 Tuberculosis of heart A1889 Tuberculosis of other sites A1884 Tuberculosis of heart A1889 Tuberculosis of other sites A192 Acute miliary tuberculosis, unspecified A198 Other miliary tuberculosis A199 Miliary tuberculosis, unspecified A200 Bubonic plague A201 Cellulocutaneous plague A207 Septicemic plague A202 Pneumonic plague A202 Pneumonic plague A202 Pneumonic plague A208 Other forms of plague A209 Plague, unspecified A210 Ulceroglandular tularemia A213 Gastrointestinal tularemia A212 Pulmonary tularemia A211 Oculoglandular tularemia A217 Generalized tularemia A218 Other forms of tularemia A219 Tularemia, unspecified A220 Cutaneous anthrax A221 Pulmonary anthrax A222 Gastrointestinal anthrax A227 Anthrax sepsis A228 Other forms of anthrax A229 Anthrax, unspecified A230 Brucellosis due to Brucella melitensis A231 Brucellosis due to Brucella abortus A232 Brucellosis due to Brucella suis A233 Brucellosis due to Brucella canis

Infections: Other	0238	Other brucellosis	A238	A238 Other brucellosis
Infections: Other	0239	Brucellosis, unspecified	A239	A239 Brucellosis, unspecified
Infections: Other	024	Glanders	A240	A240 Glanders
Infections: Other	025	Melioidosis	A243	A243 Other melioidosis
Infections: Other	025	Melioidosis	A249	A249 Melioidosis, unspecified
Infections: Other	0260	Spirillary fever	A250	A250 Spirillosis

Infections: Other	0261	Streptobacillary fever	A251	A251	Streptobacillosis
Infections: Other	0269				Rat-bite fever, unspecified
Infections: Other	0270	Listeriosis	A3211	A3211	Listerial meningitis
Infections: Other	0270	Listeriosis	A3212	A3212	Listerial meningoencephalitis
Infections: Other	0270	Listeriosis	A327	A327	Listerial sepsis
Infections: Other	0270	Listeriosis	A3281	A3281	Oculoglandular listeriosis
Infections: Other	0270	Listeriosis	A3289	A3289	Other forms of listeriosis
Infections: Other	0270	Listeriosis	A329	A329	Listeriosis, unspecified
Infections: Other	0271	Erysipelothrix infection	A267	A267	Erysipelothrix sepsis
Infections: Other	0271	Erysipelothrix infection	A268	A268	Other forms of erysipeloid
Infections: Other	0271	Erysipelothrix infection	A269	A269	Erysipeloid, unspecified
Infections: Other	0272		A280		Pasteurellosis
Infections: Other	0278				Other specified zoonotic bacterial diseases, not elsewhere classified
Infections: Other	0279	•			Zoonotic bacterial disease, unspecified
Infections: Other	0300				Lepromatous leprosy
Infections: Other					Tuberculoid leprosy
Infections: Other	0302				Indeterminate leprosy
Infections: Other	0303				Borderline leprosy
Infections: Other	0308				Other forms of leprosy
Infections: Other	0309				Leprosy, unspecified
Infections: Other	0310	Pulmonary diseases due to other mycobacte	A310	A310	Pulmonary mycobacterial infection
Infections: Other	0311	Cutaneous diseases due to other mycobacte	A311	A311	Cutaneous mycobacterial infection
Infections: Other	0312	Disseminated due to other mycobacteria	A312	A312	Disseminated mycobacterium avium-intracellulare complex (DMAC)
Infections: Other	0318	Other specified mycobacterial diseases	A318	A318	Other mycobacterial infections
Infections: Other	0319	Unspecified diseases due to mycobacteria	A319	A319	Mycobacterial infection, unspecified
Infections: Other	0320	Faucial diphtheria	A360	A360	Pharyngeal diphtheria
Infections: Other	0321	Nasopharyngeal diphtheria	A361	A361	Nasopharyngeal diphtheria
Infections: Other	0322	Anterior nasal diphtheria	A3689	A3689	Other diphtheritic complications
Infections: Other	0323	Laryngeal diphtheria	A362	A362	Laryngeal diphtheria
Infections: Other	03281	Conjunctival diphtheria	A3686	A3686	Diphtheritic conjunctivitis
Infections: Other	03282		A3681	A3681	Diphtheritic cardiomyopathy
Infections: Other	03283				Other diphtheritic complications
Infections: Other	03284				Diphtheritic cystitis
Infections: Other	03285				Cutaneous diphtheria
Infections: Other	03285	•		A3682	
Infections: Other	03289				Diphtheritic polyneuritis
Infections: Other	03289				Diphtheritic tubulo-interstitial nephropathy
Infections: Other	03289				Other diphtheritic complications
Infections: Other	0329				Diphtheria, unspecified
Infections: Other	0330	Whooping cough due to bordetella pertussis	A3700	A3700	Whooping cough due to Bordetella pertussis without pneumonia
Infections: Other	0331	Whooping cough due to bordetella parapert	A3710	A3710	Whooping cough due to Bordetella parapertussis without pneumonia
Infections: Other	0338	Whooping cough due to other specified orga	A3780	A3780	Whooping cough due to other Bordetella species without pneumonia
Infections: Other	0339	Whooping cough, unspecified organism	A3790	A3790	Whooping cough, unspecified species without pneumonia
Infections: Other	0340	Streptococcal sore throat	J020	J020	Streptococcal pharyngitis
Infections: Other	0340	Streptococcal sore throat	J0300	J0300	Acute streptococcal tonsillitis, unspecified
Infections: Other	0341	-			Scarlet fever, uncomplicated
Infections: Other	035				Erysipelas
Infections: Other	0360	<i>,</i> ,			Meningococcal meningitis
Infections: Other					
	0361	<b>C</b> .			Meningococcal encephalitis
Infections: Other	0362	5			Meningococcemia, unspecified
Infections: Other	0363	Waterhouse-Friderichsen syndrome, mening			Waterhouse-Friderichsen syndrome
Infections: Other	03640				Meningococcal carditis, unspecified
Infections: Other	03641	0			Meningococcal pericarditis
Infections: Other	03642	0			Meningococcal endocarditis
Infections: Other	03643	<b>c</b>			Meningococcal myocarditis
Infections: Other	03681	Meningococcal optic neuritis	A3982	A3982	Meningococcal retrobulbar neuritis
Infections: Other	03682	Meningococcal arthropathy	A3983	A3983	Meningococcal arthritis
Infections: Other	03689	Other specified meningococcal infections	A3989	A3989	Other meningococcal infections
Infections: Other	0369	Meningococcal infection, unspecified	A399	A399	Meningococcal infection, unspecified
Infections: Other	037	Tetanus	A35	A35	Other tetanus
Infections: Other	0390	Cutaneous actinomycotic infection	L081	L081	Erythrasma
Infections: Other	0391	-			Pulmonary actinomycosis
Infections: Other	0392				Abdominal actinomycosis
Infections: Other	0393				Cervicofacial actinomycosis
Infections: Other	0394				Mycetoma, unspecified
Infections: Other	0398	Actinomycotic infection of other specified sit			Actinomycotic meningitis
Infections: Other	0398	Actinomycotic infection of other specified sit			Actinomycotic encephalitis
Infections: Other	0398				Other forms of actinomycosis
		Actinomycotic infection of other specified sit			•
Infections: Other	0398	Actinomycotic infection of other specified sit			Other forms of nocardiosis
Infections: Other	0399	, , ,			Actinomycosis, unspecified
Infections: Other	0399	,			Nocardiosis, unspecified
Infections: Other	0399	,			Actinomycetoma
Infections: Other	0400	Gas gangrene	A480		Gas gangrene
Infections: Other	0401	Rhinoscleroma	A488	A488	Other specified bacterial diseases
Infections: Other	0402	Whipple's disease	K9081	K9081	Whipple's disease
Infections: Other	0403	Necrobacillosis	A488	A488	Other specified bacterial diseases
Infections: Other	04081	Tropical pyomyositis	M60009	M6000	9 Infective myositis, unspecified site
Infections: Other	04082	Toxic shock syndrome	A483	A483	Toxic shock syndrome
Infections: Other	04089	-	A488		Other specified bacterial diseases
Infections: Other	04100	Streptococcus infection in conditions classifie	B955		Unspecified streptococcus as the cause of diseases classified elsewhere
Infections: Other	04101	Streptococcus infection in conditions classifie			Streptococcus, group A, as the cause of diseases classified elsewhere
Infections: Other	04102	Streptococcus infection in conditions classified			Streptococcus, group A, as the cause of diseases classified elsewhere
Infections: Other	04102	Streptococcus infection in conditions classific			Other streptococcus as the cause of diseases classified elsewhere
Infections: Other	04104	Streptococcus infection in conditions classifie			Enterococcus as the cause of diseases classified elsewhere
Infections: Other	04105	Streptococcus infection in conditions classifie			Other streptococcus as the cause of diseases classified elsewhere
Infections: Other	04109	Streptococcus infection in conditions classifie			Other streptococcus as the cause of diseases classified elsewhere
	04110	Staphylococcus infection in conditions classif			Unspecified staphylococcus as the cause of diseases classified elsewhere
Infections: Other	04111	Methicillin susceptible Staphylococcus aureu	B9561	B9561	Methicillin susceptible Staphylococcus aureus infection as the cause of c
Infections: Other	04119	Staphylococcus infection in conditions classif	B957	B957	Other staphylococcus as the cause of diseases classified elsewhere
Infections: Other	0412	Pneumococcus infection in conditions classif	B953	B953	Streptococcus pneumoniae as the cause of diseases classified elsewhere
Infections: Other	0413	Friedländer's bacillus infection in conditions	B961	B961	Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classifie
Infections: Other	0415	Hemophilus influenzae [H. influenzae] infecti	B963	B963	Hemophilus influenzae [H. influenzae] as the cause of diseases classified
Infections: Other	0416	Proteus (mirabilis) (morganii) infection in cor			Proteus (mirabilis) (morganii) as the cause of diseases classified elsewher
Infections: Other	0417	Pseudomonas infection in conditions classifie			Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseas
Infections: Other	04181	Other specified bacterial infections in conditi			Mycoplasma infection, unspecified site
Infections: Other	04181	Other specified bacterial infections in conditi			Mycoplasma pneumoniae [M. pneumoniae] as the cause of diseases clas
Infections: Other	04181	-			Bacteroides fragilis [B. fragilis] as the cause of diseases classified elsewhe
Infections: Other	04182	Other specified bacterial infections in conditi			Clostridium perfringens [C. perfringens] as the cause of diseases classified elsewire
Infections: Other		Other specified bacterial infections in conditi			
	04184	•			Other specified bacterial agents as the cause of diseases classified elsew
Infections: Other	04185	Other specified bacterial infections in conditi			Other specified bacterial agents as the cause of diseases classified elsew
Infections: Other	04186	1, 1, 1, 1			Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhe
	04189	Other specified bacterial infections in conditi			Other specified bacterial agents as the cause of diseases classified elsew
Infections: Other		Bacterial infection, unspecified, in conditions			Other specified bacterial agents as the cause of diseases classified elsew
Infections: Other Infections: Other	0419	Buccerial infection, anopeenica, in contaitione	<b>D2</b> 0	B20	Human immunodeficiency virus [HIV] disease
	0419 042	Human immunodeficiency virus [HIV] disease	B20	020	internet internet of the second sec
Infections: Other		· · ·			Other acute paralytic poliomyelitis
Infections: Other HIV/AIDS	042	Human immunodeficiency virus [HIV] disease	A8039	A8039	• • •
Infections: Other HIV/AIDS Infections: Other	042 04500	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull	A8039 A8039	A8039 A8039	Other acute paralytic poliomyelitis
Infections: Other HIV/AIDS Infections: Other Infections: Other	042 04500 04501	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull Acute paralytic poliomyelitis specified as bull	A8039 A8039 A8039	A8039 A8039 A8039	Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis
Infections: Other HIV/AIDS Infections: Other Infections: Other Infections: Other Infections: Other	042 04500 04501 04502 04503	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull Acute paralytic poliomyelitis specified as bull Acute paralytic poliomyelitis specified as bull Acute paralytic poliomyelitis specified as bull	A8039 A8039 A8039 A8039	A8039 A8039 A8039 A8039	Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis
Infections: Other HIV/AIDS Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other	042 04500 04501 04502 04503 04510	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull Acute poliomyelitis with other paralysis, poli	A8039 A8039 A8039 A8039 A8039 A8039	A8039 A8039 A8039 A8039 A8039	Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis
Infections: Other HIV/AIDS Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other	042 04500 04501 04502 04503 04510 04511	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull Acute poliomyelitis with other paralysis, polion Acute poliomyelitis with other paralysis, polion	A8039 A8039 A8039 A8039 A8039 A8039	A8039 A8039 A8039 A8039 A8039 A8039	Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis
Infections: Other HIV/AIDS Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other	042 04500 04501 04502 04503 04510 04511 04512	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull Acute poliomyelitis with other paralysis, polion Acute poliomyelitis with other paralysis, polion Acute poliomyelitis with other paralysis, polion Acute poliomyelitis with other paralysis, polion	A8039 A8039 A8039 A8039 A8039 A8039 A8039	A8039 A8039 A8039 A8039 A8039 A8039 A8039	Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis
Infections: Other HIV/AIDS Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other	042 04500 04501 04502 04503 04510 04511 04512 04513	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull Acute poliomyelitis with other paralysis, polio Acute poliomyelitis with other paralysis, polio Acute poliomyelitis with other paralysis, polio Acute poliomyelitis with other paralysis, polio	A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039	A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039	Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis
Infections: Other HIV/AIDS Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other	042 04500 04501 04502 04503 04510 04511 04512 04513 04520	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull Acute poliomyelitis with other paralysis, polio Acute poliomyelitis with other paralysis, polio	A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039	A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039	Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis Acute nonparalytic poliomyelitis
Infections: Other HIV/AIDS Infections: Other Infections: Other	042 04500 04501 04502 04503 04510 04511 04512 04513 04520 04521	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull Acute poliomyelitis with other paralysis, poli Acute nonparalytic poliomyelitis, poliovirus, Acute nonparalytic poliomyelitis, poliovirus t	A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039 A804 A804	A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039 A804 A804	Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis Acute nonparalytic poliomyelitis Acute nonparalytic poliomyelitis
Infections: Other HIV/AIDS Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other Infections: Other	042 04500 04501 04502 04503 04510 04511 04512 04513 04520	Human immunodeficiency virus [HIV] disease Acute paralytic poliomyelitis specified as bull Acute poliomyelitis with other paralysis, polio Acute poliomyelitis with other paralysis, polio	A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039 A804 A804	A8039 A8039 A8039 A8039 A8039 A8039 A8039 A8039 A804 A804 A804	Other acute paralytic poliomyelitis Other acute paralytic poliomyelitis Acute nonparalytic poliomyelitis

ndocarditis nyocarditis etrobulbar neuritis arthritis occal infections fection, unspecified omycosis omycosis nomycosis ecified neningitis ncephalitis ctinomycosis ocardiosis nspecified pecified acterial diseases acterial diseases tis, unspecified site rome acterial diseases tococcus as the cause of diseases classified elsewhere oup A, as the cause of diseases classified elsewhere oup B, as the cause of diseases classified elsewhere cus as the cause of diseases classified elsewhere the cause of diseases classified elsewhere cus as the cause of diseases classified elsewhere cus as the cause of diseases classified elsewhere ylococcus as the cause of diseases classified elsewhere ptible Staphylococcus aureus infection as the cause of diseases classified elsewhere ccus as the cause of diseases classified elsewhere eumoniae as the cause of diseases classified elsewhere oniae [K. pneumoniae] as the cause of diseases classified elsewhere enzae [H. influenzae] as the cause of diseases classified elsewhere ) (morganii) as the cause of diseases classified elsewhere eruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere ction, unspecified site umoniae [M. pneumoniae] as the cause of diseases classified elsewhere lis [B. fragilis] as the cause of diseases classified elsewhere ingens [C. perfringens] as the cause of diseases classified elsewhere pacterial agents as the cause of diseases classified elsewhere pacterial agents as the cause of diseases classified elsewhere ori [H. pylori] as the cause of diseases classified elsewhere pacterial agents as the cause of diseases classified elsewhere pacterial agents as the cause of diseases classified elsewhere eficiency virus [HIV] disease alytic poliomyelitis alytic poliomyelitis lytic poliomyelitis alytic poliomyelitis alytic poliomyelitis alytic poliomyelitis alytic poliomyelitis lytic poliomyelitis ic poliomyelitis ic poliomyelitis

Infections: Other	04523	Acute nonparalytic poliomyelitis, poliovirus	t A804
Infections: Other	04590	Acute poliomyelitis, unspecified, poliovirus,	ι A809
Infections: Other	04591	Acute poliomyelitis, unspecified, poliovirus	t A809
Infections: Other	04592	Acute poliomyelitis, unspecified, poliovirus	t A809
Infections: Other	04593	Acute poliomyelitis, unspecified, poliovirus	t A809
Infections: Other	0460	Kuru	A8181

A804 Acute nonparalytic poliomyelitis A804 Acute nonparalytic poliomyelitis A809 Acute poliomyelitis, unspecified A809 Acute poliomyelitis, unspecified A809 Acute poliomyelitis, unspecified A809 Acute poliomyelitis, unspecified A8181 Kuru

Infections: Other 04611 Variant Creutzfeldt-Jakob disease A8101 Infections: Other 04619 Other and unspecified Creutzfeldt-Jakob dise A8100 Infections: Other 04619 Other and unspecified Creutzfeldt-Jakob dise A8109 0462 Subacute sclerosing panencephalitis Infections: Other A811 Infections: Other Progressive multifocal leukoencephalopathy A812 0463 Infections: Other 0468 Other specified slow virus infection of centra A8189 Infections: Other 0469 Unspecified slow virus infection of central ne A819 Infections: Other 0470 Meningitis due to coxsackie virus A870 Infections: Other 0471 A870 Meningitis due to echo virus Other specified viral meningitis Infections: Other 0478 A878 Infections: Other 0479 A879 Unspecified viral meningitis Infections: Other 048 Other enterovirus diseases of central nervou A880 A872 Infections: Other 0490 Lymphocytic choriomeningitis Infections: Other 0491 Meningitis due to adenovirus A871 Infections: Other 0498 Other specified non-arthropod-borne viral di A850 Infections: Other 0498 Other specified non-arthropod-borne viral di A851 Infections: Other 0498 Other specified non-arthropod-borne viral di A858 Other specified non-arthropod-borne viral di A888 Infections: Other 0498 Infections: Other 0499 Unspecified non-arthropod-borne viral disea A86 Unspecified non-arthropod-borne viral disea A89 Infections: Other 0499 Infections: Other 0500 Variola major B03 Infections: Other 0501 Alastrim B03 Modified smallpox B03 Infections: Other 0502 B03 Infections: Other 0509 Smallpox, unspecified Infections: Other 05101 B08010 Cowpox Infections: Other B08011 05102 Vaccinia not from vaccination Infections: Other 0511 Pseudocowpox B0803 Infections: Other 0512 B0802 Contagious pustular dermatitis Infections: Other 0519 Paravaccinia, unspecified B0804 Infections: Other 0520 Postvaricella encephalitis B0111 Infections: Other 0521 Varicella (hemorrhagic) pneumonitis B012 Infections: Other 0527 Chickenpox with other specified complicatio B010 0527 Infections: Other Chickenpox with other specified complicatio B0181 Infections: Other 0527 Chickenpox with other specified complicatio B0189 Infections: Other 0528 Chickenpox with unspecified complication B0189 Infections: Other 0529 Varicella without mention of complication B019 Infections: Other 0530 Herpes zoster with meningitis B021 Infections: Other 05310 Herpes zoster with unspecified nervous syste B0229 Infections: Other B0221 05311 Geniculate herpes zoster Infections: Other B0222 05312 Postherpetic trigeminal neuralgia Infections: Other 05313 B0223 Postherpetic polyneuropathy Infections: Other 05319 Herpes zoster with other nervous system coi B0229 Infections: Other 05320 Herpes zoster dermatitis of eyelid B0239 Infections: Other 05321 Herpes zoster keratoconjunctivitis B0233 Infections: Other 05322 Herpes zoster iridocyclitis B0232 Infections: Other 05329 Herpes zoster with other ophthalmic complic B0239 Infections: Other 05371 Otitis externa due to herpes zoster B028 Infections: Other 05379 Herpes zoster with other specified complicat B028 Infections: Other 0538 Herpes zoster with unspecified complication B028 Infections: Other 0539 Herpes zoster without mention of complicati B029 Infections: Other 0540 Eczema herpeticum B000 Infections: Other 05410 A609 Genital herpes, unspecified Infections: Other 05411 Herpetic vulvovaginitis A6004

