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Operational Protocol for the MI Health Accounts

I. Purpose

This document describes the background, along with the requirements for development, implementation and operation of the MI Health Account. These requirements apply to the Michigan Department of Health and Human Services (“Department”), the Department’s contracted health plans, and the Department’s selected MI Health Account vendor¹ as further described below.

II. Background

All individuals enrolled in the Healthy Michigan Plan through the Department’s contracted Medicaid health plans will have access to a MI Health Account. The MI Health Account is a unique health care savings vehicle through which various cost-sharing requirements, which include co-pays and additional contributions for beneficiaries with higher incomes, will be satisfied, monitored and communicated to the beneficiary. The Department has established uniform standards and expectations for the MI Health Account’s operation through this Operational Protocol and by contract as appropriate.

III. Cost-Sharing

Cost-sharing, as described further below, includes both co-pays and, when applicable to the beneficiary, contributions based on income. Once enrolled in a Medicaid health plan, most cost-sharing obligations will be satisfied through the MI Health Account. However, point of service co-pays may be required for a limited number of services that are carved out of the health plans, such as certain drugs.

Beneficiaries who are exempt from cost-sharing requirements by law, regulation or program policy will be exempt from cost-sharing obligations via the MI Health Account (e.g. individuals receiving hospice care, pregnant women receiving pregnancy-related services, individuals eligible for Children’s Special Health Care Services, Native Americans in compliance with 42 CFR 447.56, etc.). Similarly, services that are exempt from cost sharing by law, regulation or program policy (e.g. preventive and family planning services), or as defined by the State’s Healthy Behaviors Incentives Operational Protocol, will also be exempt for Healthy Michigan Plan beneficiaries.

In addition, those services that are considered private and confidential under the Department’s Explanation of Benefits framework will be excluded from the MI Health Account statement and, therefore, will be exempt from cost sharing for these Healthy Michigan Plan enrollees. The Department, in cooperation with its Data Warehouse vendor, will ensure that the claims information submitted to the MI Health Account vendor for use in preparing the MI Health Account statement excludes those confidential services and/or

¹ There is a single vendor that all of the Department’s contracted Medicaid health plans use for the MI Health Account function. This vendor is designated as a mandatory subcontractor for the health plans, and each of the plans contract with the MI Health Account vendor to provide services related to the MI Health Account, consistent with this protocol. The Department also holds a contract with the MI Health Account vendor which lays out the vendor’s obligation to both the Department and the health plans with respect to the MI Health Account function.

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medications outlined in this framework. The Department's Explanation of Benefits framework is updated by the Department at least annually, is shared with the contracted health plans for use in preparing Explanation of Benefits documents for federal health care program beneficiaries, and is available to other providers upon request. Finally, unless otherwise specified by this Operational Protocol or the Healthy Behaviors Incentives Operational Protocol, co-pay amounts will be consistent with Michigan's State Plan.

A. Co-pays

The Healthy Michigan Plan utilizes an innovative approach to co-pays that is intended to reduce barriers to valuable health care services and promote consumer engagement. During a Healthy Michigan Plan beneficiary's first six months of enrollment in a health plan, there will be no co-pays collected at the point of service for health plan covered services. At the end of the six-month period, an average monthly co-pay experience for the beneficiary will be calculated. The initial look-back period will include encounters during the first three months of enrollment in a health plan in order to account for claim lag and allow for stabilization of the encounter data. Analysis of the beneficiary's co-pay experience will be recalculated on a quarterly basis going forward. The following examples, along with the attached **Appendix 1** (which is a more general, visual representation of a beneficiary enrolling with a health plan in May) provide further clarification.

During her first three months in a Healthy Michigan Plan health plan, a beneficiary has the following services: In April 2014, she visits her physician for a sinus infection (\$2 co-pay). In May (2014), she visits the dentist for a filling (\$3 co-pay), and fills one preferred prescription for antibiotics at the pharmacy (\$1). The beneficiary will receive notice of these potential co-pay amounts at the time the services are rendered. All of the above claims are paid by the health plan in June 2014. The MI Health Account vendor receives claim information on this beneficiary from the Department's Data Warehouse vendor in early October 2014, which includes claims paid during April, May and June of 2014 for services that occurred on or after April 1, 2014. This claim information includes the above services with the related co-pay amounts.

The MI Health Account vendor calculates the average monthly co-pay experience for that beneficiary to be \$2.00 (\$6 in expenditures divided over a 3 month period equals an average of \$2 per month). Therefore, this beneficiary will be required to remit \$2 per month into the MI Health Account for the next three months. The beneficiary will receive her first quarterly MI Health Account statement on or about October 15, 2014 with her first payment of \$2.00 due November 15, 2014; her second payment due December 15, 2014 and her third payment due January 15, 2015. The beneficiary (and all other Healthy Michigan Plan beneficiaries) will also have the option to pay the entire amount due all at once. The MI Health Account vendor will recalculate the average monthly co-pay experience for the beneficiary in January 2015, which will be based on the beneficiary's copayments from July, August, and September of 2014. The beneficiary will then be notified of her new monthly copayment obligation in January 2015, which will be in effect during February, March, and April of 2015.

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During another beneficiary's first three months in a Healthy Michigan Plan health plan, a beneficiary has the following services: A visit to her doctor for a preventive visit (\$0) in April of 2014; a visit to an endocrinologist to assess and control her diabetes in May of 2014(\$0); and finally, she fills a diabetes related prescription (\$0) in June of 2014. All of the above claims are paid by the health plan in June 2014. The MI Health Account vendor receives claim information on this beneficiary from the Department's Data Warehouse vendor in early October 2014, which includes claims paid during April, May and June of 2014 for services that occurred on or after April 1, 2014. This claim information includes the above services with the related co-pay amounts.

The MI Health Account vendor calculates the average monthly co-pay experience for this beneficiary to be \$0 because none of these services have co-pays associated with them. This beneficiary will not be required to remit any funds to the MI Health Account for co-pays over the next 3 months, but will receive a quarterly MI Health Account statement detailing her services for educational purposes.

The average co-pay amount is re-calculated every three months to reflect the beneficiary's current utilization of healthcare services, consistent with available data. The Department will consider the dates of service and adjudication date for claims received to determine the beneficiary's experience and calculate the co-pay amount going forward. These co-pay amounts will be based on encounter data submitted by the health plans to the Department, and will be shared via interface with the MI Health Account vendor. The MI Health Account vendor is then responsible for communicating the co-pay amounts due to the beneficiary via a quarterly account statement as described in Section VII.A.1. This account statement will include a summary of account activity and any future amounts due, as well as a detailed (encounter level) explanation of services received. As noted earlier, one important exception to the amount of encounter level detail provided is that confidential services will not be shown on the MI Health Account statement; therefore, the beneficiary will have no cost-sharing associated with those services. The provision of this encounter level data to the beneficiary is key to engaging the beneficiary as a more active consumer of health care services, and will also provide sufficient information for the beneficiary to recognize and pursue resolution of any discrepancies through the process described in Section X. The Department reserves the right to modify the account statement at any time, in consultation with CMS.

The co-pay amounts collected from the beneficiary by the MI Health Account vendor will be disbursed to the health plans and will not accumulate in the MI Health Account. In addition, there will be no distribution of funds from the MI Health Account to the beneficiary to pay co-pays. However, information regarding co-pays owed and paid will be included as an informational item on the MI Health Account quarterly statement, as further defined and described in Section VII.A.1. Ensuring that beneficiaries are aware of the amounts owed, or why payment was not required (i.e., a preventive service was provided), is a key component of the Healthy Michigan Plan.

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The health plans, in cooperation with the State and MI Health Account vendor, will be responsible for beneficiary education and engagement consistent with Section VII.

Reductions in co-pays will be implemented consistent with the State's Healthy Behaviors Incentives Operational Protocol. The MI Health Account vendor is responsible for determining when each beneficiary has reached the threshold that enables co-pay reductions to occur. The MI Health Account vendor will also communicate co-pay reductions to the beneficiary as part of the MI Health Account statement (see Section V for further discussion).

B. Required Contributions

In addition to any relevant co-pays, a monthly contribution is also required for beneficiaries whose income places them above 100% of the Federal Poverty Level. Consistent with state law, contributions are not required during the first six months the individual is enrolled in a health plan. However, the MI Health Account vendor will notify the beneficiary, via the MI Health Account statement, a welcome letter and, when applicable, through scripts used by the vendor's customer service representatives, that contributions will be required on a monthly basis starting in month seven.

After April 1, 2018, consistent with the revisions to the Special Terms and Conditions and the Healthy Behaviors Incentives Operational Protocol, the contribution amount will not exceed two percent of the amount that represents the beneficiary's percentage of the Federal Poverty Level, with reductions occurring for Healthy Behaviors as described therein. However, in practice, the Department plans to consider family composition when calculating contribution amounts. For example, when a beneficiary with several dependents qualifies for the Healthy Michigan Plan, the Department will consider that fact when assessing their contribution amount. For example:

A beneficiary with three dependents has an annual income of around \$28,000. A beneficiary with no children has an annual income of around \$14,000. Both apply for the Healthy Michigan Plan. Due to difference in their family size, both beneficiaries would be eligible for the Healthy Michigan Plan at 120 percent of the Federal Poverty Level. The contribution for both will not exceed \$23 per month because some income from the beneficiary with three dependents will be recognized as support for these dependents.

In addition, the Department intends to consider the fact that multiple Healthy Michigan Plan covered individuals reside in the same household when calculating contribution amounts. For example, if both individuals in a married couple qualify for the Healthy Michigan Plan at 101 percent of the Federal Poverty Level, each would be required to pay no more than \$13 per month for their individual coverage (or \$26 per month for the household). This modification is intended to align the amounts contributed by the household more closely with that of the federal exchange as well as existing regulatory limits on household cost-sharing.

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The MI Health Account vendor will calculate the required contribution amount and communicate this to the beneficiary, along with instructions for payment, as part of the MI Health Account quarterly statement.

IV. Impact of Healthcare Services Received on the MI Health Account

Beneficiary contributions to the MI Health Account are not the first source of payment for health care services rendered. The health plans are responsible for ‘first dollar’ coverage of any health plan covered services the beneficiary receives up to a specified amount, though that amount will vary from person to person. For example:

- For individuals at or below 100 percent of the Federal Poverty Level, because co-pays will not accumulate in the account, the health plans will be responsible for payment of all health plan covered services.
- For individuals above 100 percent of the Federal Poverty Level (who make additional monthly contributions to the account), the health plan may utilize beneficiary funds from the MI Health Account once the beneficiary has received a certain amount and type of health care services.
 - This means that the amount the health plans must pay before tapping beneficiary contributions will vary from beneficiary to beneficiary based on his or her annual contribution amount.
 - The amount of health plan responsibility for these beneficiaries will be based on the following formula:

$$\text{\$1000} - (\text{amount of beneficiary's annual contribution}) =$$

Health Plan “First Dollar” Coverage Amount

To further explain this calculation, if an individual has a required annual contribution of \$300 per year, the health plan will be responsible for the first \$700 of services before using any beneficiary contributions. In addition, given the limitations on cost-sharing and the importance of maintaining beneficiary confidentiality, the impact of various services on funds in the MI Health Account will vary. The following are examples of how the MI Health Account vendor will determine the amount of MI Health Account funds, if any, that may be used to offset the cost of certain services covered by the health plan.

A beneficiary has a monthly contribution requirement of \$25, which he remits as required. The beneficiary receives no services for the first 9 months he is in the health plan. Therefore, the beneficiary has contributed \$75 (no contributions for the first 6 months, followed by 3 months of contributions) into the MI Health Account and none of those funds have been utilized by the health plan. The beneficiary’s total annual contribution is expected to be \$300.

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In month 10, the beneficiary contracts strep throat and visits his primary care provider for evaluation and treatment. Per the above formula, the health plan will be responsible for payment of the first \$700 in services. The cost of the office visit, strep test and antibiotic are less than \$700, therefore, the health plan is responsible for the cost of all of those services and may not receive funds from the MI Health Account.

A beneficiary has a monthly contribution requirement of \$20, which she remits as required. The beneficiary does not receive any services in the first 9 months she is in the health plan. Therefore, the beneficiary has contributed \$60 (no contributions for the first 6 months plus 3 months of contributions) and none of those funds have been utilized by the health plan. The beneficiary's total annual contribution is expected to be \$240.

In month 10, the beneficiary develops appendicitis and requires surgery. Per the above formula, the health plan will be responsible for the first \$760 in services. The fees for the surgery are more than \$760. After the health plan pays for the first \$760 of services, it may receive funds from the MI Health Account (in this case, \$60). The beneficiary will continue to owe \$20 per month until her remaining obligation (\$180) is satisfied. In the interim, the health plan will pay the providers involved the remaining fees for the services provided, and may receive the next \$180 remitted by the beneficiary.

In addition, as noted above, only services covered by the health plans will impact the MI Health Account. As a result, any items or services that are carved out of the health plans (e.g. psychotropic drugs, PIHP services) will not impact the MI Health Account or be reflected on any account statement. The Department and the contracted health plans identify the services that will be carved-out of the health plan's scope of coverage via the managed care contracts. These contracts are available via the State's website. The MI Health Account statement will also clarify for the beneficiary that the statement may not reflect all health care services that they received (i.e., because the service was confidential, the claim was not submitted or the health plan does not cover the service).

The following scenario illustrates a beneficiary requiring a carved-out service and the cost-sharing impact:

A beneficiary has a monthly contribution of \$20, and he pays timely for 3 months (for a total of \$60). The beneficiary fills a prescription for a psychotropic drug at his local pharmacy. The beneficiary will be responsible for paying any applicable co-payment for that drug at the pharmacy (point of service). The health plan will not be responsible for payment for the psychotropic drug as this is a service that is carved out from the health plans, and there will be no impact on the MI Health Account as a result. In addition, no funds from the MI Health Account will be distributed to the beneficiary to pay any required co-pay at the point of service.

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Finally, any services considered confidential under the Department's Explanation of Benefits framework or otherwise excluded from cost sharing based on law, regulation or program policy will not be subject to any cost-sharing through the MI Health Account. This limitation includes the use of beneficiary contributions by the health plans once the plan's first dollar responsibility is exceeded. While no confidential services may be reflected on the MI Health Account statement, services that do not require suppression but are exempt from cost sharing of any type must be reflected on the statement as a service for which no payment is required, such as preventive services which are described in the following example.

A beneficiary has a monthly contribution of \$20, and she pays timely for 3 months (for a total of \$60). The following month, the beneficiary has colonoscopy and mammogram screenings that result in fees in excess of \$1000. The health plan must pay for these preventive services and may not seek funds from the MI Health Account for those services. The MI Health Account statement will reflect that preventive services are exempt from any cost sharing on the part of the beneficiary.

V. Cost-Sharing Reductions

Both types of cost sharing (co-pays and contributions) may be reduced if certain requirements are met.

A. Reductions Related to Chronic Conditions

The health plans must waive co-pays if doing so promotes greater access to services that prevent the progression of and complications related to chronic disease, consistent with the following. The Department has provided the plans with lists of conditions and services, which include both diagnosis codes and drug classes, for which co-pays must be waived for all Healthy Michigan Plan beneficiaries. These lists are included as **Appendix 2**. The health plans may suggest additions or revisions to these lists, and the Department will review these suggestions annually. However, any additions must be approved in advance by the Department and shared with the MI Health Account vendor and all other contracted health plans to ensure consistency and appropriate calculation and collection of amounts owed. The Department will continue to engage stakeholders on this issue and ensure transparency and access to information surrounding these lists, which will include both provider and beneficiary education and outreach, policy bulletins when appropriate and online availability of the lists. Any reductions to the lists must be approved in advance by CMS.

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B. Healthy Behavior Cost-Sharing Reductions

1. Co-Pays

Co-pays may also be reduced if a beneficiary engages in certain healthy behaviors, as detailed in the Healthy Behaviors Incentives Operational Protocol. Before co-pays may be reduced, a beneficiary's co-payments must reach a threshold percentage of the beneficiary's income. Beginning on April 1, 2018, co-pay reductions may occur when the following thresholds are reached:

- For beneficiaries whose income is between 100% and 133% of the Federal Poverty Level: When annual accumulated co-pays reach three percent (3%) of income;
- For beneficiaries whose income is at or below 100% of the Federal Poverty Level: When annual accumulated co-pays reach two percent (2%) of income.

The evaluation period for determining whether a beneficiary has satisfied the threshold for co-pay reduction will be the beneficiary's enrollment year. This means that the beneficiary will have one year to make progress toward the threshold of co-payments before that threshold resets. Once the threshold is reached, the reductions will be processed and reflected on the next available MI Health Account statement. Additional information on the criteria for earning these reductions is included in the Healthy Behaviors Incentives Operational Protocol.

2. Contribution Reductions

Healthy Michigan Plan beneficiaries may be required to receive services through a Qualified Health Plan (QHP) participating on the federal marketplace or a health plan meeting the criteria for QHP certification, if they do not satisfy the Department's Healthy Behavior Incentives Requirements. These individuals will have a full 12 months of enrollment in a Medicaid health plan to complete the healthy behavior requirements detailed in the Healthy Behaviors Incentives Operational Protocol. During this grace period, contribution amounts will not exceed 2% of income. Contribution reductions for beneficiaries outside of the grace period will occur consistent with the Healthy Behaviors Incentives Operational Protocol.

The MI Health Account vendor, with participation by and oversight from the health plans and the Department, is responsible for ensuring that the calculation and collection of all cost-sharing amounts is performed in accordance with the Healthy Behaviors Incentives Operational Protocol with

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respect to the waiver or reduction of any required cost sharing. This includes, but is not limited to, the existence of appropriate interfaces between the Department, the health plans and the MI Health Account vendor to transmit account information, encounter data and any other beneficiary information necessary to provide an accurate accounting of amounts due, received and expended from the MI Health Account. See the Healthy Behaviors Incentives Operational Protocol for further information.

VI. Account Administration

The health plans, the MI Health Account vendor and the Department are jointly responsible for ensuring that procedures and system requirements are in place to ensure appropriate account functions, consistent with the following:

- Interest on account balances is not required.
- Upon a beneficiary's death, the balance of any funds in the MI Health Account will be returned to the State after a 120-day claims run-off period.
- State law limits the return of funds contributed by the beneficiary to the beneficiary only for the purchase of private insurance.
- When the beneficiary is no longer eligible for the Healthy Michigan Plan, the balance of any funds contributed by the beneficiary will be issued to the beneficiary, after a 120-day claims run-off period, for the purchase of private health insurance coverage. The vendor will utilize information provided via the Department's claims and eligibility systems, along with its own account expenditure information, to determine whether or not a beneficiary qualifies for a voucher.
- The MI Health Account vendor must modify the amount of required cost sharing if the beneficiary reports a change in income, and communicate any changes in amounts owed to the beneficiary, the health plan and the Department, as appropriate. Beneficiaries are required to notify their Department of Health and Human Services specialist of any changes, and are made aware of this requirement in both the rights and responsibilities section of the beneficiary handbook, communications from the Department and the MI Health Account statement. The Department is the system of record for these changes, and the MI Health Account vendor will make adjustments as needed via information received from the Department's eligibility system.

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- All amounts received from the beneficiary will be credited to any balance owed, and will be reflected on the next available quarterly statement. Similarly, disbursement of funds by the MI Health Account vendor to the health plans from the MI Health Account (when applicable) is required in a timely manner, following appropriate verification of claims for covered services.
- The MI Health Account vendor will be responsible for the transfer of funds and appropriate credit and debit information in the event a beneficiary changes plans.
- Beneficiaries lack a property interest in MI Health Account funds contributed by them. To that end, any amounts in the MI Health Account are not considered income to the beneficiary upon distribution and will not be counted as assets.
- No interest may be charged to the beneficiary on accrued copay or contribution liabilities. Beneficiary consequences for failure to pay are described in this Operational Protocol and may not include loss of eligibility, enrollment or access to services.
- Any amounts remaining in the account after the first year will not offset the beneficiary's contribution requirement for the next year. In addition, the amount that must be covered by the health plan as 'first dollar' will decrease in each subsequent enrollment year when beneficiary contributions remain in the account. For example, if a beneficiary contributes \$250 in the first year and this amount rolls over to the next year, in year 2, the beneficiary will contribute \$250 and the health plan will be responsible for the first \$500 in services (consistent with the framework described herein).
- The maximum amount of beneficiary funds that may accumulate in a MI Health Account is capped at \$1000. If a beneficiary's MI Health Account balance reaches \$1000, his or her contributions will be suspended until the account balance falls below \$1000. The health plans may utilize these funds for services rendered consistent with this Operational Protocol.
- The MI Health Account vendor must provide multiple options for the beneficiary to remit co-pays and contributions due. These options must include, at a minimum check, money order, electronic transfer (e.g. Automated Clearing House or ACH), and may include other payments through a designated partner such as Western Union, Walmart or Meijer. Any such partner must be free or low cost and prior approved by the Department.
- Months 7-18 of enrollment in a health plan will constitute the first year for MI Health Account accounting purposes.
- The MI Health Account vendor has a process in place to accept third party contributions to the MI Health Account on behalf of the beneficiary. This includes

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ensuring that any amounts received are credited to the appropriate beneficiary and the remitter (or individual who made the payment) is tracked, and providing multiple options for individuals or entities to make contributions on behalf of a beneficiary (e.g. money order, check, online ACH, etc.). Because the amount of beneficiary funds that can accumulate in the MI Health Account is capped at \$1000, third parties may not contribute amounts in excess of that limit. State law does not limit which individuals or entities may contribute to the MI Health Account on the beneficiary's behalf, and any third party's contribution will be applied directly to the beneficiary's contribution requirement. Because the beneficiary lacks a property interest in any amounts in the MI Health Account, including his or her own contributions, the contributions of any third party are not considered income, assets or resources of the beneficiary for any purpose.

- In the event contributions are received from a third party as a part of a Federal health initiative, such as the Ryan White Program, all excess funds must be returned to the appropriate remitter (i.e., the person or program who made the payment), if required by relevant law and regulation.

The Department will monitor both the health plans and the MI Health Account vendor for compliance with the above requirements.

VII. Beneficiary and Provider Engagement

A. Beneficiaries

1. MI Health Account Statements

A primary method of increasing awareness of health care costs and promoting consumer engagement in this population will be through the use of a quarterly MI Health Account Statement. These MI Health Account statements will be easy to understand and drafted at the appropriate grade reading level and will reflect the principles outlined in this Operational Protocol, as well as the Healthy Behaviors Incentives Operational Protocol when applicable.

The MI Health Account vendor must provide the beneficiary with at least the following information on a quarterly basis (along with year-to-date information when appropriate):

- MI Health Account balance
- Expenditures by the health plan for covered services over the past three months
- Co-pay amount due for next three months
- Co-pays collected in previous three months
- Past due amounts
- Contribution amount due for the next three months
- Contributions collected in previous three months

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- Reduction to co-pays applied when calculating the amount due for the next three months due to beneficiary compliance with healthy behaviors (as applicable)
- Reduction to contributions applied when calculating the amount owed due to beneficiary compliance with healthy behaviors (as applicable)
- An appropriate subset of encounter-level information regarding services received, including (but not limited to) the following:
 - A description of the procedure, drug or service received
 - Date of service
 - Co-payment amount assigned to that service
 - Provider information
 - Amount paid for the service

The MI Health Account statement must contain the above information, and be in a form and format approved by the Department, in consultation with CMS. Hard copies of these statements must be sent to beneficiaries through U.S. mail on a quarterly basis, though beneficiaries may elect to receive electronic statements as approved by the Department. In terms of expenditure information, the MI Health Account statement will reflect only those services provided by the health plans and will only share utilization details consistent with privacy and confidentiality laws and regulations. The MI Health Account statement will also include information for beneficiaries on what to do if they have questions or concerns about the services or costs shown on the statement. Beneficiaries will also have the option to utilize the health plan's grievance process, as appropriate. Additional detail regarding beneficiary rights in this regard is contained in Section X.

2. Beneficiary Education

Both the health plans and the MI Health Account vendor will be responsible for beneficiary education regarding the role of the MI Health Account and the beneficiary's cost-sharing responsibilities. While the MI Health Account statements are designed to provide beneficiaries with information on health care costs and related financial responsibilities, it is important that the beneficiary also receive information that helps them become a more informed health care consumer.

The Department's contract with the health plans requires the plans' member services staff to have general knowledge of the MI Health Account, appropriate contact information for the MI Health Account vendor for more specific questions, and the ability to address any complaints members have regarding the MI Health Account vendor. In addition, because the MI Health Account vendor is a subcontractor of the health plans, the plans are required by contract to monitor the MI Health Account vendor's operations.

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The MI Health Account vendor will be responsible for providing sufficient staffing and other administrative support to handle beneficiary questions regarding the MI Health Account, and will be obligated to educate beneficiaries (via in person, telephone, written or electronic communication) regarding these topics. This education must include information on how to use the statements and make required contributions and co-pays, and address any questions or complaints regarding the beneficiary's use of the MI Health Account. The health plans are responsible for providing members with handbooks that include information about the Healthy Michigan Plan generally, including the MI Health Account and its cost-sharing mechanism. Finally, the Department will work with the health plans and the provider community to ensure that information on potential cost-sharing amounts is provided to the beneficiary at the point of service.

B. Providers

The health plans, on behalf of the state, will be responsible for education within their provider networks regarding the unique cost-sharing framework of the MI Health Account as it applies to the Healthy Michigan Plan. This may include in-person contact (on an individual or group basis), as well as information provided in newsletters, email messages and provider portals. This education must include, but is not limited to, the following topics:

- The co-payment mechanism and the impact on provider collection;
- The importance of providing services without collection of payment at the point of service for all health plan covered services;
- Options for reducing required contributions to the MI Health Account (as more fully described in the Healthy Behaviors Incentives Operational Protocol), including provider responsibilities associated with those reductions; and
- The elimination of co-pays (through the MI Health Account mechanism) for certain chronic conditions (as more fully described in the Healthy Behaviors Incentives Operational Protocol), as well as the scope of coverage and cost-sharing exemptions for preventive services.

The Department has partnered with various professional associations within the state, as well as its provider outreach division, to ensure that education regarding the Healthy Michigan Plan and the MI Health Account occurs consistent with procedures already in place to address education needs in light of program changes.

C. Ongoing Strategy

The Department will receive regular reports from the MI Health Account vendor and the health plans regarding the operation of the MI Health Account. For example, the MI Health Account vendor will provide regular reports to the Department and the health plans regarding MI Health Account collections and disbursements, and may provide additional information regarding beneficiary engagement and understanding as reflected through the vendor's call center operations upon the Department's request.

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This information will allow the Department, the health plans and the MI Health Account vendor to identify opportunities for improvement, make any needed adjustments and evaluate the success of any changes.

The Department will also continue to elicit feedback from the health plans, providers, beneficiaries and other stakeholders about the MI Health Account. Account operations information will be shared and/or discussed, as appropriate, with various stakeholders, including the Medical Care Advisory Council, the Michigan Association of Health Plans, the Michigan State Medical Society and the health plans themselves. The Department meets with the Medical Care Advisory Council and the Michigan State Medical Society quarterly, and the health plans and their trade association generally on a monthly basis. Stakeholder input will be considered for any program changes, and feedback will be accepted on an ongoing basis via the Department's dedicated Healthy Michigan Plan email address.

Finally, the health plans will be evaluated on the success of cost-sharing collections as required by State law through the cost-sharing bonus. This measure will be monitored by the Department annually, with the opportunity for program changes to address any identified deficiencies.

VIII. Consequences

State law requires that the Department develop a range of consequences for those beneficiaries who consistently fail to meet payment obligations under the Healthy Michigan Plan. These consequences will impact those beneficiaries whose payment history meets the Department's definition of non-compliance with respect to cost-sharing. For the purposes of initiating the consequences described below, non-compliant means either: 1) That the beneficiary has not made any cost-sharing payments (co-pays or contributions) in more than 90 consecutive calendar days; or 2) that the beneficiary has met less than 50 percent of his or her cost-sharing obligations as calculated over a one year period.

In addition to the consequences described herein, the Department may limit potential reductions for those who fail to pay required cost-sharing (as this consequence is required by State law). Information on the impact of these consequences on any cost-sharing reductions is included in the Healthy Behaviors Incentives Operational Protocol.

All beneficiaries who are non-compliant with cost-sharing obligations will be subject to the following consequences. First, the MI Health Account vendor will prepare targeted messaging for the beneficiary regarding his or her delinquent payment history and the amounts owed. This may occur via the MI Health Account Statement or other written or electronic forms of correspondence, and may include telephone contact as appropriate.

In addition, State law requires the Department to work with the State's Department of Treasury to offset state tax returns, and access lottery winnings when applicable, for beneficiaries who consistently fail to meet payment obligations. The Department has a

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formal arrangement with the Department of Treasury to pursue a state tax return offset for individuals who fail to pay required cost-sharing and have not responded to the messaging strategy outlined above. The Department is also considering additional methods for pursuing these funds, including through its internal collection and program support process. All beneficiaries will have access to due process, prior to the initiation of any tax offset process, and these debts will not be reported to credit reporting agencies. The health plans may receive recovered funds, but only to the extent that the plan would have been entitled had the beneficiary paid as required. All other funds recovered will revert to the State. The Department also plans to allow the health plans to pursue additional beneficiary consequences for non-payment, consistent with the State law authorizing the creation of the Healthy Michigan Plan, subject to formal approval prior to any implementation. However, loss of eligibility, denial of enrollment in a health plan, or denial of services is not permitted.

Finally, regardless of the consequences pursued by the Department or the health plans, providers may not deny services for failure to pay required cost-sharing amounts. The health plans are responsible for communicating this to their contracted providers through the plan's provider education process, and for monitoring provider practices to ensure that access to services is not denied for non-payment of cost sharing.

IX. Reporting Requirements

Both the health plans and the MI Health Account vendor are required to develop, generate and distribute reports to the Department, and make information available to each other as necessary to support the functioning of the MI Health Account, both as specified in this Operational Protocol, and upon the Department's request. The following information is available and shared as described herein:

- The health plans, in cooperation with the MI Health Account vendor, must provide to the Department an accounting for review to verify that the MI Health Account function is operating in accordance with this Operational Protocol; and
- On a monthly basis, the MI Health Account vendor will provide the Department with information on co-pays and contributions due, reductions applied, and collections by enrollee.

X. Grievances and Appeals

Healthy Michigan Plan beneficiaries will have the opportunity to contest various facets of the MI Health Account function through the relevant processes operated by the health plans, and the Department when appropriate, consistent with federal law and regulation and this operational protocol. Any dispute regarding the receipt of services (as shown on the MI Health Account statement) must be pursued through the relevant health plan and will be treated as a grievance, while any action taken by the health plans that serves to limit access to covered services would be considered an adverse action and entitle the beneficiary to the full complement of appeal rights permitted by law and/or contract.

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Operational Protocol for the MI Health Accounts

Disputes regarding increases in cost-sharing amounts (outside of the variances in the average monthly co-pay experience described herein) will be investigated by the Department, in cooperation with the MI Health Account vendor, with right to a Medicaid Fair Hearing. Other concerns or complaints associated with the operation of the MI Health Account will be addressed by the Department, with the assistance of the MI Health Account vendor. The Department will provide beneficiaries with information on the appeals process for cost-sharing changes associated with the MI Health Account, as well as general information on how to address complaints or other concerns.

The health plans are required by contract to inform beneficiaries of the grievance and appeals process at the time of enrollment, any time an enrollee files a grievance, and any time the plan takes an action that would entitle the beneficiary to appeal rights. Health plan member handbooks also contain instructions on how to file a grievance.

ATTACHMENT D
Healthy Michigan Plan Healthy Behaviors Incentives Operational Protocol

I. Background

The Michigan Department of Health and Human Services (“Department”), in consultation with stakeholders, developed a Healthy Behaviors Incentives Program specific to the Healthy Michigan Plan managed care population. The purpose of the Healthy Behaviors Incentives Program is to encourage beneficiaries to maintain and implement healthy behaviors as identified in collaboration with their health care provider primarily via a standardized health risk assessment. Uniform standards were developed to ensure that all Healthy Michigan Plan managed care members have the opportunity to earn incentives and that those incentives are applied consistently by the managed care plans or their vendor.

Following evaluation and additional feedback from stakeholders, the Department is now updating the Healthy Behaviors Incentives Program to promote greater beneficiary engagement and reward progress towards healthy behaviors over time. These proposed changes are meant to strengthen the program’s capacity to encourage behavior change for both new and existing enrollees. The Department is modifying the Healthy Michigan Plan Health Risk Assessment and the overall incentive framework in support of these goals, expanding the scope of services and medications deemed exempt from cost-sharing as a way to reduce barriers to needed care, and detailing the impact of certain healthy activities on delivery system options as described below.

II. Health Risk Assessment

Healthy Michigan Plan beneficiaries are expected to remain actively engaged with the Healthy Behaviors Incentives Program each year that they are in the Healthy Michigan Plan. The Department has developed a Health Risk Assessment that assesses a broad range of health issues and behaviors including, but not limited to, the following:

- Physical activity
- Nutrition
- Alcohol, tobacco, and substance use
- Mental health
- Influenza vaccination

The Health Risk Assessment is available for completion by all Healthy Michigan Plan managed care members. New beneficiaries continue to be informed about the program when they first enroll by the enrollment broker and in the welcome packets they receive from their managed care plan. In order to remain relevant and appropriate for members who have completed multiple annual Health Risk Assessments, the form will now account for consideration of progress on the previous year’s goals for existing members, as attested by the primary care provider. Additional healthy behaviors will be added to the Health Risk Assessment, such as recommended cancer screenings and preventive dental care, to ensure the selection of targeted healthy behaviors is sufficiently diverse for members who have already achieved multiple healthy behavior goals. As some healthy behavior goals may require significant annual effort to maintain (ex. not regressing into prior tobacco use), an

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additional goal of maintaining previously achieved healthy behaviors goal(s) will also be added. The revised Health Risk Assessment can be found in Appendix 3.

Assistance with completion of the Health Risk Assessment is available to new and existing beneficiaries. To start the Health Risk Assessment, members can answer the first self-report portion on their own, with the assistance of the enrollment broker or with assistance from their selected managed care plan. A new option which is available is that members can now answer the first portion of the Health Risk Assessment online through a secure statewide beneficiary portal called the MyHealthButton. The Health Risk Assessment has also been translated into Spanish and Arabic. The self-report sections include assessment of engagement in healthy behaviors and questions that indicate how much assistance beneficiaries may need to achieve health in regards to particular issues. The final portion of the Health Risk Assessment will be done in the primary care provider office and includes attestations by the provider that the beneficiary has acknowledged changes in behavior that may need to be made, and the members' willingness/ability to address those behaviors.

Successful entry into any health care system includes an initial visit to a primary care provider, especially for those who may have unmet health needs. For Healthy Michigan Plan managed care members, this initial appointment can include a conversation about the healthy behaviors identified in the Health Risk Assessment, member concerns about their own health needs, member readiness to change, and provider attestations of members' willingness/ability to address health needs. Healthy Michigan Plan beneficiaries are expected to contact their primary care provider within 60 days of enrollment to schedule a well care appointment and complete the Health Risk Assessment, though there is no penalty for beneficiaries who choose not to do so.

An annual preventive visit is a benefit of the Healthy Michigan Plan and existing members are encouraged to complete an annual Health Risk Assessment with their primary care provider. As the program matures, Healthy Michigan Plan members will increasingly be at different stages of behavior change. The revisions to the Health Risk Assessment are designed to keep the program meaningful for both newly enrolled members and those who have begun to make significant lifestyle changes.

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Healthy Michigan Plan Healthy Behaviors Incentives Operational Protocol

III. Additional Mechanisms to Document Healthy Behavior Activities

Beginning on April 1, 2018, beneficiaries in the demonstration above 100 percent of the Federal Poverty Level (FPL) who have been in the program for at least one year, who are not medically frail or exempt from cost-sharing (because they are pregnant, children, etc.), and who have chosen not to participate in the Healthy Behaviors Incentives Program will be required to enroll in a Qualified Health Plan (QHP) participating on the Marketplace or a health plan meeting the criteria for QHP certification (herein both types of health plans are referred to as a QHP). To improve the ability of individuals to participate in the Healthy Behaviors Incentives Program, additional mechanisms to document healthy behaviors are being added for individuals who may have completed healthy behavior activities but do not have a submitted Health Risk Assessment for documentation. The new documentation will include claims/encounters data and documented participation in wellness and population health management programs, including those submitted by a Medicaid health plan.

The Department will use claims and encounter data to document healthy behaviors for managed care plan members who utilize preventive and wellness services that meet the following criteria.

Make and keep an appointment for any of the following:

- Annual preventive visit
- Preventive dental services
- Appropriate cancer screening
- Tobacco cessation
- Advisory Committee on Immunization Practices (ACIP) recommended vaccination(s)
- Other preventive screening

The associated codes for the health services listed above can be found in Appendix 4. This mechanism to document healthy behaviors will primarily involve the review of historical claims information (from the preceding 12 months) for the presence of the selected codes.

In addition, with the introduction of the new managed care contract in January 2016, all managed care plans must ensure its members have access to evidence based/best practices wellness programs to reduce the impact of common risk factors such as obesity or hypertension. These programs can take many forms such as evidence-based tobacco cessation support, health coaching services and free or reduced cost gym memberships. The managed care plans are also required to provide population health management programs which address social determinants of health such as food security or health literacy. These kinds of programs play an important role in helping members achieve their healthy behavior goal(s) and provide important skills and resources so that individuals can self-manage their health. To encourage participation in these valuable programs, members with documented participation in approved managed care plan wellness and population health management programs will also be eligible for Healthy Behaviors Incentives.

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Healthy Michigan Plan Healthy Behaviors Incentives Operational Protocol

IV. Healthy Behaviors Incentives

Healthy Michigan Plan managed care members will be rewarded for addressing behaviors necessary for improving health. The Department believes that this approach serves as an innovative model that rewards members for appropriate use of their health care benefits. Appendix 5 graphically describes the eligibility criteria for Healthy Behaviors Incentives: managed care members who complete a Health Risk Assessment with a primary care provider attestation and agree to address or maintain healthy behaviors will receive an incentive. All individuals receiving an incentive are eligible for a 50 percent reduction in copays once the appropriate threshold is met. The threshold is 2 percent of income for those at or below 100 percent of the Federal Poverty Level and 3 percent for those with incomes greater than 100 percent of the Federal Poverty Level. Those individuals at or below 100 percent of the Federal Poverty Level will also be eligible to receive a \$50 gift card. Individuals who pay a contribution (those above 100 percent of the Federal Poverty Level) will also be eligible for a reduction in their monthly contribution to 1 percent of income. To encourage consistent multi-year participation in the Healthy Behaviors Incentives Program, individuals who pay a contribution (those above 100 percent of the Federal Poverty Level) will have their monthly contribution waived in its entirety if they complete an annual Health Risk Assessment on time each year over 2 or more years. Members who complete an assessment and acknowledge that changes are necessary but who have significant physical, mental or social barriers to addressing them at this time (as attested by the primary care provider) are also eligible for the incentives.

Managed care plan members who complete the Health Risk Assessment but decline to engage in healthy behaviors are not eligible for incentives. Additionally, members in the demonstration above 100 percent of the Federal Poverty Level (FPL) who complete the Health Risk Assessment but decline to engage in healthy behaviors may be required to enroll in a QHP.

Members may complete more than one Health Risk Assessment during a year, but may only receive an incentive once per year (one gift card or one annual contribution reduction). Members who initially decline to address behavior change may become eligible if they return to the provider, complete the assessment, and agree to address one or more behavior changes, as attested to by their primary care provider. Members do NOT have to complete the initial appointment or assessment during a specific window of time to be eligible for the incentive. The clock on the annual incentive begins when the member completes the initial appointment and assessment.

Individuals who do not complete a Health Risk Assessment but are identified as completing a healthy behaviors activity as documented through specific claims/encounter data or documented participation in wellness and population health management programs will earn the same contribution and copay reductions as individuals who complete the Health Risk Assessment and agree to address or maintain a healthy behavior. This means individuals at or below 100 percent of the Federal Poverty Level will earn only the copay reductions for participating in a healthy behavior activity. However, these individuals can become eligible

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for the gift card incentive at any time if they complete a Health Risk Assessment and agree to address or maintain a healthy behavior.

Any earned reductions in cost-sharing will be applied through the MI Health Account, as detailed in the MI Health Account Operational Protocol. Consistent with State law, a member who has earned a reduction in cost-sharing, but is subsequently found to be in 'consistently fail to pay' status, will lose all or a portion of that reduction for the remainder of the year in which it was earned. All individuals will lose the 50 percent reduction in copays and individuals at or below 100 percent of the Federal Poverty Level will also lose eligibility to receive a \$50 gift card. Those individuals who pay a contribution (those above 100 percent of the Federal Poverty Level) will lose eligibility for the reduction in their monthly contribution to 1 percent of income, but their monthly contribution will not exceed 2 percent of income. A member has consistently failed to pay when either of the following has occurred: no payments have been received for 90 consecutive calendar days, or less than 50 percent of total cost-sharing requirements have been met by the end of the year.

V. Marketplace Option

Communication and support for participation in the Healthy Behaviors Incentives Program begins at enrollment and enrollees can join at any time. To further emphasize the importance of initiating and maintaining participation, Healthy Michigan Plan managed care members earning above 100 percent of the Federal Poverty Level who have been enrolled in a managed care plan for at least 12 months, are not medically frail or have other exclusions, and who choose not to participate in the Healthy Behaviors Incentives Program will be required to receive health services through a QHP. Detailed information about enrollment requirements and health services provided by QHPs can be found in the Healthy Michigan Plan Marketplace Option Operational Protocol.

Once enrolled in the Healthy Michigan Plan Marketplace Option, QHP enrollees will be eligible for the Healthy Behaviors Incentives Program if they subsequently complete the Healthy Michigan Plan Health Risk Assessment. As QHPs do not have operational mechanisms in place to coordinate and process Health Risk Assessments and Healthy Behaviors Incentives, the Department is working with a vendor to create a telephonic option for Health Risk Assessment completion for Healthy Michigan Plan Marketplace Option enrollees. This Health Unit will enable QHP enrollees to complete the entire Health Risk Assessment telephonically with a health educator or registered nurse.

Enrollees who complete the Health Risk Assessment through this Health Unit will earn a 50 percent QHP premium reduction for the remainder of the QHP enrollment period. In addition, at the end of their QHP enrollment period, enrollees who completed a Health Risk Assessment may return to the Healthy Michigan Plan. The member's new managed care plan will receive their completed Health Risk Assessment information securely transmitted from the Department and will be responsible for providing the beneficiary with structured ongoing support in their efforts to improve healthy behaviors. The managed care plan will also be responsible for ensuring a secure mechanism to transmit the Health Risk Assessment information to the members' primary care provider in a timely manner so that the

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information can be reviewed between the primary care provider and the member at their next appointment.

VI. Structured Interventions to Assist with Identified Healthy Behaviors

Beneficiaries will have access to structured ongoing support in their efforts to improve healthy behaviors as identified through the Healthy Behaviors Incentives Program. All managed care plans are required to have policies in place indicating how they use the Health Risk Assessment data to identify members who have identified healthy behaviors goal(s) and their process for outreach and education to these members. They are also required to report annually on the members reached and provide documentation of the support services, education or other interventions provided by the managed care plan. Examples of these interventions include patient education, health coaching and linkages to community programs. In addition, all managed care plans have robust care management programs to assist their members in obtaining health goals. For example, all managed care plans have a diabetes case management program which includes information on nutrition and physical activity. The information gleaned from the Health Risk Assessment can be used by the managed care plans to determine suitability for member enrollment into this type of care management program, or for referral for other covered services that will assist the member in changing unhealthy behaviors or maintaining current healthy activities.

Once a member has been identified as in need of any covered services, managed care plans coordinate care with necessary providers to ensure that timely, appropriate services are rendered. The managed care plans are contractually obligated to cover smoking cessation counseling and treatment in accordance with Treating Tobacco Use and Dependence: 2008 Update, issued by the US Department of Health and Human Services. This includes counseling, telephonic quit line support, over-the-counter and prescription medications, and combination therapy. Annual preventive visits, Advisory Committee on Immunization Practices (ACIP) recommended vaccinations and treatments for alcohol use, substance use disorder and mental health issues are covered services under the Healthy Michigan Plan. Managed care plans also cover maternity care and dental services for Healthy Michigan Plan enrollees. The Department expects managed care plans to adhere to recognized clinical practice guidelines for the treatment of Healthy Michigan Plan members.

VII. Reducing Financial Barriers

Financial barriers to appropriate care can influence the health-seeking behaviors of low-income populations. For this reason, preventive services are exempt from co-pay requirements as outlined in the MI Health Account Operational Protocol. In addition, per the Healthy Michigan Plan legislation (Public Act 107 of 2013), and in an effort to remove barriers to necessary care for Healthy Michigan Plan members, the Department has eliminated copays ‘to promote greater access to services that prevent the progression of and complications related to chronic diseases’. The Department believes that by eliminating copays for services related to chronic disease and the associated pharmaceuticals, members will be better able to achieve their health goals. An expanded list of these chronic disease and associated codes is attached (Appendix 2).

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VIII. Reducing Access Barriers

Access to care for Medicaid members is critical. The Department has and will continue to measure access to necessary providers, especially primary care providers upon whom Healthy Michigan Plan managed care members rely to earn their incentives. With passage of the Healthy Michigan Plan legislation, network adequacy reports were developed for each county in the state based on the potential enrollment of new members into the Healthy Michigan Plan. Departmental estimates of potential enrollment indicated no counties that required an increased network to fall within the Department's required primary care provider to member ratio of 1:750. Further, on January 1, 2016, Michigan Medicaid implemented a new managed care contract which requires a primary care provider to member ratio of 1:500 to further strengthen network adequacy.

In addition, Healthy Michigan Plan members may receive services, including the initial appointment and completion of the Health Risk Assessment, through Fee-For-Service (FFS) before they are enrolled in a managed care plan. Given the short time period (usually one month) that new enrollees are in FFS before enrollment in a managed care plan, the Department expects there to be relatively few instances of a FFS provider completing the initial appointment and the Health Risk Assessment. When it does occur, the managed care plans are responsible for either working directly with the FFS provider to obtain the Health Risk Assessment or assisting the member in getting the necessary Health Risk Assessment information from the provider. Providers have also been instructed to give each beneficiary a copy of their completed assessment at the initial appointment, so the beneficiary can forward a copy of their completed Health Risk Assessment to their health plan after enrollment. Beneficiaries who complete the Health Risk Assessment during the FFS period are eligible for the incentives upon enrollment into a managed care plan.

IX. Education and Outreach Strategy

The Department has developed a four-pronged education strategy that will ensure members hear the same message across different entities, and will maximize the potential for member engagement in healthy behaviors and achievement of incentives. At all potential points of contact in the enrollment process (the enrollment broker, the Department, managed care plans, and providers), members will receive information about the Healthy Behaviors Incentives Program including eligibility requirements. To ensure consistency, member engagement scripts with Healthy Behaviors Incentives Program information will be developed and shared with the enrollment broker and the managed care plans.

Language has been included in the Healthy Michigan Plan handbook, brochures and other member communications to inform beneficiaries about potential reductions in their cost-sharing based on their engagement in healthy behaviors. This language will be expanded to inform members about the new opportunities to be eligible for incentives through the Healthy Behaviors Incentives Program. It will also include information about the requirement to join a QHP if enrollees choose not to participate in the Healthy Behaviors Incentives Program

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during the one year grace period and have no other exclusions. The Department will ensure that updated language is provided at all potential points of contact.

The Department's enrollment broker can facilitate member questions on the Health Risk Assessment, inform beneficiaries about the Healthy Behaviors Incentives, assist them with choosing a primary care provider, and encourage them to schedule and complete their initial appointment. When managed care plans make welcome calls to new Healthy Michigan Plan members, their scripts include information about the Healthy Behaviors Incentives Program. During these calls, managed care plans will assist members in scheduling an initial appointment and can arrange for transportation if necessary. All managed care plans send welcome packets to new members within 10 days of enrollment into the plan. These packets will include written information on the Healthy Behaviors Incentives Program at no higher than a 6.9 grade level. Managed care plans will also include Healthy Behaviors Incentives Program information on their website and in their member newsletters.

The MI Health Account quarterly statement received by each Healthy Michigan Plan member is intended to be an educational tool that will present information regarding any reductions earned via the Healthy Behaviors Incentives Program. It also includes reminders for members about potential cost-sharing reductions and incentives that may be available for them. The detailed contents of the MI Health Account statement are discussed in the MI Health Account Operational Protocol.

Information about the Healthy Behaviors Incentives Program and how to participate is also included in the mobile application for beneficiaries, the MyHealthButton, which was developed by the Department for beneficiaries in 2015. It includes an online option for starting the Health Risk Assessment, a repository where beneficiaries can see their completed Health Risk Assessment results submitted by their primary care provider, and tools and resources to assist them with achieving their selected healthy behavior goal(s). There has been statewide outreach to inform beneficiaries of this new online option. The Department will continue to develop new education and outreach initiatives on the Healthy Behaviors Incentives Program for the duration of the demonstration.

X. Provider Strategy

Primary care provider participation plays a key role in healthy behavior change, and collaborative effort between beneficiaries and their health care providers is essential for the success of the Healthy Behaviors Incentives Program. For this reason, the Department developed an outreach strategy for providers which was carried out in 2014 and involved collaboration with the Michigan State Medical Society, the Michigan Osteopathic Association, Michigan Academy of Family Physicians and the Michigan Primary Care Association. The Department also sent a letter to all practitioners, Federally Qualified Health Centers, Tribal Health Centers, Rural Health Centers, and managed care plans on June 13, 2014 and a policy bulletin (14-39) was distributed to all providers on August 28, 2014. Not only did this ensure that providers were adequately informed about the Healthy Behaviors Incentives Program, but they were able to share a consistent message with patients. These same mechanisms will be used to inform providers about updates to the program. The

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Department has been in discussion with provider organizations regarding these changes, and will distribute bulletins on these changes to providers in the summer of 2017.

The Department developed a voluntary, web-based training for providers which covered the Healthy Michigan Plan Health Risk Assessment, Healthy Behaviors Incentives, and associated processes. The training is available for completion online and has continuing medical education (CME) units associated with it. The Department regularly updates the course content as necessary and annually evaluates whether the course remains relevant for providers.

Managed care plans provide current information about the Healthy Behaviors Incentives Program to the providers in their networks through provider newsletters and provider portals. Managed care plans are also required to pay an incentive to providers who complete the Health Risk Assessment with their Healthy Michigan Plan members. Details of the provider incentive and payment mechanism are plan-specific and are made available to providers by the managed care plans with which they participate. Providers who work with patients to complete the Health Risk Assessment during the FFS period are eligible for the managed care plan provider incentive once the member has enrolled in the managed care plan.

Currently, the Health Risk Assessment submission process for providers is different for each managed care plan. Based on feedback from providers about the complexity of keeping track of multiple plan-specific methods for secure submission of completed Health Risk Assessments, the Department is developing a secure state-wide submission portal (with print and electronic options) to streamline the submission process for providers. The Department began working with a vendor to develop this process in February 2017. The Department will partner with multiple provider groups to educate providers about the submission portal. When a provider completes a Health Risk Assessment for a managed care member, the completed Health Risk Assessment will be securely routed to the appropriate managed care plan for application of incentives.

XI. Data Systems and Monitoring Processes

Health Risk Assessment data is put into electronic file formats and securely transferred from the enrollment broker and managed care plans to the State's data warehouse, where it is then stored. The files include member name and ID number, the member's managed care plan, and the name and National Provider Identifier of the primary care provider who completed the Health Risk Assessment so that Health Risk Assessment data can be tracked and monitored at the beneficiary, provider and plan level. Health Risk Assessment data can be cross referenced with care provided to beneficiaries through encounter data. Health Risk Assessment data is monitored monthly and the Department developed a measure of Health Risk Assessment completion which is reported quarterly. This measure was also included in the performance bonus for managed care plans starting in SFY2016.

The healthy behaviors file will now be expanded to include the new Healthy Behaviors Incentives Program data. Managed care plans will generate a list of members who are eligible for incentives because the member participated in approved wellness programs. This

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information will be submitted to the Department through modification of the healthy behaviors file. The Department will identify the members who are eligible for incentives because the member utilized identified wellness health services documented through claims/encounters. The healthy behavior incentive information completed telephonically for QHP members will be submitted utilizing current data transfer systems developed with the vendor for Health Risk Assessment data, which will be revised and tested with this new data set. Development of these modifications began in spring 2017 and extensive testing will occur prior to implementation in the fall of 2017. This data will then be stored in the State's data warehouse. Just like the Health Risk Assessment data, it will be possible to query all aspects of the program data and new queries and performance measures will be developed for tracking and monitoring at the beneficiary, provider and plan level.

Cross-referencing with encounter data also assists with monitoring provider accountability. Managed care plans are required to set standards for accountability for their provider networks. In addition, the Department developed an Access to Care measure specific to the Healthy Michigan Plan managed care population to determine how many new members completed an initial appointment within 150 days of enrollment into the managed care plan. This measure is based on encounter data extracted from the State's data warehouse and is tracked by region, managed care plan, and as a state overall. In SFY2016, this measure was included in the Performance Bonus for the managed care plans as well.

The Department receives the amount of cost-sharing expected and received by each Healthy Michigan Plan member from the MI Health Account vendor. On a quarterly basis, the Department cross references a sample of beneficiaries with records in the State's data warehouse indicating they had earned a reduction with beneficiaries who had reductions processed. A sample of each managed care plan's population is pulled. Results are processed and reported to confirm accurate application of cost-sharing reductions. Plans found to be in non-compliance with processes and procedures related to application of cost-sharing reductions are subject to established remedies and sanctions, per the Medicaid Health Plan contract. The MI Health Account vendor responsible for the QHP premium reduction will be subject to similar monitoring processes to confirm accurate application of cost-sharing reductions.

All Healthy Michigan Plan beneficiaries will have the opportunity to contest various facets of the Healthy Behaviors Incentives Program through the Medicaid health plans and the Department, as appropriate. Any dispute arising between the beneficiary and the primary care provider and/or Medicaid health plan regarding information reported on the Health Risk Assessment, additional healthy behaviors documentation, or appropriate application of incentives earned through the Medicaid health plans will be treated as a grievance. Disputes regarding the application of Healthy Behavior cost-sharing reductions (from beneficiaries enrolled in a Medicaid health plan or Marketplace health plan) or the options for Healthy Michigan Plan enrollment will be handled by the Department in accordance with applicable laws and regulations and the operational protocols associated with this demonstration.

The Medicaid health plans are contractually obligated to inform their members of the grievance process at the time of enrollment. Instructions on how to file a grievance are

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detailed in the Member Handbook for each managed care plan. The beneficiary helpline telephone number will also be included on correspondence from the Department, and from the Department's vendor administering the MI Health Account and Marketplace Option premium collection.

Beneficiary helpline staff can direct members to resources for addressing complaints or other concerns associated with the Healthy Behaviors Incentives Program.

XII. Ongoing Engagement of Stakeholders and the Public

The Department began planning the Healthy Behaviors Incentives Program in December 2013. During that planning period, the Department held regular meetings with the managed care plans, provider organizations and the Medical Care Advisory Council, which is made up of staff from the Department, managed care plans, local health departments, medical, oral, and mental health providers, various advocacy groups, and Medicaid beneficiaries. Informational presentations were made to stakeholder and advocacy groups, as well as Tribal partners. The Department has continued to elicit feedback from managed care plans, providers and other stakeholders throughout the duration of the Healthy Behaviors Incentives Program. Results from data analysis are discussed annually during both the Clinical Advisory Committee and Medical Care Advisory Council meetings and stakeholder input was considered for these program changes. The Department monitors feedback on the program from the beneficiary helpline, provider helpline, and all advocacy and stakeholder groups. Results from interim reports of surveys and other investigations carried out by the University of Michigan as part of the program evaluation have also been taken into consideration.

The Department will continue to elicit feedback from providers, beneficiaries, managed care plans and other stakeholders about the Healthy Behaviors Incentives Program. Stakeholder input will be considered for any program changes, and feedback will be accepted on an ongoing basis. The Department will continue to monitor the managed care plans' implementation of the incentives program to ensure that adequate outreach and education efforts are maintained throughout the demonstration. The Department will report on the Healthy Behaviors Incentives Program each year to stakeholder and advocacy groups. Through the formal evaluation, the department will publish reports on access to care, self-reported health status, and other relevant measures of success and engagement.