A8101 Variant Creutzfeldt-Jakob disease A8100 Creutzfeldt-Jakob disease, unspecified A8109 Other Creutzfeldt-Jakob disease A811 Subacute sclerosing panencephalitis A812 Progressive multifocal leukoencephalopathy A8189 Other atypical virus infections of central nervous system A819 Atypical virus infection of central nervous system, unspecified A870 Enteroviral meningitis A870 Enteroviral meningitis A878 Other viral meningitis A879 Viral meningitis, unspecified A880 Enteroviral exanthematous fever [Boston exanthem] A872 Lymphocytic choriomeningitis A871 Adenoviral meningitis A850 Enteroviral encephalitis A851 Adenoviral encephalitis A858 Other specified viral encephalitis A888 Other specified viral infections of central nervous system Unspecified viral encephalitis A86 A89 Unspecified viral infection of central nervous system B03 Smallpox B03 Smallpox B03 Smallpox B03 Smallpox B08010 Cowpox B08011 Vaccinia not from vaccine B0803 Pseudocowpox [milker's node] B0802 Orf virus disease B0804 Paravaccinia, unspecified B0111 Varicella encephalitis and encephalomyelitis B012 Varicella pneumonia B010 Varicella meningitis B0181 Varicella keratitis B0189 Other varicella complications B0189 Other varicella complications B019 Varicella without complication B021 Zoster meningitis B0229 Other postherpetic nervous system involvement B0221 Postherpetic geniculate ganglionitis B0222 Postherpetic trigeminal neuralgia B0223 Postherpetic polyneuropathy B0229 Other postherpetic nervous system involvement B0239 Other herpes zoster eye disease B0233 Zoster keratitis B0232 Zoster iridocyclitis B0239 Other herpes zoster eye disease B028 Zoster with other complications B028 Zoster with other complications B028 Zoster with other complications B029 Zoster without complications B000 Eczema herpeticum A609 Anogenital herpesviral infection, unspecified A6004 Herpesviral vulvovaginitis A6004 Herpesviral vulvovaginitis A6001 Herpesviral infection of penis A6009 Herpesviral infection of other urogenital tract B002 Herpesviral gingivostomatitis and pharyngotonsillitis B004 Herpesviral encephalitis B0050 Herpesviral ocular disease, unspecified B0059 Other herpesviral disease of eye B0052 Herpesviral keratitis B0052 Herpesviral keratitis B0051 Herpesviral iridocyclitis B0059 Other herpesviral disease of eye B007 Disseminated herpesviral disease B0089 Other herpesviral infection B0081 Herpesviral hepatitis B003 Herpesviral meningitis B001 Herpesviral vesicular dermatitis B0089 Other herpesviral infection B009 Herpesviral infection, unspecified B009 Herpesviral infection, unspecified B050 Measles complicated by encephalitis B052 Measles complicated by pneumonia B053 Measles complicated by otitis media B0581 Measles keratitis and keratoconjunctivitis B051 Measles complicated by meningitis B054 Measles with intestinal complications B0589 Other measles complications B0589 Other measles complications B059 Measles without complication B0600 Rubella with neurological complication, unspecified B0601 Rubella encephalitis B0609 Other neurological complications of rubella B0682 Rubella arthritis B0681 Rubella pneumonia B0689 Other rubella complications B0689 Other rubella complications B069 Rubella without complication B083 Erythema infectiosum [fifth disease] B09 Unspecified viral infection characterized by skin and mucous membrane lesions L444 Infantile papular acrodermatitis [Gianotti-Crosti] B09 Unspecified viral infection characterized by skin and mucous membrane lesions B0821 Exanthema subitum [sixth disease] due to human herpesvirus 6 B0822 Exanthema subitum [sixth disease] due to human herpesvirus 7 B1001 Human herpesvirus 6 encephalitis B1009 Other human herpesvirus encephalitis B1081 Human herpesvirus 6 infection B1082 Human herpesvirus 7 infection B1089 Other human herpesvirus infection B04 Monkeypox B0809 Other orthopoxvirus infections B0861 Bovine stomatitis B0862 Sealpox B0869 Other parapoxvirus infections B0870 Yatapoxvirus infection, unspecified B0871 Tanapox virus disease B0872 Yaba pox virus disease B088 Other specified viral infections characterized by skin and mucous membrane lesions B088 Other specified viral infections characterized by skin and mucous membrane lesions A950 Sylvatic yellow fever A951 Urban yellow fever A959 Yellow fever, unspecified A90 Dengue fever [classical dengue] A830 Japanese encephalitis

Infections: Other	05411	Herpetic vulvovaginitis	A6004
Infections: Other	05412	Herpetic ulceration of vulva	A6004
Infections: Other		Herpetic infection of penis	A6001
Infections: Other		Other genital herpes	A6009
Infections: Other		Herpetic gingivostomatitis	B002
Infections: Other		Herpetic meningoencephalitis	B002
Infections: Other		Herpes simplex with unspecified ophthalmic	
Infections: Other			B0050 B0059
		Herpes simplex dermatitis of eyelid	
Infections: Other		Dendritic keratitis	B0052
Infections: Other		Herpes simplex disciform keratitis	B0052
Infections: Other		Herpes simplex iridocyclitis	B0051
Infections: Other		Herpes simplex with other ophthalmic comp	
Infections: Other		Herpetic septicemia	B007
Infections: Other		Herpetic whitlow	B0089
Infections: Other	05471	Visceral herpes simplex	B0081
Infections: Other	05472	Herpes simplex meningitis	B003
Infections: Other	05473	Herpes simplex otitis externa	B001
Infections: Other		Herpes simplex with other specified complication	B0089
Infections: Other		Herpes simplex with unspecified complicatio	
Infections: Other		Herpes simplex without mention of complica	
Infections: Other		Postmeasles encephalitis	B050
Infections: Other		Postmeasles pneumonia	B052
Infections: Other		Postmeasles otitis media	B053
Infections: Other		Measles keratoconjunctivitis	B0581
Infections: Other			B051
Infections: Other		Measles with other specified complications	
Infections: Other		Measles with other specified complications	
Infections: Other		Measles with unspecified complication	B0589
Infections: Other	0559	Measles without mention of complication	B059
Infections: Other	05600	Rubella with unspecified neurological compli	B0600
Infections: Other	05601	Encephalomyelitis due to rubella	B0601
Infections: Other	05609	Rubella with other neurological complication	B0609
Infections: Other		Arthritis due to rubella	B0682
Infections: Other		Rubella with other specified complications	B0681
Infections: Other		Rubella with other specified complications	B0689
Infections: Other		Rubella with unspecified complications	B0689
Infections: Other		Rubella without mention of complication	B069
Infections: Other		Erythema infectiosum (fifth disease)	B083
Infections: Other		Other specified viral exanthemata	B09
		•	
Infections: Other		Other specified viral exanthemata	L444
Infections: Other		Viral exanthem, unspecified	B09
Infections: Other		Roseola infantum due to human herpesvirus	
Infections: Other		Roseola infantum due to human herpesvirus	
Infections: Other		Human herpesvirus 6 encephalitis	B1001
Infections: Other	05829	Other human herpesvirus encephalitis	B1009
Infections: Other	05881	Human herpesvirus 6 infection	B1081
Infections: Other	05882	Human herpesvirus 7 infection	B1082
Infections: Other		Other human herpesvirus infection	B1089
Infections: Other		Monkeypox	B04
Infections: Other		Other orthopoxvirus infections	B0809
Infections: Other		Bovine stomatitis	B0861
Infections: Other		Sealpox	B0862
		-	
Infections: Other		Other parapoxvirus infections	B0869
Infections: Other		Yatapoxvirus infection, unspecified	B0870
Infections: Other		Тапарох	B0871
Infections: Other		Yaba monkey tumor virus	B0872
Infections: Other	0598	Other poxvirus infections	B088
Infections: Other	0599	Poxvirus infections, unspecified	B088
Infections: Other	0600	Sylvatic yellow fever	A950
Infections: Other		Urban yellow fever	A951
Infections: Other		Yellow fever, unspecified	A959
Infections: Other		Dengue	A90
Infections: Other		-	A830
Infections: Other		Mostorn oquino onconhalitic	A030 A031

Infections: Other	0621	Western equine encephalitis	A831	A831	Western equine encephalitis
Infections: Other	0622	Eastern equine encephalitis	A832	A832	Eastern equine encephalitis
Infections: Other	0623	St. Louis encephalitis	A833	A833	St Louis encephalitis
Infections: Other	0624	Australian encephalitis	A834	A834	Australian encephalitis
Infections: Other	0625	California virus encephalitis	A835	A835	California encephalitis
Infections: Other	0628	Other specified mosquito-borne viral	encepł A838	A838	Other mosquito-borne viral encephalitis

Infections: Other 0629 Mosquito-borne viral encephalitis, unspecifie A839 0630 Infections: Other Russian spring-summer [taiga] encephalitis A840 Infections: Other 0631 Louping ill A848 A841 Infections: Other 0632 Central european encephalitis Infections: Other 0638 Other specified tick-borne viral encephalitis A848 Infections: Other 0639 Tick-borne viral encephalitis, unspecified A849 Infections: Other 064 Viral encephalitis transmitted by other and u A852 Crimean hemorrhagic fever [CHF Congo viru: A980 Infections: Other 0650 Omsk hemorrhagic fever Infections: Other 0651 A981 Infections: Other 0652 Kyasanur forest disease A982 Infections: Other 0653 A988 Other tick-borne hemorrhagic fever Infections: Other 0654 Mosquito-borne hemorrhagic fever A91 0654 Infections: Other Mosquito-borne hemorrhagic fever A920 Infections: Other 0658 Other specified arthropod-borne hemorrhag A988 Infections: Other 0659 Arthropod-borne hemorrhagic fever, unspec A99 Infections: Other 0660 Phlebotomus fever A931 Infections: Other Tick-borne fever A932 0661 A922 Infections: Other 0662 Venezuelan equine fever Infections: Other 0663 Other mosquito-borne fever A920 Infections: Other 0663 Other mosquito-borne fever A921 Infections: Other 0663 Other mosquito-borne fever A924 Infections: Other 0663 Other mosquito-borne fever A928 Infections: Other 0663 Other mosquito-borne fever A930 Infections: Other 0663 Other mosquito-borne fever B331 Infections: Other 0668 Other specified arthropod-borne viral diseas A938 Infections: Other 0669 Arthropod-borne viral disease, unspecified A94 Hepatitis: Other 0700 Viral hepatitis A with hepatic coma B150 0701 Hepatitis: Other Viral hepatitis A without mention of hepatic B159 Hepatitis B 07020 Viral hepatitis B with hepatic coma, acute or B162 Hepatitis B 07020 Viral hepatitis B with hepatic coma, acute or B1911 Hepatitis B 07021 Viral hepatitis B with hepatic coma, acute or B160 Hepatitis B 07022 Chronic viral hepatitis B with hepatic coma w B181 07023 Hepatitis B Chronic viral hepatitis B with hepatic coma w B180 Hepatitis B 07030 Viral hepatitis B without mention of hepatic B169 Hepatitis B 07030 Viral hepatitis B without mention of hepatic B1910 Hepatitis B 07031 Viral hepatitis B without mention of hepatic B161 07032 Hepatitis B Chronic viral hepatitis B without mention of B181 Hepatitis B 07033 Chronic viral hepatitis B without mention of B180 07041 Hepatitis: Other Acute hepatitis C with hepatic coma B1711 07042 Hepatitis: Other Hepatitis delta without mention of active hej B170 07043 Hepatitis E with hepatic coma B172 Hepatitis: Other Hepatitis: Other 07044 Chronic hepatitis C with hepatic coma B182 Hepatitis: Other 07049 Other specified viral hepatitis with hepatic cc B178 Hepatitis: Other 07051 Acute hepatitis C without mention of hepatic B1710 Hepatitis: Other 07052 Hepatitis delta without mention of active hej B170 Hepatitis: Other 07053 Hepatitis E without mention of hepatic coma B172 Hepatitis: Other 07054 Chronic hepatitis C without mention of hepa B182 Other specified viral hepatitis without menti B178 Hepatitis: Other 07059 Hepatitis: Other 07059 Other specified viral hepatitis without menti B188 Hepatitis: Other 07059 Other specified viral hepatitis without menti B189 0706 Unspecified viral hepatitis with hepatic coma B190 Hepatitis: Other Hepatitis: Other 07070 Unspecified viral hepatitis C without hepatic B1920 Hepatitis: Other 07071 Unspecified viral henatitis C with henatic con B1921

A839 Mosquito-borne viral encephalitis, unspecified A840 Far Eastern tick-borne encephalitis [Russian spring-summer encephalitis] A848 Other tick-borne viral encephalitis A841 Central European tick-borne encephalitis A848 Other tick-borne viral encephalitis A849 Tick-borne viral encephalitis, unspecified A852 Arthropod-borne viral encephalitis, unspecified A980 Crimean-Congo hemorrhagic fever A981 Omsk hemorrhagic fever A982 Kyasanur Forest disease A988 Other specified viral hemorrhagic fevers A91 Dengue hemorrhagic fever A920 Chikungunya virus disease A988 Other specified viral hemorrhagic fevers A99 Unspecified viral hemorrhagic fever A931 Sandfly fever A932 Colorado tick fever A922 Venezuelan equine fever A920 Chikungunya virus disease A921 O'nyong-nyong fever A924 Rift Valley fever A928 Other specified mosquito-borne viral fevers A930 Oropouche virus disease B331 Ross River disease A938 Other specified arthropod-borne viral fevers Unspecified arthropod-borne viral fever A94 B150 Hepatitis A with hepatic coma B159 Hepatitis A without hepatic coma B162 Acute hepatitis B without delta-agent with hepatic coma B1911 Unspecified viral hepatitis B with hepatic coma B160 Acute hepatitis B with delta-agent with hepatic coma B181 Chronic viral hepatitis B without delta-agent B180 Chronic viral hepatitis B with delta-agent B169 Acute hepatitis B without delta-agent and without hepatic coma B1910 Unspecified viral hepatitis B without hepatic coma B161 Acute hepatitis B with delta-agent without hepatic coma B181 Chronic viral hepatitis B without delta-agent B180 Chronic viral hepatitis B with delta-agent B1711 Acute hepatitis C with hepatic coma B170 Acute delta-(super) infection of hepatitis B carrier B172 Acute hepatitis E B182 Chronic viral hepatitis C B178 Other specified acute viral hepatitis B1710 Acute hepatitis C without hepatic coma B170 Acute delta-(super) infection of hepatitis B carrier B172 Acute hepatitis E B182 Chronic viral hepatitis C B178 Other specified acute viral hepatitis B188 Other chronic viral hepatitis B189 Chronic viral hepatitis, unspecified B190 Unspecified viral hepatitis with hepatic coma B1920 Unspecified viral hepatitis C without hepatic coma B1921 Unspecified viral hepatitis C with hepatic coma pecified viral hepatitis without hepatic coma ies, unspecified nps orchitis nps meningitis nps encephalitis nps pancreatitis mps hepatitis mps polyneuropathy mps myocarditis mps nephritis mps arthritis ner mumps complications er mumps complications nps without complication nydia psittaci infections monia in diseases classified elsewhere nydia psittaci infections nydia psittaci infections mydia psittaci infections eroviral vesicular pharyngitis emic myalgia al carditis, unspecified al pericarditis al endocarditis al myocarditis eroviral vesicular stomatitis with exanthem erovirus infection, unspecified ectious mononucleosis, unspecified without complication ial stage of trachoma ve stage of trachoma homa, unspecified mydial conjunctivitis atoconjunctivitis due to adenovirus pharyngoconjunctivitis unctivitis due to adenovirus te epidemic hemorrhagic conjunctivitis (enteroviral) er viral conjunctivitis mydial conjunctivitis her chlamydial diseases conjunctivitis, unspecified luscum contagiosum wart, unspecified genital (venereal) warts er viral warts er specified viral diseases scratch disease er specified viral infections characterized by skin and mucous membrane lesions megaloviral disease, unspecified orrhagic fever with renal syndrome in hemorrhagic fever hupo hemorrhagic fever er arenaviral hemorrhagic fevers lemic vertigo niting without nausea ner chlamydial diseases burg virus disease la virus disease er specified viral diseases novirus as the cause of diseases classified elsewhere ovirus as the cause of diseases classified elsewhere sackievirus as the cause of diseases classified elsewhere B9789 Other viral agents as the cause of diseases classified elsewhere

Hepatitis: Other	07071	Unspecified viral hepatitis C with hepatic co	on B1921	B1921 Unsp
Hepatitis: Other	0709	Unspecified viral hepatitis without mentior	n c B199	B199 Unspe
Infections: Other	071	Rabies	A829	A829 Rabies
Infections: Other	0720	Mumps orchitis	B260	B260 Mump
Infections: Other	0721	Mumps meningitis	B261	B261 Mump
Infections: Other	0722	Mumps encephalitis	B262	B262 Mump
Infections: Other	0723	Mumps pancreatitis	B263	B263 Mump
Infections: Other	07271	Mumps hepatitis	B2681	B2681 Mum
Infections: Other	07272	Mumps polyneuropathy	B2684	B2684 Mum
Infections: Other	07279	Other mumps with other specified complic	at B2682	B2682 Mum
Infections: Other	07279	Other mumps with other specified complic	at B2683	B2683 Mum
Infections: Other	07279	Other mumps with other specified complic	at B2685	B2685 Mum
Infections: Other	07279	Other mumps with other specified complic	at B2689	B2689 Other
Infections: Other	0728	Mumps with unspecified complication	B2689	B2689 Other
Infections: Other	0729	Mumps without mention of complication	B269	B269 Mump
Infections: Other	0730	Ornithosis with pneumonia	A70	A70 Chlamy
Infections: Other	0730	Ornithosis with pneumonia	J17	J17 Pneum
Infections: Other	0737	Ornithosis with other specified complication	on: A70	A70 Chlamy
Infections: Other	0738	Ornithosis with unspecified complication	A70	A70 Chlamy
Infections: Other	0739	Ornithosis, unspecified	A70	A70 Chlamy
Infections: Other	0740	Herpangina	B085	B085 Entero
Infections: Other	0741	Epidemic pleurodynia	B330	B330 Epider
Infections: Other	07420	Coxsackie carditis, unspecified	B3320	B3320 Viral
Infections: Other	07421	Coxsackie pericarditis	B3323	B3323 Viral
Infections: Other	07422	Coxsackie endocarditis	B3321	B3321 Viral
Infections: Other	07423	Coxsackie myocarditis	B3322	B3322 Viral
Infections: Other	0743	Hand, foot, and mouth disease	B084	B084 Entero
Infections: Other	0748	Other specified diseases due to Coxsackie v	vir B341	B341 Entero
Infections: Other	075	Infectious mononucleosis	B2790	B2790 Infect
Infections: Other	0760	Trachoma, initial stage	A710	A710 Initial
Infections: Other	0761	Trachoma, active stage	A711	A711 Active
Infections: Other	0769	Trachoma, unspecified	A719	A719 Trache
Infections: Other	0770	Inclusion conjunctivitis	A740	A740 Chlam
Infections: Other	0771	Epidemic keratoconjunctivitis	B300	B300 Kerato
Infections: Other	0772	Pharyngoconjunctival fever	B302	B302 Viral p
Infections: Other	0773	Other adenoviral conjunctivitis	B301	B301 Conju
Infections: Other	0774	Epidemic hemorrhagic conjunctivitis	B303	B303 Acute
Infections: Other	0778	Other viral conjunctivitis	B308	B308 Other
Infections: Other	07798	Unspecified diseases of conjunctiva due to	cł A740	A740 Chlam
Infections: Other	07798	Unspecified diseases of conjunctiva due to	cł A7489	A7489 Other
Infections: Other	07799	Unspecified diseases of conjunctiva due to	vi B309	B309 Viral c
Infections: Other	0780	Molluscum contagiosum	B081	B081 Mollus
Infections: Other	07810	Viral warts, unspecified	B079	B079 Viral w
Infections: Other	07811	Condyloma acuminatum	A630	A630 Anoge
Infections: Other	07819	Other specified viral warts	B078	B078 Other
Infections: Other	0782	Sweating fever	B338	B338 Other
Infections: Other	0783	Cat-scratch disease	A281	A281 Cat-sc
Infections: Other	0784	Foot and mouth disease	B088	B088 Other
Infections: Other	0785	Cytomegaloviral disease	B259	B259 Cytom
Infections: Other	0786	Hemorrhagic nephrosonephritis	A985	A985 Hemo
Infections: Other	0787	Arenaviral hemorrhagic fever	A960	A960 Junin
Infections: Other	0787	Arenaviral hemorrhagic fever	A961	A961 Machi
Infections: Other	0787	Arenaviral hemorrhagic fever	A968	A968 Other
Infections: Other	07881	Epidemic vertigo	A881	A881 Epider
Infections: Other	07882	Epidemic vomiting syndrome	R1111	R1111 Vomi
Infections: Other	07888	Other specified diseases due to chlamydiae		A7489 Other
Infections: Other	07889	Other specified diseases due to viruses	A983	A983 Marbu
Infections: Other	07889	Other specified diseases due to viruses	A984	A984 Ebola
Infections: Other	07889	Other specified diseases due to viruses	B338	B338 Other
Infections: Other	0790	Adenovirus infection in conditions classified		B970 Adence
Infections: Other	0791	Echo virus infection in conditions classified		B9712 Echov
Infections: Other	0792	Coxsackie virus infection in conditions class		B9712 Coxsa
Infections: Other	0793	Rhinovirus infection in conditions classified		B9789 Other
Infections. Other	0795			D9709 Utilei

Infections: Other	0794	Human papillomavirus in conditions classifie B977
Infections: Other	07950	Retrovirus, unspecified B9730
Infections: Other	07951	Human T-cell lymphotrophic virus, type I [HT B9733
Infections: Other	07952	Human T-cell lymphotrophic virus, type II [H] B9734
HIV/AIDS	07953	Human immunodeficiency virus, type 2 [HIV- B9735
Infections: Other	07959	Other specified retrovirus B333

B977 Papillomavirus as the cause of diseases classified elsewhere

B9730 Unspecified retrovirus as the cause of diseases classified elsewhere
B9733 Human T-cell lymphotrophic virus, type I [HTLV-I] as the cause of diseases classified elsewhere
B9734 Human T-cell lymphotrophic virus, type II [HTLV-II] as the cause of diseases classified elsewhere
B9735 Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
B333 Retrovirus infections, not elsewhere classified

Infections: Other	07959	Other specified retrovirus	B9739	B9739	Other retrovirus as the cause of diseases classified elsewhere
Infections: Other	0796	Respiratory syncytial virus (RSV)	B974	B974	Respiratory syncytial virus as the cause of diseases classified elsewhere
Infections: Other	07981	Hantavirus infection	B334	B334	Hantavirus (cardio)-pulmonary syndrome [HPS] [HCPS]
Infections: Other	07982		B9721	B9721	SARS-associated coronavirus as the cause of diseases classified elsewhere
Infections: Other	07988	. ,	A7489	A7489	
Infections: Other	07989	•	B338		Other specified viral diseases
Infections: Other	07989	•	B341		Enterovirus infection, unspecified
Infections: Other	07989	•	B342		Coronavirus infection, unspecified
Infections: Other	07989	·	B344		Papovavirus infection, unspecified
Infections: Other	07989	·	B348		Other viral infections of unspecified site
Infections: Other	07989	•	B9719	B9719	
Infections: Other Infections: Other	07989 07989	•	B9729 B9789	B9729	
Infections: Other	07998	•	A749	B9789 A749	Other viral agents as the cause of diseases classified elsewhere Chlamydial infection, unspecified
Infections: Other	07999		B9789	B9789	
Infections: Other	080		A750	A750	Epidemic louse-borne typhus fever due to Rickettsia prowazekii
Infections: Other	0810		A752		Typhus fever due to Rickettsia typhi
Infections: Other	0810		A751		Recrudescent typhus [Brill's disease]
Infections: Other	0812		A753		Typhus fever due to Rickettsia tsutsugamushi
Infections: Other	0819		A759		Typhus fever, unspecified
Infections: Other	0820		A770		Spotted fever due to Rickettsia rickettsii
Infections: Other	0821	Boutonneuse fever	A771	A771	Spotted fever due to Rickettsia conorii
Infections: Other	0822	North Asian tick fever	A772	A772	Spotted fever due to Rickettsia siberica
Infections: Other	0823	Queensland tick typhus	A773	A773	Spotted fever due to Rickettsia australis
Infections: Other	08240	Ehrlichiosis, unspecified	A7740	A7740	Ehrlichiosis, unspecified
Infections: Other	08241	Ehrlichiosis chafeensis [E. chafeensis]	A7741	A7741	Ehrlichiosis chafeensis [E. chafeensis]
Infections: Other	08249		A7749	A7749	Other ehrlichiosis
Infections: Other	0828	Other specified tick-borne rickettsioses	A778	A778	Other spotted fevers
Infections: Other	0829		A799	A799	Rickettsiosis, unspecified
Infections: Other	0830		A78		Q fever
Infections: Other	0831		A790		Trench fever
Infections: Other	0832	i i	A791		Rickettsialpox due to Rickettsia akari
Infections: Other	0838	·	A7981	A7981	Rickettsiosis due to Ehrlichia sennetsu
Infections: Other	0838	•	A7989	A7989	•
Infections: Other	0839		A799	A799	Rickettsiosis, unspecified
Infections: Other	0840		B508		Other severe and complicated Plasmodium falciparum malaria
Infections: Other Infections: Other	0840 0841		B509 B519		Plasmodium falciparum malaria, unspecified
Infections: Other	0841		B529		Plasmodium vivax malaria without complication Plasmodium malariae malaria without complication
Infections: Other	0842		B529 B530		Plasmodium ovale malaria
Infections: Other	0843		B531		Malaria due to simian plasmodia
Infections: Other	0844		B538		Other malaria, not elsewhere classified
Infections: Other	0845		B509		Plasmodium falciparum malaria, unspecified
Infections: Other	0845		B519		Plasmodium vivax malaria without complication
Infections: Other	0845		B529		Plasmodium malariae malaria without complication
Infections: Other	0846		B54		Unspecified malaria
Infections: Other	0847		B538		Other malaria, not elsewhere classified
Infections: Other	0848		B508		Other severe and complicated Plasmodium falciparum malaria
Infections: Other	0849		B500	B500	Plasmodium falciparum malaria with cerebral complications
Infections: Other	0849		B508	B508	Other severe and complicated Plasmodium falciparum malaria
Infections: Other	0849	Other pernicious complications of malaria	B510	B510	Plasmodium vivax malaria with rupture of spleen
Infections: Other	0849	Other pernicious complications of malaria	B518	B518	Plasmodium vivax malaria with other complications
Infections: Other	0849	Other pernicious complications of malaria	B520	B520	Plasmodium malariae malaria with nephropathy
Infections: Other	0849	Other pernicious complications of malaria	B528	B528	Plasmodium malariae malaria with other complications
Infections: Other	0850	Visceral [kala-azar] leishmaniasis	B550	B550	Visceral leishmaniasis
Infections: Other	0851	Cutaneous leishmaniasis, urban	B551	B551	Cutaneous leishmaniasis
Infections: Other	0852	-	B551		Cutaneous leishmaniasis
Infections: Other	0853	• •	B551		Cutaneous leishmaniasis
Infections: Other	0854	-	B551		Cutaneous leishmaniasis
Infections: Other	0855		B552		Mucocutaneous leishmaniasis
Infections: Other	0859		B559		Leishmaniasis, unspecified
Infections: Other	0860	<u> </u>	B570		Acute Chagas' disease with heart involvement
Infections: Other	0860	<u> </u>	B572		Chagas' disease (chronic) with heart involvement
Infections: Other	0861	Chagas' disease with other organ involvemer			Chagas' disease (chronic) with other organ involvement
Infections: Other Infections: Other	0862 0863	Chagas' disease without mention of organ in	B560	B571 B560	Acute Chagas' disease without heart involvement
Infections: Other	0864	<i>·</i> ··	B561		Gambiense trypanosomiasis Rhodesiense trypanosomiasis
Infections: Other	0865		B569		African trypanosomiasis, unspecified
Infections: Other	0869		B569		African trypanosomiasis, unspecified
Infections: Other	0870		A680	A680	Louse-borne relapsing fever
Infections: Other	0871		A681		Tick-borne relapsing fever
Infections: Other	0879		A689	A689	Relapsing fever, unspecified
Infections: Other	0880		A449	A449	Bartonellosis, unspecified
Infections: Other	08881		A6920	A6920	
Infections: Other	08882	-	B600	B600	Babesiosis
Infections: Other	08889	Other specified arthropod-borne diseases, o		B608	Other specified protozoal diseases
Infections: Other	0889	Arthropod-borne disease, unspecified	B64	B64	Unspecified protozoal disease
Infections: Other	0900	Early congenital syphilis, symptomatic	A5009	A5009	Other early congenital syphilis, symptomatic
Infections: Other	0901	Early congenital syphilis, latent	A501	A501	Early congenital syphilis, latent
Infections: Other	0902	Early congenital syphilis, unspecified	A502	A502	Early congenital syphilis, unspecified
Infections: Other	0903		A5031	A5031	
Infections: Other	09040		A5040		Late congenital neurosyphilis, unspecified
Infections: Other	09040		A5045		Juvenile general paresis
Infections: Other	09041		A5042		Late congenital syphilitic encephalitis
Infections: Other	09042		A5041		Late congenital syphilitic meningitis
Infections: Other	09049		A5049	A5049	
Infections: Other	0905	Other late congenital syphilis, symptomatic			Hutchinson's teeth
Infections: Other	0905	Other late congenital syphilis, symptomatic		A5057	
Infections: Other	0905	Other late congenital syphilis, symptomatic		A5059	
Infections: Other	0906		A506		Late congenital syphilis, latent
Infections: Other	0907		A507	A507	Late congenital syphilis, unspecified
Infections: Other Infections: Other	0909 0910		A509 A510		Congenital syphilis, unspecified Primary genital syphilis
Infections: Other	0910		A510 A511		Primary genital syphilis Primary anal syphilis
Infections: Other	0911 0912	, ,,	A511 A512		Primary anal syphilis Primary syphilis of other sites
Infections: Other	0912	Secondary syphilis of skin or mucous membr		A512 A5131	
Infections: Other	0913	Secondary syphilis of skin of mucous membr		A5131 A5139	
Infections: Other	0914		A5149	A5135 A5149	
Infections: Other	09150		A5143	A5143	
Infections: Other	09151		A5143		Secondary syphilitic oculopathy
Infections: Other	09152		A5143	A5143	
Infections: Other	09161		A5146	A5146	
Infections: Other	09162		A5145		Secondary syphilitic hepatitis
Infections: Other	09169		A5149	A5149	
Infections: Other	0917		A5149	A5149	
Infections: Other	09181		A5141	A5141	
Infections: Other	09182	Syphilitic alopecia	A5132	A5132	Syphilitic alopecia
Infections: Other	09189		A5149	A5149	
Infections: Other	0919		A5149	A5149	Other secondary syphilitic conditions
Infections: Other	0920	Early syphilis, latent, serological relapse after			Early syphilis, latent
Infections: Other	0929		A515		Early syphilis, latent
Infections: Other	0930		A5201	A5201	
Infections: Other	0931		A5202		Syphilitic aortitis
Infections: Other	09320		A5203		Syphilitic endocarditis
Infections: Other	09321		A5203		Syphilitic endocarditis
Infections: Other	09322	Syphilitic endocarditis of aortic valve	A5203	A5703	Syphilitic endocarditis

Infections: Other	09322	Syphilitic endocarditis of aortic valve	A5203	A5203 Syphilitic endocarditis
Infections: Other	09323	Syphilitic endocarditis of tricuspid valve	A5203	A5203 Syphilitic endocarditis
Infections: Other	09324	Syphilitic endocarditis of pulmonary valve	A5203	A5203 Syphilitic endocarditis
Infections: Other	09381	Syphilitic pericarditis	A5206	A5206 Other syphilitic heart involvement
Infections: Other	09382	Syphilitic myocarditis	A5206	A5206 Other syphilitic heart involvement
Infections: Other	09389	Other specified cardiovascular syphilis	A5209	A5209 Other cardiovascular syphilis

Infections: Other 0939 Cardiovascular syphilis, unspecified 0940 Infections: Other Tabes dorsalis Infections: Other 0941 General paresis Infections: Other 0942 Syphilitic meningitis Infections: Other 0943 Asymptomatic neurosyphilis Infections: Other 09481 Syphilitic encephalitis Infections: Other 09482 Syphilitic parkinsonism Syphilitic disseminated retinochoroiditis Infections: Other 09483 09484 Infections: Other Syphilitic optic atrophy Infections: Other 09485 Syphilitic retrobulbar neuritis Infections: Other 09486 Syphilitic acoustic neuritis Infections: Other 09487 Syphilitic ruptured cerebral aneurysm Infections: Other 09489 Other specified neurosyphilis Infections: Other 0949 Neurosyphilis, unspecified Infections: Other 0950 Syphilitic episcleritis Infections: Other 0951 Syphilis of lung Syphilitic peritonitis Infections: Other 0952 Infections: Other 0953 Syphilis of liver Infections: Other 0954 Syphilis of kidney Infections: Other 0955 Syphilis of bone Infections: Other 0956 Syphilis of muscle Infections: Other 0957 Syphilis of synovium, tendon, and bursa Infections: Other 0958 Other specified forms of late symptomatic sy A5273 Other specified forms of late symptomatic sy A5276 Infections: Other 0958 Infections: Other 0958 Other specified forms of late symptomatic sy A5279 Infections: Other 0959 Late symptomatic syphilis, unspecified Infections: Other 096 Late syphilis, latent Infections: Other 0970 Late syphilis, unspecified Infections: Other 0971 Latent syphilis, unspecified Infections: Other 0979 Syphilis, unspecified Infections: Other 0980 Gonococcal infection (acute) of lower genito A5400 Infections: Other 09810 Gonococcal infection (acute) of upper genito A5429 Infections: Other 09811 Gonococcal cystitis (acute) Infections: Other 09812 Gonococcal prostatitis (acute) Infections: Other 09813 Gonococcal epididymo-orchitis (acute) Infections: Other 09814 Gonococcal seminal vesiculitis (acute) Infections: Other 09815 Gonococcal cervicitis (acute) Infections: Other 09816 Gonococcal endometritis (acute) Infections: Other 09817 Gonococcal salpingitis, specified as acute Infections: Other 09819 Other gonococcal infection (acute) of upper A5421 Infections: Other 0982 Gonococcal infection, chronic, of lower genit A5400 Infections: Other 09830 Chronic gonococcal infection of upper genitc A5429 Infections: Other 09831 Gonococcal cystitis, chronic Infections: Other 09832 Gonococcal prostatitis, chronic Infections: Other 09833 Gonococcal epididymo-orchitis, chronic Infections: Other 09834 Gonococcal seminal vesiculitis, chronic Infections: Other 09835 Gonococcal cervicitis, chronic Infections: Other 09836 Gonococcal endometritis, chronic Infections: Other 09837 Gonococcal salpingitis (chronic) Infections: Other 09839 Other chronic gonococcal infection of upper A5429 Infections: Other 09840 Gonococcal conjunctivitis (neonatorum) Infections: Other 09841 Gonococcal iridocyclitis Infections: Other 09842 Gonococcal endophthalmia

A5200

A5211

A5217

A5213

A522

A5214

A5219

A5219

A5215

A5215

A5215

A5219

A5219

A523

A5271

A5272

A5274

A5274

A5275

A5277

A5278

A5278

A5279

A528

A529

A530

A539

A5401

A5422

A5423

A5423 A5403

A5424

A5429

A5401

A5422

A5423

A5423

A5403

A5424

A5429

A5431

A5432

A5439

A5200 Cardiovascular syphilis, unspecified A5211 Tabes dorsalis A5217 General paresis A5213 Late syphilitic meningitis A522 Asymptomatic neurosyphilis A5214 Late syphilitic encephalitis A5219 Other symptomatic neurosyphilis A5219 Other symptomatic neurosyphilis A5215 Late syphilitic neuropathy A5215 Late syphilitic neuropathy A5215 Late syphilitic neuropathy A5219 Other symptomatic neurosyphilis A5219 Other symptomatic neurosyphilis A523 Neurosyphilis, unspecified A5271 Late syphilitic oculopathy A5272 Syphilis of lung and bronchus A5274 Syphilis of liver and other viscera A5274 Syphilis of liver and other viscera A5275 Syphilis of kidney and ureter A5277 Syphilis of bone and joint A5278 Syphilis of other musculoskeletal tissue A5278 Syphilis of other musculoskeletal tissue A5273 Symptomatic late syphilis of other respiratory organs A5276 Other genitourinary symptomatic late syphilis A5279 Other symptomatic late syphilis A5279 Other symptomatic late syphilis A528 Late syphilis, latent A529 Late syphilis, unspecified A530 Latent syphilis, unspecified as early or late A539 Syphilis, unspecified A5400 Gonococcal infection of lower genitourinary tract, unspecified A5429 Other gonococcal genitourinary infections A5401 Gonococcal cystitis and urethritis, unspecified A5422 Gonococcal prostatitis A5423 Gonococcal infection of other male genital organs A5423 Gonococcal infection of other male genital organs A5403 Gonococcal cervicitis, unspecified A5424 Gonococcal female pelvic inflammatory disease A5429 Other gonococcal genitourinary infections A5421 Gonococcal infection of kidney and ureter A5400 Gonococcal infection of lower genitourinary tract, unspecified A5429 Other gonococcal genitourinary infections A5401 Gonococcal cystitis and urethritis, unspecified A5422 Gonococcal prostatitis A5423 Gonococcal infection of other male genital organs A5423 Gonococcal infection of other male genital organs A5403 Gonococcal cervicitis, unspecified A5424 Gonococcal female pelvic inflammatory disease A5429 Other gonococcal genitourinary infections A5429 Other gonococcal genitourinary infections A5431 Gonococcal conjunctivitis A5432 Gonococcal iridocyclitis A5439 Other gonococcal eye infection A5433 Gonococcal keratitis A5439 Other gonococcal eye infection A5442 Gonococcal arthritis A5449 Gonococcal infection of other musculoskeletal tissue A5449 Gonococcal infection of other musculoskeletal tissue A5441 Gonococcal spondylopathy A5440 Gonococcal infection of musculoskeletal system, unspecified A545 Gonococcal pharyngitis A546 Gonococcal infection of anus and rectum A5489 Other gonococcal infections A5481 Gonococcal meningitis A5483 Gonococcal heart infection A5483 Gonococcal heart infection A5483 Gonococcal heart infection A5485 Gonococcal peritonitis A5486 Gonococcal sepsis A5489 Other gonococcal infections A57 Chancroid A55 Chlamydial lymphogranuloma (venereum) A58 Granuloma inguinale N341 Nonspecific urethritis N341 Nonspecific urethritis N341 Nonspecific urethritis A5619 Other chlamydial genitourinary infection A564 Chlamydial infection of pharynx A563 Chlamydial infection of anus and rectum A5600 Chlamydial infection of lower genitourinary tract, unspecified A5619 Other chlamydial genitourinary infection A562 Chlamydial infection of genitourinary tract, unspecified A568 Sexually transmitted chlamydial infection of other sites A568 Sexually transmitted chlamydial infection of other sites A638 Other specified predominantly sexually transmitted diseases A64 Unspecified sexually transmitted disease A270 Leptospirosis icterohemorrhagica A2781 Aseptic meningitis in leptospirosis A2789 Other forms of leptospirosis A279 Leptospirosis, unspecified A690 Necrotizing ulcerative stomatitis A691 Other Vincent's infections A660 Initial lesions of yaws A661 Multiple papillomata and wet crab yaws A662 Other early skin lesions of yaws A663 Hyperkeratosis of yaws A664 Gummata and ulcers of yaws A665 Gangosa A666 Bone and joint lesions of yaws A667 Other manifestations of yaws A668 Latent yaws A669 Yaws, unspecified A670 Primary lesions of pinta A671 Intermediate lesions of pinta A672 Late lesions of pinta A673 Mixed lesions of pinta A679 Pinta, unspecified A65 Nonvenereal syphilis A698 Other specified spirochetal infections A699 Spirochetal infection, unspecified B360 Pityriasis versicolor B361 Tinea nigra B362 White piedra B363 Black piedra B368 Other specified superficial mycoses