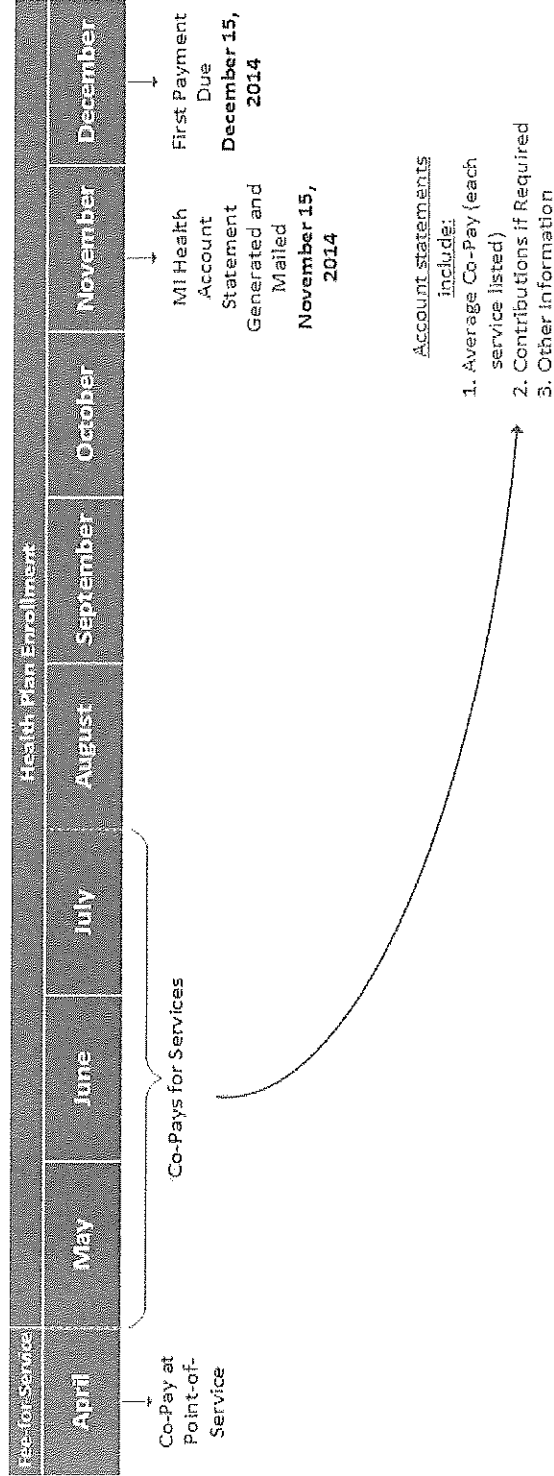
ATTACHMENT D
Healthy Behaviors Incentives Program Protocol
Appendix 1: MI Health Account Operation Timeline

Appendix 1

MI Health Account Operation Timeline



Beneficiary Cost Sharing Obligations



DRAFT

Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Alzheimer's Disease</i>	H1A	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	Alzheimer's Disease and Related Disorders or Senile Dementia
	H1C	ALZHEIMER'S THX,NMDA RECEPTOR ANTAG-CHOLINES INHIB	Alzheimer's Disease and Related Disorders or Senile Dementia
	J1B	CHOLINESTERASE INHIBITORS	Alzheimer's Disease and Related Disorders or Senile Dementia
<i>Anemia</i>	C3B	IRON REPLACEMENT	Anemia (Includes Sickle Cell Disease)
	C6E	VITAMIN E PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	C6F	PRENATAL VITAMIN PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	C6L	VITAMIN B12 PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	C6M	FOLIC ACID PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	C6Q	VITAMIN B6 PREPARATIONS	Anemia (Includes Sickle Cell Disease)
	N1B	ERYTHROPOIESIS-STIMULATING AGENTS	Anemia (Includes Sickle Cell Disease)
	N1F	THROMBOPOIETIN RECEPTOR AGONISTS	Anemia (Includes Sickle Cell Disease)
	N1H	SICKLE CELL ANEMIA AGENTS	Anemia (Includes Sickle Cell Disease)
	P1M	LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	Anemia (Includes Sickle Cell Disease)
	P1P	LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	Anemia (Includes Sickle Cell Disease)
	P5A	GLUCOCORTICIDS	Anemia (Includes Sickle Cell Disease)
	V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	Anemia (Includes Sickle Cell Disease)
	V1O	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	Anemia (Includes Sickle Cell Disease)
W7K	ANTISERA	Anemia (Includes Sickle Cell Disease)	
<i>Arthritis</i>	C7A	HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	D6A	DRUGS TO TX CHRONIC INFLAMMATORY DISEASE OF COLON	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	D6A	DRUGS TO TX CHRONIC INFLAMMATORY DISEASE OF COLON	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	D6F	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	P1E	ADRENOCORTICOTROPHIC HORMONES	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	P5A	GLUCOCORTICIDS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Q5E	TOPICAL ANTI-INFLAMMATORY, NSAIDS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	R1R	URICOSURIC AGENTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2C	GOLD SALTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2I	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2J	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2J	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2K	ANTI-ARTHRITIC AND CHELATING AGENTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2L	NSAIDS,CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2M	ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2N	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2N	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2P	NSAID,COX INHIBITOR-TYPE AND PROTON PUMP INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2Q	ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2T	NSAIDS(COX NON-SPEC.INHIB)AND PROSTAGLANDIN ANALOG	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2V	ANTI-INFLAMMATORY, INTERLEUKIN-1 BETA BLOCKERS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	S2X	NSAID AND HISTAMINE H2 RECEPTOR ANTAGONIST COMB.	RA/OA (Rheumatoid Arthritis/Osteoarthritis)

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Arthritis Con't.</i>	S2Z	ANTI-INFLAMMATORY,PHOSPHODIESTERASE-4(PDE4) INHIB.	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	V1B	ANTINEOPLASTIC - ANTIMETABOLITES	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2E	IMMUNOSUPPRESSIVES	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2U	MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2V	INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2W	ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
	Z2Z	JANUS KINASE (JAK) INHIBITORS	RA/OA (Rheumatoid Arthritis/Osteoarthritis)
<i>Behavioral Health/Substance Abuse</i>	C0D	Anti Alcoholic Preparations	Alcohol Dependence
	H3T	NARCOTIC ANTAGONISTS	Alcohol Dependence
	H2E	SEDATIVE-HYPNOTICS, NON-BARBITURATE	Alcohol Dependence and Depression
	H2F	ANTI-ANXIETY DRUGS	Alcohol Dependence and Depression
	H2D	BARBITURATES	Anxiety
	H2E	SEDATIVE-HYPNOTICS, NON-BARBITURATE	Bipolar Disorder
	H2F	ANTI-ANXIETY DRUGS	Bipolar Disorder
	H2G	ANTIPSYCHOTICS, PHENOTHIAZINES	Bipolar Disorder
	H2M	BIPOLAR DISORDER DRUGS	Bipolar Disorder
	H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	Bipolar Disorder
	H2U	TRICYCLIC ANTIDEPRESSANTS, REL. NON-SEL. REUPT-INHIB	Bipolar Disorder
	H4B	ANTICONVULSANTS	Bipolar Disorder
	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	Bipolar Disorder
	H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	Bipolar Disorder
	H7T	ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGNST	Bipolar Disorder
	H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	Bipolar Disorder
	H7Z	SSRI-ANTIPSYCH, ATYPICAL, DOPAMINE, SEROTONIN ANTAG	Bipolar Disorder
	H8W	ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED	Bipolar Disorder
	H2H	MONOAMINE OXIDASE(MAO) INHIBITORS	Depression
	H2M	BIPOLAR DISORDER DRUGS	Depression
	H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	Depression
	H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	Depression
	H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	Depression
	H2X	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	Depression
	H4B	ANTICONVULSANTS	Depression
	H7B	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	Depression
	H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	Depression
	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	Depression
	H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	Depression
	H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	Depression
	H7Z	SSRI & ANTIPSYCH, ATYP, DOPAMINE & SEROTONIN ANTAG CMB	Depression
	H8P	SSRI & 5HT1A PARTIAL AGONIST ANTIDEPRESSANT	Depression
	H8T	SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT	Depression
	H2G	ANTI-PSYCHOTICS, PHENOTHIAZINES	Schizophrenia
	H7O	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	Schizophrenia
	H7P	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES	Schizophrenia
	H7S	ANTIPSYCHOTICS, DOPAMINE ANTAGONST, DIHYDROINDOLONES	Schizophrenia

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Behavioral Health/Substance Abuse Con't.</i>	H7U	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	Schizophrenia
	H7T	ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	Schizophrenia and Depression
	H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED S	Schizophrenia and Depression
	H2G	ANTIPSYCHOTICS, PHENOTHIAZINES	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7O	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7P	ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7S	ANTIPSYCHOTICS, DOPAMINE ANTAGONIST, DIHYDROINDOLONES	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7T	ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGONIST	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7U	ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	H8W	ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
	C0D	ANTI-ALCOHOLIC PREPARATIONS	Substance Use Disorder
	H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	Substance Use Disorder
	<i>Cancer</i>	C6M	FOLIC ACID PREPARATIONS
C7F		APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.	Cancer - All Inclusive
F1A		ANDROGENIC AGENTS	Cancer - All Inclusive
H2E		SEDATIVE-HYPNOTICS, NON-BARBITURATE	Cancer - All Inclusive
H2F		ANTI-ANXIETY DRUGS	Cancer - All Inclusive
H3A		ANALGESICS, NARCOTICS	Cancer - All Inclusive
H6J		ANTIEMETIC/ANTIVERTIGO AGENTS	Cancer - All Inclusive
H7O		ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES	Cancer - All Inclusive
H7T		ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGONIST	Cancer - All Inclusive
J9A		INTESTINAL MOTILITY STIMULANTS	Cancer - All Inclusive
N1C		LEUKOCYTE (WBC) STIMULANTS	Cancer - All Inclusive
N1E		PLATELET PROLIFERATION STIMULANTS	Cancer - All Inclusive
P1M		LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	Cancer - All Inclusive
P4L		BONE RESORPTION INHIBITORS	Cancer - All Inclusive
P5A		GLUCOCORTICOIDS	Cancer - All Inclusive
R2A		FLUORESCENCE CYSTOSCOPY/OPTICAL IMAGING AGENTS	Cancer - All Inclusive
S2N		ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	Cancer - All Inclusive
V1A		ANTINEOPLASTIC - ALKYLATING AGENTS	Cancer - All Inclusive
V1B		ANTINEOPLASTIC - ANTIMETABOLITES	Cancer - All Inclusive
V1C		ANTINEOPLASTIC - VINCA ALKALOIDS	Cancer - All Inclusive
V1D	ANTIBIOTIC ANTINEOPLASTICS	Cancer - All Inclusive	
V1E	STEROID ANTINEOPLASTICS	Cancer - All Inclusive	

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Cancer Cont.</i>	V1F	ANTINEOPLASTICS,MISCELLANEOUS	Cancer - All Inclusive
	V1G	RADIOACTIVE THERAPEUTIC AGENTS	Cancer - All Inclusive
	V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	Cancer - All Inclusive
	V1J	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	Cancer - All Inclusive
	V1O	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	Cancer - All Inclusive
	V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	Cancer - All Inclusive
	V1R	PHOTOACTIVATED, ANTINEOPLASTIC AGENTS (SYSTEMIC)	Cancer - All Inclusive
	V1T	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)	Cancer - All Inclusive
	V1W	ANTINEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY	Cancer - All Inclusive
	V1X	ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY	Cancer - All Inclusive
	V2A	NEOPLASM MONOCLONAL DIAGNOSTIC AGENTS	Cancer - All Inclusive
	V3C	ANTINEOPLASTIC - MTOR KINASE INHIBITORS	Cancer - All Inclusive
	V3E	ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS	Cancer - All Inclusive
	V3F	ANTINEOPLASTIC - AROMATASE INHIBITORS	Cancer - All Inclusive
	V3N	ANTINEOPLASTIC - VEGF-A,B AND PLGF INHIBITORS	Cancer - All Inclusive
	V3P	ANTINEOPLASTIC - VEGFR ANTAGONIST	Cancer - All Inclusive
	V3R	ANTINEOPLASTIC,ANTI-PROGRAMMED DEATH-1 (PD-1) MAB	Cancer - All Inclusive
	V3Y	ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB	Cancer - All Inclusive
	W7B	VIRAL/TUMORIGENIC VACCINES	Cancer - All Inclusive
	Z2G	IMMUNOMODULATORS	Cancer - All Inclusive
Z8B	PORPHYRINS AND PORPHYRIN DERIVATIVE AGENTS	Cancer - All Inclusive	
<i>Chronic Cardiovascular Disease</i>	A1A	DIGITALIS GLYCOSIDES	Atrial Fibrillation
	A2A	ANTIARRHYTHMICS	Atrial Fibrillation
	A9A	CALCIUM CHANNEL BLOCKING AGENTS	Atrial Fibrillation
	J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	Atrial Fibrillation
	J7C	BETA-ADRENERGIC BLOCKING AGENTS	Atrial Fibrillation
	M9L	ANTICOAGULANTS,COUMARIN TYPE	Atrial Fibrillation
	M9T	THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE	Atrial Fibrillation
	M9V	DIRECT FACTOR XA INHIBITORS	Atrial Fibrillation
	M9V	DIRECT FACTOR XA INHIBITORS	DVT
	M9E	THROMBIN INHIBITORS,SEL.,DIRECT,&REV.-HIRUDIN TYPE	DVT and Ischemic Heart Disease
	M9K	HEPARIN AND RELATED PREPARATIONS	DVT and Ischemic Heart Disease
	M9L	ANTICOAGULANTS,COUMARIN TYPE	DVT and Ischemic Heart Disease
	M9T	THROMBIN INHIBITORS,SELECTIVE,DIRECT, & REVERSIBLE	DVT and Ischemic Heart Disease
	M9F	THROMBOLYTIC ENZYMES	DVT and Stroke/Transient Ischemic Attack
	A7B	VASODILATORS,CORONARY Ischemic	Heart Disease and Heart Failure
	A1A	DIGITALIS GLYCOSIDES	Heart Failure
	A1C	INOTROPIC DRUGS	Heart Failure
	A7J	VASODILATORS, COMBINATION	Heart Failure
	J7C	BETA-ADRENERGIC BLOCKING AGENTS	Heart Failure and Ischemic Heart Disease
	C6N	NIACIN PREPARATIONS	Hyperlipidemia
	D7L	BILE SALT SEQUESTRANTS	Hyperlipidemia
	M4D	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	Hyperlipidemia and Ischemic Heart Disease
	M4E	LIPOTROPICS	Hyperlipidemia and Ischemic Heart Disease

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Chronic Cardiovascular Disease Con't.</i>	M4L	ANTIHYPERLIPIDEMIC-HMG COA REDUCTASE INHIB.&NIACIN	Hyperlipidemia and Ischemic Heart Disease
	M4M	ANTIHYPERLIP.HMG COA REDUCT INHIB&CHOLEST.AB.INHIB	Hyperlipidemia and Ischemic Heart Disease
	M4I	ANTIHYPERLIP - HMG-COA&CALCIUM CHANNEL BLOCKER CB	Hyperlipidemia, Hypertension, Ischemic Heart Disease
	A4A	ANTIHYPERTENSIVES, VASODILATORS	Hypertension
	A4B	ANTIHYPERTENSIVES, SYMPATHOLYTIC	Hypertension
	A4C	ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS	Hypertension
	A4K	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	Hypertension
	A4T	RENIN INHIBITOR, DIRECT	Hypertension
	A4U	RENIN INHIBITOR,DIRECT AND THIAZIDE DIURETIC COMB	Hypertension
	A4V	ANGIOTEN.RECEPTR ANTAG./CAL.CHANL BLKR/THIAZIDE CB	Hypertension
	A4W	RENIN INHIBITOR,DIRECT & ANGIOTENSIN RECEPT ANTAG.	Hypertension
	A4X	RENIN INHIBITOR, DIRECT & CALCIUM CHANNEL BLOCKER	Hypertension
	A4Y	ANTIHYPERTENSIVES, MISCELLANEOUS	Hypertension
	A4Z	RENIN INHIB, DIRECT& CALC.CHANNEL BLKR & THIAZIDE	Hypertension
	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	Hypertension
	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	Hypertension
	J7E	ALPHA-ADRENERGIC BLOCKING AGENT/THIAZIDE COMB	Hypertension
	J7H	BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED	Hypertension
	A7H	VASOACTIVE NATRIURETIC PEPTIDES	Hypertension and Heart Failure
	J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	Hypertension and Heart Failure
	R1E	CARBONIC ANHYDRASE INHIBITORS	Hypertension and Heart Failure
	R1F	THIAZIDE AND RELATED DIURETICS	Hypertension and Heart Failure
	R1H	POTASSIUM SPARING DIURETICS	Hypertension and Heart Failure
	R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	Hypertension and Heart Failure
	R1M	LOOP DIURETICS	Hypertension and Heart Failure
	A4F	ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	Hypertension, Ischemic Heart Disease and Heart Failure
	A4H	ANGIOTENSIN RECEPTOR ANTGNST & CALC.CHANNEL BLOCKR	Hypertension, Ischemic Heart Disease and Heart Failure
	A4I	ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	Hypertension, Ischemic Heart Disease and Heart Failure
	A4J	ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	Hypertension, Ischemic Heart Disease and Heart Failure
	A9A	CALCIUM CHANNEL BLOCKING AGENTS	Hypertension, Ischemic Heart Disease and Heart Failure
	A2C	ANTIANGINAL & ANTI-ISCHEMIC AGENTS,NON-HEMODYNAMIC	Ischemic Heart Disease
	C4A	ANTIHYPERGLY.DPP-4 INHIBITORS &HMG COA RI(STATINS)	Ischemic Heart Disease
	M4E	LIPOTROPICS	Ischemic Heart Disease
	M9D	ANTIFIBRINOLYTIC AGENTS	Ischemic Heart Disease
	A4D	ANTIHYPERTENSIVES, ACE INHIBITORS Hypertension,	Ischemic Heart Disease and Heart Failure
	A7C	VASODILATORS,PERIPHERAL	Ischemic Heart Disease and Stroke/Transient Ischemic Attack
	M9P	PLATELET AGGREGATION INHIBITORS	Ischemic Heart Disease and Stroke/Transient Ischemic Attack
	<i>Chronic Kidney Disease</i>	A4A	HYPOTENSIVES, VASODILATORS
A4B		HYPOTENSIVES, SYMPATHOLYTIC	Chronic Kidney Disease
A4C		HYPOTENSIVES, GANGLIONIC BLOCKERS	Chronic Kidney Disease
A4D		HYPOTENSIVES, ACE BLOCKING TYPE	Chronic Kidney Disease
A4F		HYPOTENSIVES-ANGIO RECEPTOR ANTAG	Chronic Kidney Disease
A4H		ANGITNS RCPT ANTGST & CA.CHNL BLCKR	Chronic Kidney Disease
A4I		ANG REC ANT/THZ & THZ-REL DIU COMBS	Chronic Kidney Disease

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Chronic Kidney Disease Con't.</i>	A4J	ACE INH/THZ & THZ-LIKE DIURET COMBS	Chronic Kidney Disease
	A4K	ACE INHIBITOR/CCB COMBINATION	Chronic Kidney Disease
	A4N	ARB-BB COMBINATION	Chronic Kidney Disease
	A4T	RENIN INHIBITOR, DIRECT	Chronic Kidney Disease
	A4U	RENIN INHB, DIRCT/THIAZD DIURET CMB	Chronic Kidney Disease
	A4V	ANGTN.RCPT ANT/CA.CHANL BLK/THZD CB	Chronic Kidney Disease
	A4W	RENIN INHBT,DRCT & ANGTN RCPT ANTAG	Chronic Kidney Disease
	A4X	RENIN INHBTR, DRCT & CA CHNNL BLCKR	Chronic Kidney Disease
	A4Y	HYPOTENSIVES, MISCELLANEOUS	Chronic Kidney Disease
	A4Z	RENIN INHB,DRCT/CA CHNL BLK/THZD CB	Chronic Kidney Disease
	A7J	VASODILATORS,COMBINATION	Chronic Kidney Disease
	C1A	ELECTROLYTE DEPLETERS	Chronic Kidney Disease
	C1F	CALCIUM REPLACEMENT	Chronic Kidney Disease
	C3B	IRON REPLACEMENT	Chronic Kidney Disease
	C4A	ANTIHYPERGLY DPP4 INHB & HMG COA RI	Chronic Kidney Disease
	C4B	ANTIHYPERGLY-Glucocort Recpt BI	Chronic Kidney Disease
	C4C	ANTIHYPERGLY,DPP-4 INH&THIAZOL	Chronic Kidney Disease
	C4D	Antihyperglycemic SGLT2	Chronic Kidney Disease
	C4E	SGLT2 INHIB-BIGUANIDE CMB	Chronic Kidney Disease
	C4F	ANTIHYPERGLY,(DPP-4) INHI & BIG CMB	Chronic Kidney Disease
	C4G	INSULINS	Chronic Kidney Disease
	C4H	ANTIHYPERGLY,AMYLIN ANALOG TYPE	Chronic Kidney Disease
	C4I	ANTIHYPERGLY,INCRETIN MIMETIC	Chronic Kidney Disease
	C4J	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	Chronic Kidney Disease
	C4K	ORAL HYPOGLYCEMICS, SULFONYLUREAS	Chronic Kidney Disease
	C4L	ORAL HYPOGLYC., NON-SULFONYLUREAS	Chronic Kidney Disease
	C4M	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE	Chronic Kidney Disease
	C4N	HYPOGLYCEMICS, INSULIN-RESPONSE	Chronic Kidney Disease
	C4R	HYPOG,INSUL-RESPON & INSUL RELEA CB	Chronic Kidney Disease
	C4S	HYPOGLY,INSUL-REL STIM & BIGUAN CMB	Chronic Kidney Disease
	C4T	HYPOGLY,INSUL-RESP ENHAN & BIGU CMB	Chronic Kidney Disease
	C4V	ANTHYPERGLYCEMIC-DOPAM RCPTR AGONST	Chronic Kidney Disease
	C4W	SGLT-2/DPP-4 CMB	Chronic Kidney Disease
	C4X	INSULIN, LONG ACT-GLP1 REC.AG	Chronic Kidney Disease
	C6D	VITAMIN D PREPARATIONS	Chronic Kidney Disease
	D7L	BILE SALT SEQUESTRANTS	Chronic Kidney Disease
	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	Chronic Kidney Disease
	M4D	ANTIHYPERLIPD-HMG COA REDUCT INHB	Chronic Kidney Disease
	M4E	LIPOTROPICS	Chronic Kidney Disease
	M4J	ANTHYPRLPD-HMG COA & PL AG INH CMB	Chronic Kidney Disease
	M4L	ANTIHYPERLIPD-HMG COA & NIACIN COMB	Chronic Kidney Disease
	M4M	ANTHYPRLPD-HMG COA & CHL AB INH CMB	Chronic Kidney Disease
	M9K	HEPARIN AND RELATED PREPARATIONS	Chronic Kidney Disease
	N1B	ERYTHROPOIESIS-STIMULATING AGENTS	Chronic Kidney Disease
	P4D	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE	Chronic Kidney Disease

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Michigan Department of Health and Human Services
Healthy Michigan Plan
CHRONIC CONDITION CO-PAY EXEMPTION DRUG CLASSES

Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Chronic Kidney Disease Con't.</i>	P4M	CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER	Chronic Kidney Disease
	R1M	LOOP DIURETICS	Chronic Kidney Disease
<i>Chronic Pulmonary Disease</i>	Z2F	MAST CELL STABILIZERS	Asthma
	Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS	Asthma
	A1B	XANTHINES	Asthma and COPD
	A1D	GENERAL BRONCHODILATOR AGENTS	Asthma and COPD
	B6M	GLUCOCORTICIODS, ORALLY INHALED	Asthma and COPD
	J5A	ADRENERGIC AGENTS,CATECHOLAMINES	Asthma and COPD
	J5D	BETA-ADRENERGIC AGENTS	Asthma and COPD
	J5G	BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	Asthma and COPD
	J5J	BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	COPD
	Z2X	PHOSPHODIESTERASE-4 (PDE4) INHIBITORS	COPD
	B0B	CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR	Cystic Fibrosis
	B0F	CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.	Cystic Fibrosis
	B3A	MUCOLYTICS	Cystic Fibrosis
	C6E	VITAMIN E PREPARATIONS	Cystic Fibrosis
	W1A	PENICILLINS	Cystic Fibrosis
	W1F	AMINOGLYCOSIDES	Cystic Fibrosis
	W1N	POLYMYXIN AND DERIVATIVES	Cystic Fibrosis
	W1P	BETALACTAMS	Cystic Fibrosis
	W1Q	QUINOLONES	Cystic Fibrosis
	W1S	CARBAPENEMS (THIENAMYCINS)	Cystic Fibrosis
	W1Y	CEPHALOSPORINS - 3RD GENERATION	Cystic Fibrosis
W1Z	CEPHALOSPORINS - 4TH GENERATION	Cystic Fibrosis	
<i>Diabetes</i>	C4B	ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER	Diabetes Mellitus
	C4C	ANTIHYPERGLY,DPP-4 ENZYME INHIB & THIAZOLIDINEDIONE	Diabetes Mellitus
	C4D	ANTIHYPERGLYCEMC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	Diabetes Mellitus
	C4F	ANTIHYPERGLYCEMIC,DPP-4 INHIBITOR & BIGUANIDE COMB	Diabetes Mellitus
	C4G	INSULINS	Diabetes Mellitus
	C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	Diabetes Mellitus
	C4I	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	Diabetes Mellitus
	C4J	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	Diabetes Mellitus
	C4K	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE	Diabetes Mellitus
	C4L	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	Diabetes Mellitus
	C4M	ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS	Diabetes Mellitus
	C4N	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE(PPARG AGONIST)	Diabetes Mellitus
	C4R	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE & SULFONYLUREA	Diabetes Mellitus
	C4S	ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB	Diabetes Mellitus
	C4T	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE & BIGUANIDE	Diabetes Mellitus
	C4V	ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS	Diabetes Mellitus

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Glaucoma</i>	Q2G	OPHTHALMIC ANTIFIBROTIC AGENTS	Glaucoma
	Q6G	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	Glaucoma
	Q6J	MYDRIATICS	Glaucoma
	R1B	OSMOTIC DIURETICS	Glaucoma
	R1E	CARBONIC ANHYDRASE INHIBITORS	Glaucoma
<i>Hemophilia</i>	M0E	ANTIHEMOPHILIC FACTORS	Hemophilia
	M0F	FACTOR IX PREPARATIONS	Hemophilia
	M0I	FACTOR IX COMPLEX (PCC) PREPARATIONS	Hemophilia
	M0K	FACTOR X PREPARATIONS	Hemophilia
	M9D	ANTIFIBRINOLYTIC AGENTS	Hemophilia
<i>HIV</i>	W5C	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	HIV
	W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	HIV
	W5J	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	HIV
	W5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	HIV
	W5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	HIV
	W5M	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	HIV
	W5N	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	HIV
	W5O	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	HIV
	W5P	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	HIV
	W5Q	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI	HIV
	W5T	ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.	HIV
	W5U	ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR	HIV
	W5X	ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR	HIV
<i>Lead Exposure</i>	C8A	METALLIC POISON,AGENTS TO TREAT	Lead Exposure
	C8C	LEAD POISONING, AGENTS TO TREAT (CHELATING-TYPE)	Lead Exposure
<i>Liver Disease</i>	D7A	BILE SALTS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	D7E	FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	D7U	BILIARY DIAGNOSTICS,RADIOPAQUE	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	D9A	AMMONIA INHIBITORS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	M0B	PLASMA PROTEINS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	M0G	ANTIPORPHYRIA FACTORS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	M9U	THROMBOLYTIC - NUCLEOTIDE TYPE	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	P5A	GLUCOCORTICOIDS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	R1H	POTASSIUM SPARING DIURETICS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)

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Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
<i>Liver Disease Con't.</i>	R1M	LOOP DIURETICS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	V1B	ANTINEOPLASTIC - ANTIMETABOLITES	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	V1D	ANTIBIOTIC ANTINEOPLASTICS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	W1F	AMINOGLYCOSIDES	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	W4C	AMEBICIDES	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	W9C	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)
	N1F	THROMBOPOIETIN RECEPTOR AGONISTS	Viral Hepatitis
	P5A	GLUCOCORTICOIDS	Viral Hepatitis
	W0A	HEPATITIS C VIRUS - NS5A REPLICATION COMPLEX INHIB	Viral Hepatitis
	W0B	HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.	Viral Hepatitis
	W0D	HEPATITIS C VIRUS - NS5A, NS3/4A, NS5B INHIB CMB.	Viral Hepatitis
	W0E	HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB	Viral Hepatitis
	W5A	ANTIVIRALS, GENERAL	Viral Hepatitis
	W5F	HEPATITIS B TREATMENT AGENTS	Viral Hepatitis
	W5G	HEPATITIS C TREATMENT AGENTS	Viral Hepatitis
	W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	Viral Hepatitis
	W5V	HEPATITIS C VIRUS NS3/4A SERINE PROTEASE INHIB.	Viral Hepatitis
	W5Y	HEP C VIRUS,NUCLEOTIDE ANALOG NS5B POLYMERASE INH	Viral Hepatitis
	W7B	VIRAL/TUMORIGENIC VACCINES	Viral Hepatitis
	W7K	ANTISERA	Viral Hepatitis
	Z2E	IMMUNOSUPPRESSIVES	Viral Hepatitis
	Z2G	IMMUNOMODULATORS	Viral Hepatitis
<i>Medical Supplies</i>	X2A	NEEDLES/NEEDLELESS DEVICES	Medical Supplies
	X2B	SYRINGES AND ACCESSORIES	Medical Supplies
	X5B	BANDAGES AND RELATED SUPPLIES	Medical Supplies
	Y7A	RESPIRATORY AIDS,DEVICES,EQUIPMENT	Medical Supplies
	Y9A	DIABETIC SUPPLIES	Medical Supplies
<i>Obesity</i>	D5A	FAT ABSORPTION DECREASING AGENTS	Obesity
	J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	Obesity
	J8A	ANTI-OBESITY - ANOREXIC AGENTS	Obesity
	J8C	ANTI-OBESITY SEROTONIN 2C RECEPTOR AGONISTS	Obesity
<i>Osteoporosis</i>	C1F	CALCIUM REPLACEMENT	Osteoporosis
	C6D	VITAMIN D PREPARATIONS	Osteoporosis
	F1A	ANDROGENIC AGENTS	Osteoporosis
	G1A	ESTROGENIC AGENTS	Osteoporosis
	G1D	ESTROGEN-PROGESTIN WITH ANTIMINERALOCORTICOID COMB	Osteoporosis
	G1G	ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD(SERM)COMB	Osteoporosis

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Michigan Department of Health and Human Services
Healthy Michigan Plan
CHRONIC CONDITION CO-PAY EXEMPTION DRUG CLASSES

Treatment Category	Drug Class	Description	Chronic Condition(s) Treated
	P4B	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	Osteoporosis
	P4L	BONE RESORPTION INHIBITORS	Osteoporosis
	P4N	BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.	Osteoporosis
	P4O	BONE RESORPTION INHIBITOR AND CALCIUM COMBINATIONS	Osteoporosis
<i>Smoking Cessation</i>	J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	Tobacco Use Disorder
	J3C	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	Tobacco Use Disorder
<i>Stroke</i>	C4A	ANTIHYPERGLY. DPP-4 INHIBITORS-HMG COA RI(STATINS)	Stroke/Transient Ischemic Attack
	H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	Stroke/Transient Ischemic Attack
	M4D	ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	Stroke/Transient Ischemic Attack
	M4L	ANTIHYPERLIPIDEMIC-HMG COA REDUCTASE INHIB.-NIACIN	Stroke/Transient Ischemic Attack
	M9K	HEPARIN AND RELATED PREPARATIONS	Stroke/Transient Ischemic Attack
	M9P	PLATELET AGGREGATION INHIBITORS	Stroke/Transient Ischemic Attack

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Health Risk Assessment

INSTRUCTIONS

The Healthy Michigan Plan is very interested in helping you get healthy and stay healthy. We want to ask you a few questions about your current health. Your doctor and your health plan will use this information to better meet your health needs. The information you provide in this form is personal health information protected by federal and state law and will be kept confidential. It CANNOT be used to deny health care coverage.

We also encourage you to see your doctor for a check-up as soon as possible after you enroll with a health plan, and at least once a year after that. An annual check-up appointment is a covered benefit of the Healthy Michigan Plan. Contact your health plan if you need transportation assistance to get to and from this appointment.

If you need assistance with completing this form, contact your health plan. You can also call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656 if you have questions.

You can also learn more at this website: www.healthymichiganplan.org.

Instructions for completing this Health Risk Assessment for Healthy Michigan Plan:

- Answer the questions in sections 1-3 as best you can. You are not required to answer all of the questions.
- Call your doctor's office to schedule an annual check-up appointment. Take this form with you to your appointment.
- Your doctor or other primary care provider will complete section 4. He or she will send your results to your health plan.
- There is a Healthy Behavior Reward for agreeing to address or maintain healthy behaviors on your health risk assessment. This reward can be a gift card or a reduction in monthly MI Health Account payments, depending on your income.
- Don't forget to complete a new health risk assessment each year.

After your appointment, keep a copy or printout of this form that has your doctor's signature on it. This is your record that you completed your annual Health Risk Assessment.

<p>For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.</p> <p>Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656</p> <p>Arabic: TTY 1-866-501-5656</p> <p>إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥</p>



Health Risk Assessment

First Name, Middle Name, Last Name, and Suffix				Date of Birth (mm/dd/yyyy)	
Mailing Address			Apartment or Lot Number	mihealth Card Number	
City		State	Zip Code	Phone Number	Other Phone Number

SECTION 1 - Initial assessment questions (check one for each question)

- In general, how would you rate your health?** Excellent Very Good Good Fair Poor
- Has a doctor told you that you have hearing loss or are deaf?** Yes No
- (For women only) Are you currently pregnant?** Yes No Not applicable (men only)
- In the last 7 days, how often did you exercise for at least 20 minutes in a day?**
 Every day 3-6 days 1-2 days 0 days
 ⓘ *Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.*
- In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?**
 Every day 3-6 days 1-2 days 0 days
 ⓘ *Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.*
- In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time?** Never Once a week 2-3 times a week More than 3 times during the week
 ⓘ *1 drink is 1 beer, 1 glass of wine, or 1 shot.*
- In the last 30 days have you smoked or used tobacco?** Yes No
If YES, Do you want to quit smoking or using tobacco?
 Yes I am working on quitting or cutting back right now No
- How often is stress a problem for you in handling everyday things such as your health, money, work, or relationships with family and friends?**
 Almost every day Sometimes Rarely Never

First Name, Middle Name, Last Name, and Suffix	mihealth Card Number
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9. **Do you use drugs or medications (other than exactly as prescribed for you) which affect your mood or help you to relax?** Almost every day Sometimes Rarely Never
- ?** *This includes illegal or street drugs and medications from a doctor or drug store if you are taking them differently than exactly how your doctor told you to take them.*
10. **Have you had a flu shot in the last year?** Yes No
11. **How long has it been since you last visited a dentist or dental clinic for any reason?**
 Never Within the last year Between 1-2 years Between 3-5 years More than 5 years
12. **Do you have access to transportation for medical appointments?**
 Yes No Sometimes, but it is not reliable
- ?** *Transportation could be your own car, a friend who drives you, a bus pass, or taxi. Your health plan can help you with a ride to and from medical appointments.*
13. **Do you need help with food, clothing, utilities, or housing?** Yes No
- ?** *This could be trouble paying your heating bill, no working refrigerator, or no permanent place to live.*
14. **A checkup is a visit to a doctor's office that is NOT for a specific problem. How long has it been since your last checkup?** Within the last year Between 1-3 years More than 3 years

SECTION 2 - Annual appointment

A routine checkup is an important part of taking care of your health. An annual check-up appointment is a covered benefit of the Healthy Michigan Plan and your health plan can help you with a ride to and from this appointment.

Date of appointment: _____
 (mm/dd/yyyy)

At my appointment, I would most like to talk with my doctor about:

? *An annual appointment gives you a chance to talk to your doctor and ask any questions you may have about your health including questions about medications or tests you might need.*

Take this form to your check-up and complete the rest of the form with your doctor at this appointment.

First Name, Middle Name, Last Name, and Suffix	mihealth Card Number
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Section 3 - Readiness to change

Your Healthy Behavior

Small everyday changes can have a big impact on your health. Think about the changes you would be most interested in making over the next year. It is also important to get any health screenings recommended by your doctor.

Now that you have thought about your healthy behavior, answer questions 1 - 3. For each question, use the scale provided and pick a number from 0 through 5.

1. **Thinking about your healthy behavior, do you want to make some small lifestyle changes in this area to improve your health?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
I don't want to make changes now		I want to learn more about changes I can make		Yes, I know the changes I want to start making	

2. **How much support do you think you would get from family or friends if they knew you were trying to make some changes?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
I don't think family or friends would help me		I think I have some support		Yes, I think family or friends would help me	

3. **How much support would you like from your doctor or your health plan to make these changes?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5
I do not want to be contacted		I want to learn more about programs that can help me		Yes, I am interested in signing up for programs that can help me	

Section 4 – To be completed by your primary care provider

Primary care providers should fill out this form for Healthy Michigan Plan beneficiaries enrolled in Managed Care Plans only. Fill in the "Healthy Behaviors Goals Progress" question and select a "Healthy Behavior Goals" statement in discussion with your patient. Sign the Primary Care Provider Attestation, including the date of the appointment. Both parts of Section 4 must be filled in for the attestation to be considered complete.

Healthy Behaviors Goals Progress

Did the patient maintain or achieve/make significant progress towards their selected health behavior goal(s) over the last year?

- Not applicable – this is the first known Healthy Michigan Plan Health Risk Assessment for this patient.
- Yes
- No
- Patient had a serious medical, behavioral, or social condition or conditions which precluded addressing unhealthy behaviors.

First Name, Middle Name, Last Name, and Suffix	mihealth Card Number
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Healthy Behavior Goals

Choose one of the following for the next year:

1. Patient does not have health risk behaviors that need to be addressed at this time.
2. Patient has identified at least one behavior to address over the next year to improve their health (choose one or more below):
- | | |
|---|--|
| <input type="checkbox"/> <i>Increase physical activity, learn more about nutrition and improve diet, and/or weight loss</i> | <input type="checkbox"/> <i>Reduce/quit alcohol consumption</i> |
| <input type="checkbox"/> <i>Reduce/quit tobacco use</i> | <input type="checkbox"/> <i>Treatment for substance use disorder</i> |
| <input type="checkbox"/> <i>Annual influenza vaccine</i> | <input type="checkbox"/> <i>Dental visit</i> |
| <input type="checkbox"/> <i>Follow-up appointment for screening or management (if necessary) of hypertension, cholesterol and/or diabetes</i> | <input type="checkbox"/> <i>Follow-up appointment for maternity care/reproductive health</i> |
| <input type="checkbox"/> <i>Follow-up appointment for recommended cancer or other preventative screening(s)</i> | <input type="checkbox"/> <i>Follow-up appointment for mental health/behavioral health</i> |
| <input type="checkbox"/> <i>Other: explain</i> | |
-
3. Patient has a serious medical, behavioral or social condition(s) which precludes addressing unhealthy behaviors at this time.
4. Unhealthy behaviors have been identified, patient's readiness to change has been assessed, and patient is not ready to make changes at this time.
5. Patient has committed to maintain their previously achieved Healthy Behavior Goal(s).

Primary Care Provider Attestation

I certify that I have examined the patient named above and the information is complete and accurate to the best of my knowledge. I have provided a copy of this Health Risk Assessment to the member listed above.

Provider Last Name	Provider First Name	National Provider Identifier (NPI)
Provider Telephone Number		Date of Appointment
Signature		Date

Submission Instructions:

<submission instructions here>

The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

AUTHORITY: MCL 400.105(d)(1)(e)

COMPLETION: Is voluntary, but required for participation in certain Healthy Michigan Plan programs.

PREVENTIVE DENTAL SERVICES	
PROCEDURE CODE	DIAGNOSIS CODE
D0120	Z0120, Z0121, Z1384
D0191	Z0120, Z0121, Z1384
D1110	Z0120, Z0121, Z1384
D1354	Z0120, Z0121

ACIP VACCINES	
PROCEDURE CODE	DIAGNOSIS CODE
90620	NA
90621	NA
90630	NA
90632	NA
90636	NA
90649	NA
90650	NA
90651	NA
90654	NA
90656	NA
90658	NA
90661	NA
90670	NA
90673	NA
90674	NA
90686	NA
90688	NA
90707	NA
90714	NA
90715	NA
90716	NA
90732	NA
90733	NA
90734	NA
90736	NA
90740	NA
90744	NA
90746	NA
90747	NA
G0008	NA
G0009	NA
G0010	NA
Q2034	NA
Q2035	NA
Q2036	NA
Q2037	NA
Q2038	NA
Q2039	NA

ANNUAL PREVENTIVE VISIT	
PROCEDURE CODE	DIAGNOSIS CODE
99385	NA
99386	NA
99395	NA
99396	NA
99401	NA
99402	NA

CANCER SCREENING: BREAST	
PROCEDURE CODE	DIAGNOSIS CODE
77063	NA
77067	NA
G0202	NA

CANCER SCREENING: CERVICAL/VAGINAL	
PROCEDURE CODE	DIAGNOSIS CODE
87623	NA
87624	NA
87625	NA
88141	NA
88142	NA
88143	NA
88147	NA
88148	NA
88155	NA
88164	NA
88165	NA
88166	NA
88167	NA
88174	NA
88175	NA
G0101	NA
G0476	NA
Q0091	NA

CANCER SCREENING: COLORECTAL	
PROCEDURE CODE	DIAGNOSIS CODE
45330	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45331	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45333	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45338	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45346	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45378	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45380	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45384	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45385	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
45388	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
81528	NA
82270	NA
82274	Z1211, Z1212, Z1213, Z800, Z8371, Z86010
G0104	NA
G0105	NA
G0121	NA
G0328	NA

CANCER SCREENING: LUNG	
PROCEDURE CODE	DIAGNOSIS CODE
71250	F172, Z122, Z720, Z87891
G0297	NA

CANCER SCREENING: PROSTATE	
PROCEDURE CODE	DIAGNOSIS CODE
84152	Z125, Z8042
84153	Z125, Z8042
84154	Z125, Z8042
G0102	NA
G0103	NA

HEP C VIRUS INFECTION SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
86803	NA
G0472	NA

HIV SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
86689	Z114
86701	Z114
86702	Z114
86703	Z114
87389	Z114
87390	Z114
87391	Z114
87534	Z114
87535	Z114
87536	Z114
87537	Z114
87538	Z114
87539	Z114
87806	Z114
G0432	NA
G0433	NA
G0435	NA

OSTEOPOROSIS SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
76977	Z13820, Z8262
77078	Z13820, Z8262
77080	Z13820, Z8262
77081	Z13820, Z8262

STI SCREENING: CHLAMYDIA	
PROCEDURE CODE	DIAGNOSIS CODE
87110	NA
87270	NA
87320	NA
87490	NA
87491	NA
87492	NA
87810	NA

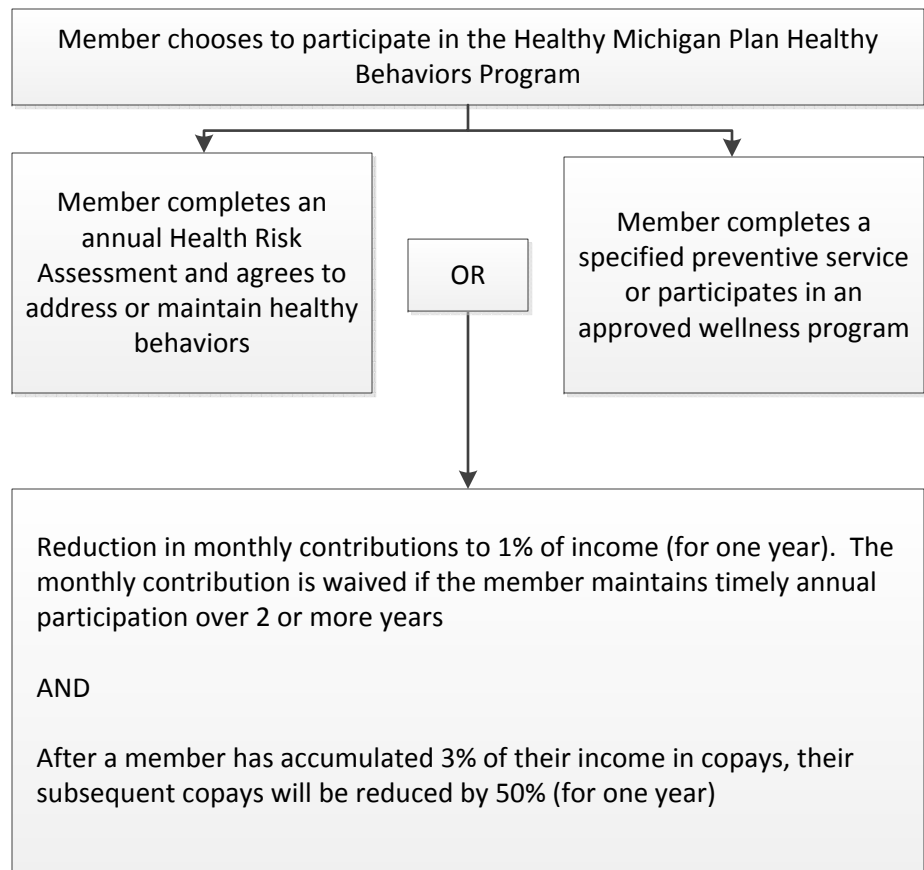
STI SCREENING: GONORRHEA	
PROCEDURE CODE	DIAGNOSIS CODE
87590	NA
87591	NA
87592	NA
87850	NA

STI SCREENING: HEP B (NONPREGNANT)	
PROCEDURE CODE	DIAGNOSIS CODE
86704	NA
86705	NA
86706	NA
87340	NA
G0499	NA

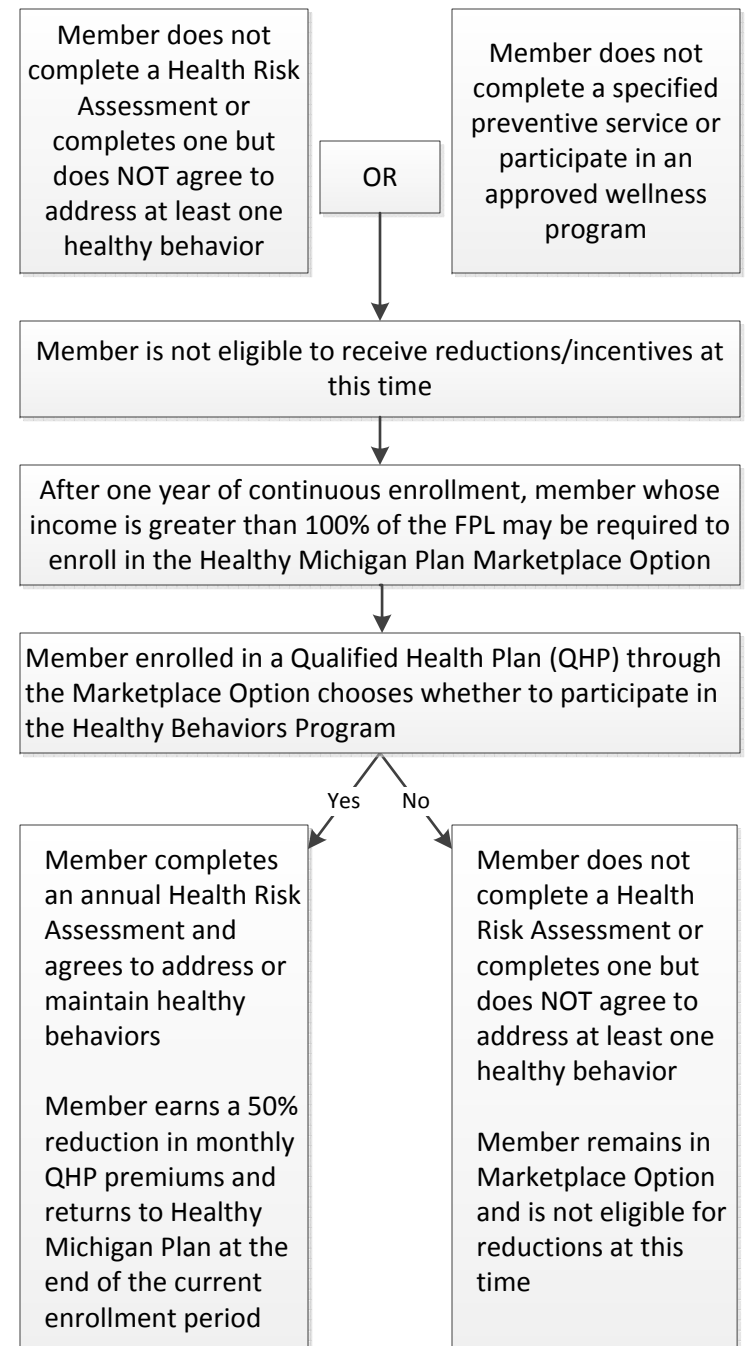
STI SCREENING: SYPHILIS (NONPREGNANT)	
PROCEDURE CODE	DIAGNOSIS CODE
86592	NA
86593	NA

TUBERCULOSIS SCREENING	
PROCEDURE CODE	DIAGNOSIS CODE
86480	Z111, Z201
86481	Z111, Z201
86580	Z111, Z201
87116	Z111, Z201

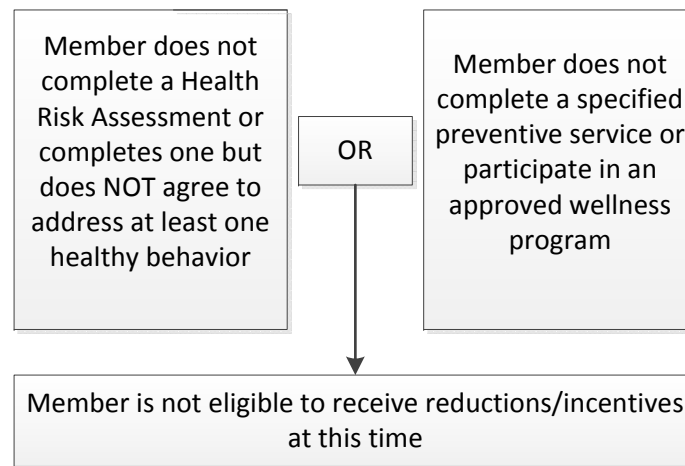
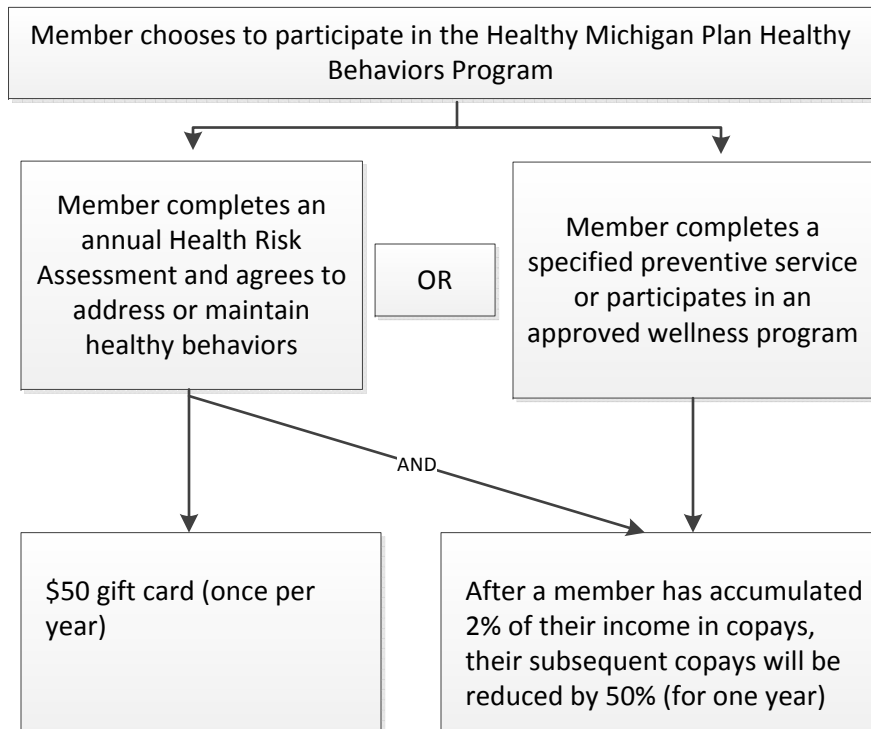
Healthy Michigan Plan Healthy Behaviors Incentives Eligibility and Distribution
Income > 100% FPL



Note: Members may complete a Healthy Behavior at any time during the year to become eligible for the incentives program. Reductions in monthly contributions or copays are not effective until payments begin to be made, after 6 months of enrollment. Members who complete an HRA and acknowledge that changes are necessary but who have significant physical, mental or social barriers to addressing them at this time (as attested by the primary care provider) are also eligible for the incentives.



Healthy Michigan Plan Healthy Behaviors Incentives Eligibility and Distribution
Income ≤ 100% FPL



Note: Members may complete a Healthy Behavior at any time during the year to become eligible for the incentives program.

Note: Reductions in monthly contributions or copays are not effective until payments begin to be made, after 6 months of enrollment.

Note: Members who complete an HRA and acknowledge that changes are necessary but who have significant physical, mental or social barriers to addressing them at this time (as attested by the primary care provider) are also eligible for the incentives.

Healthy Michigan Plan Marketplace Option Operational Protocol

I. Overview

As required by the Section 1115 Demonstration Amendment approved by the Centers for Medicare & Medicaid Services (CMS) and P.A. 107 of 2013, certain Healthy Michigan Plan beneficiaries must obtain health care coverage through a Qualified Health Plan (QHP) participating on the federal marketplace or a health plan meeting the criteria for QHP certification (herein both types of health plans are referred to as a QHP). This process will begin in April 2018. Issuers will be approved to participate by the Michigan Department of Insurance and Financial Services (DIFS) and the Michigan Department of Health and Human Services (MDHHS) as described herein.

II. Eligible Enrollees

The Marketplace Option will be effective as of April 1, 2018, with rolling enrollment thereafter. Healthy Michigan Plan beneficiaries who have incomes above 100% of the Federal Poverty Level (FPL) and have not completed the healthy behavior requirements outlined in the Healthy Behaviors Protocol must transition to the Marketplace Option, absent an applicable exception. MDHHS will use information from the State's Medicaid eligibility system to determine a beneficiary's income and will assess healthy behavior completion status in accordance with the Healthy Behaviors Protocol before initiating the transition process. Individuals who are not otherwise excluded, have income above 100% of the FPL and have satisfied the State's healthy behavior requirements will also be given the choice of transitioning to the Marketplace Option, consistent with the Special Terms and Conditions (STCs).

Healthy Michigan Plan enrollees will have a grace period of 12 months from their health plan enrollment date to complete the healthy behavior requirements described in the Healthy Behaviors Protocol. If the individual fails to meet these requirements by the end of the 12-month grace period, he or she will transition to the Marketplace Option.

As required by state law, individuals who are considered medically frail in accordance with 42 CFR 440.315 are not eligible for the Marketplace Option. An individual may self-report his or her medically frail status, be identified through retrospective claims analysis, or by provider referral. Additional details on the state's three-pronged strategy for the identification of these individuals are included in Exhibit A.

Finally, those exempt from premiums and cost-sharing pursuant to 42 CFR 447.56 are excluded from enrollment and will remain in the Healthy Michigan Plan. This includes, but is not limited to, pregnant women and children under 21 years of age. In the event an individual's exemption status changes (e.g. they turn 21 years old), he or she will transition to the Marketplace Option after the 12-month grace period, assuming other eligibility criteria are met.

III. Enrollment

MDHHS will identify Healthy Michigan Plan beneficiaries who meet the criteria for enrollment in the Marketplace Option and notify them of the required transition as well as its impact on the scope and cost of their health care coverage. Any notices regarding this transition will be compliant with the timing and content requirements set forth in the STCs. MDHHS will also provide information on the healthy behavior requirements and medically frail exemption process, including how beneficiaries may utilize these options to remain in, or return to the Healthy Michigan Plan. MDHHS will also provide instructions on how to select a QHP as well as information on the auto-assignment process and care transitions.

MDHHS will utilize an enrollment broker to facilitate enrollment into a QHP. Individuals may enroll online, by phone or in person, but must select a QHP within 30 days of being determined eligible for the Marketplace Option. If the individual does not choose a QHP within that time frame, he or she will be auto-assigned in accordance with a methodology approved by MDHHS and CMS.

After an individual selects or is auto-assigned to a QHP, the State will submit enrollee information to the issuer using an 834 transaction. Upon receipt of this information, the issuer will send an enrollment package to the individual, which will include the QHP benefit card, handbook and other relevant coverage information. MDHHS and the issuer will reconcile eligible enrollees at least monthly, using a process agreed to by MDHHS and the issuer. MDHHS will enter into a Memorandum of Understanding (MOU) with each participating issuer to effectuate the requirements of this protocol and the STCs, and to address any other relevant responsibilities.

Once an individual is enrolled in the Marketplace Option, he or she will remain there for a period of 12 months unless he or she loses Medicaid eligibility, is determined medically frail (consistent with the process outlined in Exhibit A) or becomes eligible for another health care coverage program administered by MDHHS. Prior to the end of the 12-month period, MDHHS will review the information available on all Marketplace Option enrollees and determine whether they meet the criteria for continued enrollment in the Marketplace Option or may transition back to the Healthy Michigan Plan. In the event an individual meets the criteria to transition back to the Healthy Michigan Plan, MDHHS will notify the beneficiary and assist them in making the transition.

Marketplace Option enrollees remain obligated to report changes impacting their eligibility for health care coverage to MDHHS. In addition, individuals transitioning to the Marketplace Option will not undergo an additional eligibility determination and will retain their original redetermination date. In the event an individual is determined eligible for a program other than the Healthy Michigan Plan at redetermination, he or she will transition to that program from the QHP as soon as is practicable. Finally, if an enrollee experiences an income drop to 100% of the FPL or lower or becomes exempt from cost-sharing (as recorded in the State's eligibility system), he or she will remain in the Marketplace Option (absent another exemption) but will not be charged premiums for

QHP coverage going forward. Average co-pays will continue to be charged, but will not exceed the cost-sharing limits as described in 42 CFR 447.56(f)

IV. Benefits

The Marketplace Option enrollees will have access to the Essential Health Benefits in accordance with the Affordable Care Act and its implementing regulations. Enrollees will receive these Essential Health Benefits from the defined QHP provider network. All participating issuers must meet the network and service area requirements as required by DIFS, including all essential community provider requirements specified by CMS. Additional wrap-around benefits will also be available, consistent with the State's approved Alternative Benefit Plan (ABP) for the Marketplace Option. These wrap-around benefits are limited to Non-Emergency Medical Transportation, family planning services provided by out-of-network providers and any ABP Marketplace Option Medicaid-covered services provided by a Federally Qualified Health Center, Tribal Health Center, or Rural Health Clinic when not otherwise covered by their QHP. MDHHS will provide Marketplace Option enrollees with information on how to access covered benefits outside of the QHP as part of the transition process.

V. Cost-Sharing

Individuals enrolled in the Marketplace Option will be responsible for contributing to the cost of their coverage. A monthly premium that will not exceed 2% of income and an average monthly co-pay amount will be charged. Total premiums and average co-pay amounts will not exceed cost-sharing limits as described in 42 CFR 447.56(f). If a Marketplace Option enrollee satisfies the Healthy Behavior requirements outlined in the State's Healthy Behaviors Protocol, premiums will be reduced by 50% for the remainder of the QHP enrollment period. MDHHS, through a vendor, will be responsible for the collection of Marketplace Option enrollee cost-sharing. Individuals who fail to pay required cost-sharing amounts may have their state tax refunds and lottery winnings offset by MDHHS. Marketplace Option enrollees will not lose coverage for failure to pay premiums or average co-pay requirements.

VI. Payments

MDHHS will pay the issuers the full cost of the plan premium, any applicable deductibles, and cost-sharing reductions, and will pay the Marketplace Option enrollee's monthly premium and advanced cost-sharing reduction payment (as determined using CMS' cost-sharing reduction methodology). MDHHS will use standard Marketplace structures, including the 820 transaction, to pay these amounts directly to the relevant issuer, so long as the individual is deemed eligible for and participating in the Marketplace Option.

VII. Appeals

Appeals related to benefits and services provided by a QHP are governed by DIFS. Marketplace Option enrollees will have the same rights to internal and external review as any other individuals enrolled in the QHP under Michigan state law. In addition, Marketplace Option enrollees will have access to a fair hearing through MDHHS for actions taken with respect to eligibility or MDHHS covered benefits, consistent with federal regulations. Issuers will be required to honor the outcome of any relevant state fair hearing process. MDHHS will notify Marketplace Option enrollees about these rights as part of the transition process. Additional obligations of the QHPs with respect to grievance and appeal processes for Marketplace Option enrollees may be set forth in the MOU.

VIII. Exhibits

Exhibit A- Medically Frail Process

Exhibit A

Medically Frail Process

MDHHS will use a three-pronged strategy to identify individuals who are medically frail: 1) Self-identification, 2) claims analysis, and 3) provider referral. Details of each strategy are provided below.

1) Self-Identification

MDHHS will allow individuals to self-attest to medically frail status using the application for health care coverage or a medical exception process developed by MDHHS. MDHHS will process these requests as they are received and designate the individual as medically frail.

With respect to the application, individuals who answer “yes” to either of these questions will be designated as medically frail and exempt from the Marketplace Option.

- A. (Paper Application) – Does the applicant “have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?”
- B. (Online Application) – Do any of these people:
 - i. “Have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?”
 - ii. “Need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a medical facility or nursing home?”

If an individual becomes medically frail after transitioning to the Marketplace Option, he or she may update his or her application information or complete the medical exemption process at any time throughout the year. Once MDHHS receives this updated information, the individual will be transitioned back to the Healthy Michigan Plan in the next available month.

2) Retrospective Claims Analysis

MDHHS will consider information within its data warehouse and Medicaid Management Information System (MMIS) to identify individuals considered medically frail. This will primarily involve the review of historical claims information (from the preceding 12 months) for the presence of select diagnosis codes. The initial list of codes is included here as Appendix A. MDHHS may pursue updates to this list on an annual basis, in consultation with CMS as appropriate.

The claims data to be reviewed include the following:

- a. ICD-10 diagnosis codes (over 2,600 codes selected) that identify:
 - o Individuals with disabling mental disorders;
 - o Individuals with serious and complex medical conditions;

- Individuals with a physical disability that significantly impairs the ability to perform one or more activities of daily living; and
- Individuals with an intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living; intellectual or developmental disability defined by the Michigan Mental Health Code.
- b. Whether a beneficiary is in a nursing home, hospice, or Children’s Special Health Care Services (CSHCS), or is receiving home help services (Note: beneficiaries will be considered medically frail during the month they are receiving these services), or
- c. A Prepaid Inpatient Health Plan (PIHP) relationship (two or more PIHP encounters within the past year).

3) Provider Referral

Both health care providers and participating health plans (Medicaid Health Plans and HMP QHPs) may recommend medically frail status for an individual at any time. MDHHS will process these referral requests and designate the individual as medically frail. Individuals who are determined to be medically frail through the referral process will be exempt from enrollment in the Marketplace Option, or if already enrolled, transitioned back to the Healthy Michigan Plan in the next available month.