Infections: Other	09842	Gonococcal endopritralmia A5439
Infections: Other	09843	Gonococcal keratitis A5433
Infections: Other	09849	Other gonococcal infection of eye A5439
Infections: Other	09850	Gonococcal arthritis A5442
Infections: Other	09851	Gonococcal synovitis and tenosynovitis A5449
Infections: Other	09852	Gonococcal bursitis A5449
Infections: Other	09853	Gonococcal spondylitis A5441
Infections: Other	09859	Other gonococcal infection of joint A5440
Infections: Other	0986	Gonococcal infection of pharynx A545
Infections: Other	0987	Gonococcal infection of anus and rectum A546
Infections: Other	09881	Gonococcal keratosis (blennorrhagica) A5489
Infections: Other	09882	Gonococcal meningitis A5481
Infections: Other	09883	Gonococcal pericarditis A5483
Infections: Other	09884	Gonococcal endocarditis A5483
Infections: Other	09885	
		6
Infections: Other	09886	Gonococcal peritonitis A5485
Infections: Other	09889	Gonococcal infection of other specified sites A5486
Infections: Other	09889	Gonococcal infection of other specified sites A5489
Infections: Other	0990	Chancroid A57
Infections: Other	0991	Lymphogranuloma venereum A55
Infections: Other	0992	Granuloma inguinale A58
Infections: Other	09940	Other nongonococcal urethritis, unspecified N341
Infections: Other	09941	Other nongonococcal urethritis, chlamydia ti N341
Infections: Other	09941	Other nongonococcal urethritis, other specif N341
Infections: Other	09950	Other venereal diseases due to chlamydia tr; A5619
Infections: Other	09951	Other venereal diseases due to chlamydia tra A564
Infections: Other	09952	Other venereal diseases due to chlamydia tra A563
Infections: Other	09953	Other venereal diseases due to chlamydia tra A5600
Infections: Other	09954	Other venereal diseases due to chlamydia tra A5619
Infections: Other	09955	Other venereal diseases due to chlamydia tra A562
Infections: Other	09956	Other venereal diseases due to chlamydia tra A568
Infections: Other	09959	Other venereal diseases due to chlamydia tra A568
Infections: Other	0998	Other specified venereal diseases A638
Infections: Other	0999	Venereal disease, unspecified A64
Infections: Other	1000	<i>,</i> , ,
		Leptospirosis icterohemorrhagica A270
Infections: Other	10081	Leptospiral meningitis (aseptic) A2781
Infections: Other	10089	Other specified leptospiral infections A2789
Infections: Other	1009	Leptospirosis, unspecified A279
Infections: Other	101	Vincent's angina A690
Infections: Other	101	Vincent's angina A691
Infections: Other	1020	Initial lesions of yaws A660
Infections: Other	1021	Multiple papillomata due to yaws and wet cr A661
Infections: Other	1022	Other early skin lesions of yaws A662
Infections: Other	1023	Hyperkeratosis due to yaws A663
Infections: Other	1023	
Infections: Other	1025	Gangosa A665
Infections: Other	1026	Bone and joint lesions due to yaws A666
Infections: Other	1027	Other manifestations of yaws A667
Infections: Other	1028	Latent yaws A668
Infections: Other	1029	Yaws, unspecified A669
Infections: Other	1030	Primary lesions of pinta A670
Infections: Other	1031	Intermediate lesions of pinta A671
Infections: Other	1032	Late lesions of pinta A672
Infections: Other	1032	Mixed lesions of pinta A673
Infections: Other	1039	Pinta, unspecified A679
Infections: Other	1040	Nonvenereal endemic syphilis A65
Infections: Other	1048	Other specified spirochetal infections A698
Infections: Other	1049	Spirochetal infection, unspecified A699
Infections: Other	1110	Pityriasis versicolor B360
Infections: Other	1111	Tinea nigra B361
Infections: Other	1112	Tinea blanca B362
Infections: Other	1113	Black piedra B363
Infections: Other	1118	Other specified dermatomycoses B368

Infections: Other	1119	Dermatomycosis, unspecified	B369	B369 Superficial mycosis, unspecified
Infections: Other	1120	Candidiasis of mouth	B370	B370 Candidal stomatitis
Infections: Other	1120	Candidiasis of mouth	B3783	B3783 Candidal cheilitis
Infections: Other	1121	Candidiasis of vulva and vagina	B373	B373 Candidiasis of vulva and vagina
Infections: Other	1122	Candidiasis of other urogenital sites	B3742	B3742 Candidal balanitis
Infections: Other	1122	Candidiasis of other urogenital sites	B3749	B3749 Other urogenital candidiasis

Infections: Other 1123 Candidiasis of skin and nails B372 Infections: Other 1124 B371 Candidiasis of lung 1125 B377 Infections: Other **Disseminated candidiasis** Candidal otitis externa B3784 Infections: Other 11282 Infections: Other 11283 Candidal meningitis B375 Infections: Other 11284 B3781 Candidal esophagitis Infections: Other 11285 Candidal enteritis B3782 Infections: Other 11289 Other candidiasis of other specified sites B3789 Infections: Other Candidiasis of unspecified site B379 1129 Infections: Other 1140 Primary coccidioidomycosis (pulmonary) B380 Infections: Other 1141 Primary extrapulmonary coccidioidomycosis B383 Infections: Other 1142 B384 Coccidioidal meningitis 1143 Infections: Other Other forms of progressive coccidioidomyco: B3889 Infections: Other 1144 Chronic pulmonary coccidioidomycosis B381 Infections: Other 1145 Pulmonary coccidioidomycosis, unspecified B382 Infections: Other 1149 Coccidioidomycosis, unspecified B389 Infections: Other 11500 Infection by Histoplasma capsulatum, withou B394 Infections: Other 11501 Infection by Histoplasma capsulatum, menin B394 Infections: Other 11501 Infection by Histoplasma capsulatum, menin G02 Infections: Other 11502 Infection by Histoplasma capsulatum, retiniti B394 Infections: Other 11502 Infection by Histoplasma capsulatum, retiniti H32 Infections: Other 11503 Infection by Histoplasma capsulatum, perica B394 Infections: Other 11503 Infection by Histoplasma capsulatum, perica 132 Infections: Other 11504 Infection by Histoplasma capsulatum, endoci B394 Infections: Other 11504 Infection by Histoplasma capsulatum, endoci 139 Infections: Other 11505 Infection by Histoplasma capsulatum, pneur B392 Infections: Other 11509 Infection by Histoplasma capsulatum, other B393 Infections: Other 11510 Infection by Histoplasma duboisii, without m B395 Infections: Other 11511 Infection by Histoplasma duboisii, meningitis B395 Infections: Other 11511 Infection by Histoplasma duboisii, meningitis G02 Infections: Other 11512 Infection by Histoplasma duboisii, retinitis B395 Infections: Other 11512 Infection by Histoplasma duboisii, retinitis H32 Infections: Other 11513 Infection by Histoplasma duboisii, pericarditi B395 Infections: Other 11513 Infection by Histoplasma duboisii, pericarditi 132 Infections: Other 11514 Infection by Histoplasma duboisii, endocardi B395 Infections: Other 11514 Infection by Histoplasma duboisii, endocardi 139 Infections: Other 11515 Infection by Histoplasma duboisii, pneumoni B395 Infections: Other 11515 Infection by Histoplasma duboisii, pneumoni J17 Infections: Other 11519 Infection by Histoplasma duboisii, other B395 11590 Infections: Other Histoplasmosis, unspecified, without mentio B399 Infections: Other 11591 Histoplasmosis, unspecified, meningitis B399 Infections: Other 11591 Histoplasmosis, unspecified, meningitis G02 Infections: Other 11592 Histoplasmosis, unspecified, retinitis B399 11592 Infections: Other Histoplasmosis, unspecified, retinitis H32 Histoplasmosis, unspecified, pericarditis Infections: Other 11593 B399 Infections: Other 11593 Histoplasmosis, unspecified, pericarditis 132 Infections: Other 11594 B399 Histoplasmosis, unspecified, endocarditis Infections: Other 11594 Histoplasmosis, unspecified, endocarditis 139 Infections: Other 11595 Histoplasmosis, unspecified, pneumonia B399 Infections: Other 11595 Histoplasmosis, unspecified, pneumonia J17 11599 Infections: Other Histoplasmosis, unspecified, other B399 B409 Infections: Other 1160 Blastomycosis Infections: Other 1161 Paracoccidioidomycosis B410

B372 Candidiasis of skin and nail B371 Pulmonary candidiasis B377 Candidal sepsis B3784 Candidal otitis externa B375 Candidal meningitis B3781 Candidal esophagitis B3782 Candidal enteritis B3789 Other sites of candidiasis Candidiasis, unspecified B379 B380 Acute pulmonary coccidioidomycosis B383 Cutaneous coccidioidomycosis B384 Coccidioidomycosis meningitis B3889 Other forms of coccidioidomycosis B381 Chronic pulmonary coccidioidomycosis B382 Pulmonary coccidioidomycosis, unspecified B389 Coccidioidomycosis, unspecified B394 Histoplasmosis capsulati, unspecified B394 Histoplasmosis capsulati, unspecified Meningitis in other infectious and parasitic diseases classified elsewhere G02 Histoplasmosis capsulati, unspecified B394 H32 Chorioretinal disorders in diseases classified elsewhere B394 Histoplasmosis capsulati, unspecified Pericarditis in diseases classified elsewhere 132 Histoplasmosis capsulati, unspecified B394 139 Endocarditis and heart valve disorders in diseases classified elsewhere B392 Pulmonary histoplasmosis capsulati, unspecified B393 Disseminated histoplasmosis capsulati B395 Histoplasmosis duboisii B395 Histoplasmosis duboisii Meningitis in other infectious and parasitic diseases classified elsewhere G02 B395 Histoplasmosis duboisii H32 Chorioretinal disorders in diseases classified elsewhere B395 Histoplasmosis duboisii 132 Pericarditis in diseases classified elsewhere B395 Histoplasmosis duboisii 139 Endocarditis and heart valve disorders in diseases classified elsewhere B395 Histoplasmosis duboisii J17 Pneumonia in diseases classified elsewhere B395 Histoplasmosis duboisii B399 Histoplasmosis, unspecified B399 Histoplasmosis, unspecified G02 Meningitis in other infectious and parasitic diseases classified elsewhere B399 Histoplasmosis, unspecified H32 Chorioretinal disorders in diseases classified elsewhere B399 Histoplasmosis, unspecified 132 Pericarditis in diseases classified elsewhere B399 Histoplasmosis, unspecified 139 Endocarditis and heart valve disorders in diseases classified elsewhere B399 Histoplasmosis, unspecified J17 Pneumonia in diseases classified elsewhere B399 Histoplasmosis, unspecified B409 Blastomycosis, unspecified B410 Pulmonary paracoccidioidomycosis B419 Paracoccidioidomycosis, unspecified B480 Lobomycosis B481 Rhinosporidiosis B420 Pulmonary sporotrichosis B421 Lymphocutaneous sporotrichosis B427 Disseminated sporotrichosis B429 Sporotrichosis, unspecified B439 Chromomycosis, unspecified B449 Aspergillosis, unspecified B470 Eumycetoma B450 Pulmonary cryptococcosis B457 Disseminated cryptococcosis B459 Cryptococcosis, unspecified B482 Allescheriasis B469 Zygomycosis, unspecified B488 Other specified mycoses B488 Other specified mycoses B49 Unspecified mycosis B488 Other specified mycoses B650 Schistosomiasis due to Schistosoma haematobium [urinary schistosomiasis] B651 Schistosomiasis due to Schistosoma mansoni [intestinal schistosomiasis] B652 Schistosomiasis due to Schistosoma japonicum B653 Cercarial dermatitis B658 Other schistosomiasis B659 Schistosomiasis, unspecified B660 Opisthorchiasis B661 Clonorchiasis B664 Paragonimiasis B663 Fascioliasis B665 Fasciolopsiasis B668 Other specified fluke infections B668 Other specified fluke infections B662 Dicroceliasis B668 Other specified fluke infections B669 Fluke infection, unspecified B670 Echinococcus granulosus infection of liver B671 Echinococcus granulosus infection of lung B6731 Echinococcus granulosus infection, thyroid gland B6739 Echinococcus granulosus infection, other sites B674 Echinococcus granulosus infection, unspecified B675 Echinococcus multilocularis infection of liver B6769 Echinococcus multilocularis infection, other sites B677 Echinococcus multilocularis infection, unspecified B678 Echinococcosis, unspecified, of liver B6790 Echinococcosis, unspecified B6799 Other echinococcosis B680 Taenia solium taeniasis B699 Cysticercosis, unspecified B681 Taenia saginata taeniasis B689 Taeniasis, unspecified B700 Diphyllobothriasis B701 Sparganosis B710 Hymenolepiasis B711 Dipylidiasis B718 Other specified cestode infections B719 Cestode infection, unspecified B75 Trichinellosis B740 Filariasis due to Wuchereria bancrofti B741 Filariasis due to Brugia malayi B743 Loiasis B731 Onchocerciasis without eye disease B748 Other filariases

mections: Other	1101	Paracocciuloluolitycosis	B410
Infections: Other	1161	Paracoccidioidomycosis	B419
Infections: Other	1162	Lobomycosis	B480
Infections: Other	1170	Rhinosporidiosis	B481
Infections: Other	1171	Sporotrichosis	B420
Infections: Other	1171	Sporotrichosis	B421
Infections: Other	1171	Sporotrichosis	B427
Infections: Other	1171	Sporotrichosis	B429
Infections: Other	1172	Chromoblastomycosis	B439
Infections: Other	1173	Aspergillosis	B449
Infections: Other	1174	Mycotic mycetomas	B470
Infections: Other	1175	Cryptococcosis	B450
Infections: Other	1175	Cryptococcosis	B457
Infections: Other	1175	Cryptococcosis	B459
Infections: Other	1176	Allescheriosis [Petriellidosis]	B482
Infections: Other	1177	Zygomycosis [Phycomycosis or Mucormycosi	
Infections: Other	1178	Infection by dematiacious fungi [Phaehyphor	
Infections: Other	1179	Other and unspecified mycoses	B488
Infections: Other	1179	Other and unspecified mycoses	B49
Infections: Other	1175	Opportunistic mycoses	B488
Infections: Other	1200	Schistosomiasis due to schistosoma haemato	
Infections: Other	1200	Schistosomiasis due to schistosoma maemate	
Infections: Other	1201	Schistosomiasis due to schistosoma japonicu	
Infections: Other	1202	Cutaneous schistosomiasis	B653
Infections: Other	1203	Other specified schistosomiasis	B658
Infections: Other	1208	-	B659
Infections: Other	1209	Schistosomiasis, unspecified	B660
Infections: Other	1210	Opisthorchiasis Clonorchiasis	B661
Infections: Other	1211		B664
Infections: Other	1212	Paragonimiasis Fascioliasis	
Infections: Other	1213		B663 B665
		Fasciolopsiasis	
Infections: Other	1215	Metagonimiasis	B668
Infections: Other Infections: Other	1216	Heterophyiasis	B668
	1218	Other specified trematode infections	B662
Infections: Other	1218	Other specified trematode infections	B668
Infections: Other	1219	Trematode infection, unspecified	B669
Infections: Other	1220	Echinococcus granulosus infection of liver	B670
Infections: Other	1221	Echinococcus granulosus infection of lung	B671
Infections: Other	1222	Echinococcus granulosus infection of thyroid	
Infections: Other	1223	Echinococcus granulosus infection, other	B6739
Infections: Other	1224	Echinococcus granulosus infection, unspecifi	
Infections: Other	1225	Echinococcus multilocularis infection of liver	
Infections: Other	1226	Echinococcus multilocularis infection, other	
Infections: Other	1227	Echinococcus multilocularis infection, unspec	
Infections: Other	1228	Echinococcosis, unspecified, of liver	B678
Infections: Other	1229	Echinococcosis, other and unspecified	B6790
Infections: Other	1229	Echinococcosis, other and unspecified	B6799
Infections: Other	1230	Taenia solium infection, intestinal form	B680
Infections: Other	1231	Cysticercosis	B699
Infections: Other	1232	Taenia saginata infection	B681
Infections: Other	1233	Taeniasis, unspecified	B689
Infections: Other	1234	Diphyllobothriasis, intestinal	B700
Infections: Other	1235	Sparganosis [larval diphyllobothriasis]	B701
Infections: Other	1236	Hymenolepiasis	B710
Infections: Other	1238	Other specified cestode infection	B711
Infections: Other	1238	Other specified cestode infection	B718
Infections: Other	1239	Cestode infection, unspecified	B719
Infections: Other	124	Trichinosis	B75
Infections: Other	1250	Bancroftian filariasis	B740
Infections: Other	1251	Malayan filariasis	B741
Infections: Other	1252	Loiasis	B743
Infections: Other	1253	Onchocerciasis	B731
Infections: Other	1254	Dipetalonemiasis	B748
Infactions: Other	1955	Mancanalla azzardi infaction	D744

Infections: Other	1255	Mansonella ozzardi infection	B744	B744	Mansonelliasis
Infections: Other	1256	Other specified filariasis	B748	B748	Other filariases
Infections: Other	1257	Dracontiasis	B72	B72	Dracunculiasis
Infections: Other	1259	Unspecified filariasis	B749	B749	Filariasis, unspecified
Infections: Other	1260	Ancylostomiasis due to ancylostoma duode	n B760	B760	Ancylostomiasis
Infections: Other	1261	Necatoriasis due to necator americanus	B761	B761	Necatoriasis