CODE	DESCRIPTION
A150	TUBERCULOSIS OF LUNG
A154	TUBERCULOSIS OF INTRATHORACIC LYMPH NODES
A155	TUBERCULOSIS OF LARYNX TRACHEA AND BRONCHUS
A156	TUBERCULOUS PLEURISY
A157	PRIMARY RESPIRATORY TUBERCULOSIS
A158	OTHER RESPIRATORY TUBERCULOSIS
A159	RESPIRATORY TUBERCULOSIS UNSPECIFIED
A170	TUBERCULOUS MENINGITIS
A171	MENINGEAL TUBERCULOMA
A1781	TUBERCULOMA OF BRAIN AND SPINAL CORD
A1782	TUBERCULOUS MENINGOENCEPHALITIS
A1783	TUBERCULOUS NEURITIS
A1789	OTHER TUBERCULOSIS OF NERVOUS SYSTEM
A179	TUBERCULOSIS OF NERVOUS SYSTEM UNSPECIFIED
A1801	TUBERCULOSIS OF SPINE
A1802	TUBERCULOUS ARTHRITIS OF OTHER JOINTS
A1803	TUBERCULOSIS OF OTHER BONES
A1809	OTHER MUSCULOSKELETAL TUBERCULOSIS
A1810	TUBERCULOSIS OF GENITOURINARY SYSTEM UNSPECIFIED
A1811	TUBERCULOSIS OF KIDNEY AND URETER
A1812	TUBERCULOSIS OF BLADDER
A1813	TUBERCULOSIS OF OTHER URINARY ORGANS
A1814	TUBERCULOSIS OF PROSTATE
A1815	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS
A1816	TUBERCULOSIS OF CERVIX
A1817	TUBERCULOUS FEMALE PELVIC INFLAMMATORY DISEASE
A1818	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS
A182	TUBERCULOUS PERIPHERAL LYMPHADENOPATHY
A1831	TUBERCULOUS PERITONITIS
A1832	TUBERCULOUS ENTERITIS
A1839	RETROPERITONEAL TUBERCULOSIS
A184	TUBERCULOSIS OF SKIN AND SUBCUTANEOUS TISSUE
A1850	TUBERCULOSIS OF EYE UNSPECIFIED
A1851	TUBERCULOUS EPISCLERITIS
A1852	TUBERCULOUS KERATITIS
A1853	TUBERCULOUS CHORIORETINITIS
A1854	TUBERCULOUS IRIDOCYCLITIS
A1859	OTHER TUBERCULOSIS OF EYE
A186	TUBERCULOSIS OF INNER MIDDLE EAR
A187	TUBERCULOSIS OF ADRENAL GLANDS
A1881	TUBERCULOSIS OF THYROID GLAND
A1882	TUBERCULOSIS OF OTHER ENDOCRINE GLANDS
A1883	TUBERCULOSIS OF DIGESTIVE TRACT ORGANS NEC
A1884	TUBERCULOSIS OF HEART
A1885	TUBERCULOSIS OF SPLEEN

CODE	DESCRIPTION
A1889	TUBERCULOSIS OF OTHER SITES
A190	ACUTE MILIARY TB OF A SINGLE SPECIFIED SITE
A191	ACUTE MILIARY TUBERCULOSIS OF MULTIPLE SITES
A192	ACUTE MILIARY TUBERCULOSIS UNSPECIFIED
A198	OTHER MILIARY TUBERCULOSIS
A199	MILIARY TUBERCULOSIS UNSPECIFIED
A5275	SYPHILIS OF KIDNEY AND URETER
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B20	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE
B520	PLASMODIUM MALARIAE MALARIA WITH NEPHROPATHY
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
B909	SEQUELAE OF RESPIRATORY AND UNS TUBERCULOSIS
C000	MALIGNANT NEOPLASM OF EXTERNAL UPPER LIP
C001	MALIGNANT NEOPLASM OF EXTERNAL LOWER LIP
C002	MALIGNANT NEOPLASM OF EXTERNAL LIP UNSPECIFIED
C003	MALIGNANT NEOPLASM OF UPPER LIP INNER ASPECT
C004	MALIGNANT NEOPLASM OF LOWER LIP INNER ASPECT
C005	MALIGNANT NEOPLASM OF LIP UNS INNER ASPECT
C006	MALIGNANT NEOPLASM COMMISSURE LIP UNSPECIFIED
C008	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP
C009	MALIGNANT NEOPLASM OF LIP UNSPECIFIED
C01	MALIGNANT NEOPLASM OF BASE OF TONGUE
C020	MALIGNANT NEOPLASM OF DORSAL SURFACE OF TONGUE
C021	MALIGNANT NEOPLASM OF BORDER OF TONGUE
C022	MALIGNANT NEOPLASM OF VENTRAL SURFACE OF TONGUE
C023	MALIGNANT NEOPLASM ANTERIOR 2/3 TONGUE PART UNS
C024	MALIGNANT NEOPLASM OF LINGUAL TONSIL
C028	MALIGNANT NEOPLASM OVERLAPPING SITES OF TONGUE
C029	MALIGNANT NEOPLASM OF TONGUE UNSPECIFIED
C030	MALIGNANT NEOPLASM OF UPPER GUM
C031	MALIGNANT NEOPLASM OF LOWER GUM
C039	MALIGNANT NEOPLASM OF GUM UNSPECIFIED
C040	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH
C041	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH
C048	MALIGNANT NEOPLASM OVERLAPPING SITES FLOOR MOUTH
C049	MALIGNANT NEOPLASM OF FLOOR OF MOUTH UNSPECIFIED
C050	MALIGNANT NEOPLASM OF HARD PALATE
C051	MALIGNANT NEOPLASM OF SOFT PALATE
C052	MALIGNANT NEOPLASM OF UVULA
C058	MALIGNANT NEOPLASM OVERLAPPING SITES OF PALATE

CODE	DESCRIPTION
C059	MALIGNANT NEOPLASM OF PALATE UNSPECIFIED
C060	MALIGNANT NEOPLASM OF CHEEK MUCOSA
C061	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH
C062	MALIGNANT NEOPLASM OF RETROMOLAR AREA
C0680	MALIGNANT NEOPLASM OVERLAP SITES UNS PARTS MOUTH
C0689	MALIGNANT NEOPLASM OVERLAP SITES OTH PARTS MOUTH
C069	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED
C07	MALIGNANT NEOPLASM OF PAROTID GLAND
C080	MALIGNANT NEOPLASM OF SUBMANDIBULAR GLAND
C081	MALIGNANT NEOPLASM OF SUBLINGUAL GLAND
C089	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND UNS
C090	MALIGNANT NEOPLASM OF TONSILLAR FOSSA
C091	MALIGNANT NEOPLASM OF TONSILLAR PILLAR
C098	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL
C099	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED
C100	MALIGNANT NEOPLASM OF VALLECULA
C101	MALIGNANT NEOPLASM ANTERIOR SURFACE EPIGLOTTIS
C102	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX
C103	MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARYNX
C104	MALIGNANT NEOPLASM OF BRANCHIAL CLEFT
C108	MALIGNANT NEOPLASM OVERLAPPING SITES OROPHARYNX
C109	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED
C110	MALIGNANT NEOPLASM SUPERIOR WALL OF NASOPHARYNX
C111	MALIGNANT NEOPLASM POSTERIOR WALL OF NASOPHARYNX
C112	MALIGNANT NEOPLASM LATERAL WALL OF NASOPHARYNX
C113	MALIGNANT NEOPLASM ANTERIOR WALL OF NASOPHARYNX
C118	MALIGNANT NEOPLASM OVERLAPPING SITES NASOPHARYNX
C119	MALIGNANT NEOPLASM OF NASOPHARYNX UNSPECIFIED
C12	MALIGNANT NEOPLASM OF PYRIFORM SINUS
C130	MALIGNANT NEOPLASM OF POSTCRICOID REGION
C132	MALIGNANT NEOPLASM POSTERIOR WALL OF HYPOPHARYNX
C138	MALIGNANT NEOPLASM OVERLAPPING SITES HYPOPHARYNX
C139	MALIGNANT NEOPLASM OF HYPOPHARYNX UNSPECIFIED
C140	MALIGNANT NEOPLASM OF PHARYNX UNSPECIFIED
C142	MALIGNANT NEOPLASM OF WALDEYERS RING
C153	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS
C154	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS
C155	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS
C158	MALIGNANT NEOPLASM OVERLAPPING SITES ESOPHAGUS
C159	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED
C160	MALIGNANT NEOPLASM OF CARDIA
C161	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH
C162	MALIGNANT NEOPLASM OF BODY OF STOMACH
C163	MALIGNANT NEOPLASM OF PYLORIC ANTRUM
C164	MALIGNANT NEOPLASM OF PYLORUS

CODE	DESCRIPTION
C165	MALIGNANT NEOPLASM LESSER CURVATURE STOMACH UNS
C166	MALIGNANT NEOPLASM GREATER CURVATURE STOMACH UNS
C168	MALIGNANT NEOPLASM OVERLAPPING SITES OF STOMACH
C169	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED
C170	MALIGNANT NEOPLASM OF DUODENUM
C171	MALIGNANT NEOPLASM OF JEJUNUM
C172	MALIGNANT NEOPLASM OF ILEUM
C178	MALIGNANT NEOPLASM OVERLAP SITES SMALL INTESTINE
C179	MALIG NEOPLASM OF SMALL INTESTINE UNSPECIFIED
C180	MALIGNANT NEOPLASM OF CECUM
C181	MALIGNANT NEOPLASM OF APPENDIX
C182	MALIGNANT NEOPLASM OF ASCENDING COLON
C183	MALIGNANT NEOPLASM OF HEPATIC FLEXURE
C184	MALIGNANT NEOPLASM OF TRANSVERSE COLON
C185	MALIGNANT NEOPLASM OF SPLENIC FLEXURE
C186	MALIGNANT NEOPLASM OF DESCENDING COLON
C187	MALIGNANT NEOPLASM OF SIGMOID COLON
C188	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON
C189	MALIGNANT NEOPLASM OF COLON UNSPECIFIED
C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
C20	MALIGNANT NEOPLASM OF RECTUM
C210	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED
C211	MALIGNANT NEOPLASM OF ANAL CANAL
C212	MALIGNANT NEOPLASM OF CLOACOGENIC ZONE
C218	MAL NEOPLASM OVERLAP SITE RECTUM ANUS ANAL CANAL
C228	MALIGNANT NEOPLASM LIVER PRIMARY UNS AS TO TYPE
C229	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND
C23	MALIGNANT NEOPLASM OF GALLBLADDER
C240	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT
C241	MALIGNANT NEOPLASM OF AMPULLA OF VATER
C248	MALIGNANT NEOPLASM OVERLAP SITE OF BILIARY TRACT
C249	MALIGNANT NEOPLASM OF BILIARY TRACT UNSPECIFIED
C250	MALIGNANT NEOPLASM OF HEAD OF PANCREAS
C251	MALIGNANT NEOPLASM OF BODY OF PANCREAS
C252	MALIGNANT NEOPLASM OF TAIL OF PANCREAS
C253	MALIGNANT NEOPLASM OF PANCREATIC DUCT
C254	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS
C257	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS
C258	MALIGNANT NEOPLASM OVERLAPPING SITES OF PANCREAS
C259	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED
C260	MALIGNANT NEOPLASM INTESTINAL TRACT PART UNS
C261	MALIGNANT NEOPLASM OF SPLEEN
C269	MALIGNANT NEOPLASM ILL-DEFIND SITE DIGESTIVE SYS
C300	MALIGNANT NEOPLASM OF NASAL CAVITY
C301	MALIGNANT NEOPLASM OF MIDDLE EAR

CODE	DESCRIPTION
C310	MALIGNANT NEOPLASM OF MAXILLARY SINUS
C311	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS
C312	MALIGNANT NEOPLASM OF FRONTAL SINUS
C313	MALIGNANT NEOPLASM OF SPHENOID SINUS
C318	MALIGNANT NEOPLASM OVERLAP SITES ACCSSRY SINUSES
C319	MALIGNANT NEOPLASM OF ACCESSORY SINUS UNS
C320	MALIGNANT NEOPLASM OF GLOTTIS
C321	MALIGNANT NEOPLASM OF SUPRAGLOTTIS
C322	MALIGNANT NEOPLASM OF SUBGLOTTIS
C323	MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGE
C328	MALIGNANT NEOPLASM OF OVERLAPPING SITES LARYNX
C329	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED
C33	MALIGNANT NEOPLASM OF TRACHEA
C3400	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS
C3401	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS
C3402	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS
C3410	MALIGNANT NEOPLASM UPPER LOBE UNS BRONCHUS/LUNG
C3411	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG
C3412	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG
C342	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG
C3430	MALIGNANT NEOPLASM LOWER LOBE UNS BRONCHUS/LUNG
C3431	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG
C3432	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG
C3480	MALIGNANT NEOPLASM OVRLAP SITE UNS BRONCH & LUNG
C3481	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG
C3482	MALIGNANT NEOPLASM OVERLAP SITE LT BRONCH & LUNG
C3490	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG
C3491	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG
C3492	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG
C37	MALIGNANT NEOPLASM OF THYMUS
C380	MALIGNANT NEOPLASM OF HEART
C381	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM
C382	MALIGNANT NEOPLASM OF POSTERIOR MEDIASTINUM
C383	MALIGNANT NEOPLASM OF MEDIASTINUM PART UNS
C384	MALIGNANT NEOPLASM OF PLEURA
C388	MALIG NEOPLASM OVERLAP SITE HEART MEDIAST PLEURA
C390	MALIGNANT NEOPLASM UPPER RESP TRACT PART UNS
C399	MALIGNANT NEOPLASM LOWER RESP TRACT PART UNS
C4000	MALIGNANT NEOPLASM SCAP & LONG BONES UNS UP LIMB
C4001	MALIGNANT NEOPLASM SCAP & LONG BONES RT UP LIMB
C4002	MALIGNANT NEOPLASM SCAP & LONG BONES LT UP LIMB
C4010	MALIGNANT NEOPLASM SHORT BONES UNS UPPER LIMB
C4011	MALIGNANT NEOPLASM SHORT BONES RIGHT UPPER LIMB
C4012	MALIGNANT NEOPLASM SHORT BONES LEFT UPPER LIMB
C4020	MALIGNANT NEOPLASM LONG BONES UNS LOWER LIMB

CODE	DESCRIPTION
C4021	MALIGNANT NEOPLASM LONG BONES RIGHT LOWER LIMB
C4022	MALIGNANT NEOPLASM LONG BONES LEFT LOWER LIMB
C4030	MALIGNANT NEOPLASM SHORT BONES UNS LOWER LIMB
C4031	MALIGNANT NEOPLASM SHORT BONES RIGHT LOWER LIMB
C4032	MALIGNANT NEOPLASM SHORT BONES LEFT LOWER LIMB
C4080	MALIGNANT NEOPLASM OVERLAP SITE BONE AC UNS LIMB
C4081	MALIGNANT NEOPLASM OVERLAP SITES BONE AC RT LIMB
C4082	MALIGNANT NEOPLASM OVERLAP SITES BONE AC LT LIMB
C4090	MALIGNANT NEOPLASM UNS BONES & AC OF UNS LIMB
C4091	MALIGNANT NEOPLASM UNS BONES & AC OF RIGHT LIMB
C4092	MALIGNANT NEOPLASM UNS BONES & AC OF LEFT LIMB
C410	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE
C411	MALIGNANT NEOPLASM OF MANDIBLE
C412	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN
C413	MALIGNANT NEOPLASM OF RIBS STERNUM AND CLAVICLE
C414	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX
C419	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS
C4400	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LIP
C4409	OTHER SPECIFIED MALIGNANT NEOPLASM SKIN OF LIP
C44101	UNS MALIG NEOPLASM SKIN UNS EYELID INCL CANTHUS
C44102	UNS MALIG NEOPLASM SKIN RT EYELID INCL CANTHUS
C44109	UNS MALIG NEOPLASM SKIN LT EYELID INCL CANTHUS
C44191	OTH SPEC MALIG NEOPLSM SKN UNS EYELD W/ CANTHUS
C44192	OTH SPEC MALIG NEOPLSM SKN RT EYELD INCL CANTHUS
C44199	OTH SPEC MALIG NEOPLSM SKN LT EYELD INCL CANTHUS
C44201	UNS MAL NEOPLSM SKN UNS EAR EXT AURICULAR CANAL
C44202	UNS MALIG NEOPLSM SKN RT EAR EXT AURICULAR CANAL
C44209	UNS MALIG NEOPLSM SKN LT EAR EXT AURICULAR CANAL
C44300	UNS MALIGNANT NEOPLASM SKIN UNS PART FACE
C44301	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF NOSE
C44309	UNS MALIGNANT NEOPLASM SKIN OTHER PARTS FACE
C44390	OTHER SPEC MALIG NEOPLASM SKIN UNS PARTS FACE
C44391	OTHER SPECIFIED MALIGNANT NEOPLASM SKIN OF NOSE
C44399	OTHER SPEC MALIG NEOPLASM SKIN OTHER PARTS FACE
C4440	UNSPECIFIED MALIGNANT NEOPLASM SKIN SCALP & NECK
C4449	OTHER SPEC MALIGNANT NEOPLASM SKIN SCALP & NECK
C44500	UNSPECIFIED MALIGNANT NEOPLASM OF ANAL SKIN
C44501	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF BREAST
C44509	UNS MALIGNANT NEOPLASM SKIN OTHER PART TRUNK
C44590	OTHER SPECIFIED MALIGNANT NEOPLASM OF ANAL SKIN
C44591	OTHER SPECIFIED MALIGNANT NEOPLASM SKIN BREAST
C44599	OTHER SPEC MALIG NEOPLASM SKIN OTHER PART TRUNK
C44601	UNS MALIG NEOPLASM SKIN UNS UP LIMB INCL SHLDR
C44602	UNS MALIG NEOPLASM SKIN RT UPPER LIMB INCL SHLDR
C44609	UNS MALIG NEOPLASM SKIN LT UPPER LIMB INCL SHLDR

CODE	DESCRIPTION
C44691	OTH SPEC MALIG NEOPLSM SKN UNS UP LIMB W/ SHLDR
C44692	OTH SPEC MALIG NEOPLSM SKN RT UP LIMB INCL SHLDR
C44699	OTH SPEC MALIG NEOPLSM SKN LT UP LIMB INCL SHLDR
C44701	UNS MALIG NEOPLASM SKIN UNS LOWER LIMB INCL HIP
C44702	UNS MALIG NEOPLASM SKIN RT LOWER LIMB INCL HIP
C44709	UNS MALIG NEOPLASM SKIN LT LOWER LIMB INCL HIP
C44791	OTH SPEC MALIG NEOPLSM SKN UNS LOW LIMB INCL HIP
C44792	OTH SPEC MALIG NEOPLSM SKIN RT LOW LIMB INCL HIP
C44799	OTH SPEC MALIG NEOPLSM SKIN LT LOW LIMB INCL HIP
C4480	UNS MALIGNANT NEOPLASM OVERLAPPING SITES SKIN
C4489	OTHER SPEC MALIG NEOPLASM OVERLAPPING SITES SKIN
C4490	UNSPECIFIED MALIGNANT NEOPLASM SKIN UNSPECIFIED
C4499	OTHER SPEC MALIGNANT NEOPLASM SKIN UNSPECIFIED
C470	MALIGNANT NEOPLASM PERIPH NERVES HEAD FACE NECK
C4710	MAL NEOPLASM PERIPH NERVE UNS UP LIMB INCL SHLDR
C4711	MAL NEOPLASM PERIPH NERVES RT UP LIMB INCL SHLDR
C4712	MAL NEOPLASM PERIPH NERVES LT UP LIMB INCL SHLDR
C4720	MAL NEOPLASM PERIPH NERVES UNS LOW LIMB INCL HIP
C4721	MAL NEOPLASM PERIPH NERVES RT LOW LIMB INCL HIP
C4722	MAL NEOPLASM PERIPH NERVES LT LOW LIMB INCL HIP
C473	MALIGNANT NEOPLASM PERIPHERAL NERVES OF THORAX
C474	MALIGNANT NEOPLASM PERIPHERAL NERVES OF ABDOMEN
C475	MALIGNANT NEOPLASM PERIPHERAL NERVES OF PELVIS
C476	MALIGNANT NEOPLASM PERIPHERAL NERVES TRUNK UNS
C478	MALIGNANT NEOPLASM OVERLAP SITES PERIPH & ANS
C479	MALIGNANT NEOPLASM PERIPH NERVES & ANS UNS
C480	MALIGNANT NEOPLASM OF RETROPERITONEUM
C481	MALIGNANT NEOPLASM OF SPEC PARTS OF PERITONEUM
C482	MALIGNANT NEOPLASM OF PERITONEUM UNSPECIFIED
C488	MALIGNANT NEOPLASM OVERLAP SITES RP & PERITONEUM
C490	MALIGNANT NEOPLASM CONN SOFT TISS HEAD FACE NECK
C4910	MALIG NEOPLASM CONN SOFT TISS UNS UP LMB W/SHLDR
C4911	MALIG NEOPLASM CONN SOFT TISS RT UP LIMB W/SHLDR
C4912	MALIG NEOPLASM CONN SOFT TISS LT UP LIMB W/SHLDR
C4920	MALIG NEOPLASM CONN SOFT TISS UNS LOW LIMB W/HIP
C4921	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP
C4922	MALIG NEOPLASM CONN SOFT TISS LT LOW LIMB W/HIP
C493	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS THORAX
C494	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS ABDOMN
C495	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISS PELVIS
C496	MALIGNANT NEOPLASM CONN & SOFT TISS TRUNK UNS
C498	MALIGNANT NEOPLASM OVERLAP SITES CONN SOFT TISS
C499	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS
C50011	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST
C50012	MALIG NEOPLASM NIPPLE & AREOLA LT FEMALE BREAST

CODE	DESCRIPTION
C50019	MALIG NEOPLASM NIPPLE & AREOLA UNS FEMALE BREAST
C50021	MALIG NEOPLASM NIPPLE & AREOLA RIGHT MALE BREAST
C50022	MALIG NEOPLASM NIPPLE & AREOLA LEFT MALE BREAST
C50029	MALIG NEOPLASM NIPPLE & AREOLA UNS MALE BREAST
C50111	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST
C50112	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST
C50119	MALIG NEOPLASM CENTRAL PORTION UNS FEMALE BREAST
C50121	MALIG NEOPLASM CENTRAL PORTION RIGHT MALE BREAST
C50122	MALIG NEOPLASM CENTRAL PORTION LEFT MALE BREAST
C50129	MALIG NEOPLASM CENTRAL PORTION UNS MALE BREAST
C50211	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST
C50212	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST
C50219	MALIG NEOPLASM UPPER-INNER QUAD UNS FEMALE BREAST
C50221	MALIG NEOPLASM UPPER-INNER QUAD RT MALE BREAST
C50222	MALIG NEOPLASM UPPER-INNER QUAD LT MALE BREAST
C50229	MALIG NEOPLASM UPPER-INNER QUAD UNS MALE BREAST
C50311	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST
C50312	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST
C50319	MALIG NEOPLASM LOWER-INNER QUAD UNS FEMALE BRST
C50321	MALIG NEOPLASM LOWER-INNER QUAD RT MALE BREAST
C50322	MALIG NEOPLASM LOWER-INNER QUAD LT MALE BREAST
C50329	MALIG NEOPLASM LOWER-INNER QUAD UNS MALE BREAST
C50411	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST
C50412	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST
C50419	MALIG NEOPLASM UPPER-OUTER QUAD UNS FEMALE BRST
C50421	MALIG NEOPLASM UPPER-OUTER QUAD RT MALE BREAST
C50422	MALIG NEOPLASM UPPER-OUTER QUAD LT MALE BREAST
C50429	MALIG NEOPLASM UPPER-OUTER QUAD UNS MALE BREAST
C50511	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST
C50512	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST
C50519	MALIG NEOPLASM LOWER-OUTER QUAD UNS FEMALE BRST
C50521	MALIG NEOPLASM LOWER-OUTER QUAD RT MALE BREAST
C50522	MALIG NEOPLASM LOWER-OUTER QUAD LT MALE BREAST
C50529	MALIG NEOPLASM LOWER-OUTER QUAD UNS MALE BREAST
C50611	MALIGNANT NEOPLASM AXILLARY TAIL RT FEMALE BRST
C50612	MALIGNANT NEOPLASM AXILLARY TAIL LT FEMALE BRST
C50619	MALIGNANT NEOPLASM AXILLARY TAIL UNS FEMALE BRST
C50621	MALIGNANT NEOPLASM AXILLARY TAIL RT MALE BREAST
C50622	MALIGNANT NEOPLASM AXILLARY TAIL LT MALE BREAST
C50629	MALIGNANT NEOPLASM AXILLARY TAIL UNS MALE BREAST
C50811	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST
C50812	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST
C50819	MALIGNANT NEOPLASM OVERLAP SITE UNS FEMAL BREAST
C50821	MALIGNANT NEOPLASM OVERLAP SITES RT MALE BREAST
C50822	MALIGNANT NEOPLASM OVERLAP SITES LT MALE BREAST

CODE	DESCRIPTION
C50829	MALIGNANT NEOPLASM OVERLAP SITES UNS MALE BREAST
C50911	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST
C50912	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST
C50919	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST
C50921	MALIGNANT NEOPLASM OF UNS SITE RIGHT MALE BREAST
C50922	MALIGNANT NEOPLASM OF UNS SITE LEFT MALE BREAST
C50929	MALIGNANT NEOPLASM OF UNS SITE UNS MALE BREAST
C510	MALIGNANT NEOPLASM OF LABIUM MAJUS
C511	MALIGNANT NEOPLASM OF LABIUM MINUS
C512	MALIGNANT NEOPLASM OF CLITORIS
C518	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA
C519	MALIGNANT NEOPLASM OF VULVA UNSPECIFIED
C52	MALIGNANT NEOPLASM OF VAGINA
C530	MALIGNANT NEOPLASM OF ENDOCERVIX
C531	MALIGNANT NEOPLASM OF EXOCERVIX
C538	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI
C539	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED
C540	MALIGNANT NEOPLASM OF ISTHMUS UTERI
C541	MALIGNANT NEOPLASM OF ENDOMETRIUM
C542	MALIGNANT NEOPLASM OF MYOMETRIUM
C543	MALIGNANT NEOPLASM OF FUNDUS UTERI
C548	MALIGNANT NEOPLASM OVERLAPPING SITE CORPUS UTERI
C549	MALIGNANT NEOPLASM OF CORPUS UTERI UNSPECIFIED
C55	MALIGNANT NEOPLASM OF UTERUS PART UNSPECIFIED
C561	MALIGNANT NEOPLASM OF RIGHT OVARY
C562	MALIGNANT NEOPLASM OF LEFT OVARY
C569	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY
C5700	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE
C5701	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE
C5702	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE
C5710	MALIGNANT NEOPLASM OF UNSPECIFIED BROAD LIGAMENT
C5711	MALIGNANT NEOPLASM OF RIGHT BROAD LIGAMENT
C5712	MALIGNANT NEOPLASM OF LEFT BROAD LIGAMENT
C5720	MALIGNANT NEOPLASM OF UNSPECIFIED ROUND LIGAMENT
C5721	MALIGNANT NEOPLASM OF RIGHT ROUND LIGAMENT
C5722	MALIGNANT NEOPLASM OF LEFT ROUND LIGAMENT
C573	MALIGNANT NEOPLASM OF PARAMETRIUM
C574	MALIGNANT NEOPLASM OF UTERINE ADNEXA UNSPECIFIED
C577	MALIG NEOPLASM OTH SPEC FEMALE GENITAL ORGANS
C579	MALIGNANT NEOPLASM OF FEMALE GENITAL ORGAN UNS
C58	MALIGNANT NEOPLASM OF PLACENTA
C600	MALIGNANT NEOPLASM OF PREPUCE
C601	MALIGNANT NEOPLASM OF GLANS PENIS
C602	MALIGNANT NEOPLASM OF BODY OF PENIS
C608	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PENIS

CODE	DESCRIPTION
C609	MALIGNANT NEOPLASM OF PENIS UNSPECIFIED
C61	MALIGNANT NEOPLASM OF PROSTATE
C6200	MALIGNANT NEOPLASM UNS UNDESCENDED TESTIS
C6201	MALIGNANT NEOPLASM OF UNDESCENDED RIGHT TESTIS
C6202	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS
C6210	MALIGNANT NEOPLASM UNSPECIFIED DESCENDED TESTIS
C6211	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS
C6212	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS
C6290	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND
C6291	MALIGNANT NEOPLASM RT TESTIS UNS DESC/UNDESCEND
C6292	MALIGNANT NEOPLASM LT TESTIS UNS DESC/UNDESCEND
C6300	MALIGNANT NEOPLASM OF UNSPECIFIED EPIDIDYMIS
C6301	MALIGNANT NEOPLASM OF RIGHT EPIDIDYMIS
C6302	MALIGNANT NEOPLASM OF LEFT EPIDIDYMIS
C6310	MALIGNANT NEOPLASM OF UNSPECIFIED SPERMATIC CORD
C6311	MALIGNANT NEOPLASM OF RIGHT SPERMATIC CORD
C6312	MALIGNANT NEOPLASM OF LEFT SPERMATIC CORD
C632	MALIGNANT NEOPLASM OF SCROTUM
C637	MALIGNANT NEOPLASM OTH SPEC MALE GENITAL ORGANS
C638	MAL NEOPLASM OVERLAPPING SITES MALE GENITAL ORGN
C639	MALIGNANT NEOPLASM MALE GENITAL ORGAN UNSPEC
C641	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS
C642	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS
C649	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS
C651	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS
C652	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS
C659	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS
C661	MALIGNANT NEOPLASM OF RIGHT URETER
C662	MALIGNANT NEOPLASM OF LEFT URETER
C669	MALIGNANT NEOPLASM OF UNSPECIFIED URETER
C670	MALIGNANT NEOPLASM OF TRIGONE OF BLADDER
C671	MALIGNANT NEOPLASM OF DOME OF BLADDER
C672	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER
C673	MALIGNANT NEOPLASM OF ANTERIOR WALL OF BLADDER
C674	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER
C675	MALIGNANT NEOPLASM OF BLADDER NECK
C676	MALIGNANT NEOPLASM OF URETERIC ORIFICE
C677	MALIGNANT NEOPLASM OF URACHUS
C678	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER
C679	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED
C680	MALIGNANT NEOPLASM OF URETHRA
C681	MALIGNANT NEOPLASM OF PARAURETHRAL GLANDS
C688	MALIGNANT NEOPLASM OVERLAP SITES URINARY ORGANS
C689	MALIGNANT NEOPLASM OF URINARY ORGAN UNSPECIFIED
C6900	MALIGNANT NEOPLASM OF UNSPECIFIED CONJUNCTIVA

CODE	DESCRIPTION
C6901	MALIGNANT NEOPLASM OF RIGHT CONJUNCTIVA
C6902	MALIGNANT NEOPLASM OF LEFT CONJUNCTIVA
C6910	MALIGNANT NEOPLASM OF UNSPECIFIED CORNEA
C6911	MALIGNANT NEOPLASM OF RIGHT CORNEA
C6912	MALIGNANT NEOPLASM OF LEFT CORNEA
C6920	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA
C6921	MALIGNANT NEOPLASM OF RIGHT RETINA
C6922	MALIGNANT NEOPLASM OF LEFT RETINA
C6930	MALIGNANT NEOPLASM OF UNSPECIFIED CHOROID
C6931	MALIGNANT NEOPLASM OF RIGHT CHOROID
C6932	MALIGNANT NEOPLASM OF LEFT CHOROID
C6940	MALIGNANT NEOPLASM OF UNSPECIFIED CILIARY BODY
C6941	MALIGNANT NEOPLASM OF RIGHT CILIARY BODY
C6942	MALIGNANT NEOPLASM OF LEFT CILIARY BODY
C6950	MALIGNANT NEOPLASM UNS LACRIMAL GLAND & DUCT
C6951	MALIGNANT NEOPLASM RIGHT LACRIMAL GLAND AND DUCT
C6952	MALIGNANT NEOPLASM LEFT LACRIMAL GLAND AND DUCT
C6960	MALIGNANT NEOPLASM OF UNSPECIFIED ORBIT
C6961	MALIGNANT NEOPLASM OF RIGHT ORBIT
C6962	MALIGNANT NEOPLASM OF LEFT ORBIT
C6980	MALIGNANT NEOPLASM OVERLAP SITES UNS EYE&ADNEXA
C6981	MALIGNANT NEOPLASM OVERLAP SITES RT EYE & ADNEXA
C6982	MALIGNANT NEOPLASM OVERLAP SITES LT EYE & ADNEXA
C6990	MALIGNANT NEOPLASM UNSPECIFIED SITE UNSPEC EYE
C6991	MALIGNANT NEOPLASM OF UNSPECIFIED SITE RIGHT EYE
C6992	MALIGNANT NEOPLASM OF UNSPECIFIED SITE LEFT EYE
C700	MALIGNANT NEOPLASM OF CEREBRAL MENINGES
C701	MALIGNANT NEOPLASM OF SPINAL MENINGES
C709	MALIGNANT NEOPLASM OF MENINGES UNSPECIFIED
C710	MALIGNANT NEOPLASM CEREBRUM NO LOBES VENTRICLES
C711	MALIGNANT NEOPLASM OF FRONTAL LOBE
C712	MALIGNANT NEOPLASM OF TEMPORAL LOBE
C713	MALIGNANT NEOPLASM OF PARIETAL LOBE
C714	MALIGNANT NEOPLASM OF OCCIPITAL LOBE
C715	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE
C716	MALIGNANT NEOPLASM OF CEREBELLUM
C717	MALIGNANT NEOPLASM OF BRAIN STEM
C718	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN
C719	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED
C720	MALIGNANT NEOPLASM OF SPINAL CORD
C721	MALIGNANT NEOPLASM OF CAUDA EQUINA
C7220	MALIGNANT NEOPLASM UNSPECIFIED OLFACTORY NERVE
C7221	MALIGNANT NEOPLASM OF RIGHT OLFACTORY NERVE
C7222	MALIGNANT NEOPLASM OF LEFT OLFACTORY NERVE
C7230	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE

CODE	DESCRIPTION
C7231	MALIGNANT NEOPLASM OF RIGHT OPTIC NERVE
C7232	MALIGNANT NEOPLASM OF LEFT OPTIC NERVE
C7240	MALIGNANT NEOPLASM OF UNSPECIFIED ACOUSTIC NERVE
C7241	MALIGNANT NEOPLASM OF RIGHT ACOUSTIC NERVE
C7242	MALIGNANT NEOPLASM OF LEFT ACOUSTIC NERVE
C7250	MALIGNANT NEOPLASM OF UNSPECIFIED CRANIAL NERVE
C7259	MALIGNANT NEOPLASM OF OTHER CRANIAL NERVES
C729	MALIGNANT NEOPLASM OF CENTRAL NERVOUS SYSTEM UNS
C73	MALIGNANT NEOPLASM OF THYROID GLAND
C7400	MALIGNANT NEOPLASM CORTEX UNS ADRENAL GLAND
C7401	MALIGNANT NEOPLASM CORTEX OF RIGHT ADRENAL GLAND
C7402	MALIGNANT NEOPLASM CORTEX OF LEFT ADRENAL GLAND
C7410	MALIGNANT NEOPLASM MEDULLA UNS ADRENAL GLAND
C7411	MALIGNANT NEOPLASM MEDULLA RIGHT ADRENAL GLAND
C7412	MALIGNANT NEOPLASM MEDULLA LEFT ADRENAL GLAND
C7490	MALIGNANT NEOPLASM UNS PART UNS ADRENAL GLAND
C7491	MALIGNANT NEOPLASM UNS PART RIGHT ADRENAL GLAND
C7492	MALIGNANT NEOPLASM UNS PART LEFT ADRENAL GLAND
C750	MALIGNANT NEOPLASM OF PARATHYROID GLAND
C751	MALIGNANT NEOPLASM OF PITUITARY GLAND
C752	MALIGNANT NEOPLASM OF CRANIOPHARYNGEAL DUCT
C753	MALIGNANT NEOPLASM OF PINEAL GLAND
C754	MALIGNANT NEOPLASM OF CAROTID BODY
C755	MALIGNANT NEOPLASM AORTIC BODY & OTH PARAGANGLIA
C758	MALIGNANT NEOPLASM W/PLURIGLANDULAR INVLV UNS
C759	MALIGNANT NEOPLASM OF ENDOCRINE GLAND UNS
C760	MALIGNANT NEOPLASM OF HEAD FACE AND NECK
C761	MALIGNANT NEOPLASM OF THORAX
C762	MALIGNANT NEOPLASM OF ABDOMEN
C763	MALIGNANT NEOPLASM OF PELVIS
C7640	MALIGNANT NEOPLASM OF UNSPECIFIED UPPER LIMB
C7641	MALIGNANT NEOPLASM OF RIGHT UPPER LIMB
C7642	MALIGNANT NEOPLASM OF LEFT UPPER LIMB
C7650	MALIGNANT NEOPLASM OF UNSPECIFIED LOWER LIMB
C7651	MALIGNANT NEOPLASM OF RIGHT LOWER LIMB
C7652	MALIGNANT NEOPLASM OF LEFT LOWER LIMB
C768	MALIG NEOPLASM OVLAP SITE OTH ILL-DEFINED SITES
C772	SEC & UNS MALIG NEOPLASM INTRA-ABD LYMPH NODES
C774	SEC & UNS MALIG NEOPLASM INGUINAL LOW LIMB NODES
C775	SEC & UNS MALIG NEOPLASM INTRAPELVIC LYMPH NODES
C778	SEC & UNS MALIG NEOPLASM LYMPH NODES MX REGIONS
C779	SECONDARY & UNS MALIG NEOPLASM LYMPH NODE UNS
C7800	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG
C7801	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG
C7802	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG

CODE	DESCRIPTION
C781	SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM
C782	SECONDARY MALIGNANT NEOPLASM OF PLEURA
C7830	SECONDARY MALIG NEOPLASM UNS RESPIRATORY ORGAN
C7839	SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATOR
C784	SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE
C785	SECONDARY MAL NEOPLASM LARGE INTESTINE & RECTUM
C786	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM
C787	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD
C7880	SECONDARY MALIG NEOPLASM UNS DIGESTIVE ORGAN
C7889	SECONDARY MALIG NEOPLASM OF OTH DIGESTIVE ORGANS
C7900	SECONDARY MALIG NEOPLASM UNS KIDNEY RENAL PELVIS
C7901	SECONDARY MALIG NEOPLASM RT KIDNEY & RENAL PELV
C7902	SECONDARY MALIG NEOPLASM LT KIDNEY & RENAL PELV
C7910	SECONDARY MALIGNANT NEOPLASM UNS URINARY ORGANS
C7911	SECONDARY MALIGNANT NEOPLASM OF BLADDER
C7919	SECONDARY MALIGNANT NEOPLASM OTH URINARY ORGANS
C792	SECONDARY MALIGNANT NEOPLASM OF SKIN
C7931	SECONDARY MALIGNANT NEOPLASM OF BRAIN
C7932	SECONDARY MALIGNANT NEOPLASM CEREBRAL MENINGES
C7940	SECONDARY MALIGNANT NEOPLASM UNS PART NERV SYS
C7949	SECONDARY MALIGNANT NEOPLASM OTH PARTS NERV SYS
C7951	SECONDARY MALIGNANT NEOPLASM OF BONE
C7952	SECONDARY MALIGNANT NEOPLASM OF BONE MARROW
C7960	SECONDARY MALIGNANT NEOPLASM UNSPECIFIED OVARY
C7961	SECONDARY MALIGNANT NEOPLASM OF RIGHT OVARY
C7962	SECONDARY MALIGNANT NEOPLASM OF LEFT OVARY
C7970	SECONDARY MALIGNANT NEOPLASM UNS ADRENAL GLAND
C7971	SECONDARY MALIGNANT NEOPLASM RIGHT ADRENAL GLAND
C7972	SECONDARY MALIGNANT NEOPLASM LEFT ADRENAL GLAND
C7981	SECONDARY MALIGNANT NEOPLASM OF BREAST
C7982	SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS
C7989	SECONDARY MALIGNANT NEOPLASM OTH SPECIFIED SITES
C799	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE
C800	DISSEMINATED MALIGNANT NEOPLASM UNSPECIFIED
C801	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED
C802	MALIGNANT NEOPLASM ASSOC W/TRANSPLANTED ORGAN
C969	MAL NEOPLSM LYMPHOID HEMATOPOIET & REL TISS UNS
C96Z	OTH MAL NEOPLSM LYMPHOID HEMATOPOIET & REL TISS
D3701	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIP
D3702	NEOPLASM OF UNCERTAIN BEHAVIOR OF TONGUE
D37030	NEOPLASM UNCERTAIN BHV PAROTID SALIVARY GLANDS
D37031	NEOPLASM UNCERTAIN BEHAVIOR SUBL SALIVARY GLANDS
D37032	NEOPLASM UNCERTAIN BEHAVIOR SUBMAND SALIV GLANDS
D37039	NEOPLASM UNCERTAIN BHV MAJOR SALIVARY GLANDS UNS
D3704	NEOPLASM UNCERTAIN BEHAVIOR MIN SALIVARY GLANDS

CODE	DESCRIPTION
D3705	NEOPLASM OF UNCERTAIN BEHAVIOR OF PHARYNX
D3709	NEOPLASM UNCERTAIN BHV OTH SPEC SITES ORAL CAV
D371	NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH
D372	NEOPLASM UNCERTAIN BEHAVIOR OF SMALL INTESTINE
D373	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX
D374	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON
D375	NEOPLASM OF UNCERTAIN BEHAVIOR OF RECTUM
D376	NEOPLASM UNCERTAIN BHV LIVER GALLBLADDER & BD
D378	NEOPLASM UNCERTAIN BHV OTH SPEC DIGESTIVE ORGAN
D379	NEOPLASM UNCERTAIN BEHAVIOR DIGESTIVE ORGAN UNS
D380	NEOPLASM OF UNCERTAIN BEHAVIOR OF LARYNX
D381	NEOPLASM UNCERTAIN BHV TRACHEA BRONCHUS & LUNG
D382	NEOPLASM OF UNCERTAIN BEHAVIOR OF PLEURA
D383	NEOPLASM OF UNCERTAIN BEHAVIOR OF MEDIASTINUM
D384	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYMUS
D385	NEOPLASM UNCERTAIN BEHAVIOR OTH RESPIRATORY ORG
D386	NEOPLASM UNCERTAIN BEHAVIOR RESP ORGAN UNS
D390	NEOPLASM OF UNCERTAIN BEHAVIOR OF UTERUS
D3910	NEOPLASM UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY
D3911	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY
D3912	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY
D392	NEOPLASM OF UNCERTAIN BEHAVIOR OF PLACENTA
D398	NEOPLASM UNCERTAIN BHV OTH SPEC FEMALE GEN ORGAN
D399	NEOPLASM UNCERTAIN BHV FEMALE GENITAL ORGANS UNS
D400	NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE
D4010	NEOPLASM OF UNCERTAIN BEHAVIOR UNS TESTIS
D4011	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT TESTIS
D4012	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT TESTIS
D408	NEOPLASM UNCERTAIN BHV OTH SPEC MALE GENIT ORGAN
D409	NEOPLASM UNCERTAIN BEHAVIOR MALE GENITAL ORG UNS
D4100	NEOPLASM OF UNCERTAIN BEHAVIOR UNS KIDNEY
D4101	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY
D4102	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY
D4110	NEOPLASM OF UNCERTAIN BEHAVIOR UNS RENAL PELVIS
D4111	NEOPLASM OF UNCERTAIN BEHAVIOR RT RENAL PELVIS
D4112	NEOPLASM OF UNCERTAIN BEHAVIOR LT RENAL PELVIS
D4120	NEOPLASM OF UNCERTAIN BEHAVIOR UNS URETER
D4121	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT URETER
D4122	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT URETER
D413	NEOPLASM OF UNCERTAIN BEHAVIOR OF URETHRA
D414	NEOPLASM OF UNCERTAIN BEHAVIOR OF BLADDER
D418	NEOPLASM OF UNCERTAIN BHV OTH SPEC URINARY ORGAN
D419	NEOPLASM OF UNCERTAIN BEHAVIOR UNS URINARY ORGAN
D420	NEOPLASM OF UNCERTAIN BEHAVIOR CEREBRAL MENINGES
D421	NEOPLASM OF UNCERTAIN BEHAVIOR SPINAL MENINGES

CODE	DESCRIPTION
D429	NEOPLASM OF UNCERTAIN BEHAVIOR OF MENINGES UNS
D430	NEOPLASM UNCERTAIN BEHAVIOR BRAIN SUPRATENTORIAL
D431	NEOPLASM UNCERTAIN BEHAVIOR BRAIN INFRATENTORIAL
D432	NEOPLASM OF UNCERTAIN BEHAVIOR BRAIN UNSPECIFIED
D433	NEOPLASM OF UNCERTAIN BEHAVIOR OF CRANIAL NERVES
D434	NEOPLASM OF UNCERTAIN BEHAVIOR OF SPINAL CORD
D438	NEOPLASM OF UNCERTAIN BEHAVIOR OTH SPEC PART CNS
D439	NEOPLASM OF UNCERTAIN BEHAVIOR CNS UNSPECIFIED
D440	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND
D4410	NEOPLASM OF UNCERTAIN BEHAVIOR UNS ADRENAL GLAND
D4411	NEOPLASM OF UNCERTAIN BEHAVIOR RT ADRENAL GLAND
D4412	NEOPLASM OF UNCERTAIN BEHAVIOR LT ADRENAL GLAND
D442	NEOPLASM OF UNCERTAIN BEHAVIOR PARATHYROID GLAND
D443	NEOPLASM OF UNCERTAIN BEHAVIOR PITUITARY GLAND
D444	NEOPLASM OF UNCERTAIN BHV CRANIOPHARYNGEAL DUCT
D445	NEOPLASM OF UNCERTAIN BEHAVIOR OF PINEAL GLAND
D446	NEOPLASM OF UNCERTAIN BEHAVIOR OF CAROTID BODY
D447	NEOPLASM UNCERT BHV AORTIC BODY OTH PARAGANGLIA
D449	NEOPLASM UNCERTAIN BEHAVIOR UNS ENDOCRINE GLAND
D479	NEOPLASM UNCERT BHV LYMPHOID HP & REL TISSUE UNS
D480	NEOPLASM UNCERTAIN BHV BONE & ARTICULR CARTILAGE
D481	NEOPLASM UNCERTAIN BHV CONNECTIVE & OTH SOFT TISS
D482	NEOPLASM UNCERTAIN BHV PERIPHERAL NERVES & ANS
D483	NEOPLASM UNCERTAIN BEHAVIOR OF RETROPERITONEUM
D484	NEOPLASM OF UNCERTAIN BEHAVIOR OF PERITONEUM
D485	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN
D4860	NEOPLASM OF UNCERTAIN BEHAVIOR UNS BREAST
D4861	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST
D4862	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT BREAST
D487	NEOPLASM OF UNCERTAIN BEHAVIOR OTHER SPEC SITES
D489	NEOPLASM OF UNCERTAIN BEHAVIOR UNSPECIFIED
D490	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM
D491	NEOPLASM OF UNS BEHAVIOR RESPIRATORY SYSTEM
D492	NEOPLASM OF UNS BEHAVIOR BONE SOFT TISSUE & SKIN
D493	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BREAST
D494	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BLADDER
D495	NEOPLASM OF UNS BEHAVIOR OTH GENITOURINRY ORGANS
D496	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN
D497	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS
D4981	NEOPLASM OF UNSPECIFIED BEHAVIOR RETINA CHOROID
D4989	NEOPLASM OF UNSPECIFIED BEHAVIOR OTH SPEC SITES
D499	NEOPLASM OF UNSPECIFIED BEHAVIOR UNS SITE
D5700	HB-SS DISEASE WITH CRISIS UNSPECIFIED
D5701	HB-SS DISEASE WITH ACUTE CHEST SYNDROME
D5702	HB-SS DISEASE WITH SPLENIC SEQUESTRATION

CODE	DESCRIPTION
D571	SICKLE-CELL DISEASE WITHOUT CRISIS
D5720	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS
D57211	SICKLE-CELL/HB-C DISEASE WITH ACUTE CHEST SYND
D57212	SICKLE-CELL/HB-C DISEASE W/SPLENIC SEQUESTRATION
D57219	SICKLE-CELL/HB-C DISEASE WITH CRISIS UNSPECIFIED
D5740	SICKLE-CELL THALASSEMIA WITHOUT CRISIS
D57411	SICKLE-CELL THALASSEMIA WITH ACUTE CHEST SYND
D57412	SICKLE-CELL THALASSEMIA W/SPLENIC SEQUESTRATION
D57419	SICKLE-CELL THALASSEMIA WITH CRISIS UNSPECIFIED
D5780	OTHER SICKLE-CELL DISORDERS WITHOUT CRISIS
D57811	OTHER SICKLE-CELL DISORDERS W/ACUTE CHEST SYND
D57812	OTH SICKLE-CELL DISORDER W/SPLENIC SEQUESTRATION
D57819	OTHER SICKLE-CELL DISORDERS WITH CRISIS UNS
D593	HEMOLYTIC-UREMIC SYNDROME
D600	CHRONIC ACQUIRED PURE RED CELL APLASIA
D601	TRANSIENT ACQUIRED PURE RED CELL APLASIA
D608	OTHER ACQUIRED PURE RED CELL APLASIAS
D609	ACQUIRED PURE RED CELL APLASIA UNSPECIFIED
D6101	CONSTITUTIONAL PURE RED BLOOD CELL APLASIA
D6109	OTHER CONSTITUTIONAL APLASTIC ANEMIA
D611	DRUG-INDUCED APLASTIC ANEMIA
D612	APLASTIC ANEMIA DUE TO OTHER EXTERNAL AGENTS
D613	IDIOPATHIC APLASTIC ANEMIA
D61810	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA
D61810	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA
D61811	OTHER DRUG-INDUCED PANCYTOPENIA
D61818	OTHER PANCYTOPENIA
D6182	MYELOPHTHISIS
D6189	OTH SPEC APLASTIC ANEMIAS & OTH BM FAILURE SYNDS
D619	APLASTIC ANEMIA UNSPECIFIED
D630	ANEMIA IN NEOPLASTIC DISEASE
D6481	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY
D66	HEREDITARY FACTOR VIII DEFICIENCY
D67	HEREDITARY FACTOR IX DEFICIENCY
D680	VON WILLEBRANDS DISEASE
D681	HEREDITARY FACTOR XI DEFICIENCY
D682	HEREDITARY DEFICIENCY OTHER CLOTTING FACTORS
D68311	ACQUIRED HEMOPHILIA
D68312	ANTIPHOSPHOLIPID ANTIBODY W/HEMORRHAGIC D/O
D68318	OTH HEMORR DISORDER D/T INT CIRC AC AB INHIBITOR
D6832	HEMORRHAGIC D/O DUE EXTRINSIC CIRC ANTICOAGULANT
D684	ACQUIRED COAGULATION FACTOR DEFICIENCY
D6851	ACTIVATED PROTEIN C RESISTANCE
D6852	PROTHROMBIN GENE MUTATION
D6859	OTHER PRIMARY THROMBOPHILIA

CODE	DESCRIPTION
D6861	ANTIPHOSPHOLIPID SYNDROME
D6862	LUPUS ANTICOAGULANT SYNDROME
D6869	OTHER THROMBOPHILIA
D688	OTHER SPECIFIED COAGULATION DEFECTS
D689	COAGULATION DEFECT UNSPECIFIED
D808	OTHER IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS
D809	IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS UNS
D810	SEVERE COMBINED IMMUNODEF W/RETICULAR DYSGENESIS
D811	SEVERE COMBINED IMMUNODEF LOW T & B-CELL NUMBERS
D812	SEVERE COMBINED IMMUNODEF W/NORMAL B-CELL NUMBRS
D813	ADENOSINE DEAMINASE DEFICIENCY
D814	NEZELOFS SYNDROME
D815	PURINE NUCLEOSIDE PHOSPHORYLASE DEFICIENCY
D816	MAJ HISTOCOMPATIBILITY COMPLX CLASS I DEFICIENCY
D817	MAJ HISTOCOMPATIBILTY COMPLX CLASS II DEFICIENCY
D81810	BIOTINIDASE DEFICIENCY
D81818	OTHER BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY
D81819	BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY UNS
D8189	OTHER COMBINED IMMUNODEFICIENCIES
D819	COMBINED IMMUNODEFICIENCY UNSPECIFIED
D820	WISKOTT-ALDRICH SYNDROME
D821	DI GEORGES SYNDROME
D823	IMMUNODEFIC FLW HEREDITARY DEFECT RESPNS TO EBV
D828	IMMUNODEFIC ASSOCIATED W/OTH SPEC MAJOR DEFECT
D829	IMMUNODEFICIENCY ASSOCIATED W/MAJOR DEFECTS UNS
D830	CVI W/PREDOMINANT ABN OF B-CELL NUMBERS & FUNCT
D831	CVI W/PREDOMINANT IMMUNOREGULATORY T-CELL D/O
D832	CVI WITH AUTOANTIBODIES TO B- OR T-CELLS
E0800	DM UNDERLYING COND W/HYPEROSMOLARITY W/O NKHHC
E0801	DM D/T UNDERLYING COND W/HYPEROSMOLARITY W/COMA
E0810	DM DUE TO UNDERLYING COND W/KETOACIDOS W/O COMA
E0811	DM D/T UNDERLYING COND W/KETOACIDOSIS W/COMA
E0821	DM D/T UNDERLYING COND W/DIABETIC NEPHROPATHY
E0822	DM D/T UNDERLYING COND W/DIABETIC CHRN KIDNEY DZ
E0829	DM D/T UNDERLY COND W/OTH DIABETIC KIDNEY COMP
E08311	DM D/T UNDERLY UNS DIAB RETINPATHY MACULR EDEMA
E08319	DM UNDERLY UNS DIAB RETINPATH NO MACULR EDEMA
E08321	DM D/T UNDERLY MILD NONPROLIF DIAB RETINPATHY ME
E08329	DM UNDERLY MILD NONPROLIF DIAB RETINPATHY W/O ME
E08331	DM UNDERLY COND MOD NONPROLIF DIAB RETINPATHY ME
E08339	DM UNDERLY MOD NONPROLIF DIAB RETINPATHY NO ME
E08341	DM UNDERLY COND SEV NONPROLIF DIAB RETINPATHY ME
E08349	DM UNDERLY SEV NONPROLIF DIAB RETINPATHY NO ME
E08351	DM UNDERLY PROLIF DIAB RETINPATH W/MACULAR EDEMA
E08359	DM D/T UNDERLY COND PROLIF DIAB RETINPATH W/O ME

CODE	DESCRIPTION
E0836	DM D/T UNDERLYING CONDITION W/DIABETIC CATARACT
E0839	DM D/T UNDERLY COND W/OTH DIAB OPHTHALMIC COMP
E0840	DM D/T UNDERLYING CONDITON W/DIAB NEUROPATHY UNS
E0841	DM D/T UNDERLYING COND W/DIABETIC MONONEUROPATHY
E0842	DM D/T UNDERLYING COND W/DIABETIC POLYNEUROPATHY
E0843	DM D/T UNDERLY W/DIAB AUTONOMIC POLYNEURPATHY
E0844	DIAB MELLITUS D/T UNDERLY COND W/DIAB AMYOTROPHY
E0849	DM D/T UNDERLYING COND W/OTH DIABETIC NEURO COMP
E0851	DM D/T UNDERLY DIAB PERIPH ANGIOPATH NO GANGRENE
E0852	DM D/T UNDERLY DIAB PERIPH ANGIOPATHY W/GANGRENE
E0859	DM D/T UNDERLYING COND W/OTH CIRCULATORY COMP
E08610	DM D/T UNDERLY COND W/DIAB NEUROPATH ARTHROPATHY
E08618	DM D/T UNDERLY COND W/OTH DIABETIC ARTHROPATHY
E08620	DIAB MELLITUS D/T UNDERLY COND W/DIAB DERMATITIS
E08621	DIABETES MELLITUS D/T UNDERLY COND W/FOOT ULCER
E08622	DIAB MELLITUS D/T UNDERLY COND W/OTH SKIN ULCER
E08628	DIAB MELLITUS D/T UNDERLY COND W/OTH SKIN COMP
E08630	DIAB MELLITUS D/T UNDERLY COND W/PERIODONTAL DZ
E08638	DIAB MELLITUS D/T UNDERLY COND W/OTH ORAL COMP
E08641	DM D/T UNDERLY CONDITION W/HYPOGLYCEMIA W/COMA
E08649	DM D/T UNDERLYING COND W/HYPOGLYCEMIA W/O COMA
E0865	DM D/T UNDERLYING CONDITION WITH HYPERGLYCEMIA
E0869	DM D/T UNDERLYING COND W/OTHER SPEC COMPLICATION
E088	DM D/T UNDERLY CONDITION W/UNSPEC COMPLICATIONS
E089	DIABETES MELLITUS D/T UNDERLYING COND W/O COMP
E0900	DRUG/CHEM INDUCED DM W/HYPEROSMOLARITY W/O NKHHC
E0901	DRUG/CHEM INDUCED DM W/HYPEROSMOLARITY W/COMA
E0910	DRUG/CHEMICAL INDUCED DM W/KETOACIDOSIS W/O COMA
E0911	DRUG/CHEMICAL INDUCED DM W/KETOACIDOSIS W/COMA
E0921	DRUG/CHEMICAL INDUCED DM W/DIABETIC NEPHROPATHY
E0922	DRUG/CHEM INDUCED DM W/DIAB CHRON KIDNEY DISEASE
E0929	DRUG/CHEMICAL INDUCED DM W/OTH DIAB KIDNEY COMP
E09311	DRUG/CHEM INDUCED DM W/UNS DIAB RETINOPATHY W/ME
E09319	DRUG/CHEM INDUCED DM W/UNS DIAB RETINOPATH NO ME
E09321	RX/CHEM INDUCD DM MILD NONPROLIF DR ME
E09329	RX/CHM INDUCD DM MILD NONPRLIF DR NO ME
E09331	DRUG/CHEM INDUCED DM W/MOD NONPROLIF DR W/ME
E09339	DRUG/CHEM INDUCED DM W/MOD NONPROLIF DR W/O ME
E09341	DRUG/CHEMICAL INDUCED DM SEVERE NONPROLIF DR ME
E09349	DRUG/CHEM INDUCED DM W/SEV NONPROLIF DR W/O ME
E09351	DRUG/CHEM INDUCED DM PROLIF DIAB RETINOPATH W/ME
E09359	DRUG/CHEM INDUCD DM W/PROLIF DR NO MACULAR EDEMA
E0936	DRUG/CHEM INDUCED DIAB MELLITUS W/DIAB CATARACT
E0939	DRUG/CHEM INDUCED DM W/OTH DIAB OPHTHALMIC COMP
E0940	RX/CHEM INDUCD DM NEURO COMP DIAB NEUROPATHY UNS

CODE	DESCRIPTION
E0941	RX/CHEM INDUCD DM W/NEURO COMP DIAB MONONEURPATH
E0942	RX/CHEM INDUCD DM W/NEURO COMP DIAB POLYNEURPATH
E0943	RX/CHEM INDUC DM NEURO COMP DIAB AUTONOM NEURPATH
E0944	DRUG/CHEM INDUCED DM NEURO COMP DIAB AMYOTROPHY
E0949	RX/CHEM INDUCD DM NEURO COMP OTH DIAB NEURO COMP
E0951	RX/CHEM INDUCD DM DIAB PERIPH ANGOPATH NO GNGREN
E0952	RX/CHEM INDUCED DM DIAB PERIPH ANGIOPATH GANGREN
E0959	DRUG/CHEMICAL INDUCED DM W/OTH CIRCULATORY COMP
E09610	DRUG/CHEM INDUCED DM W/DIAB NEUROPATH ARTHROPATH
E09618	DRUG/CHEM INDUCED DM W/OTH DIABETIC ARTHROPATHY
E09620	DRUG/CHEMICAL INDUCED DM W/DIABETIC DERMATITIS
E09621	DRUG/CHEM INDUCED DIABETES MELLITUS W/FOOT ULCER
E09622	DRUG/CHEM INDUCED DIAB MELLITUS W/OTH SKIN ULCER
E09628	DRUG/CHEM INDUCED DIAB MELLITUS W/OTH SKIN COMP
E09630	DRUG/CHEM INDUCED DIAB MELLITUS W/PERIODONTAL DZ
E09638	DRUG/CHEM INDUCED DIAB MELLITUS W/OTH ORAL COMP
E09641	DRUG/CHEMICAL INDUCED DM W/HYPOGLYCEMIA W/COMA
E09649	DRUG/CHEMICAL INDUCED DM W/HYPOGLYCEMIA W/O COMA
E0965	DRUG/CHEM INDUCED DIAB MELLITUS W/HYPERGLYCEMIA
E0969	DRUG/CHEM INDUCED DIAB MELLITUS W/OTH SPEC COMP
E098	DRUG/CHEM INDUCED DIABETES MELLITUS W/UNS COMP
E099	DRUG/CHEMICAL INDUCED DIABETES MELLITUS W/O COMP
E1010	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA
E1011	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/COMA
E1021	TYPE 1 DIABETES MELLITUS W/DIABETIC NEPHROPATHY
E1022	TYPE 1 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ
E1029	TYPE 1 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP
E10311	TYPE 1 DM W/UNS DIAB RETINPATHY W/MACULAR EDEMA
E10319	TYPE 1 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA
E10321	TYPE 1 DM W/MILD NONPROLIF DIAB RETINPATHY W/ME
E10329	TYPE 1 DM MILD NONPROLIF DIAB RETINPATHY W/O ME
E10331	TYPE 1 DM W/MOD NONPROLIF DIAB RETINPATHY W/ME
E10339	TYPE 1 DM W/MOD NONPROLIF DIAB RETINPATH W/O ME
E10341	TYPE 1 DM W/SEVERE NONPROLIF DIAB RETINPATH W/ME
E10349	TYPE 1 DM W/SEV NONPROLIF DIAB RETINOPATH W/O ME
E10351	TYPE 1 DM W/PROLIF DIABETIC RETINOPATHY W/ME
E10359	TYPE 1 DM WPROLIFERATIVE DIAB RETINOPATHY W/O ME
E1036	TYPE 1 DIABETES MELLITUS W/DIABETIC CATARACT
E1039	TYPE 1 DIAB MELLITUS W/OTH DIAB OPHTHALMIC COMP
E1040	TYPE 1 DIABETES MELLITUS W/DIAB NEUROPATHY UNS
E1041	TYPE 1 DIABETES MELLITUS W/DIAB MONONEUROPATHY
E1042	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY
E1043	TYPE 1 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY
E1044	TYPE 1 DIABETES MELLITUS W/DIABETIC AMYOTROPHY
E1049	TYPE 1 DM W/OTH DIABETIC NEUROLOGICAL COMP