Infections: Other	1262	Ancylostomiasis due to ancylostoma brazilier	B760
Infections: Other	1263	Ancylostomiasis due to ancylostoma ceylanic	B760
Infections: Other	1268	Other specified ancylostoma	B760
Infections: Other	1269	Ancylostomiasis and necatoriasis, unspecified	
Infections: Other	1269	Ancylostomiasis and necatoriasis, unspecified	B769
Infections: Other	1270	Ascariasis	B7781
Infections: Other	1270	Ascariasis	B779
Infections: Other	1271	Anisakiasis	B810
Infections: Other	1272	Strongyloidiasis	B789
Infections: Other	1273	Trichuriasis	B79
Infections: Other	1274	Enterobiasis	B80
Infections: Other	1275	Capillariasis	B811
Infections: Other	1276	Trichostrongyliasis	B812
Infections: Other	1277	Other specified intestinal helminthiasis	B818
Infections: Other	1278	Mixed intestinal helminthiasis	B814
Infections: Other	1279	Intestinal helminthiasis, unspecified	B820
Infections: Other	1280	Toxocariasis	B830
Infections: Other	1281	Gnathostomiasis	B831
Infections: Other	1288	Other specified helminthiasis	B832
Infections: Other	1288	Other specified helminthiasis	B838
Infections: Other	1289	Helminth infection, unspecified	B839
Infections: Other	129	Intestinal parasitism, unspecified	B829
Infections: Other	1300	Meningoencephalitis due to toxoplasmosis	B582
Infections: Other	1301	Conjunctivitis due to toxoplasmosis	B5809
Infections: Other	1302	Chorioretinitis due to toxoplasmosis	B5801
Infections: Other	1303	Myocarditis due to toxoplasmosis	B5881
Infections: Other	1304	Pneumonitis due to toxoplasmosis	B583
Infections: Other	1305	Hepatitis due to toxoplasmosis	B581
Infections: Other	1307	Toxoplasmosis of other specified sites	B5889
Infections: Other	1308	Multisystemic disseminated toxoplasmosis	B5889
Infections: Other	1309	Toxoplasmosis, unspecified	B589
Infections: Other	13100	Urogenital trichomoniasis, unspecified	A5900
Infections: Other	13101	Trichomonal vulvovaginitis	A5901
Infections: Other	13102	Trichomonal urethritis	A5903
Infections: Other	13103	Trichomonal prostatitis	A5902
Infections: Other	13109	5	A5909
Infections: Other	1318	Trichomoniasis of other specified sites	A598
Infections: Other	1319	Trichomoniasis, unspecified	A599
Infections: Other	1320	Pediculus capitis [head louse]	B850
Infections: Other	1321	Pediculus corporis [body louse]	B851
Infections: Other	1322	Phthirus pubis [pubic louse]	B853
Infections: Other	1323	Mixed pediculosis infestation	B854
Infections: Other	1329	Pediculosis, unspecified	B852
Infections: Other	1330	Scabies	B86
Infections: Other	1338	Other acariasis	B880
Infections: Other	1339	Acariasis, unspecified	B889
Infections: Other	1340	Myiasis	B879
Infections: Other	1341	Other arthropod infestation	B882
Infections: Other	1342	Hirudiniasis	B834
Infections: Other	1342	Hirudiniasis	B883
Infections: Other	1348	Other specified infestations	B888
Infections: Other	1349	Infestation, unspecified	B889
Infections: Other	1360	Ainhum	L946
Infections: Other	13621	Specific infection due to acanthamoeba	B6011
Infections: Other	13629	Other specific infections by free-living ameba	B6019
Infections: Other	13629	Other specific infections by free-living ameba	B602
Infections: Other	1363	Pneumocystosis	B59
Infections: Other	1364	Psorospermiasis	B608
Infections: Other	1365	Sarcosporidiosis	A078
Infections: Other	1368	Other specified infectious and parasitic disea	B608
Infections: Other	1368	Other specified infectious and parasitic disea	B998
Infections: Other	1369	Unspecified infectious and parasitic diseases	B89
Infections: Other	1369	Unspecified infectious and parasitic diseases	B999
Infections: Other	1370	Late effects of respiratory or unspecified tub	B909
Infections: Other	1371	Late effects of central nervous system tubere	B900
Infections: Other	1372	Late effects of genitourinary tuberculosis	B901
Infections: Other	1373	Late effects of tuberculosis of bones and join	B902
Infections: Other	1374	Late effects of tuberculosis of other specified	B908
Infections: Other	1390	Late effects of viral encephalitis	B941
Infections: Other	1391	Late effects of trachoma	B940
Diabetes	25000	Diabetes mellitus without mention of compli	
Diabetes	25001	Diabetes mellitus without mention of compli	E109
Diabetes	25002	Diabetes mellitus without mention of compli	
	25003	Diabetes mellitus without mention of compli	
Diabetes	25010	Diabetes with ketoacidosis, type II or unspec	
Diabetes	25010	Diabetes with ketoacidosis, type II or unspec	
	25011	Diabetes with ketoacidosis, type I [juvenile ty	
Diabetes	25012	Diabetes with ketoacidosis, type II or unspec	
Diabetes	25012	Diabetes with ketoacidosis, type II or unspec	
	25012	Diabetes with ketoacidosis, type II or unspec	
	25013	Diabetes with ketoacidosis, type I [juvenile ty	
Diabetes Diabetes	25013 25020	Diabetes with ketoacidosis, type I [juvenile ty	
	25020	Diabetes with hyperosmolarity, type II or uns Diabetes with hyperosmolarity, type II or uns	
Diabetes	25020	Diabetes with hyperosmolarity, type I juven	
	25021	Diabetes with hyperosmolarity, type I juven Diabetes with hyperosmolarity, type II or uns	
	25022	Diabetes with hyperosmolarity, type II or uns	
	25022	Diabetes with hyperosmolarity, type I of uns	
Diabetes	25023	Diabetes with hyperosmolarity, type I juven	
Diabetes	25025	Diabetes with other coma, type II or unspeci-	
	25030	Diabetes with other coma, type I of dispect	
Diabetes	25031	Diabetes with other coma, type I juvenile ty	
Diabetes	25032	Diabetes with other coma, type I governe ty	
Diabetes	25032	Diabetes with other coma, type II or unspeci-	
	25032	Diabetes with other coma, type I of dispect	
Diabetes	25033	Diabetes with other coma, type I juvenile ty	
Diabetes	25040	Diabetes with renal manifestations, type II or	
	25041	Diabetes with renal manifestations, type I (ju	
Diabetes	25042	Diabetes with renal manifestations, type I be	
Diabetes	25042	Diabetes with renal manifestations, type II of	
	25043	Diabetes with renal manifestations, type I (ju	
Diabetes	25043	Diabetes with renal manifestations, type I ju	
Diabetes	25050	Diabetes with ophthalmic manifestations, type i ge	
Diabetes	25050	Diabetes with ophthalmic manifestations, ty	
Diabetes	25050	Diabetes with ophthalmic manifestations, ty	
Diabetes	25050	Diabetes with ophthalmic manifestations, ty	
Diabetes	25050	Diabetes with ophthalmic manifestations, ty	
	25051	Diabetes with ophthalmic manifestations, ty	
	25051	Diabetes with ophthalmic manifestations, ty	
Diabetes	25051	Diabetes with ophthalmic manifestations, ty	
Diabetes	25051	Diabetes with ophthalmic manifestations, ty	
	25052	Diabetes with ophthalmic manifestations, ty	
	25052	Diabetes with ophthalmic manifestations, ty	
Diabetes	25052	Diabetes with ophthalmic manifestations, ty	
	25052	Diabetes with ophthalmic manifestations, ty	
Diabetes	25052	Diabetes with ophthalmic manifestations, ty	

B760 Ancylostomiasis B760 Ancylostomiasis B760 Ancylostomiasis B768 Other hookworm diseases B769 Hookworm disease, unspecified B7781 Ascariasis pneumonia B779 Ascariasis, unspecified B810 Anisakiasis B789 Strongyloidiasis, unspecified B79 Trichuriasis B80 Enterobiasis B811 Intestinal capillariasis B812 Trichostrongyliasis B818 Other specified intestinal helminthiases B814 Mixed intestinal helminthiases B820 Intestinal helminthiasis, unspecified B830 Visceral larva migrans B831 Gnathostomiasis B832 Angiostrongyliasis due to Parastrongylus cantonensis B838 Other specified helminthiases B839 Helminthiasis, unspecified B829 Intestinal parasitism, unspecified B582 Toxoplasma meningoencephalitis B5809 Other toxoplasma oculopathy B5801 Toxoplasma chorioretinitis B5881 Toxoplasma myocarditis B583 Pulmonary toxoplasmosis B581 Toxoplasma hepatitis B5889 Toxoplasmosis with other organ involvement B5889 Toxoplasmosis with other organ involvement B589 Toxoplasmosis, unspecified A5900 Urogenital trichomoniasis, unspecified A5901 Trichomonal vulvovaginitis A5903 Trichomonal cystitis and urethritis A5902 Trichomonal prostatitis A5909 Other urogenital trichomoniasis A598 Trichomoniasis of other sites A599 Trichomoniasis, unspecified B850 Pediculosis due to Pediculus humanus capitis B851 Pediculosis due to Pediculus humanus corporis B853 Phthiriasis B854 Mixed pediculosis and phthiriasis B852 Pediculosis, unspecified B86 Scabies B880 Other acariasis B889 Infestation, unspecified B879 Myiasis, unspecified B882 Other arthropod infestations B834 Internal hirudiniasis B883 External hirudiniasis B888 Other specified infestations B889 Infestation, unspecified L946 Ainhum B6011 Meningoencephalitis due to Acanthamoeba (culbertsoni) B6019 Other acanthamebic disease B602 Naegleriasis B59 Pneumocystosis B608 Other specified protozoal diseases A078 Other specified protozoal intestinal diseases B608 Other specified protozoal diseases B998 Other infectious disease B89 Unspecified parasitic disease B999 Unspecified infectious disease B909 Sequelae of respiratory and unspecified tuberculosis B900 Sequelae of central nervous system tuberculosis B901 Sequelae of genitourinary tuberculosis B902 Sequelae of tuberculosis of bones and joints B908 Sequelae of tuberculosis of other organs B941 Sequelae of viral encephalitis B940 Sequelae of trachoma E119 Type 2 diabetes mellitus without complications E109 Type 1 diabetes mellitus without complications E1165 Type 2 diabetes mellitus with hyperglycemia E1065 Type 1 diabetes mellitus with hyperglycemia E1169 Type 2 diabetes mellitus with other specified complication E1310 Other specified diabetes mellitus with ketoacidosis without coma E1010 Type 1 diabetes mellitus with ketoacidosis without coma E1165 Type 2 diabetes mellitus with hyperglycemia E1169 Type 2 diabetes mellitus with other specified complication E1310 Other specified diabetes mellitus with ketoacidosis without coma E1010 Type 1 diabetes mellitus with ketoacidosis without coma E1065 Type 1 diabetes mellitus with hyperglycemia E1100 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) E1101 Type 2 diabetes mellitus with hyperosmolarity with coma E1069 Type 1 diabetes mellitus with other specified complication E1100 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) E1165 Type 2 diabetes mellitus with hyperglycemia E1065 Type 1 diabetes mellitus with hyperglycemia E1069 Type 1 diabetes mellitus with other specified complication E11641 Type 2 diabetes mellitus with hypoglycemia with coma E1011 Type 1 diabetes mellitus with ketoacidosis with coma E10641 Type 1 diabetes mellitus with hypoglycemia with coma E1101 Type 2 diabetes mellitus with hyperosmolarity with coma E1165 Type 2 diabetes mellitus with hyperglycemia E1011 Type 1 diabetes mellitus with ketoacidosis with coma E1065 Type 1 diabetes mellitus with hyperglycemia E1129 Type 2 diabetes mellitus with other diabetic kidney complication E1029 Type 1 diabetes mellitus with other diabetic kidney complication E1121 Type 2 diabetes mellitus with diabetic nephropathy E1165 Type 2 diabetes mellitus with hyperglycemia E1021 Type 1 diabetes mellitus with diabetic nephropathy E1065 Type 1 diabetes mellitus with hyperglycemia E11311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema E11319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema E1136 Type 2 diabetes mellitus with diabetic cataract E1139 Type 2 diabetes mellitus with other diabetic ophthalmic complication E10311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema E10319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema E1036 Type 1 diabetes mellitus with diabetic cataract E1039 Type 1 diabetes mellitus with other diabetic ophthalmic complication E11311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema E11319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema E1136 Type 2 diabetes mellitus with diabetic cataract E1139 Type 2 diabetes mellitus with other diabetic ophthalmic complication E1165 Type 2 diabetes mellitus with hyperglycemia

Diabetes	25053	Diabetes with ophthalmic manifestations, ty E10311	E10311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
Diabetes	25053	Diabetes with ophthalmic manifestations, ty E10319	E10319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
Diabetes	25053	Diabetes with ophthalmic manifestations, ty E1036	E1036 Type 1 diabetes mellitus with diabetic cataract
Diabetes	25053	Diabetes with ophthalmic manifestations, ty E1039	E1039 Type 1 diabetes mellitus with other diabetic ophthalmic complication
Diabetes	25053	Diabetes with ophthalmic manifestations, ty E1065	E1065 Type 1 diabetes mellitus with hyperglycemia
Diabetes	25060	Diabetes with neurological manifestations, ty E1140	E1140 Type 2 diabetes mellitus with diabetic neuropathy, unspecified

Diabetes	25061	Diabetes with neurological manifestations, ty E1040	E1040 Type 1 diabetes mellitus with diabetic neuropathy, unspecified
Diabetes	25062	Diabetes with neurological manifestations, ty E1140	E1140 Type 2 diabetes mellitus with diabetic neuropathy, unspecified
Diabetes Diabetes	25062 25063	Diabetes with neurological manifestations, ty E1165 Diabetes with neurological manifestations, ty E1040	E1165 Type 2 diabetes mellitus with hyperglycemia E1040 Type 1 diabetes mellitus with diabetic neuropathy, unspecified
Diabetes	25063	Diabetes with neurological manifestations, t E1065	E1065 Type 1 diabetes mellitus with hyperglycemia
Diabetes	25070	Diabetes with peripheral circulatory disorder E1151	E1151 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
Diabetes Diabetes	25071 25072	Diabetes with peripheral circulatory disorder E1051 Diabetes with peripheral circulatory disorder E1151	E1051 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene E1151 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
Diabetes	25072	Diabetes with peripheral circulatory disorder E1165	E1165 Type 2 diabetes mellitus with hyperglycemia
Diabetes	25073	Diabetes with peripheral circulatory disorder E1051	E1051 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
Diabetes Diabetes	25073 25080	Diabetes with peripheral circulatory disorder E1065 Diabetes with other specified manifestations E11618	E1065 Type 1 diabetes mellitus with hyperglycemia E11618 Type 2 diabetes mellitus with other diabetic arthropathy
Diabetes	25080	Diabetes with other specified manifestations E11620	E11620 Type 2 diabetes mellitus with diabetic dermatitis
Diabetes	25080	Diabetes with other specified manifestations E11621	E11621 Type 2 diabetes mellitus with foot ulcer
Diabetes Diabetes	25080 25080	Diabetes with other specified manifestations E11622 Diabetes with other specified manifestations E11628	E11622 Type 2 diabetes mellitus with other skin ulcer E11628 Type 2 diabetes mellitus with other skin complications
Diabetes	25080	Diabetes with other specified manifestations E11630	E11630 Type 2 diabetes mellitus with periodontal disease
Diabetes Diabetes	25080 25080	Diabetes with other specified manifestations E11638	E11638 Type 2 diabetes mellitus with other oral complications
Diabetes Diabetes	25080	Diabetes with other specified manifestations E11649 Diabetes with other specified manifestations E1165	E11649 Type 2 diabetes mellitus with hypoglycemia without coma E1165 Type 2 diabetes mellitus with hyperglycemia
Diabetes	25080	Diabetes with other specified manifestations E1169	E1169 Type 2 diabetes mellitus with other specified complication
Diabetes Diabetes	25081	Diabetes with other specified manifestations E10618	E10618 Type 1 diabetes mellitus with other diabetic arthropathy
Diabetes Diabetes	25081 25081	Diabetes with other specified manifestations E10620 Diabetes with other specified manifestations E10621	E10620 Type 1 diabetes mellitus with diabetic dermatitis E10621 Type 1 diabetes mellitus with foot ulcer
Diabetes	25081	Diabetes with other specified manifestations E10622	E10622 Type 1 diabetes mellitus with other skin ulcer
Diabetes	25081	Diabetes with other specified manifestations E10628	E10628 Type 1 diabetes mellitus with other skin complications
Diabetes Diabetes	25081 25081	Diabetes with other specified manifestations E10630 Diabetes with other specified manifestations E10638	E10630 Type 1 diabetes mellitus with periodontal disease E10638 Type 1 diabetes mellitus with other oral complications
Diabetes	25081	Diabetes with other specified manifestations E10649	E10649 Type 1 diabetes mellitus with hypoglycemia without coma
Diabetes Diabetes	25081 25081	Diabetes with other specified manifestations E1065 Diabetes with other specified manifestations E1069	E1065 Type 1 diabetes mellitus with hyperglycemia
Diabetes	25081	Diabetes with other specified manifestations E1069	E1069 Type 1 diabetes mellitus with other specified complication E1165 Type 2 diabetes mellitus with hyperglycemia
Diabetes	25082	Diabetes with other specified manifestations E1169	E1169 Type 2 diabetes mellitus with other specified complication
Diabetes Diabetes	25083 25083	Diabetes with other specified manifestations E1065	E1065 Type 1 diabetes mellitus with hyperglycemia
Diabetes Diabetes	25085	Diabetes with other specified manifestations E1069 Diabetes with unspecified complication, type E118	E1069 Type 1 diabetes mellitus with other specified complication E118 Type 2 diabetes mellitus with unspecified complications
Diabetes	25091	Diabetes with unspecified complication, type E108	E108 Type 1 diabetes mellitus with unspecified complications
Diabetes Diabetes	25092 25092	Diabetes with unspecified complication, type E1165	E1165 Type 2 diabetes mellitus with hyperglycemia
Diabetes Diabetes	25092	Diabetes with unspecified complication, type E118 Diabetes with unspecified complication, type E1065	E118 Type 2 diabetes mellitus with unspecified complications E1065 Type 1 diabetes mellitus with hyperglycemia
Diabetes	25093	Diabetes with unspecified complication, type E108	E108 Type 1 diabetes mellitus with unspecified complications
Anemias	2810	Pernicious anemia D510	D510 Vitamin B12 deficiency anemia due to intrinsic factor deficiency
Anemias Anemias	2811 2811	Other vitamin B12 deficiency anemiaD511Other vitamin B12 deficiency anemiaD513	D511 Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria D513 Other dietary vitamin B12 deficiency anemia
Anemias	2811	Other vitamin B12 deficiency anemia D518	D518 Other vitamin B12 deficiency anemias
Anemias	2812	Folate-deficiency anemia D520	D520 Dietary folate deficiency anemia
Anemias Anemias	2812 2812	Folate-deficiency anemiaD521Folate-deficiency anemiaD528	D521 Drug-induced folate deficiency anemia D528 Other folate deficiency anemias
Anemias	2812	Folate-deficiency anemia D529	D529 Folate deficiency anemia, unspecified
Anemias	2813	Other specified megaloblastic anemias not e D531	D531 Other megaloblastic anemias, not elsewhere classified
Anemias Anemias	2814 2818	Protein-deficiency anemia D530 Anemia associated with other specified nutri D532	D530 Protein deficiency anemia D532 Scorbutic anemia
Anemias	2818	Anemia associated with other specified nutri D538	D538 Other specified nutritional anemias
Anemias	2819	Unspecified deficiency anemia D539	D539 Nutritional anemia, unspecified
Anemias Anemias	2820 2821	Hereditary spherocytosisD580Hereditary elliptocytosisD581	D580 Hereditary spherocytosis D581 Hereditary elliptocytosis
Anemias	2822	Anemias due to disorders of glutathione met D550	D550 Anemia due to glucose-6-phosphate dehydrogenase [G6PD] deficiency
Anemias	2822 2823	Anemias due to disorders of glutathione met D551	D551 Anemia due to other disorders of glutathione metabolism D558 Other anemias due to enzyme disorders
Anemias Anemias	2825	Other hemolytic anemias due to enzyme def D558 Sickle-cell thalassemia without crisis D5740	D538 Other anemias due to enzyme disorders D5740 Sickle-cell thalassemia without crisis
Anemias	28242	Sickle-cell thalassemia with crisis D57419	D57419 Sickle-cell thalassemia with crisis, unspecified
Anemias	28249 2825	Other thalassemia D568 Sickle-cell trait D573	D568 Other thalassemias D573 Sickle-cell trait
Anemias Anemias	2825	Sickle-cell disease, unspecified D571	D575 Sickle-cell disease without crisis
Anemias	28261	Hb-SS disease without crisis D571	D571 Sickle-cell disease without crisis
Anemias Anemias	28262 28263	Hb-SS disease with crisisD5700Sickle-cell/Hb-C disease without crisisD5720	D5700 Hb-SS disease with crisis, unspecified D5720 Sickle-cell/Hb-C disease without crisis
Anemias	28264	Sickle-cell/Hb-C disease with crisis D5720	D5720 Sickle-cell/Hb-C disease with crisis, unspecified
Anemias	28268	Other sickle-cell disease without crisis D5780	D5780 Other sickle-cell disorders without crisis
Anemias Anemias	28269 2827	Other sickle-cell disease with crisis D57819 Other hemoglobinopathies D564	D57819 Other sickle-cell disorders with crisis, unspecified D564 Hereditary persistence of fetal hemoglobin [HPFH]
Anemias	2827	Other hemoglobinopathies D582	D582 Other hemoglobinopathies
Anemias	2828	Other specified hereditary hemolytic anemia D588	D588 Other specified hereditary hemolytic anemias
Anemias Anemias	2829 2830	Hereditary hemolytic anemia, unspecified D589 Autoimmune hemolytic anemias D590	D589 Hereditary hemolytic anemia, unspecified D590 Drug-induced autoimmune hemolytic anemia
Anemias	2830	Autoimmune hemolytic anemias D590 Autoimmune hemolytic anemias D591	DS90 Dfug-induced autominine hemolytic anemia D591 Other autoimmune hemolytic anemias
Anemias	28310	Non-autoimmune hemolytic anemia, unspec D594	D594 Other nonautoimmune hemolytic anemias
Anemias Anomias	28311	Hemolytic-uremic syndrome D593	D593 Hemolytic-uremic syndrome D594 Other penauteimmung hemolytic anomias
Anemias Anemias	28319 2832	Other non-autoimmune hemolytic anemias D594 Hemoglobinuria due to hemolysis from exter D595	D594 Other nonautoimmune hemolytic anemias D595 Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli]
Anemias	2832	Hemoglobinuria due to hemolysis from exter D596	D596 Hemoglobinuria due to hemolysis from other external causes
Anemias Anomias	2832	Hemoglobinuria due to hemolysis from exter D598	D598 Other acquired hemolytic anemias
Anemias Anemias	2839 28401	Acquired hemolytic anemia, unspecifiedD599Constitutional red blood cell aplasiaD6101	D599 Acquired hemolytic anemia, unspecified D6101 Constitutional (pure) red blood cell aplasia
Anemias	28409	Other constitutional aplastic anemia D6109	D6109 Other constitutional aplastic anemia
Anemias Anemias	28481 28481	Red cell aplasia (acquired)(adult)(with thymc D600 Red cell aplasia (acquired)(adult)(with thymc D601	D600 Chronic acquired pure red cell aplasia D601 Transient acquired pure red cell aplasia
Anemias	28481	Red cell aplasia (acquired)(adult)(with thymc D608	D608 Other acquired pure red cell aplasias
Anemias	28481	Red cell aplasia (acquired)(adult)(with thymc D609	D609 Acquired pure red cell aplasia, unspecified
Anemias Anemias	28489 28489	Other specified aplastic anemiasD611Other specified aplastic anemiasD612	D611 Drug-induced aplastic anemia D612 Aplastic anemia due to other external agents
Anemias	28489	Other specified aplastic anemias D612 Other specified aplastic anemias D6189	D6189 Other specified aplastic anemias and other bone marrow failure syndromes
Anemias	2849	Aplastic anemia, unspecified D619	D619 Aplastic anemia, unspecified
Drug Dependence Drug Dependence	2920 29211	Drug withdrawal F19939 Drug-induced psychotic disorder with delusic F19950	F19939 Other psychoactive substance use, unspecified with withdrawal, unspecified F19950 Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
Drug Dependence	29212	Drug-induced psychotic disorder with halluci F19951	F19951 Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
Drug Dependence	2922	Pathological drug intoxication F15920	F15920 Other stimulant use, unspecified with intoxication, uncomplicated
Drug Dependence	29281 29282	Drug-induced delirium F19921 Drug-induced persisting dementia F1997	F19921 Other psychoactive substance use, unspecified with intoxication with delirium F1997 Other psychoactive substance use, unspecified with psychoactive substance induced percisting dementia
Drug Dependence Drug Dependence	29282 29283	Drug-induced persisting dementia F1997 Drug-induced persisting amnestic disorder F1996	F1997 Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia F1996 Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnestic disorder
Drug Dependence	29284	Drug-induced mood disorder F1994	F1994 Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder
Drug Dependence Drug Dependence	29289 29289	Other specified drug-induced mental disorde F11159 Other specified drug-induced mental disorde F11181	F11159 Opioid abuse with opioid-induced psychotic disorder, unspecified F11181 Opioid abuse with opioid-induced sexual dysfunction
Drug Dependence	29289 29289	Other specified drug-induced mental disorde F11181	F11181 Opioid abuse with opioid-induced sexual dysfunction F11188 Opioid abuse with other opioid-induced disorder
Drug Dependence	29289	Other specified drug-induced mental disorde F11222	F11222 Opioid dependence with intoxication with perceptual disturbance
Drug Dependence Drug Dependence	29289 29289	Other specified drug-induced mental disorde F11259 Other specified drug-induced mental disorde F11281	F11259 Opioid dependence with opioid-induced psychotic disorder, unspecified F11281 Opioid dependence with opioid-induced sexual dysfunction
Drug Dependence	29289	Other specified drug-induced mental disord F11281	F11288 Opioid dependence with other opioid-induced disorder
Drug Dependence	29289	Other specified drug-induced mental disorde F11922	F11922 Opioid use, unspecified with intoxication with perceptual disturbance
Drug Dependence Drug Dependence	29289 29289	Other specified drug-induced mental disorde F11959 Other specified drug-induced mental disorde F11981	F11959 Opioid use, unspecified with opioid-induced psychotic disorder, unspecified F11981 Opioid use, unspecified with opioid-induced sexual dysfunction
Drug Dependence	29289	Other specified drug-induced mental disorde F11981	F11981 Opioid use, unspecified with other opioid-induced disorder
Drug Dependence	29289	Other specified drug-induced mental disorde F12122	F12122 Cannabis abuse with intoxication with perceptual disturbance
Drug Dependence Drug Dependence	29289 29289	Other specified drug-induced mental disorde F12159 Other specified drug-induced mental disorde F12180	F12159 Cannabis abuse with psychotic disorder, unspecified F12180 Cannabis abuse with cannabis-induced anxiety disorder
Drug Dependence	29289	Other specified drug-induced mental disord F12188	F12188 Cannabis abuse with other cannabis-induced disorder
Drug Dependence	29289	Other specified drug-induced mental disorde F12222	F12222 Cannabis dependence with intoxication with perceptual disturbance
Drug Dependence Drug Dependence	29289 29289	Other specified drug-induced mental disorde F12259 Other specified drug-induced mental disorde F12280	F12259 Cannabis dependence with psychotic disorder, unspecified F12280 Cannabis dependence with cannabis-induced anxiety disorder
Drug Dependence	29289	Other specified drug-induced mental disorde F12288	F12288 Cannabis dependence with other cannabis-induced disorder
Drug Dependence	29289	Other specified drug-induced mental disorde F12922	F12922 Cannabis use, unspecified with intoxication with perceptual disturbance

29289 Other specified drug-induced mental disord F12959 Drug Dependence **Drug Dependence** 29289 Other specified drug-induced mental disorde F12980 29289 Other specified drug-induced mental disord F12988 Drug Dependence Drug Dependence 29289 Other specified drug-induced mental disorde F13159 Drug Dependence 29289 Other specified drug-induced mental disorde F13180 Drug Dependence 29289 Other specified drug-induced mental disorde F13181 29289 Drug Dependence Other specified drug-induced mental disorde F13188 Drug Dependence 29289 Other specified drug-induced mental disorde F13259 Drug Dependence 29289 Other specified drug-induced mental disord F13280 Other specified drug-induced mental disorde F13281 Drug Dependence 29289 **Drug Dependence** 29289 Other specified drug-induced mental disorde F13288 Drug Dependence 29289 Other specified drug-induced mental disorde F13959 29289 Other specified drug-induced mental disorde F13980 Drug Dependence **Drug Dependence** 29289 Other specified drug-induced mental disord F13981 Drug Dependence 29289 Other specified drug-induced mental disord F13988 **Drug Dependence** 29289 Other specified drug-induced mental disorde F14122 Drug Dependence 29289 Other specified drug-induced mental disorde F14159 29289 Drug Dependence Other specified drug-induced mental disorde F14180 Drug Dependence 29289 Other specified drug-induced mental disorde F14181 **Drug Dependence** 29289 Other specified drug-induced mental disord F14188 Other specified drug-induced mental disorde F14222 Drug Dependence 29289 Drug Dependence 29289 Other specified drug-induced mental disorde F14259 Drug Dependence 29289 Other specified drug-induced mental disorde F14280 29289 Drug Dependence Other specified drug-induced mental disorde F14281 **Drug Dependence** 29289 Other specified drug-induced mental disord F14288 Drug Dependence 29289 Other specified drug-induced mental disorde F14922 Drug Dependence 29289 Other specified drug-induced mental disorde F14959 29289 Drug Dependence Other specified drug-induced mental disorde F14980 Drug Dependence 29289 Other specified drug-induced mental disorde F14981 29289 Drug Dependence Other specified drug-induced mental disorde F14988 Drug Dependence 29289 Other specified drug-induced mental disorde F15122 29289 Other specified drug-induced mental disord F15159 Drug Dependence Drug Dependence 29289 Other specified drug-induced mental disorde F15180 Drug Dependence 29289 Other specified drug-induced mental disorde F15181 29289 Other specified drug-induced mental disorde F15188 Drug Dependence Drug Dependence 29289 Other specified drug-induced mental disorde F15222 Drug Dependence 29289 Other specified drug-induced mental disorde F15259 29289 Other specified drug-induced mental disord F15280 Drug Dependence Drug Dependence 29289 Other specified drug-induced mental disorde F15281 Drug Dependence 29289 Other specified drug-induced mental disorde F15288 Drug Dependence 29289 Other specified drug-induced mental disorde F15922 29289 Other specified drug-induced mental disord F15959 Drug Dependence Drug Dependence 29289 Other specified drug-induced mental disorde F15980 Drug Dependence 29289 Other specified drug-induced mental disorde F15981 29289 Drug Dependence Other specified drug-induced mental disorde F15988 29289 Drug Dependence Other specified drug-induced mental disorde F16122 Drug Dependence 29289 Other specified drug-induced mental disorde F16159 **Drug Dependence** 29289 Other specified drug-induced mental disorde F16180 Drug Dependence 29289 Other specified drug-induced mental disorde F16183 **Drug Dependence** 29289 Other specified drug-induced mental disorde F16188 Drug Dependence 29289 Other specified drug-induced mental disorde F16259 Other specified drug-induced mental disord F16280 Drug Dependence 29289 Drug Dependence 29289 Other specified drug-induced mental disorde F16283 Other specified drug-induced mental disorde F16288 Drug Dependence 29289 Other specified drug-induced mental disorde F16959 Drug Dependence 29289 Drug Dependence 29289 Other specified drug-induced mental disorde F16980 29289 Other specified drug-induced mental disorde F16983 Drug Dependence Drug Dependence 29289 Other specified drug-induced mental disorde F16988 **Drug Dependence** 29289 Other specified drug-induced mental disord F17208 Drug Dependence 29289 Other specified drug-induced mental disorde F17218 Drug Dependence 29289 Other specified drug-induced mental disorde F17228 29289 Drug Dependence Other specified drug-induced mental disorde F17298 29289 Drug Dependence Other specified drug-induced mental disorde F18159 Drug Dependence 29289 Other specified drug-induced mental disorde F18180 **Drug Dependence** 29289 Other specified drug-induced mental disord F18188 Drug Dependence 29289 Other specified drug-induced mental disorde F18259 Drug Dependence 29289 Other specified drug-induced mental disorde F18280 Other specified drug-induced mental disorde F18288 Drug Dependence 29289 29289 Drug Dependence Other specified drug-induced mental disorde F18959 29289 Drug Dependence Other specified drug-induced mental disorde F18980 **Drug Dependence** 29289 Other specified drug-induced mental disord F18988 Drug Dependence 29289 Other specified drug-induced mental disorde F19122 Drug Dependence 29289 Other specified drug-induced mental disorde F19159 29289 Drug Dependence Other specified drug-induced mental disorde F19180 **Drug Dependence** 29289 Other specified drug-induced mental disord F19181 Drug Dependence 29289 Other specified drug-induced mental disord F19188 29289 Drug Dependence Other specified drug-induced mental disorde F19222 Drug Dependence 29289 Other specified drug-induced mental disorde F19259 Drug Dependence 29289 Other specified drug-induced mental disorde F19280 Drug Dependence 29289 Other specified drug-induced mental disorde F19281 29289 Drug Dependence Other specified drug-induced mental disord F19288 Drug Dependence 29289 Other specified drug-induced mental disord F19922 Drug Dependence 29289 Other specified drug-induced mental disorde F19959 Drug Dependence 29289 Other specified drug-induced mental disorde F19980 **Drug Dependence** 29289 Other specified drug-induced mental disord F19981 29289 Drug Dependence Other specified drug-induced mental disord F19988 2929 Drug Dependence Unspecified drug-induced mental disorder F1999 30400 Drug Dependence Opioid type dependence, unspecified F1120 **Drug Dependence** 30401 Opioid type dependence, continuous F1120 Drug Dependence F1120 30402 Opioid type dependence, episodic 30403 Drug Dependence Opioid type dependence, in remission F1121 Drug Dependence 30410 Sedative, hypnotic or anxiolytic dependence, F1320 Drug Dependence 30411 Sedative, hypnotic or anxiolytic dependence, F1320 30412 Drug Dependence Sedative, hypnotic or anxiolytic dependence, F1320 Drug Dependence 30413 Sedative, hypnotic or anxiolytic dependence, F1321 Drug Dependence 30420 F1420 Cocaine dependence, unspecified F1420 Drug Dependence 30421 Cocaine dependence, continuous **Drug Dependence** 30422 F1420 Cocaine dependence, episodic **Drug Dependence** 30423 Cocaine dependence, in remission F1421 Drug Dependence 30430 Cannabis dependence, unspecified F1220 F1220 Drug Dependence 30431 Cannabis dependence, continuous 30432 F1220 Drug Dependence Cannabis dependence, episodic 30433 Cannabis dependence, in remission Drug Dependence F1221 **Drug Dependence** 30440 Amphetamine and other psychostimulant de F1520 Drug Dependence 30441 Amphetamine and other psychostimulant de F1520 **Drug Dependence** 30442 Amphetamine and other psychostimulant de F1520 Drug Dependence 30443 Amphetamine and other psychostimulant de F1521 Hallucinogen dependence, unspecified F1620 Drug Dependence 30450 Hallucinogen dependence, continuous F1620 Drug Dependence 30451 **Drug Dependence** 30452 Hallucinogen dependence, episodic F1620 **Drug Dependence** 30453 F1621 Hallucinogen dependence, in remission Drug Dependence 30460 Other specified drug dependence, unspecifie F1920 Drug Dependence 30461 Other specified drug dependence, continuor F1920 **Drug Dependence** 30462 Other specified drug dependence, episodic F1920 30463 Other specified drug dependence, in remissi F1921 Drug Dependence

F12959 Cannabis use, unspecified with psychotic disorder, unspecified F12980 Cannabis use, unspecified with anxiety disorder F12988 Cannabis use, unspecified with other cannabis-induced disorder F13159 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified F13180 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder F13181 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction F13188 Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder F13259 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified F13280 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder F13281 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction F13288 Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder F13959 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified F13980 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder F13981 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction F13988 Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorder F14122 Cocaine abuse with intoxication with perceptual disturbance F14159 Cocaine abuse with cocaine-induced psychotic disorder, unspecified F14180 Cocaine abuse with cocaine-induced anxiety disorder F14181 Cocaine abuse with cocaine-induced sexual dysfunction F14188 Cocaine abuse with other cocaine-induced disorder F14222 Cocaine dependence with intoxication with perceptual disturbance F14259 Cocaine dependence with cocaine-induced psychotic disorder, unspecified F14280 Cocaine dependence with cocaine-induced anxiety disorder F14281 Cocaine dependence with cocaine-induced sexual dysfunction F14288 Cocaine dependence with other cocaine-induced disorder F14922 Cocaine use, unspecified with intoxication with perceptual disturbance F14959 Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified F14980 Cocaine use, unspecified with cocaine-induced anxiety disorder F14981 Cocaine use, unspecified with cocaine-induced sexual dysfunction F14988 Cocaine use, unspecified with other cocaine-induced disorder F15122 Other stimulant abuse with intoxication with perceptual disturbance F15159 Other stimulant abuse with stimulant-induced psychotic disorder, unspecified F15180 Other stimulant abuse with stimulant-induced anxiety disorder F15181 Other stimulant abuse with stimulant-induced sexual dysfunction F15188 Other stimulant abuse with other stimulant-induced disorder F15222 Other stimulant dependence with intoxication with perceptual disturbance F15259 Other stimulant dependence with stimulant-induced psychotic disorder, unspecified F15280 Other stimulant dependence with stimulant-induced anxiety disorder F15281 Other stimulant dependence with stimulant-induced sexual dysfunction F15288 Other stimulant dependence with other stimulant-induced disorder F15922 Other stimulant use, unspecified with intoxication with perceptual disturbance F15959 Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified F15980 Other stimulant use, unspecified with stimulant-induced anxiety disorder F15981 Other stimulant use, unspecified with stimulant-induced sexual dysfunction F15988 Other stimulant use, unspecified with other stimulant-induced disorder F16122 Hallucinogen abuse with intoxication with perceptual disturbance F16159 Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified F16180 Hallucinogen abuse with hallucinogen-induced anxiety disorder F16183 Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks) F16188 Hallucinogen abuse with other hallucinogen-induced disorder F16259 Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified F16280 Hallucinogen dependence with hallucinogen-induced anxiety disorder F16283 Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks) F16288 Hallucinogen dependence with other hallucinogen-induced disorder F16959 Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified F16980 Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder F16983 Hallucinogen use, unspecified with hallucinogen persisting perception disorder (flashbacks) F16988 Hallucinogen use, unspecified with other hallucinogen-induced disorder F17208 Nicotine dependence, unspecified, with other nicotine-induced disorders F17218 Nicotine dependence, cigarettes, with other nicotine-induced disorders F17228 Nicotine dependence, chewing tobacco, with other nicotine-induced disorders F17298 Nicotine dependence, other tobacco product, with other nicotine-induced disorders F18159 Inhalant abuse with inhalant-induced psychotic disorder, unspecified F18180 Inhalant abuse with inhalant-induced anxiety disorder F18188 Inhalant abuse with other inhalant-induced disorder F18259 Inhalant dependence with inhalant-induced psychotic disorder, unspecified F18280 Inhalant dependence with inhalant-induced anxiety disorder F18288 Inhalant dependence with other inhalant-induced disorder F18959 Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified F18980 Inhalant use, unspecified with inhalant-induced anxiety disorder F18988 Inhalant use, unspecified with other inhalant-induced disorder F19122 Other psychoactive substance abuse with intoxication with perceptual disturbances F19159 Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified F19180 Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder F19181 Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction F19188 Other psychoactive substance abuse with other psychoactive substance-induced disorder F19222 Other psychoactive substance dependence with intoxication with perceptual disturbance F19259 Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified F19280 Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder F19281 Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction F19288 Other psychoactive substance dependence with other psychoactive substance-induced disorder F19922 Other psychoactive substance use, unspecified with intoxication with perceptual disturbance F19959 Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified F19980 Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder F19981 Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction F19988 Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder F1999 Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder F1120 Opioid dependence, uncomplicated F1120 Opioid dependence, uncomplicated F1120 Opioid dependence, uncomplicated F1121 Opioid dependence, in remission F1320 Sedative, hypnotic or anxiolytic dependence, uncomplicated F1320 Sedative, hypnotic or anxiolytic dependence, uncomplicated F1320 Sedative, hypnotic or anxiolytic dependence, uncomplicated F1321 Sedative, hypnotic or anxiolytic dependence, in remission F1420 Cocaine dependence, uncomplicated F1420 Cocaine dependence, uncomplicated F1420 Cocaine dependence, uncomplicated F1421 Cocaine dependence, in remission F1220 Cannabis dependence, uncomplicated F1220 Cannabis dependence, uncomplicated F1220 Cannabis dependence, uncomplicated F1221 Cannabis dependence, in remission F1520 Other stimulant dependence, uncomplicated F1520 Other stimulant dependence, uncomplicated F1520 Other stimulant dependence, uncomplicated F1521 Other stimulant dependence, in remission F1620 Hallucinogen dependence, uncomplicated F1620 Hallucinogen dependence, uncomplicated F1620 Hallucinogen dependence, uncomplicated F1621 Hallucinogen dependence, in remission F1920 Other psychoactive substance dependence, uncomplicated F1920 Other psychoactive substance dependence, uncomplicated F1920 Other psychoactive substance dependence, uncomplicated F1921 Other psychoactive substance dependence, in remission

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Drug Dependence	30470	Combinations of opioid type drug with any o F1920	F1920
Drug Dependence	30471	Combinations of opioid type drug with any o F1920	F1920
Drug Dependence	30472	Combinations of opioid type drug with any o F1920	F1920
Drug Dependence	30473	Combinations of opioid type drug with any o F1921	F1921
Drug Dependence	30480	Combinations of drug dependence excluding F1920	F1920
Drug Dependence	30481	Combinations of drug dependence excluding F1920	F1920

Other psychoactive substance dependence, uncomplicated
Other psychoactive substance dependence, uncomplicated
Other psychoactive substance dependence, uncomplicated
Other psychoactive substance dependence, in remission
Other psychoactive substance dependence, uncomplicated

30482 Drug Dependence Drug Dependence 30483 30490 Drug Dependence Drug Dependence 30491 Drug Dependence 30492 Drug Dependence 30493 40201 Congestive Heart Failure Congestive Heart Failure 40211 Congestive Heart Failure 40291 Congestive Heart Failure 40401 Congestive Heart Failure 40403 Congestive Heart Failure 40411 Congestive Heart Failure 40413 Congestive Heart Failure 40491 Congestive Heart Failure 40493 Myocardial Infarction 41000 Myocardial Infarction 41001 Myocardial Infarction 41002 Myocardial Infarction 41010 Myocardial Infarction 41011 Myocardial Infarction 41012 Myocardial Infarction 41020 Myocardial Infarction 41021 41022 Myocardial Infarction Myocardial Infarction 41030 Myocardial Infarction 41031 Myocardial Infarction 41032 Myocardial Infarction 41040 Myocardial Infarction 41041 Myocardial Infarction 41042 Myocardial Infarction 41050 Myocardial Infarction 41051 Myocardial Infarction 41052 Myocardial Infarction 41060 Myocardial Infarction 41061 Myocardial Infarction 41062 Myocardial Infarction 41070 Myocardial Infarction 41071 Myocardial Infarction 41072 41080 Myocardial Infarction Myocardial Infarction 41081 Myocardial Infarction 41082 Myocardial Infarction 41090 Myocardial Infarction 41091 41092 Myocardial Infarction **Ischemic Heart Disease** 4110 4111 **Ischemic Heart Disease** Ischemic Heart Disease 41181 **Ischemic Heart Disease** 41189 **Ischemic Heart Disease** 412 Ischemic Heart Disease 4130 Ischemic Heart Disease 4131 Ischemic Heart Disease 4139 Ischemic Heart Disease 4139 Ischemic Heart Disease 41400 Ischemic Heart Disease 41401 41402 Ischemic Heart Disease Ischemic Heart Disease 41403 41404 Ischemic Heart Disease 41405 Ischemic Heart Disease Ischemic Heart Disease 41406 **Ischemic Heart Disease** 41407 4142 Ischemic Heart Disease **Ischemic Heart Disease** 4143 **Ischemic Heart Disease** 4148 4148 Ischemic Heart Disease Ischemic Heart Disease 4148 Ischemic Heart Disease 4149 Congestive Heart Failure 4150 Peripheral Vascular Diseas 41511 Congestive Heart Failure 4160 Congestive Heart Failure 4161 Congestive Heart Failure 4168 Congestive Heart Failure 4168 Congestive Heart Failure 4169 Congestive Heart Failure 4169 Congestive Heart Failure 4170 Congestive Heart Failure 4171 Congestive Heart Failure 4178 Congestive Heart Failure 4179 Congestive Heart Failure 4250 Congestive Heart Failure 4252 Congestive Heart Failure 4253 Congestive Heart Failure 4254 Congestive Heart Failure 4254 Congestive Heart Failure 4255 Congestive Heart Failure 4257 Congestive Heart Failure 4258 Congestive Heart Failure 4259 Cardiac Dysrhythmias 4260 4270 Cardiac Dysrhythmias Cardiac Dysrhythmias 4271 Cardiac Dysrhythmias 4272 Cardiac Dysrhythmias 42731 42732 Cardiac Dysrhythmias 42741 Cardiac Dysrhythmias 42742 Cardiac Dysrhythmias Cardiac Dysrhythmias 4275 Cardiac Dysrhythmias 42760 Cardiac Dysrhythmias 42761 42769 Cardiac Dysrhythmias 42769 Cardiac Dysrhythmias Cardiac Dysrhythmias 42781 Cardiac Dysrhythmias 42781 Cardiac Dysrhythmias 42789 42789 Cardiac Dysrhythmias Cardiac Dysrhythmias 4279 Congestive Heart Failure 4290 Congestive Heart Failure 4291