CODE	DESCRIPTION
E1051	TYPE 1 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE
E1052	TYPE 1 DM W/DIAB PERIPH ANGIOPATHY W/GANGRENE
E1059	TYPE 1 DIABETES MELLITUS W/OTH CIRCULATORY COMP
E10610	TYPE 1 DM W/DIABETIC NEUROPATHIC ARTHROPATHY
E10618	TYPE 1 DIABETES MELLITUS W/OTH DIAB ARTHROPATHY
E10620	TYPE 1 DIABETES MELLITUS W/DIABETIC DERMATITIS
E10621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER
E10622	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER
E10628	TYPE 1 DIABETES MELLITUS W/OTH SKIN COMPLICATION
E10630	TYPE 1 DIABETES MELLITUS W/PERIODONTAL DISEASE
E10638	TYPE 1 DIABETES MELLITUS W/OTH ORAL COMPLICATION
E10641	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/COMA
E10649	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA
E1065	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1069	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION
E108	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS
E109	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1100	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC
E1101	TYPE 2 DIAB MELLITUS W/HYPEROSMOLARITY W/COMA
E1121	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ
E1129	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP
E11311	TYPE 2 DM W/UNS DIAB RETINPATHY W/MACULAR EDEMA
E11319	TYPE 2 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA
E11321	TYPE 2 DM W/MILD NONPROLIF DIAB RETINOPATHY W/ME
E11329	TYPE 2 DM W/MILD NONPROLIF DIAB RETINPATH W/O ME
E11331	TYPE 2 DM W/MOD NONPROLIF DIAB RETINOPATHY W/ME
E11339	TYPE 2 DM W/MOD NONPROLIF DM RETINOPATHY W/O ME
E11341	TYPE 2 DM W/SEV NONPROLIF DIAB RETINOPATHY W/ME
E11349	TYPE 2 DM W/SEV NONPROLIF DIAB RETINOPATH W/O ME
E11351	TYPE 2 DM W/PROLIFERATIVE DIAB RETINOPATHY W/ME
E11359	TYPE 2 DM PROLIF DM RETINOPATHY NO MACULAR EDEMA
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT
E1139	TYPE 2 DIABETES MELLITUS OTH DIAB OPHTHALM COMP
E1140	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS W/DIAB MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY
E1143	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS W/DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP
E1151	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE
E1152	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/GANGRENE
E1159	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP
E11610	TYPE 2 DM W/DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS W/OTH DIAB ARTHROPATHY

CODE	DESCRIPTION
E11620	TYPE 2 DIABETES MELLITUS W/DIABETIC DERMATITIS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11628	TYPE 2 DIABETES MELLITUS W/OTH SKIN COMP
E11630	TYPE 2 DIABETES MELLITUS W/PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS W/OTH ORAL COMP
E11641	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/COMA
E11649	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION
E118	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1300	OTH SPEC DM W/HYPEROSMOLARITY W/O NKHHC
E1301	OTH SPEC DIABETES MELLITUS HYPEROSMOLARITY COMA
E1310	OTHER SPECIFIED DIAB W/KETOACIDOSIS W/O COMA
E1311	OTH SPEC DIABETES MELLITUS W/KETOACIDOSIS W/COMA
E1321	OTH SPEC DIABETES MELLITUS W/DIAB NEPHROPATHY
E1322	OTH SPEC DIABETES MELLITUS DIAB CHRON KIDNEY DZ
E1329	OTH SPEC DM W/OTH DIABETIC KIDNEY COMPLICATION
E13311	OTH DM W/UNS DIAB RETINOPATHY W/MACULAR EDEMA
E13319	OTH SPEC DM W/UNS DIABETIC RETINOPATHY W/O ME
E13321	OTH SPEC DM MILD NONPROLIF DIAB RETINOPATHY W/ME
E13329	OTH DM W/MILD NONPROLIF DIAB RETINOPATHY W/O ME
E13331	OTHER SPEC DM MOD NONPROLIF DIAB RETINOPATHY ME
E13339	OTH SPEC DM MOD NONPROLIF DIAB RETINPATH W/O ME
E13341	OTH SPEC DM SEV NONPROLIF DIAB RETINOPATHY W/ME
E13349	OTH DM W/SEV NONPROLIF DIAB RETINOPATHY W/O ME
E13351	OTH DM W/PROLIF DIAB RETINOPATHY W/MACULAR EDEMA
E13359	OTH DM W/PROLIF DIAB RETINOPATH NO MACULAR EDEMA
E1336	OTH SPEC DIABETES MELLITUS W/DIABETIC CATARACT
E1339	OTH SPEC DM W/OTH DIABETIC OPHTHALMIC COMP
E1340	OTHER SPEC DM W/DIABETIC NEUROPATHY UNSPECIFIED
E1341	OTH SPEC DIABETES MELLITUS W/DIAB MONONEUROPATHY
E1342	OTH SPEC DIABETES MELLITUS W/DIAB POLYNEUROPATHY
E1343	OTH SPEC DM W/DIABETIC AUTONOMIC POLYNEUROPATHY
E1344	OTH SPEC DIABETES MELLITUS W/DIABETIC AMYOTROPHY
E1349	OTH SPEC DM W/OTH DIABETIC NEUROLOGICAL COMP
E1351	OTH SPEC DM W/DIAB PERIPH ANGIOPATHY NO GANGRENE
E1352	OTH SPEC DM W/DIAB PERIPH ANGIOPATHY W/GANGRENE
E1359	OTH SPEC DIABETES MELLITUS OTH CIRCULATORY COMP
E13610	OTH SPEC DM W/DIABETIC NEUROPATHIC ARTHROPATHY
E13618	OTH SPEC DIABETES MELLITUS W/OTH DIAB ARTHROPATH
E13620	OTH SPEC DIABETES MELLITUS W/DIABETIC DERMATITIS
E13621	OTH SPECIFIED DIABETES MELLITUS WITH FOOT ULCER
E13622	OTH SPEC DIABETES MELLITUS W/OTH SKIN ULCER

CODE	DESCRIPTION
E13628	OTH SPEC DIABETES MELLITUS W/OTH SKIN COMP
E13630	OTH SPECIFIED DIABETES MELLITUS W/PERIODONTAL DZ
E13638	OTH SPEC DIABETES MELLITUS W/OTH ORAL COMP
E13641	OTH SPEC DIABETES MELLITUS W/HYPOGLYCEMIA W/COMA
E13649	OTH SPEC DIAB MELLITUS W/HYPOGLYCEMIA W/O COMA
E1365	OTH SPEC DIABETES MELLITUS WITH HYPERGLYCEMIA
E1369	OTH SPEC DIABETES MELLITUS W/OTH SPECIFIED COMP
E138	OTH SPEC DIABETES MELLITUS W/UNS COMPLICATIONS
E139	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS
E230	HYPOPITUITARISM
E3120	MULTIPLE ENDOCRINE NEOPLASIA SYNDROME UNS
E3121	MULTIPLE ENDOCRINE NEOPLASIA TYPE I
E3122	MULTIPLE ENDOCRINE NEOPLASIA TYPE IIA
E3123	MULTIPLE ENDOCRINE NEOPLASIA TYPE IIB
E701	OTHER HYPERPHENYLALANINEMIAS
E7502	TAY-SACHS DISEASE
E7521	FABRY-ANDERSON DISEASE
E7522	GAUCHER DISEASE
E7523	Krabbe disease
E75240	NIEMANN-PICK DISEASE TYPE A
E75241	NIEMANN-PICK DISEASE TYPE B
E75242	NIEMANN-PICK DISEASE TYPE C
E75243	NIEMANN-PICK DISEASE TYPE D
E75248	OTHER NIEMANN-PICK DISEASE
E75249	NIEMANN-PICK DISEASE UNSPECIFIED
E7525	Metachromatic leukodystrophy
E7529	Other sphingolipidosis
E840	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
E8411	MECONIUM ILEUS IN CYSTIC FIBROSIS
E8419	CYSTIC FIBROSIS W/OTH INTESTINAL MANIFESTATIONS
E848	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS
E849	CYSTIC FIBROSIS UNSPECIFIED
E8840	MITOCHONDRIAL METABOLISM DISORDER UNSPECIFIED
F0150	VASCULAR DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE
F0151	VASCULAR DEMENTIA WITH BEHAVIORAL DISTURBANCE
F0280	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB
F0281	DEMENTIA OTH DISEAS CLASS W/BEHAVIORAL DISTURB
F0390	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE
F0391	UNSPECIFIED DEMENTIA WITH BEHAVIORAL DISTURBANCE
F04	AMNESTIC DISORDER DUE KNOWN PHYSIOLOGICAL COND
F05	DELIRIUM DUE TO KNOWN PHYSIOLOGICAL CONDITION
F060	PSYCHOTIC D/O W/HALLUCINATION DUE TO PHYSIO COND
F061	CATATONIC D/O DUE TO KNOWN PHYSIOLOGICAL COND
F062	PSYCHOTIC D/O DELUSIONS DUE KNOWN PHYSIO COND
F0630	MOOD DISORDER KNOWN PHYSIOLOGICAL CONDITION UNS

CODE	DESCRIPTION
F0631	MOOD DISORDER PHYSIO COND W/DEPRESSIVE FEATURE
F0632	MOOD DISORDER PHYSIO COND MAJ DEPRSSIVE EPISODE
F0633	MOOD DISORDER PHYSIO COND W/MANIC FEATURE
F0634	MOOD DISORDER PHYSIO COND W/MIXED FEATURE
F064	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL COND
F068	OTH SPEC MENTAL D/O DUE KNOWN PHYSIOLOGICAL COND
F070	PERSONALITY CHANGE DUE KNOWN PHYSIOLOGICAL COND
F0781	POSTCONCUSSIONAL SYNDROME
F0789	OTH PERSONALITY & BEHAVIORAL D/O DUE PHYSIO COND
F09	UNS MENTAL DISORDER DUE KNOWN PHYSIOLOGICAL COND
F1010	ALCOHOL ABUSE UNCOMPLICATED
F10120	ALCOHOL ABUSE WITH INTOXICATION UNCOMPLICATED
F10121	ALCOHOL ABUSE WITH INTOXICATION DELIRIUM
F10129	ALCOHOL ABUSE WITH INTOXICATION UNSPECIFIED
F1014	ALCOHOL ABUSE WITH ALCOHOL-INDUCED MOOD DISORDER
F10150	ALCOHOL ABUSE W/INDUCED PSYCHOTIC D/O W/DELUSION
F10151	ALCOHOL ABUSE W/INDUCED PSYCHOTIC D/O W/HALLUC
F10159	ALCOHOL ABUSE W/ALCOHOL-INDUCED PSYCHOT D/O UNS
F10180	ALCOHOL ABUSE W/ALCOHOL-INDUCED ANXIETY DISORDER
F10181	ALCOHOL ABUSE W/ALCOHOL-INDUCED SEXUAL DYSFUNCT
F10182	ALCOHOL ABUSE W/ALCOHOL-INDUCED SLEEP DISORDER
F10188	ALCOHOL ABUSE W/OTHER ALCOHOL-INDUCED DISORDER
F1019	ALCOHOL ABUSE W/UNS ALCOHOL-INDUCED DISORDER
F1020	ALCOHOL DEPENDENCE UNCOMPLICATED
F1021	ALCOHOL DEPENDENCE IN REMISSION
F10220	ALCOHOL DEPENDENCE W/INTOXICATION UNCOMPLICATED
F10221	ALCOHOL DEPENDENCE WITH INTOXICATION DELIRIUM
F10229	ALCOHOL DEPENDENCE W/INTOXICATION UNSPECIFIED
F10230	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNCOMPLICATED
F10231	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM
F10232	ALCOHOL DEPENDENCE WITHDRAWAL PERCEPTUAL DISTURB
F10239	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNS
F1024	ALCOHOL DEPENDENCE W/ALCOHOL-INDUCED MOOD D/O
F10250	ALCOHOL DEPENDENCE INDUCD PSYCHOT D/O DELUSION
F10251	ALCOHOL DEPENDENCE INDUCED PSYCHOTIC D/O HALLUC
F10259	ALCOHOL DEPENDENCE W/INDUCED PSYCHOTIC D/O UNS
F1026	ALCOHOL DEPENDENCE W/INDUCD-PERSIST AMNESTIC D/O
F1027	ALCOHOL DEPENDENCE W/INDUCED-PERSISTING DEMENTIA
F10280	ALCOHOL DEPENDENCE W/ALCOHOL-INDUCED ANXIETY D/O
F10281	ALCOHOL DEPENDENCE W/ALCOHOL-INDUCED SEXUAL DYSF
F10282	ALCOHOL DEPENDENCE W/ALCOHOL-INDUCED SLEEP D/O
F10288	ALCOHOL DEPENDENCE W/OTHER ALCOHOL-INDUCED D/O
F1029	ALCOHOL DEPENDENCE W/UNS ALCOHOL-INDUCED D/O
F10920	Alcohol use, unspecified with intoxication, uncomplicated
F10921	Alcohol use, unspecified with intoxication delirium

CODE	DESCRIPTION
F10929	Alcohol use, unspecified with intoxication, unspecified
F1094	Alcohol use, unspecified with alcohol-induced mood disorder
F10950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F1096	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
F1097	ALCOHOL USE UNS W/INDUCED-PERSISTING DEMENTIA
F10980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F10982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10988	Alcohol use, unspecified with other alcohol-induced disorder
F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder
F1110	OPIOID ABUSE UNCOMPLICATED
F11120	OPIOID ABUSE WITH INTOXICATION UNCOMPLICATED
F11121	OPIOID ABUSE WITH INTOXICATION DELIRIUM
F11122	OPIOID ABUSE W/INTOXICATION W/PERCEPTUAL DISTURB
F11129	OPIOID ABUSE WITH INTOXICATION UNSPECIFIED
F1114	OPIOID ABUSE WITH OPIOID-INDUCED MOOD DISORDER
F11150	OPIOID ABUSE W/INDUCD PSYCHOT D/O W/DELUSIONS
F11151	OPIOID ABUSE W/INDUCD PSYCHOT D/O W/HALLUCIN
F11159	OPIOID ABUSE W/OPIOID-INDUCD PSYCHOT D/O UNS
F11181	OPIOID ABUSE W/OPIOID-INDUCED SEXUAL DYSFUNCTION
F11182	OPIOID ABUSE WITH OPIOID-INDUCED SLEEP DISORDER
F11188	OPIOID ABUSE WITH OTHER OPIOID-INDUCED DISORDER
F1119	OPIOID ABUSE W/UNS OPIOID-INDUCED DISORDER
F1120	OPIOID DEPENDENCE UNCOMPLICATED
F1121	OPIOID DEPENDENCE IN REMISSION
F11220	OPIOID DEPEND W/ INTOXICATION UNCOMPLICATED
F11221	OPIOID DEPEND W/ INTOXICATION DELIRIUM
F11222	OPIOID DEPEND W/ INTOXICATION W/PERCEPTUAL DIST
F11229	OPIOID DEPEND W/ INTOXICATION UNSPECIFIED
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL
F1124	OPIOID DEPEND W/INDUCD MOOD DISORDER
F11250	OPIOID DEPEND W/INDUCD PSYCHOTIC D/O W/DELUSIONS
F11251	OPIOID DEPEND W/INDUCD PSYCHOTIC D/O W/HALLUC
F11259	OPIOID DEPEND W/INDUCD PSYCHOTIC D/O UNS
F11281	OPIOID DEPEND W/INDUCED SEXUAL DYSFUNCTION
F11282	OPIOID DEPEND W/OPIOID-INDUCED SLEEP DISORDER
F11288	OPIOID DEPEND W/OTH OPIOID-INDUCED DISORDER
F1129	OPIOID DEPEND W/UNS OPIOID-INDUCED DISORDER
F1190	OPIOID USE UNSPECIFIED UNCOMPLICATED
F11920	OPIOID USE UNS W/INTOXICATION UNCOMPLICATED
F11921	OPIOID USE UNSPECIFIED W/ INTOXICATION DELIRIUM
F11922	OPIOID USE UNS W/INTOXICATION W/PERCEPTUAL DIST
F11929	OPIOID USE UNS W/INTOXICATION UNSPECIFIED

CODE	DESCRIPTION
F1193	OPIOID USE UNSPECIFIED WITH WITHDRAWAL
F1194	OPIOID USE UNS W/OPIOID-INDUCED MOOD DISORDER
F11950	OPIOID USE UNS W/INDUCD PSYCHOT D/O W/DELUSIONS
F11951	OPIOID USE UNS W/INDUCD PSYCHOT D/O W/HALLUCIN
F11959	OPIOID USE UNS W/OPIOID-INDUCD PSYCHOT D/O UNS
F11981	OPIOID USE UNS W/OPIOID-INDUCED SEXUAL DYSFUNCT
F11982	OPIOID USE UNS W/OPIOID-INDUCED SLEEP DISORDER
F11988	OPIOID USE UNS W/OTHER OPIOID-INDUCED DISORDER
F1199	OPIOID USE UNS W/UNS OPIOID-INDUCED DISORDER
F1210	CANNABIS ABUSE UNCOMPLICATED
F12120	CANNABIS ABUSE WITH INTOXICATION UNCOMPLICATED
F12121	CANNABIS ABUSE WITH INTOXICATION DELIRIUM
F12122	CANNABIS ABUSE W/INTOX W/PERCEPTUAL DISTURB
F12129	CANNABIS ABUSE WITH INTOXICATION UNSPECIFIED
F12150	CANNABIS ABUSE W/PSYCHOTIC DISORDER W/ DELUSIONS
F12151	CANNABIS ABUSE W/PSYCHOT D/O W/HALLUCINATIONS
F12159	CANNABIS ABUSE W/ PSYCHOTIC DISORDER UNSPECIFIED
F12180	CANNABIS ABUSE W/CANNABIS-INDUCED ANXIETY D/O
F12188	CANNABIS ABUSE W/OTH CANNABIS-INDUCED DISORDER
F1219	CANNABIS ABUSE W/UNS CANNABIS-INDUCED DISORDER
F1220	CANNABIS DEPENDENCE UNCOMPLICATED
F1221	CANNABIS DEPENDENCE IN REMISSION
F12220	CANNABIS DEPENDENCE W/INTOX UNCOMPLICATED
F12221	CANNABIS DEPENDENCE WITH INTOXICATION DELIRIUM
F12222	CANNABIS DEPENDENCE W/INTOX W/PERCEPTUAL DIST
F12229	CANNABIS DEPENDENCE W/INTOXICATION UNSPECIFIED
F12250	CANNABIS DEPENDENCE W/PSYCHOTIC D/O W/DELUSIONS
F12251	CANNABIS DEPENDENCE W/PSYCHOT D/O W/HALLUCIN
F12259	CANNABIS DEPENDENCE W/PSYCHOTIC DISORDER UNS
F12280	CANNABIS DEPENDENCE W/CANNABIS-INDUC ANXIETY D/O
F12288	CANNABIS DEPENDENCE W/OTH CANNABIS-INDUCED D/O
F1229	CANNABIS DEPENDENCE W/UNS CANNABIS-INDUCED D/O
F1290	CANNABIS USE UNSPECIFIED UNCOMPLICATED
F12920	CANNABIS USE UNS W/INTOXICATION UNCOMPLICATED
F12921	CANNABIS USE UNS W/INTOXICATION DELIRIUM
F12922	CANNABIS USE UNS W/INTOX W/PERCEPTUAL DIST
F12929	CANNABIS USE UNSPECIFIED W/INTOXICATION UNS
F12950	CANNABIS USE UNS W/PSYCHOT DISORDER W/DELUSIONS
F12951	CANNABIS USE UNS W/PSYCHOT D/O W/HALLUCINATIONS
F12959	CANNABIS USE UNS W/PSYCHOTIC DISORDER UNS
F12980	CANNABIS USE UNSPECIFIED WITH ANXIETY DISORDER
F12988	CANNABIS USE UNS W/OTH CANNABIS-INDUCED DISORDER
F1299	CANNABIS USE UNS W/UNS CANNABIS-INDUCED DISORDER
F1310	SEDATIVE HYPNOTIC/ANXIOLYTIC ABUSE UNCOMPLICATED
F13120	SEDATIVE HYPNOTIC/ANXIOLYT ABUSE W/INTOX UNCOMP

CODE	DESCRIPTION
F13121	SEDATIVE HYPNOTIC/ANXIOLYT ABUS W/INTOX DELIRIUM
F13129	SEDATIVE HYPNOTIC/ANXIOLYTIC ABUSE W/INTOX UNS
F1314	SEDATIVE HYP/ANXIOLYTIC ABUSE W/INDUCED MOOD D/O
F13150	SEDATV HYP/ANXIOLYTIC ABUSE IND PSYCH D/O DELUS
F13151	SEDATV HYP/ANXIOLYTIC ABUSE IND PSYCH D/O HALLUC
F13159	SEDATV HYP/ANXIOLYTIC ABUSE IND PSYCHOT D/O UNS
F13180	SEDATV HYP/ANXIOLYTIC ABUSE W/INDUCD ANXIETY D/O
F13181	SEDATV HYP/ANXIOLYTIC ABUSE W/INDUCD SEXUAL DYSF
F13182	SEDATV HYP/ANXIOLYTIC ABUSE W/INDUCD SLEEP D/O
F13188	SEDATV HYP/ANXIOLYTIC ABUSE W/OTH INDUCD D/O
F1319	SEDATV HYP/ANXIOLYTIC ABUSE W/UNS INDUCD D/O
F1320	SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND UNCOMP
F1321	SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND REMISSION
F13220	SEDATIVE HYP/ANXIOLYTIC DEPEND W/INTOX UNCOMP
F13221	SEDATIVE HYP/ANXIOLYTIC DEPEND W/INTOX DELIRIUM
F13229	SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND W/INTOX UNS
F13230	SEDATV HYP/ANXIOLYTIC DEPEND W/WITHDRAWAL UNCOMP
F13231	SEDATV HYP/ANXIOLYTIC DEPEND W/WITHDRWL DELIRIUM
F13232	SEDATV HYP/ANXIOLYTIC DEPEND W/D W/PERCEPTL DIST
F13239	SEDATV HYP/ANXIOLYTIC DEPEND W/WITHDRAWAL UNS
F1324	SEDATV HYP/ANXIOLYTIC DEPEND W/INDUCD MOOD D/O
F13250	SEDATV HYP/ANXIOLYTIC DEPEND W/IND PSYCH D/O DEL
F13251	SEDATV HYP/ANXIOLYT DEPEND IND PSYCH D/O HALLUC
F13259	SEDATV HYP/ANXIOLYT DEPEND W/IND PSYCH D/O UNS
F1326	SEDATV HYP/ANXIOLYT DEPEND IND PERSIST AMNES D/O
F1327	SEDATV HYP/ANXIOLYT DEPEND IND PERSIST DEMENTIA
F13280	SEDATV HYP/ANXIOLYT DEPEND W/INDUC ANXIETY D/O
F13281	SEDATV HYP/ANXIOLYT DEPEND W/INDUC SEXUAL DYSF
F13282	SEDATV HYP/ANXIOLYT DEPEND W/INDUCD SLEEP D/O
F13288	SEDATV HYP/ANXIOLYT DEPEND W/OTH INDUCED D/O
F1329	SEDATV HYP/ANXIOLYT DEPEND W/UNS INDUCED D/O
F1390	SEDATIVE HYPNOTIC/ANXIOLYTIC USE UNS UNCOMP
F13920	SEDATIVE HYP/ANXIOLYTIC USE UNS W/INTOX UNCOMP
F13921	SEDATIVE HYP/ANXIOLYTIC USE UNS W/INTOX DELIRIUM
F13929	SEDATIVE HYP/ANXIOLYTIC USE UNS W/INTOX UNS
F13930	SEDATV HYP/ANXIOLYTIC USE UNS W/WITHDRAWL UNCOMP
F13931	SEDATV HYP/ANXIOLYTIC USE W/WITHDRAWL DELIRIUM
F13932	SEDATV HYP/ANXIOLYTIC USE W/D W/PERCEPTUL DIST
F13939	SEDATV HYP/ANXIOLYTIC USE UNS W/WITHDRAWAL UNS
F1394	SEDATV HYP/ANXIOLYTIC USE UNS W/INDUC MOOD D/O
F13950	SEDATV HYP/ANXIOLYT USE UNS IND PSYCH D/O DELUS
F13951	SEDATV HYP/ANXIOLYT USE UNS IND PSYCH D/O HALLUC
F13959	SEDATV HYP/ANXIOLYT USE UNS IND PSYCHOT D/O UNS
F1396	SEDATV HYP/ANXIOLYT USE UNS IND PERSST AMNES D/O
F1397	SEDATV HYP/ANXIOLYT USE UNS IND PERSIST DEMENTIA

CODE	DESCRIPTION
F13980	SEDATV HYP/ANXIOLYTIC USE UNS W/IND ANXIETY D/O
F13981	SEDATV HYP/ANXIOLYTIC USE UNS W/INDUCD SEXL DYSF
F13982	SEDATV HYP/ANXIOLYTIC USE UNS W/INDUCD SLEEP D/O
F13988	SEDATV HYP/ANXIOLYTIC USE UNS W/OTH INDUCED D/O
F1399	SEDATV HYP/ANXIOLYTIC USE UNS W/UNS INDUCED D/O
F1410	COCAINE ABUSE UNCOMPLICATED
F14120	COCAINE ABUSE WITH INTOXICATION UNCOMPLICATED
F14121	COCAINE ABUSE WITH INTOXICATION WITH DELIRIUM
F14122	COCAINE ABUSE W/INTOXICATION W/PERCEPTUAL DIST
F14129	COCAINE ABUSE WITH INTOXICATION UNSPECIFIED
F1414	COCAINE ABUSE WITH COCAINE-INDUCED MOOD DISORDER
F14150	COCAINE ABUSE W/INDUCD PSYCHOT D/O W/DELUSIONS
F14151	COCAINE ABUSE W/INDUCD PSYCHOT D/O W/HALLUCIN
F14159	COCAINE ABUSE W/COCAINE-INDUCD PSYCHOT D/O UNS
F14180	COCAINE ABUSE W/COCAINE-INDUCED ANXIETY DISORDER
F14181	COCAINE ABUSE W/COCAINE-INDUCED SEXUAL DYSF
F14182	COCAINE ABUSE W/ COCAINE-INDUCED SLEEP DISORDER
F14188	COCAINE ABUSE W/ OTHER COCAINE-INDUCED DISORDER
F1419	COCAINE ABUSE W/UNS COCAINE-INDUCED DISORDER
F1420	COCAINE DEPENDENCE UNCOMPLICATED
F1421	COCAINE DEPENDENCE IN REMISSION
F14220	COCAINE DEPENDENCE W/ INTOXICATION UNCOMPLICATED
F14221	COCAINE DEPENDENCE WITH INTOXICATION DELIRIUM
F14222	COCAINE DEPENDENCE W/INTOX W/PERCEPTUAL DIST
F14229	COCAINE DEPENDENCE WITH INTOXICATION UNSPECIFIED
F1423	COCAINE DEPENDENCE WITH WITHDRAWAL
F1424	COCAINE DEPENDENCE W/COCAINE-INDUCED MOOD D/O
F14250	COCAINE DEPENDENCE W/INDUC PSYCHOT D/O W/DELUSN
F14251	COCAINE DEPENDENCE W/INDUC PSYCHOT D/O W/HALLUC
F14259	COCAINE DEPENDENCE W/INDUCED PSYCHOT D/O UNS
F14280	COCAINE DEPENDENCE W/COCAINE-INDUCED ANXIETY D/O
F14281	COCAINE DEPENDENCE W/COCAINE-INDUCED SEXUAL DYSF
F14282	COCAINE DEPENDENCE W/COCAINE-INDUCED SLEEP D/O
F14288	COCAINE DEPENDENCE W/OTH COCAINE-INDUCED D/O
F1429	COCAINE DEPENDENCE W/UNS COCAINE-INDUCED D/O
F1490	COCAINE USE UNSPECIFIED UNCOMPLICATED
F14920	COCAINE USE UNS W/INTOXICATION UNCOMPLICATED
F14921	COCAINE USE UNSPECIFIED W/ INTOXICATION DELIRIUM
F14922	COCAINE USE UNS W/INTOXICATION W/PERCEPTUAL DIST
F14929	COCAINE USE UNS W/INTOXICATION UNSPECIFIED
F1494	COCAINE USE UNS W/COCAINE-INDUCED MOOD DISORDER
F14950	COCAINE USE UNS W/INDUCD PSYCHOT D/O W/DELUSIONS
F14951	COCAINE USE UNS W/INDUCD PSYCHOT D/O W/HALLUC
F14959	COCAINE USE UNS W/INDUCD PSYCHOT DISORDER UNS
F14980	COCAINE USE UNS W/INDUCD ANXIETY DISORDER