Combinations of drug dependence excluding F1920 Combinations of drug dependence excluding F1921 Unspecified drug dependence, unspecified F1920 Unspecified drug dependence, continuous F1920 Unspecified drug dependence, episodic F1920 Unspecified drug dependence, in remission F1921 Malignant hypertensive heart disease with h I110 Benign hypertensive heart disease with hear I110 Unspecified hypertensive heart disease with I110 Hypertensive heart and chronic kidney disea I130 Hypertensive heart and chronic kidney disea I132 Hypertensive heart and chronic kidney disea I130 Hypertensive heart and chronic kidney disea I132 Hypertensive heart and chronic kidney disea I130 Hypertensive heart and chronic kidney disea I132 Acute myocardial infarction of anterolateral 12109 Acute myocardial infarction of anterolateral 12109 Acute myocardial infarction of anterolateral 12109 Acute myocardial infarction of other anterior I2109 Acute myocardial infarction of other anterior 12109 Acute myocardial infarction of other anterior 12109 Acute myocardial infarction of inferolateral v I2119 Acute myocardial infarction of inferolateral v 12119 Acute myocardial infarction of inferolateral vI2119 Acute myocardial infarction of inferoposteric I2111 Acute myocardial infarction of inferoposteric I2111 Acute myocardial infarction of inferoposteric I2111 Acute myocardial infarction of other inferior I2119 Acute myocardial infarction of other inferior I2119 Acute myocardial infarction of other inferior I2119 Acute myocardial infarction of other lateral vI2129 Acute myocardial infarction of other lateral vI2129 Acute myocardial infarction of other lateral v 12129 True posterior wall infarction, episode of car I2129 True posterior wall infarction, initial episode I2129 True posterior wall infarction, subsequent er 12129 Subendocardial infarction, episode of care ul 214 Subendocardial infarction, initial episode of (1214 Subendocardial infarction, subsequent episo I214 Acute myocardial infarction of other specifie I2129 Acute myocardial infarction of other specifie I2129 Acute myocardial infarction of other specifie I2129 Acute myocardial infarction of unspecified si I213 Acute myocardial infarction of unspecified si I213 Acute myocardial infarction of unspecified si I213 Postmyocardial infarction syndrome 1241 Intermediate coronary syndrome 1200 Acute coronary occlusion without myocardia I240 Other acute and subacute forms of ischemic I248 Old myocardial infarction 1252 1208 Angina decubitus Prinzmetal angina 1201 Other and unspecified angina pectoris 1208 Other and unspecified angina pectoris 1209 Coronary atherosclerosis of unspecified type I2510 Coronary atherosclerosis of native coronary 12510 Coronary atherosclerosis of autologous vein 125810 Coronary atherosclerosis of nonautologous k 125810 Coronary atherosclerosis of artery bypass gr; 125810 Coronary atherosclerosis of unspecified bypal25810 Coronary atherosclerosis of native coronary 125811 Coronary atherosclerosis of bypass graft (art I25812 Chronic total occlusion of coronary artery 12582 Coronary atherosclerosis due to lipid rich pla 12583 Other specified forms of chronic ischemic he I255 Other specified forms of chronic ischemic he I2589 Other specified forms of chronic ischemic he I259 Chronic ischemic heart disease, unspecified 1259 12609 Acute cor pulmonale latrogenic pulmonary embolism and infarctic 12690 latrogenic pulmonary embolism and infarctic 12699 latrogenic pulmonary embolism and infarctic T800XXA latrogenic pulmonary embolism and infarctic T81718A latrogenic pulmonary embolism and infarctic T8172XA latrogenic pulmonary embolism and infarctic T82817A latrogenic pulmonary embolism and infarctic T82818A Primary pulmonary hypertension 1270 Kyphoscoliotic heart disease 1271 1272 Other chronic pulmonary heart diseases 12789 Other chronic pulmonary heart diseases Chronic pulmonary heart disease, unspecifie I2781 Chronic pulmonary heart disease, unspecifie I279 Arteriovenous fistula of pulmonary vessels 1280 1281 Aneurysm of pulmonary artery Other specified diseases of pulmonary circul: 1288 Unspecified disease of pulmonary circulation I289 Endomyocardial fibrosis 1423 Obscure cardiomyopathy of Africa 1428 Endocardial fibroelastosis 1424 Other primary cardiomyopathies 1425 1428 Other primary cardiomyopathies Alcoholic cardiomyopathy 1426 Nutritional and metabolic cardiomyopathy 143 Cardiomyopathy in other diseases classified (143 Secondary cardiomyopathy, unspecified 1427 Atrioventricular block, complete 1442 1471 Paroxysmal supraventricular tachycardia Paroxysmal ventricular tachycardia 1472 Paroxysmal tachycardia, unspecified 1479 Atrial fibrillation 14891 14892 Atrial flutter 14901 Ventricular fibrillation 14902 Ventricular flutter 1469 Cardiac arrest 14940 Premature beats, unspecified Supraventricular premature beats 1491 Other premature beats 1493 14949 Other premature beats Sinoatrial node dysfunction 1495 Sinoatrial node dysfunction R001 Other specified cardiac dysrhythmias 1498 R001 Other specified cardiac dysrhythmias Cardiac dysrhythmia, unspecified 1499 Myocarditis, unspecified 1514 1515

F1920 Other psychoactive substance dependence, uncomplicated F1921 Other psychoactive substance dependence, in remission F1920 Other psychoactive substance dependence, uncomplicated F1920 Other psychoactive substance dependence, uncomplicated F1920 Other psychoactive substance dependence, uncomplicated F1921 Other psychoactive substance dependence, in remission I110 Hypertensive heart disease with heart failure I110 Hypertensive heart disease with heart failure I110 Hypertensive heart disease with heart failure 1130 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease 1132 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease 1130 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease 1132 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease 1130 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease I132 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease I2109 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall I2109 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall I2109 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall I2109 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall I2109 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall I2109 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall I2119 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall I2119 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall I2119 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall I2111 ST elevation (STEMI) myocardial infarction involving right coronary artery I2111 ST elevation (STEMI) myocardial infarction involving right coronary artery I2111 ST elevation (STEMI) myocardial infarction involving right coronary artery I2119 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall I2119 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall I2119 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall I2129 ST elevation (STEMI) myocardial infarction involving other sites I2129 ST elevation (STEMI) myocardial infarction involving other sites I2129 ST elevation (STEMI) myocardial infarction involving other sites I2129 ST elevation (STEMI) myocardial infarction involving other sites I2129 ST elevation (STEMI) myocardial infarction involving other sites I2129 ST elevation (STEMI) myocardial infarction involving other sites 1214 Non-ST elevation (NSTEMI) myocardial infarction 1214 Non-ST elevation (NSTEMI) myocardial infarction 1214 Non-ST elevation (NSTEMI) myocardial infarction I2129 ST elevation (STEMI) myocardial infarction involving other sites I2129 ST elevation (STEMI) myocardial infarction involving other sites I2129 ST elevation (STEMI) myocardial infarction involving other sites I213 ST elevation (STEMI) myocardial infarction of unspecified site I213 ST elevation (STEMI) myocardial infarction of unspecified site I213 ST elevation (STEMI) myocardial infarction of unspecified site I241 Dressler's syndrome I200 Unstable angina I240 Acute coronary thrombosis not resulting in myocardial infarction 1248 Other forms of acute ischemic heart disease 1252 Old myocardial infarction 1208 Other forms of angina pectoris I201 Angina pectoris with documented spasm 1208 Other forms of angina pectoris 1209 Angina pectoris, unspecified I2510 Atherosclerotic heart disease of native coronary artery without angina pectoris I2510 Atherosclerotic heart disease of native coronary artery without angina pectoris I25810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris I25810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris I25810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris I25810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris I25811 Atherosclerosis of native coronary artery of transplanted heart without angina pectoris I25812 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris 12582 Chronic total occlusion of coronary artery 12583 Coronary atherosclerosis due to lipid rich plaque 1255 Ischemic cardiomyopathy 12589 Other forms of chronic ischemic heart disease 1259 Chronic ischemic heart disease, unspecified 1259 Chronic ischemic heart disease, unspecified 12609 Other pulmonary embolism with acute cor pulmonale 12690 Septic pulmonary embolism without acute cor pulmonale 12699 Other pulmonary embolism without acute cor pulmonale T800XXA Air embolism following infusion, transfusion and therapeutic injection, initial encounter T81718A Complication of other artery following a procedure, not elsewhere classified, initial encounter T8172XA Complication of vein following a procedure, not elsewhere classified, initial encounter T82817A Embolism of cardiac prosthetic devices, implants and grafts, initial encounter T82818A Embolism of vascular prosthetic devices, implants and grafts, initial encounter 1270 Primary pulmonary hypertension I271 Kyphoscoliotic heart disease 1272 Other secondary pulmonary hypertension 12789 Other specified pulmonary heart diseases I2781 Cor pulmonale (chronic) 1279 Pulmonary heart disease, unspecified 1280 Arteriovenous fistula of pulmonary vessels I281 Aneurysm of pulmonary artery 1288 Other diseases of pulmonary vessels 1289 Disease of pulmonary vessels, unspecified 1423 Endomyocardial (eosinophilic) disease 1428 Other cardiomyopathies 1424 Endocardial fibroelastosis 1425 Other restrictive cardiomyopathy 1428 Other cardiomyopathies 1426 Alcoholic cardiomyopathy 143 Cardiomyopathy in diseases classified elsewhere Cardiomyopathy in diseases classified elsewhere 143 I427 Cardiomyopathy due to drug and external agent 1442 Atrioventricular block, complete I471 Supraventricular tachycardia 1472 Ventricular tachycardia 1479 Paroxysmal tachycardia, unspecified 14891 Unspecified atrial fibrillation 14892 Unspecified atrial flutter 14901 Ventricular fibrillation 14902 Ventricular flutter 1469 Cardiac arrest, cause unspecified 14940 Unspecified premature depolarization 1491 Atrial premature depolarization 1493 Ventricular premature depolarization 14949 Other premature depolarization 1495 Sick sinus syndrome R001 Bradycardia, unspecified 1498 Other specified cardiac arrhythmias R001 Bradycardia, unspecified 1499 Cardiac arrhythmia, unspecified 1514 Myocarditis, unspecified 1515 Myocardial degeneration

Cerebrovascular Disease430Cerebrovascular Disease431Cerebrovascular Disease4320Cerebrovascular Disease4321Cerebrovascular Disease4329Cerebrovascular Disease43300

Myocardial degenerationI515Subarachnoid hemorrhageI609Intracerebral hemorrhageI619Nontraumatic extradural hemorrhageI621Subdural hemorrhageI6200Unspecified intracranial hemorrhageI629Occlusion and stenosis of basilar artery with (I651)

1609 Nontraumatic subarachnoid hemorrhage, unspecified
1619 Nontraumatic intracerebral hemorrhage, unspecified
1621 Nontraumatic extradural hemorrhage
16200 Nontraumatic subdural hemorrhage, unspecified
1629 Nontraumatic intracranial hemorrhage, unspecified
1621 Occlusion and stenosis of basilar artery

Cerebrovascular Disease 43310 Cerebrovascular Disease 43311 Cerebrovascular Disease 43311 Cerebrovascular Disease 43320 Cerebrovascular Disease 43321 Cerebrovascular Disease 43321 Cerebrovascular Disease 43321 Cerebrovascular Disease 43330 Cerebrovascular Disease 43331 Cerebrovascular Disease 43380 Cerebrovascular Disease 43381 Cerebrovascular Disease 43390 Cerebrovascular Disease 43391 Cerebrovascular Disease 43400 Cerebrovascular Disease 43400 Cerebrovascular Disease 43400 Cerebrovascular Disease 43401 Cerebrovascular Disease 43410 Cerebrovascular Disease 43410 Cerebrovascular Disease 43410 Cerebrovascular Disease 43410 Cerebrovascular Disease 43411 Cerebrovascular Disease 43490 Cerebrovascular Disease 43491 Cerebrovascular Disease 4350 Cerebrovascular Disease 4351 Cerebrovascular Disease 4352 Cerebrovascular Disease 4353 Cerebrovascular Disease 4358 Cerebrovascular Disease 4358 Cerebrovascular Disease 4359 Cerebrovascular Disease 4359 Cerebrovascular Disease 436 Cerebrovascular Disease 4370 Cerebrovascular Disease 4371 Cerebrovascular Disease 4371 Cerebrovascular Disease 4371 Cerebrovascular Disease 4372 Cerebrovascular Disease 4373 Cerebrovascular Disease 4374 Cerebrovascular Disease 4375 Cerebrovascular Disease 4376 Cerebrovascular Disease 4377 Cerebrovascular Disease 4378 Cerebrovascular Disease 4379 Cerebrovascular Disease 4380 Cerebrovascular Disease 43810 Cerebrovascular Disease 43811 Cerebrovascular Disease 43812 Cerebrovascular Disease 43819 Cerebrovascular Disease 43820 Cerebrovascular Disease //3821 Cerebrovascular Disease 43821 Cerebrovascular Disease 43822 Cerebrovascular Disease 43822 Cerebrovascular Disease 43830 Cerebrovascular Disease 43831 Cerebrovascular Disease 43831 Cerebrovascular Disease 43832 Cerebrovascular Disease 43832 Cerebrovascular Disease 43840 Cerebrovascular Disease 43841 Cerebrovascular Disease 43841 Cerebrovascular Disease 43842 Cerebrovascular Disease 43842 Cerebrovascular Disease 43850 Cerebrovascular Disease 43851 Cerebrovascular Disease 43851 Cerebrovascular Disease 43852 Cerebrovascular Disease 43852 Cerebrovascular Disease 43853 Cerebrovascular Disease 43881 Cerebrovascular Disease 43882 Cerebrovascular Disease 43883 Cerebrovascular Disease 43884 Cerebrovascular Disease 43885 Cerebrovascular Disease 43889 Cerebrovascular Disease 43889 Cerebrovascular Disease 4389 Peripheral Vascular Diseas 4400 Peripheral Vascular Diseas 4401 Peripheral Vascular Diseas 44020 Peripheral Vascular Diseas 44021 Peripheral Vascular Diseas 44022 Peripheral Vascular Diseas 44023 Peripheral Vascular Diseas 44024 Peripheral Vascular Diseas 44029 Peripheral Vascular Diseas 44030 Peripheral Vascular Diseas 44031 Peripheral Vascular Diseas 44032 Peripheral Vascular Diseas 4404 Peripheral Vascular Diseas 44100 Peripheral Vascular Diseas 44101 Peripheral Vascular Diseas 44102 Peripheral Vascular Diseas 44103 Peripheral Vascular Diseas 4411 Peripheral Vascular Diseas 4412 Peripheral Vascular Diseas 4413 Peripheral Vascular Diseas 4414 Peripheral Vascular Diseas 4415 Peripheral Vascular Diseas 4416 Peripheral Vascular Diseas 4417 Peripheral Vascular Diseas 4419 Peripheral Vascular Diseas 4420 Peripheral Vascular Diseas 4421 Peripheral Vascular Diseas 4422 Peripheral Vascular Diseas 4423 Peripheral Vascular Diseas 44281 Peripheral Vascular Diseas 44282 Peripheral Vascular Diseas 44283 Peripheral Vascular Diseas 44284 Peripheral Vascular Diseas 44289 Peripheral Vascular Diseas 4429 Peripheral Vascular Diseas 4430

Cerebrovascular Disease 43301

Occlusion and stenosis of basilar artery with 16322 Occlusion and stenosis of carotid artery with I6529 Occlusion and stenosis of carotid artery with I63139 Occlusion and stenosis of carotid artery with I63239 Occlusion and stenosis of vertebral artery wi I6509 Occlusion and stenosis of vertebral artery wi I63019 Occlusion and stenosis of vertebral artery wi I63119 Occlusion and stenosis of vertebral artery wi I63219 Occlusion and stenosis of multiple and bilate I658 Occlusion and stenosis of multiple and bilate I6359 Occlusion and stenosis of other specified pre I658 Occlusion and stenosis of other specified pre I6359 Occlusion and stenosis of unspecified precer I659 Occlusion and stenosis of unspecified precer I6320 Cerebral thrombosis without mention of cer 16609 Cerebral thrombosis without mention of cer 16619 Cerebral thrombosis without mention of cer 16629 Cerebral thrombosis with cerebral infarction I6330 Cerebral embolism without mention of cerel I6609 Cerebral embolism without mention of cerel I6619 Cerebral embolism without mention of cerel I6629 Cerebral embolism without mention of cerel 1669 Cerebral embolism with cerebral infarction 16340 Cerebral artery occlusion, unspecified withou 1669 Cerebral artery occlusion, unspecified with c I6350 Basilar artery syndrome G450 G450 Vertebral artery syndrome G458 Subclavian steal syndrome Vertebrobasilar artery syndrome G450 Other specified transient cerebral ischemias G451 Other specified transient cerebral ischemias G458 Unspecified transient cerebral ischemia G459 Unspecified transient cerebral ischemia 167848 Acute, but ill-defined, cerebrovascular diseas 16789 1672 Cerebral atherosclerosis Other generalized ischemic cerebrovascular 16781 Other generalized ischemic cerebrovascular 16782 Other generalized ischemic cerebrovascular 16789 Hypertensive encephalopathy 1674 1671 Cerebral aneurysm, nonruptured Cerebral arteritis 1677 1675 Moyamoya disease Nonpyogenic thrombosis of intracranial venc I676 Transient global amnesia G454 16789 Other ill-defined cerebrovascular disease 1679 Unspecified cerebrovascular disease Late effects of cerebrovascular disease, cogn I6991 Late effects of cerebrovascular disease, spee 169928 Late effects of cerebrovascular disease, apha 169920 Late effects of cerebrovascular disease, dysp 169921 Late effects of cerebrovascular disease, othe I69928 Late effects of cerebrovascular disease, hem 169959 Late effects of cerebrovascular disease, hem 169951 Late effects of cerebrovascular disease, hem 169952 Late effects of cerebrovascular disease, hem 169953 Late effects of cerebrovascular disease, hem 169954 Late effects of cerebrovascular disease, mon 169939 Late effects of cerebrovascular disease, mon I69931 Late effects of cerebrovascular disease, mon 169932 Late effects of cerebrovascular disease, mon 169933 Late effects of cerebrovascular disease, mon 169934 Late effects of cerebrovascular disease, mon 169949 Late effects of cerebrovascular disease, mon I69941 Late effects of cerebrovascular disease, mon 169942 Late effects of cerebrovascular disease, mon 169943 Late effects of cerebrovascular disease, mon 169944 Late effects of cerebrovascular disease, othe I69969 Late effects of cerebrovascular disease, othe I69961 Late effects of cerebrovascular disease, othe I69962 Late effects of cerebrovascular disease, othe I69963 Late effects of cerebrovascular disease, othe I69964 Late effects of cerebrovascular disease, othe I69965 Other late effects of cerebrovascular disease I69990 Other late effects of cerebrovascular disease I69991 Other late effects of cerebrovascular disease I69992 Other late effects of cerebrovascular disease I69993 Other late effects of cerebrovascular disease I69998 Other late effects of cerebrovascular disease I69898 Other late effects of cerebrovascular disease I69998 Unspecified late effects of cerebrovascular d I6990 Atherosclerosis of aorta 1700 1701 Atherosclerosis of renal artery Atherosclerosis of native arteries of the extr(170209 Atherosclerosis of native arteries of the extr(170219 Atherosclerosis of native arteries of the extr(170229 Atherosclerosis of native arteries of the extr(17025 Atherosclerosis of native arteries of the extr 170269 Other atherosclerosis of native arteries of th I70299 Atherosclerosis of unspecified bypass graft o 170399 Atherosclerosis of autologous vein bypass gr 170499 Atherosclerosis of nonautologous biological |170599 Chronic total occlusion of artery of the extre 17092 Dissection of aorta, unspecified site 17100 Dissection of aorta, thoracic 17101 17102 Dissection of aorta, abdominal 17103 Dissection of aorta, thoracoabdominal 1711 Thoracic aneurysm, ruptured Thoracic aneurysm without mention of rupt(1712 Abdominal aneurysm, ruptured 1713 Abdominal aneurysm without mention of ru| 1714 Aortic aneurysm of unspecified site, rupture 1718 Thoracoabdominal aneurysm, ruptured 1715 Thoracoabdominal aneurysm, without mentil716 Aortic aneurysm of unspecified site without 1719 Aneurysm of artery of upper extremity 1721 Aneurysm of renal artery 1722 1723 Aneurysm of iliac artery 1724 Aneurysm of artery of lower extremity Aneurysm of artery of neck 1720 Aneurysm of subclavian artery 1728 Aneurysm of splenic artery 1728 1728 Aneurysm of other visceral artery Aneurysm of other specified artery 1728 Aneurysm of unspecified site 1729 17300 Raynaud's syndrome

16322 Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries 16529 Occlusion and stenosis of unspecified carotid artery I63139 Cerebral infarction due to embolism of unspecified carotid artery I63239 Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries 16509 Occlusion and stenosis of unspecified vertebral artery I63019 Cerebral infarction due to thrombosis of unspecified vertebral artery 163119 Cerebral infarction due to embolism of unspecified vertebral artery I63219 Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral arteries 1658 Occlusion and stenosis of other precerebral arteries 16359 Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery 1658 Occlusion and stenosis of other precerebral arteries 16359 Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery 1659 Occlusion and stenosis of unspecified precerebral artery 16320 Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries 16609 Occlusion and stenosis of unspecified middle cerebral artery 16619 Occlusion and stenosis of unspecified anterior cerebral artery 16629 Occlusion and stenosis of unspecified posterior cerebral artery 16330 Cerebral infarction due to thrombosis of unspecified cerebral artery 16609 Occlusion and stenosis of unspecified middle cerebral artery 16619 Occlusion and stenosis of unspecified anterior cerebral artery 16629 Occlusion and stenosis of unspecified posterior cerebral artery 1669 Occlusion and stenosis of unspecified cerebral artery 16340 Cerebral infarction due to embolism of unspecified cerebral artery 1669 Occlusion and stenosis of unspecified cerebral artery 16350 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery G450 Vertebro-basilar artery syndrome G450 Vertebro-basilar artery syndrome G458 Other transient cerebral ischemic attacks and related syndromes G450 Vertebro-basilar artery syndrome G451 Carotid artery syndrome (hemispheric) G458 Other transient cerebral ischemic attacks and related syndromes G459 Transient cerebral ischemic attack, unspecified I67848 Other cerebrovascular vasospasm and vasoconstriction 16789 Other cerebrovascular disease 1672 Cerebral atherosclerosis 16781 Acute cerebrovascular insufficiency 16782 Cerebral ischemia 16789 Other cerebrovascular disease 1674 Hypertensive encephalopathy 1671 Cerebral aneurysm, nonruptured 1677 Cerebral arteritis, not elsewhere classified 1675 Moyamoya disease 1676 Nonpyogenic thrombosis of intracranial venous system G454 Transient global amnesia 16789 Other cerebrovascular disease 1679 Cerebrovascular disease, unspecified 16991 Cognitive deficits following unspecified cerebrovascular disease 169928 Other speech and language deficits following unspecified cerebrovascular disease 169920 Aphasia following unspecified cerebrovascular disease 169921 Dysphasia following unspecified cerebrovascular disease 169928 Other speech and language deficits following unspecified cerebrovascular disease 169959 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side 169951 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side 169952 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side I69953 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side I69954 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side 169939 Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side I69931 Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side 169932 Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side I69933 Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side 169934 Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side 169949 Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side I69941 Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side 169942 Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side 169943 Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side 169944 Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side 169969 Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side I69961 Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side 169962 Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side 169963 Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side 169964 Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side 169965 Other paralytic syndrome following unspecified cerebrovascular disease, bilateral 169990 Apraxia following unspecified cerebrovascular disease 169991 Dysphagia following unspecified cerebrovascular disease 169992 Facial weakness following unspecified cerebrovascular disease 169993 Ataxia following unspecified cerebrovascular disease 169998 Other sequelae following unspecified cerebrovascular disease 169898 Other sequelae of other cerebrovascular disease 169998 Other sequelae following unspecified cerebrovascular disease 16990 Unspecified sequelae of unspecified cerebrovascular disease 1700 Atherosclerosis of aorta 1701 Atherosclerosis of renal artery I70209 Unspecified atherosclerosis of native arteries of extremities, unspecified extremity I70219 Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity I70229 Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity 17025 Atherosclerosis of native arteries of other extremities with ulceration I70269 Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity 170299 Other atherosclerosis of native arteries of extremities, unspecified extremity 170399 Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity 170499 Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity 170599 Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity 17092 Chronic total occlusion of artery of the extremities 17100 Dissection of unspecified site of aorta 17101 Dissection of thoracic aorta 17102 Dissection of abdominal aorta 17103 Dissection of thoracoabdominal aorta I711 Thoracic aortic aneurysm, ruptured 1712 Thoracic aortic aneurysm, without rupture 1713 Abdominal aortic aneurysm, ruptured 1714 Abdominal aortic aneurysm, without rupture I718 Aortic aneurysm of unspecified site, ruptured 1715 Thoracoabdominal aortic aneurysm, ruptured 1716 Thoracoabdominal aortic aneurysm, without rupture 1719 Aortic aneurysm of unspecified site, without rupture I721 Aneurysm of artery of upper extremity I722 Aneurysm of renal artery 1723 Aneurysm of iliac artery 1724 Aneurysm of artery of lower extremity 1720 Aneurysm of carotid artery 1728 Aneurysm of other specified arteries 1729 Aneurysm of unspecified site 17300 Raynaud's syndrome without gangrene

Peripheral Vascular Diseas 4431 Peripheral Vascular Diseas 44321 Peripheral Vascular Diseas 44322 Peripheral Vascular Diseas 44323 Peripheral Vascular Diseas 44324 Peripheral Vascular Diseas 44329 Thromboangiitis obliterans [Buerger's diseas I731Dissection of carotid arteryI7771Dissection of iliac arteryI7772Dissection of renal arteryI7773Dissection of vertebral arteryI7774Dissection of other arteryI7779

I731 Thromboangiitis obliterans [Buerger's disease]
I7771 Dissection of carotid artery
I7772 Dissection of iliac artery
I7773 Dissection of renal artery
I7774 Dissection of vertebral artery
I7779 Dissection of other artery

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M00879 Arthritis due to other bacteria, unspecified ankle and foot
M0008 Staphylococcal arthritis, vertebrae
M0018 Pneumococcal arthritis, vertebrae
M0028 Other streptococcal arthritis, vertebrae
M0088 Arthritis due to other bacteria, vertebrae
M009 Pyogenic arthritis, unspecified

Metastatic Infection 71109 Pyogenic arthritis, multiple sites Metastatic Infection 71190 Unspecified infective arthritis, site unspecifie M01X0 Metastatic Infection 71191 Unspecified infective arthritis, shoulder regic M01X19 Metastatic Infection 71192 Unspecified infective arthritis, upper arm M01X29 Metastatic Infection 71193 Unspecified infective arthritis, forearm Unspecified infective arthritis, hand Metastatic Infection 71194 Metastatic Infection 71195 Unspecified infective arthritis, pelvic region a M01X59 Metastatic Infection 71196 Unspecified infective arthritis, lower leg 71197 Metastatic Infection Unspecified infective arthritis, ankle and fool M01X79 Metastatic Infection 71198 Unspecified infective arthritis, other specifie M01X8 Metastatic Infection 71199 Unspecified infective arthritis, multiple sites M01X9 Metastatic Infection 7280 Infective myositis HIV/AIDS 79571 Nonspecific serologic evidence of human imr R75 Metastatic Infection 99661 Infection and inflammatory reaction due to cT826XXA Metastatic Infection 99661 Infection and inflammatory reaction due to cT827XXA Metastatic Infection 99663 Infection and inflammatory reaction due to r T8579XA Metastatic Infection 99664 Infection and inflammatory reaction due to i T8351XA Metastatic Infection 99665 Infection and inflammatory reaction due to cT8359XA Metastatic Infection 99665 Infection and inflammatory reaction due to cT836XXA Metastatic Infection 99667 Infection and inflammatory reaction due to cT8460XA Metastatic Infection 99667 Infection and inflammatory reaction due to cT847XXA Metastatic Infection 99669 Infection and inflammatory reaction due to cT8579XA HIV/AIDS V08 Asymptomatic human immunodeficiency vir Z21

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M0009 Staphylococcal polyarthritis M0019 Pneumococcal polyarthritis M0029 Other streptococcal polyarthritis M0089 Polyarthritis due to other bacteria M01X0 Direct infection of unspecified joint in infectious and parasitic diseases classified elsewhere M01X19 Direct infection of unspecified shoulder in infectious and parasitic diseases classified elsewhere M01X29 Direct infection of unspecified elbow in infectious and parasitic diseases classified elsewhere M01X39 Direct infection of unspecified wrist in infectious and parasitic diseases classified elsewhere M01X49 Direct infection of unspecified hand in infectious and parasitic diseases classified elsewhere M01X59 Direct infection of unspecified hip in infectious and parasitic diseases classified elsewhere M01X69 Direct infection of unspecified knee in infectious and parasitic diseases classified elsewhere M01X79 Direct infection of unspecified ankle and foot in infectious and parasitic diseases classified elsewhere M01X8 Direct infection of vertebrae in infectious and parasitic diseases classified elsewhere M01X9 Direct infection of multiple joints in infectious and parasitic diseases classified elsewhere M60009 Infective myositis, unspecified site R75 Inconclusive laboratory evidence of human immunodeficiency virus [HIV] T826XXA Infection and inflammatory reaction due to cardiac valve prosthesis, initial encounter T827XXA Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter T8579XA Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter T8351XA Infection and inflammatory reaction due to indwelling urinary catheter, initial encounter T8359XA Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system, initial encounter T836XXA Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract, initial encounter T8460XA Infection and inflammatory reaction due to internal fixation device of unspecified site, initial encounter T847XXA Infection and inflammatory reaction due to other internal orthopedic prosthetic devices, implants and grafts, initial encounter T8579XA Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter Z21 Asymptomatic human immunodeficiency virus [HIV] infection status

Model Coeff			
Covariate	Coefficient	Odds Ratio	P-value
Age			
18-<25	0.073	1.076	0.53
25-<59	0.087	1.091	<.0001
60-<75	reference		
75+	-0.202	0.817	<.0001
BMI			
underweight(< 18.5)	-0.215	0.806	0.001
normal(18.5 - 24.9)	reference		
overweight(>24.9)	0.054	1.055	0.026
Nursing home status*	-0.321	0.726	<.0001
Nephrologist's Care prior to ESRD*	0.257	1.293	<.0001
Duration of ESRD			
<1 year	-1.171	0.31	<.0001
1-<5 years	reference		
5-<9 years	-0.234	0.792	<.0001
9+	-0.602	0.548	<.0001
Primary Cause of ESRD			
Diabetes	-0.053	0.948	0.034
Other	reference		
Comorbidities*			
Diabetes (NOT as primary cause of ESRD)	-0.121	0.886	<.0001
Heart Failure	-0.046	0.955	0.038
Other Heart Diseases	-0.037	0.963	0.114
Peripheral Vascular Disease	-0.34	0.712	<.0001
Cerebrovascular Disease	-0.113	0.893	<.0001
Chronic Obstructive Pulmonary Disease	-0.083	0.921	0.001
Drug Dependence	-0.207	0.813	<.0001
Inability to ambulate/transfer	-0.497	0.609	<.0001
Anemia (unrelated to ESRD/CKD)	-0.049	0.952	0.228
Non-Vascular Access-Related Infections:			
Pneumonia/Hepatitis/HIV/Tuberculosis	-0.286	0.751	<.0001
Loss than 6-months of aligible Madicara			
Less than 6-months of eligible Medicare claims in past 12 months * (No reported comorbidity) was used as the re	-0.447	0.64	<.0001

### **Model Coefficients**

\* 'No reported comorbidity' was used as the reference.

## S.15. Detailed risk model specifications

Let  $n_i$  be the number of patients treated at the  $i^{th}$  facility (for i = 1,...,F),  $x_{ijm}$  be a vector of the patient characteristics, and  $p_{ijm}$  be the probability of dialyzing with an AVF for the  $j^{th}$  patient in the  $i^{th}$  facility (for  $j = 1,...,n_i$ ) in the  $m^{th}$  month. To estimate facility effects, we use the following logistic regression model

$$logit(p_{ijm}) = \alpha_i + \beta' x_{ijm}$$

and denote the resulting estimates of facility effects ( $\alpha_1,...,\alpha_F$ ) by ( $\alpha_1,...,\alpha_F$ ) and the estimates of the risk effects  $\beta$  by b.

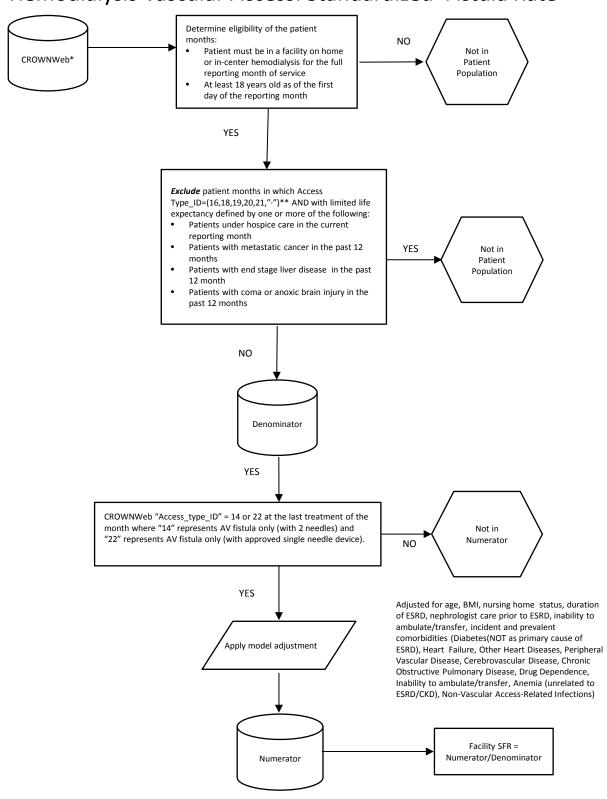
The model is fitted using Generalized Estimating Equations (GEE; Liang and Zeger, 1986) in order to account for the correlation within-patient across months. With 6,000 facilities, it is difficult to estimate all parameters (i.e., including the facility indicators) simultaneously. Therefore, we break the fitting process into two stages. At the first stage, we estimate the  $\beta$  vector by averaging 10 random subgroups of approximately 600 facilities each. At the second stage, we then estimate the  $\alpha_i$  (*i*=1, ..., 6000) by fitting facility-specific intercept-only GEE models, with the linear predictor from the first stage,  $\beta' x_{ijm}$ , serving as an offset. Per well-established GEE results (e.g., Liang and Zeger, 1986), the estimator of  $\alpha_i$  is consistent for its target value, and follows a normal distribution with standard error given by the robust 'sandwich' estimator computed via GEE. We can then compute *SFR*<sub>i</sub> for each facility *i* as follows:

SFR  $_k = \sum_i \sum_j \sum_m exp(a_k + b'x_{ijm}) / \{1 + exp(a_k + b'x_{ijm})\} / n$ , where n = total number of patient-months included in the overall study sample.

# APPENDIX

# Hemodialysis Vascular Access: Standardized Fistula Rate

### **S.19: Calculation Flow Chart** Hemodialysis Vascular Access: Standardized Fistula Rate



\*Multiple data sources include CMS Consolidated Renal Operations in a Web-enabled Network (CROWNWeb), the CMS Annual Facility Survey (Form CMS-2744), Medicare dialysis and hospital payment records, the CMS Medical Evidence Form (Form CMS-2728), transplant data from the Organ Procurement and Transplant Network (OPTN), the Death Notification Form (Form CMS-2746), the Dialysis Facility Compare (DFC) and the Social Security Death Master File. \*\*Access\_Type\_ID "16" represents AV Fistula combined with a Catheter, "18" represents AV Graft combined with a Catheter, "19" represents Catheter only, "20" represents Port access only, "21" represents other/unknown, and "." represents missing.

#### 2b4.3. Conceptual, Clinical, and Statistical Methods

Using data from January 2014 we compared to the final model analysis results of two alternative risk adjustment models that included: 1) no comorbidity adjustment at all (denoted as Model 0), and 2) comorbidities reported on the CMS-2728 only (denoted as Model 1).

	Adjustments	C-statistic
Model 0Age, BMI, nursing home status, nephrologist's care prior to ESRD, duration of ESRD, primary cause of ESRD		0.688
Model 1	All adjustors in Model 0 + comorbidities in CMS-2728 only	0.691
Final Model	All adjustors in Model 0 + comorbidities in either CMS-2728 or Medicare claims filed in past 12 months	0.700

Table A1: Comparison of C-statistics adjusted and not adjusted for comorbidities

Table A2: Multivariate analysis results from the models with and without the respective comorbidity adjustments.

Covariate	Mode	<u>Model 0</u>		<u>Model 1</u>		Final Model	
	Coefficient	Р	Coefficient	Р	Coefficient	Р	
Age							
18-<25	0.146	0.001	0.069	0.131	0.073	0.530	
25-<59	0.131	<.0001	0.102	<.0001	0.087	0.000	
60-<75	reference		reference		reference		
75+	-0.209	<.0001	-0.202	<.0001	-0.202	<.0001	
ВМІ							
underweight(< 18.5)	-0.222	<.0001	-0.214	<.0001	-0.215	0.001	
normal(18.5 - 24.9)	reference		reference		reference		
overweight(>24.9)	0.038	<.0001	0.049	<.0001	0.054	0.026	
Nursing home status*	-0.578	<.0001	-0.511	<.0001	-0.321	<.0001	
Nephrologist's Care prior to ESRD*	0.268	<.0001	0.259	<.0001	0.257	<.0001	
Duration of ESRD							
<1 year	-1.157	<.0001	-1.151	<.0001	-1.171	0.000	
1-<5 years	reference		reference		reference		
5-< 9 years	-0.202	<.0001	-0.226	<.0001	-0.234	0.000	

9+	-0.547	<.0001	-0.609	<.0001	-0.602	0.000
Primary cause of ESRD						
Diabetes	-0.058	<.0001	-0.069	<.0001	-0.053	0.034
Other	reference		reference		reference	
Comorbidities*						
Diabetes (NOT as primary cause of ESRD)			-0.128	<.0001	-0.121	<.0001
Heart Failure			-0.093	<.0001	-0.046	0.038
Other Heart Diseases			-0.013	0.191	-0.037	0.114
Peripheral Vascular Disease			-0.068	<.0001	-0.340	<.0001
Cerebrovascular Disease			-0.144	<.0001	-0.113	<.0001
Chronic Obstructive Pulmonary Disease			-0.110	<.0001	-0.083	0.001
Drug Dependence			-0.198	<.0001	-0.207	<.0001
Inability to ambulate/transfer			-0.494	<.0001	-0.497	<.0001
Anemia (unrelated to ESRD/CKD)			N/A		-0.049	0.228
Non-Vascular Access-Related Infections: Pneumonias/Hepatitis/HIV/AIDS/Tuberculosis			N/A		-0.286	<.0001
Less than 6-months of Medicare coverage in past 12 months			N/A		-0.447	<.0001
* 'No' reported comorbidity used as reference.						