CODE	DESCRIPTION
F14981	COCAINE USE UNS W/COCAINE-INDUCED SEXUAL DYSF
F14982	COCAINE USE UNS W/COCAINE-INDUCED SLEEP DISORDER
F14988	COCAINE USE UNS W/OTHER COCAINE-INDUCED DISORDER
F1499	COCAINE USE UNS W/UNS COCAINE-INDUCED DISORDER
F1510	OTHER STIMULANT ABUSE UNCOMPLICATED
F15120	OTHER STIMULANT ABUSE W/INTOX UNCOMPLICATED
F15121	OTHER STIMULANT ABUSE WITH INTOXICATION DELIRIUM
F15122	OTHER STIMULANT ABUSE W/INTOX W/PERCEPTUAL DIST
F15129	OTHER STIMULANT ABUSE W/INTOXICATION UNS
F1514	OTHER STIMULANT ABUSE W/INDUCED MOOD DISORDER
F15150	OTHER STIMULANT ABUSE W/INDUCD PSYCHOT D/O W/DEL
F15151	OTHER STIMULANT ABUSE INDUC PSYCHOT D/O W/HALLUC
F15159	OTHER STIMULANT ABUSE W/INDUC PSYCHOT D/O UNS
F15180	OTHER STIMULANT ABUSE W/INDUCED ANXIETY DISORDER
F15181	OTHER STIMULANT ABUSE W/INDUC SEXUAL DYSFUNCTION
F15182	OTHER STIMULANT ABUSE W/INDUCED SLEEP DISORDER
F15188	OTHER STIMULANT ABUSE W/OTH INDUCED DISORDER
F1519	OTHER STIMULANT ABUSE W/UNS INDUCED DISORDER
F1520	OTHER STIMULANT DEPENDENCE UNCOMPLICATED
F1521	OTHER STIMULANT DEPENDENCE IN REMISSION
F15220	OTHER STIMULANT DEPENDENCE W/INTOX UNCOMP
F15221	OTHER STIMULANT DEPENDENCE W/INTOX DELIRIUM
F15222	OTHER STIMULANT DEPENDENCE INTOX W/PERCEPTL DIST
F15229	OTHER STIMULANT DEPENDENCE W/INTOXICATION UNS
F1523	OTHER STIMULANT DEPENDENCE WITH WITHDRAWAL
F1524	OTH STIMULANT DEPEND W/INDUCED MOOD DISORDER
F15250	OTH STIMULANT DEPEND W/INDUCED PSYCHOT D/O W/DEL
F15251	OTH STIMULANT DEPEND INDUC PSYCHOT D/O W/HALLUC
F15259	OTH STIMULANT DEPEND W/INDUCED PSYCHOT D/O UNS
F15280	OTH STIMULANT DEPEND W/INDUCED ANXIETY DISORDER
F15281	OTH STIMULANT DEPEND W/INDUCED SEXL DYSF
F15282	OTH STIMULANT DEPEND W/INDUCED SLEEP DISORDER
F15288	OTH STIMULANT DEPEND W/OTH INDUCED DISORDER
F1529	OTH STIMULANT DEPEND W/UNS INDUCED DISORDER
F1590	OTHER STIMULANT USE UNSPECIFIED UNCOMPLICATED
F15920	OTHER STIMULANT USE UNS W/INTOXICATION UNCOMP
F15921	OTHER STIMULANT USE UNS W/INTOXICATION DELIRIUM
F15922	OTHER STIMULANT USE UNS W/INTOX PERCEPTL DISTURB
F15929	OTHER STIMULANT USE UNS W/INTOXICATION UNS
F1593	OTHER STIMULANT USE UNSPECIFIED WITH WITHDRAWAL
F1594	OTHER STIMULANT USE UNS W/INDUCD MOOD DISORDER
F15950	OTH STIMULANT USE UNS INDUC PSYCHOT D/O W/DELUS
F15951	OTH STIMULANT USE UNS W/INDUC PSYCHOT D/O HALLUC
F15959	OTH STIMULANT USE UNS W/INDUCD PSYCHOT D/O UNS
F15980	OTH STIMULANT USE UNS W/INDUCED ANXIETY DISORDER

CODE	DESCRIPTION
F15981	OTH STIMULANT USE UNS W/INDUCED SEXUAL DYSFUNCT
F15982	OTH STIMULANT USE UNS W/INDUCD SLEEP DISORDER
F15988	OTH STIMULANT USE UNS W/OTH INDUCED DISORDER
F1599	OTH STIMULANT USE UNS W/UNS INDUCED DISORDER
F1610	HALLUCINOGEN ABUSE UNCOMPLICATED
F16120	HALLUCINOGEN ABUSE W/INTOXICATION UNCOMPLICATED
F16121	HALLUCINOGEN ABUSE W/INTOXICATION WITH DELIRIUM
F16122	HALLUCINOGEN ABUSE W/INTOX W/PERCEPTUAL DISTURB
F16129	HALLUCINOGEN ABUSE WITH INTOXICATION UNSPECIFIED
F1614	HALLUCINOGEN ABUSE W/INDUCED MOOD DISORDER
F16150	HALLUCINOGEN ABUSE W/INDUCED PSYCHOT D/O W/DELUS
F16151	HALLUCINOGEN ABUSE W/INDUCD PSYCHOT D/O W/HALLUC
F16159	HALLUCINOGEN ABUSE W/INDUCD PSYCHOT DISORDER UNS
F16180	HALLUCINOGEN ABUSE W/INDUCED ANXIETY DISORDER
F16183	HALLUCINOGEN ABUSE W/PERSISTING PERCEPTION D/O
F16188	HALLUCINOGEN ABUSE W/OTH INDUCED DISORDER
F1619	HALLUCINOGEN ABUSE W/UNS INDUCED DISORDER
F1620	HALLUCINOGEN DEPENDENCE UNCOMPLICATED
F1621	HALLUCINOGEN DEPENDENCE IN REMISSION
F16220	HALLUCINOGEN DEPENDENCE W/INTOX UNCOMPLICATED
F16221	HALLUCINOGEN DEPENDENCE W/INTOX W/DELIRIUM
F16229	HALLUCINOGEN DEPENDENCE W/INTOXICATION UNS
F1624	HALLUCINOGEN DEPENDENCE W/INDUCED MOOD DISORDER
F16250	HALLUCINOGEN DEPEND INDUC PSYCHOT D/O W/DELUSION
F16251	HALLUCINOGEN DEPEND INDUC PSYCHOT D/O W/HALLUCIN
F16259	HALLUCINOGEN DEPENDENCE W/INDUCD PSYCHOT D/O UNS
F16280	HALLUCINOGEN DEPENDENCE W/INDUC ANXIETY DISORDER
F16283	HALLUCINOGEN DEPENDENCE W/PERSIST PERCEPTION D/O
F16288	HALLUCINOGEN DEPENDENCE W/OTH INDUCED DISORDER
F1629	HALLUCINOGEN DEPENDENCE W/UNS INDUCED DISORDER
F1690	HALLUCINOGEN USE UNSPECIFIED UNCOMPLICATED
F16920	HALLUCINOGEN USE UNS W/INTOXICATION UNCOMP
F16921	HALLUCINOGEN USE UNS W/INTOXICATION W/DELIRIUM
F16929	HALLUCINOGEN USE UNS W/INTOXICATION UNSPECIFIED
F1694	HALLUCINOGEN USE UNS W/INDUCD MOOD DISORDER
F16950	HALLUCINOGEN USE UNS INDUC PSYCHOT D/O DELUSION
F16951	HALLUCINOGEN USE UNS INDUC PSYCHOT D/O W/HALLUC
F16959	HALLUCINOGEN USE UNS W/INDUCD PSYCHOT D/O UNS
F16980	HALLUCINOGEN USE UNS W/INDUCED ANXIETY DISORDER
F16983	HALLUCINOGEN USE UNS W/PERSIST PERCEPTION D/O
F16988	HALLUCINOGEN USE UNS W/OTH INDUCED DISORDER
F1699	HALLUCINOGEN USE UNS W/UNS INDUCED DISORDER
F1810	INHALANT ABUSE UNCOMPLICATED
F18120	INHALANT ABUSE WITH INTOXICATION UNCOMPLICATED
F18121	INHALANT ABUSE WITH INTOXICATION DELIRIUM

CODE	DESCRIPTION
F18129	INHALANT ABUSE WITH INTOXICATION UNSPECIFIED
F1814	INHALANT ABUSE W/INHALANT-INDUCED MOOD DISORDER
F18150	INHALANT ABUSE W/INDUCED PSYCHOT D/O W/DELUSIONS
F18151	INHALANT ABUSE W/INDUCED PSYCHOT D/O W/HALLUCIN
F18159	INHALANT ABUSE W/INHALANT-INDUCD PSYCHOT D/O UNS
F1817	INHALANT ABUSE WITH INHALANT-INDUCED DEMENTIA
F18180	INHALANT ABUSE W/INHALANT-INDUCED ANXIETY D/O
F18188	INHALANT ABUSE W/OTH INHALANT-INDUCED DISORDER
F1819	INHALANT ABUSE W/UNS INHALANT-INDUCED DISORDER
F1820	INHALANT DEPENDENCE UNCOMPLICATED
F1821	INHALANT DEPENDENCE IN REMISSION
F18220	INHALANT DEPENDENCE W/INTOXICATION UNCOMPLICATED
F18221	INHALANT DEPENDENCE WITH INTOXICATION DELIRIUM
F18229	INHALANT DEPENDENCE W/INTOXICATION UNSPECIFIED
F1824	INHALANT DEPENDENCE W/INHALANT-INDUCED MOOD D/O
F18250	INHALANT DEPEND W/INDUC PSYCHOT D/O W/DELUSIONS
F18251	INHALANT DEPEND W/INDUC PSYCHOT D/O W/HALLUCIN
F18259	INHALANT DEPEND W/INHAL-INDUCD PSYCHOT D/O UNS
F1827	INHALANT DEPENDENCE W/INHALANT-INDUCED DEMENTIA
F18280	INHALANT DEPENDENCE W/INHAL-INDUCD ANXIETY D/O
F18288	INHALANT DEPENDENCE W/OTH INHALANT-INDUCED D/O
F1829	INHALANT DEPENDENCE W/UNS INHALANT-INDUCED D/O
F1890	INHALANT USE UNSPECIFIED UNCOMPLICATED
F18920	INHALANT USE UNS W/INTOXICATION UNCOMPLICATED
F18921	INHALANT USE UNS W/INTOXICATION W/DELIRIUM
F18929	INHALANT USE UNS W/INTOXICATION UNSPECIFIED
F1894	INHALANT USE UNS W/INHALANT-INDUCD MOOD DISORDER
F18950	INHALANT USE UNS W/INDUCD PSYCHOT D/O DELUSIONS
F18951	INHALANT USE UNS W/INDUCD PSYCHOT D/O W/HALLUCIN
F18959	INHALANT USE UNS W/INDUCED PSYCHOTIC D/O UNS
F1897	INHALANT USE UNS W/INDUCED PERSISTING DEMENTIA
F18980	INHALANT USE UNS W/INHALANT-INDUCED ANXIETY D/O
F18988	INHALANT USE UNS W/OTH INHALANT-INDUCED DISORDER
F1899	INHALANT USE UNS W/UNS INHALANT-INDUCED DISORDER
F1910	OTHER PSYCHOACTIVE SUBSTANCE ABUSE UNCOMPLICATED
F19120	OTH PSYCHOACTIVE SBSTNC ABUSE W/INTOXICAT UNCOMP
F19121	OTH PSYCHOACTIVE SBSTNC ABUSE INTOXICAT DELIRIUM
F19122	OTH PSYCHOACTIVE SBSTNC ABUSE INTOX PERCEPT DIST
F19129	OTH PSYCHOACTIVE SBSTNC ABUSE W/INTOXICATION UNS
F1914	OTH PSYCHOACTIVE SBSTNC ABUSE W/INDUCD MOOD D/O
F19150	OTH PSYCHOACTIV SBSTNC ABUSE IND PSYCHOT D/O DEL
F19151	OTH PSYCHOACTV SBSTNC ABUSE IND PSYCH D/O HALLUC
F19159	OTH PSYCHOACTIV SBSTNC ABUSE INDUC PSYCH D/O UNS
F1916	OTH PSYCHOACTV SBSTNC ABUS IND PERSIST AMNES D/O
F1917	OTH PSYCHOACTV SBSTNC ABUSE INDUC PERSIST DEMENT

CODE	DESCRIPTION
F19180	OTH PSYCHOACTIVE SBSTNC ABUSE INDUCD ANXIETY D/O
F19181	OTH PSYCHOACTIVE SBSTNC ABUSE W/INDUCD SEXL DYSF
F19182	OTH PSYCHOACTIVE SBSTNC ABUSE W/INDUCD SLEEP D/O
F19188	OTH PSYCHOACTIVE SBSTNC ABUSE W/OTH INDUCED D/O
F1919	OTH PSYCHOACTIVE SBSTNC ABUSE W/UNS INDUCED D/O
F1920	OTH PSYCHOACTIVE SUBSTANCE DEPEND UNCOMPLICATED
F1921	OTH PSYCHOACTIVE SUBSTANCE DEPENDENCE REMISSION
F19220	OTH PSYCHOACTIVE SBSTNC DEPEND W/INTOX UNCOMP
F19221	OTH PSYCHOACTIVE SBSTNC DEPEND INTOX DELIRIUM
F19222	OTH PSYCHOACTV SBSTNC DEPEND INTOX PERCEPTL DIST
F19229	OTH PSYCHOACTIVE SBSTNC DEPEND W/INTOXICAT UNS
F19230	OTH PSYCHOACTIVE SBSTNC DEPND W/WITHDRAWL UNCOMP
F19231	OTH PSYCHOACTIVE SBSTNC DEPEND WITH W/D DELIRIUM
F19232	OTH PSYCHOACTV SBSTNC DEPEND W/D W/PERCEPTL DIST
F19239	OTH PSYCHOACTIVE SBSTNC DEPEND W/WITHDRAWAL UNS
F1924	OTH PSYCHOACTIVE SBSTNC DEPEND W/INDUCD MOOD D/O
F19250	OTH PSYCHOACTV SBSTNC DEPEND IND PSYCH D/O W/DEL
F19251	OTH PSYCHOACTV SBSTNC DEPND IND PSYCH D/O HALLUC
F19259	OTH PSYCHOACTV SBSTNC DEPEND INDUC PSYCH D/O UNS
F1926	OTH PSYCHOACTV SBSTNC DEPEND IND PERSIST AMNES
F1927	OTH PSYCHOACTV SBSTNC DEPEND IND PERSIST DEMENT
F19280	OTH PSYCHOACTIVE SBSTNC DEP W/INDUC ANXIETY D/O
F19281	OTH PSYCHOACTIVE SBSTNC DEPEND INDUCD SEXL DYSF
F19282	OTH PSYCHOACTIVE SBSTNC DEPEND INDUCD SLEEP D/O
F19288	OTH PSYCHOACTIVE SBSTNC DEPEND W/OTH INDUCD D/O
F1929	OTH PSYCHOACTIVE SBSTNC DEPEND W/UNS INDUCD D/O
F1990	OTH PSYCHOACTIVE SUBSTANCE USE UNS UNCOMPLICATED
F19920	OTH PSYCHOACTIVE SBSTNC USE UNS W/INTOX UNCOMP
F19921	OTH PSYCHOACTIVE SBSTNC USE UNS INTOX W/DELIRIUM
F19922	OTH PSYCHOACTV SBSTNC USE UNS INTOX PERCEPT DIST
F19929	OTH PSYCHOACTIVE SBSTNC USE UNS W/INTOXICAT UNS
F19930	OTH PSYCHOACTIVE SBSTNC USE UNS WITHDRAWL UNCOMP
F19931	OTH PSYCHOACTV SBSTNC USE UNS WITHDRWL DELIRIUM
F19932	OTH PSYCHOACTV SBSTNC USE UNS W/D PERCEPTL DIST
F19939	OTH PSYCHOACTIVE SBSTNC USE UNS W/WITHDRAWAL UNS
F1994	OTH PSYCHOACTIVE SBSTNC USE UNS W/INDUC MOOD D/O
F19950	OTH PSYCHOACTV SBSTNC USE UNS IND PSYCH D/O DEL
F19951	OTH PSYCHOACTV SBST USE UNS IND PSYCH D/O HALLU
F19959	OTH PSYCHOACTV SBSTNC USE UNS IND PSYCH D/O UNS
F1996	OTH PSYCHOACTV SBSTNC USE UNS IND PERSIST AMNES
F1997	OTH PSYCHOACTV SBSTNC USE UNS IND PERSIST DEMENT
F19980	OTH PSYCHOACTIVE SBSTNC USE UNS IND ANXIETY D/O
F19981	OTH PSYCHOACTIVE SBSTNC USE UNS W/IND SEXL DYSF
F19982	OTH PSYCHOACTIVE SBSTNC USE UNS W/IND SLEEP D/O
F19988	OTH PSYCHOACTIVE SBSTNC USE UNS W/OTH INDUCD D/O

CODE	DESCRIPTION
F1999	OTH PSYCHOACTIVE SBSTNC USE UNS W/UNS INDUCD D/O
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA
F203	UNDIFFERENTIATED SCHIZOPHRENIA
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA UNSPECIFIED
F21	SCHIZOTYPAL DISORDER
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F250	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE
F251	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE
F258	OTHER SCHIZOAFFECTIVE DISORDERS
F259	SCHIZOAFFECTIVE DISORDER UNSPECIFIED
F28	OTH PSYCHOT D/O NOT DUE SUBSTANCE/PHYSIOLOG COND
F29	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND
F3010	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS UNS
F3011	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS MILD
F3012	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOM MODERATE
F3013	MANIC EPISODE SEVERE WITHOUT PSYCHOTIC SYMPTOMS
F302	MANIC EPISODE SEVERE WITH PSYCHOTIC SYMPTOMS
F303	MANIC EPISODE IN PARTIAL REMISSION
F304	MANIC EPISODE IN FULL REMISSION
F308	OTHER MANIC EPISODES
F309	MANIC EPISODE UNSPECIFIED
F310	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC
F3110	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE UNS
F3111	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MILD
F3112	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MOD
F3113	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE SEV
F312	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE
F3130	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS
F3131	BIPOLAR D/O CURRENT EPISODE DEPRESSED MILD
F3132	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE
F314	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR
F315	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE
F3160	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS
F3161	BIPOLAR DISORDER CURRENT EPISODE MIXED MILD
F3162	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE
F3163	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES
F3164	BIPOLAR D/O CURR MIXED SEVERE W/PSYCH FEATURES
F3170	BIPOLAR D/O CURR REMISS MOST RECENT EPISODE UNS

CODE	DESCRIPTION
F3171	BIPOLAR DISORDER PARTIAL REMISSION MRE HYPOMANIC
F3172	BIPOLAR DISORDER FULL REMISSION MRE HYPOMANIC
F3173	BIPOLAR DISORDER PARTIAL REMISSION MRE MANIC
F3174	BIPOLAR DISORDER FULL REMISSION MRE MANIC
F3175	BIPOLAR DISORDER PARTIAL REMISSION MRE DEPRESSED
F3176	BIPOLAR DISORDER FULL REMISSION MRE DEPRESSED
F3177	BIPOLAR DISORDER PARTIAL REMISSION MRE MIXED
F3178	BIPOLAR DISORDER FULL REMISSION MRE MIXED
F3181	BIPOLAR II DISORDER
F3189	OTHER BIPOLAR DISORDER
F319	BIPOLAR DISORDER UNSPECIFIED
F320	Major depressive disorder, single episode, mild
F321	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD
F322	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR
F323	MAJ DEPRESS D/O SINGLE EPIS SEV W/PSYCH FEATURES
F324	MAJOR DEPRESSIVE D/O SINGLE EPIS PART REMISSION
F325	MAJOR DEPRESSIVE D/O SINGLE EPIS FULL REMISSION
F328	Other depressive episodes
F329	Major depressive disorder, single episode, unspecified
F330	MAJOR DEPRESSIVE DISORDER RECURRENT MILD
F331	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE
F332	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES
F333	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS
F3340	MAJOR DEPRESSIVE D/O RECURRENT REMISSION UNS
F3341	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION
F3342	MAJOR DEPRESSIVE D/O RECURRENT FULL REMISSION
F338	OTHER RECURRENT DEPRESSIVE DISORDERS
F339	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED
F340	CYCLOTHYMIC DISORDER
F341	DYSTHYMIC DISORDER
F348	OTHER PERSISTENT MOOD AFFECTIVE DISORDERS
F349	PERSISTENT MOOD AFFECTIVE DISORDER UNSPECIFIED
F39	Unspecified mood [affective] disorder
F4000	Agoraphobia, unspecified
F4001	Agoraphobia with panic disorder
F4002	Agoraphobia without panic disorder
F410	PANIC DISORDER WITHOUT AGORAPHOBIA
F411	GENERALIZED ANXIETY DISORDER
F413	OTHER MIXED ANXIETY DISORDERS
F418	OTHER SPECIFIED ANXIETY DISORDERS
F419	ANXIETY DISORDER UNSPECIFIED
F42	OBSESSIVE-COMPULSIVE DISORDER
F430	ACUTE STRESS REACTION
F4310	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED
F4311	POST-TRAUMATIC STRESS DISORDER ACUTE

CODE	DESCRIPTION
F4312	POST-TRAUMATIC STRESS DISORDER CHRONIC
F4320	ADJUSTMENT DISORDER UNSPECIFIED
F4321	ADJUSTMENT DISORDER WITH DEPRESSED MOOD
F4322	ADJUSTMENT DISORDER WITH ANXIETY
F4323	ADJUSTMENT DISORDER MIXED ANXIETY DEPRESSED MOOD
F4324	ADJUSTMENT DISORDER WITH DISTURBANCE OF CONDUCT
F4325	ADJUSTMENT DISORDER MIXD DISTURB EMOTION CONDUCT
F4329	ADJUSTMENT DISORDER WITH OTHER SYMPTOMS
F438	OTHER REACTIONS TO SEVERE STRESS
F439	REACTION TO SEVERE STRESS UNSPECIFIED
F440	DISSOCIATIVE AMNESIA
F441	DISSOCIATIVE FUGUE
F444	CONVERSION DISORDER W/MOTOR SYMPTOM OR DEFICIT
F445	CONVERSION DISORDER W/SEIZURES OR CONVULSIONS
F446	CONVERSION DISORDER W/SENSORY SYMPTOM/DEFICIT
F447	CONVERSION DISORDER W/MIXED SYMPTOM PRESENTATION
F4481	DISSOCIATIVE IDENTITY DISORDER
F4489	OTHER DISSOCIATIVE AND CONVERSION DISORDERS
F449	DISSOCIATIVE AND CONVERSION DISORDER UNSPECIFIED
F450	SOMATIZATION DISORDER
F451	UNDIFFERENTIATED SOMATOFORM DISORDER
F4520	Hypochondriacal disorder, unspecified
F4521	Hypochondriasis
F4522	BODY DYSMORPHIC DISORDER
F4529	OTHER HYPOCHONDRIACAL DISORDERS
F4541	PAIN DISORDERS EXLUSIVELY REL PSYCHOLOG FACTORS
F4542	PAIN DISORDERS W/RELATED PSYCHOLOGICAL FACTORS
F458	OTHER SOMATOFORM DISORDERS
F459	SOMATOFORM DISORDER UNSPECIFIED
F481	DEPERSONALIZATION-DEREALIZATION SYNDROME
F482	PSEUDOBLBAR AFFECT
F488	OTHER SPECIFIED NONPSYCHOTIC MENTAL DISORDERS
F489	NONPSYCHOTIC MENTAL DISORDER UNSPECIFIED
F5000	ANOREXIA NERVOSA UNSPECIFIED
F5001	ANOREXIA NERVOSA RESTRICTING TYPE
F5002	ANOREXIA NERVOSA BINGE EATING/PURGING TYPE
F502	BULIMIA NERVOSA
F508	OTHER EATING DISORDERS
F509	EATING DISORDER UNSPECIFIED
F53	Puerperal psychosis
F550	Abuse of antacids
F551	Abuse of herbal or folk remedies
F552	Abuse of laxatives
F553	Abuse of steroids or hormones
F554	Abuse of vitamins

CODE	DESCRIPTION
F558	Abuse of other non-psychoactive substances
F600	PARANOID PERSONALITY DISORDER
F601	SCHIZOID PERSONALITY DISORDER
F602	ANTISOCIAL PERSONALITY DISORDER
F603	BORDERLINE PERSONALITY DISORDER
F604	HISTRIONIC PERSONALITY DISORDER
F605	OBSESSIVE-COMPULSIVE PERSONALITY DISORDER
F606	AVOIDANT PERSONALITY DISORDER
F607	DEPENDENT PERSONALITY DISORDER
F6081	NARCISSISTIC PERSONALITY DISORDER
F6089	OTHER SPECIFIC PERSONALITY DISORDERS
F609	PERSONALITY DISORDER UNSPECIFIED
F6381	Intermittent explosive disorder
F639	Impulse disorder, unspecified
F641	GENDER IDENTITY D/O IN ADOLESCENCE & ADULTHOOD
F642	GENDER IDENTITY DISORDER OF CHILDHOOD
F648	OTHER GENDER IDENTITY DISORDERS
F649	GENDER IDENTITY DISORDER UNSPECIFIED
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
F801	Expressive language disorder
F819	Developmental disorder of scholastic skills, unspecified
F840	AUTISTIC DISORDER
F843	Other childhood disintegrative disorder
F845	ASPERGERS SYNDROME
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F849	PERVASIVE DEVELOPMENTAL DISORDER UNSPECIFIED
F89	Unspecified disorder of psychological development
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F902	Attention-deficit hyperactivity disorder, combined type
F908	Attention-deficit hyperactivity disorder, other type
F909	Attention-deficit hyperactivity disorder, unspecified type
F913	Oppositional defiant disorder
F919	Conduct disorder, unspecified
F952	TOURETTES DISORDER
G041	TROPICAL SPASTIC PARAPLEGIA
G114	HEREDITARY SPASTIC PARAPLEGIA
G1221	AMYOTROPHIC LATERAL SCLEROSIS
G130	PARANEOPLASTIC NEUROMYOPATHY AND NEUROPATHY
G131	OTH SYSTEM ATROPHY PRIM AFFECT CNS NEOPLASTIC DZ

CODE	DESCRIPTION
G231	PROGRESSIVE SUPRANUCLEAR OPTHALMOPLEGIA
G300	ALZHEIMERS DISEASE WITH EARLY ONSET
G301	ALZHEIMERS DISEASE WITH LATE ONSET
G308	OTHER ALZHEIMERS DISEASE
G309	ALZHEIMERS DISEASE UNSPECIFIED
G3109	OTHER FRONTOTEMPORAL DEMENTIA
G3183	DEMENTIA WITH LEWY BODIES
G3184	Mild cognitive impairment, so stated
G35	MULTIPLE SCLEROSIS
G40101	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/SE
G40109	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE
G40111	LOC-REL SX EPILEPSY W/SPS INTRACT W/STAT EPI
G40119	LOC-REL SX EPILEPSY W/SPS INTRACT W/O STAT EPI
G40201	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/SE
G40209	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE
G40211	LOC-REL SX EPILEPSY W/CPS INTRACT W/STAT EPI
G40219	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI
G40301	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/STAT EPI
G40309	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI
G40311	GEN IDIOPATHIC EPILEPSY INTRACTABLE W/STATUS EPI
G40319	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI
G40401	OTH GEN EPILEPSY NOT INTRACTABLE W/STATUS EPI
G40409	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI
G40411	OTH GEN EPILEPSY INTRACTABLE W/STATUS EPI
G40419	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI
G40501	EPILEPTIC SEIZ EXT CAUS NOT INTRACT W/STATUS EPI
G40509	EPILEPTIC SEIZ EXT CAUS NOT INTRACT W/O STAT EPI
G40801	OTHER EPILEPSY NOT INTRACT W/STATUS EPILEPTICUS
G40802	OTHER EPILEPSY NOT INTRACTABLE WITHOUT SE
G40803	OTHER EPILEPSY INTRACTABLE WITH STATUS EPILEPTIC
G40804	OTHER EPILEPSY INTRACTABLE WITHOUT STATUS EPILEP
G40821	EPILEPTIC SPASMS NOT INTRACTABLE WITH STATUS EPI
G40822	EPILEPTIC SPASMS NOT INTRACTABLE WITHOUT SE
G40823	EPILEPTIC SPASMS INTRACTABL W/STATUS EPILEPTICUS
G40824	EPILEPTIC SPASMS INTRACTABLE WITHOUT SE
G40901	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS
G40909	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS
G40911	EPILEPSY UNS INTRACTABLE W/STATUS EPILEPTICUS
G40919	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS
G40A01	ABSENCE EPILEPTIC SYNDROME NOT INTRACTABLE W/ SE
G40A09	ABSENCE EPIL SYNDROME NOT INTRACTABLE W/O SE
G40A11	ABSENCE EPILEPTIC SYNDROME INTRACTABLE WITH SE
G40A19	ABSENCE EPILEPTIC SYNDROME INTRACTABLE W/O SE
G40B01	JUVENILE MYOCLONIC EPIL NOT INTRACTABLE W/SE
G40B09	JUVENILE MYOCLONIC EPIL NOT INTRACTABLE W/O SE

CODE	DESCRIPTION
G40B11	JUVENILE MYOCLONIC EPILEPSY INTRACTABLE WITH SE
G40B19	JUVENILE MYOCLONIC EPIL INTRACTABLE WITHOUT SE
G44209	Tension-type headache, unspecified, not intractable
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME HEMISPHERIC
G452	MULTIPLE & BILATERAL PRECEREBRAL ARTERY SYND
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
G458	OTH TRANSIENT CERBRL ISCHEMIC ATTACKS & REL SYND
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED
G460	MIDDLE CEREBRAL ARTERY SYNDROME
G461	ANTERIOR CEREBRAL ARTERY SYNDROME
G462	POSTERIOR CEREBRAL ARTERY SYNDROME
G710	MUSCULAR DYSTROPHY
G731	LAMBERT-EATON SYNDROME IN NEOPLASTIC DISEASE
G800	SPASTIC QUADRIPLEGIC CEREBRAL PALSY
G801	SPASTIC DIPLEGIC CEREBRAL PALSY
G802	SPASTIC HEMIPLEGIC CEREBRAL PALSY
G803	ATHETOID CEREBRAL PALSY
G804	ATAXIC CEREBRAL PALSY
G808	OTHER CEREBRAL PALSY
G809	CEREBRAL PALSY UNSPECIFIED
G8100	FLACCID HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8101	FLACCID HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8102	FLACCID HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8103	FLACCID HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE
G8104	FLACCID HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE
G8110	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8111	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8112	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8113	SPASTIC HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE
G8114	SPASTIC HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE
G8190	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE
G8191	HEMIPLEGIA UNS AFFECTING RIGHT DOMINANT SIDE
G8192	HEMIPLEGIA UNS AFFECTING LEFT DOMINANT SIDE
G8193	HEMIPLEGIA UNS AFFECTING RIGHT NONDOMINANT SIDE
G8194	HEMIPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE
G8220	PARAPLEGIA UNSPECIFIED
G8221	PARAPLEGIA COMPLETE
G8222	PARAPLEGIA INCOMPLETE
G8250	QUADRIPLEGIA UNSPECIFIED
G8251	QUADRIPLEGIA C1-C4 COMPLETE
G8252	QUADRIPLEGIA C1-C4 INCOMPLETE
G8253	QUADRIPLEGIA C5-C7 COMPLETE
G8254	QUADRIPLEGIA C5-C7 INCOMPLETE

CODE	DESCRIPTION
G830	DIPLEGIA OF UPPER LIMBS
G8310	MONOPLÉGIA LOWER LIMB AFFECTING UNSPECIFIED SIDE
G8311	MONOPLÉGIA LOWER LIMB RIGHT DOMINANT SIDE
G8312	MONOPLÉGIA LOWER LIMB LEFT DOMINANT SIDE
G8313	MONOPLÉGIA LOWER LIMB RIGHT NONDOMINANT SIDE
G8314	MONOPLÉGIA LOWER LIMB LEFT NONDOMINANT SIDE
G8320	MONOPLÉGIA UPPER LIMB AFFECTING UNSPECIFIED SIDE
G8321	MONOPLÉGIA UPPER LIMB RIGHT DOMINANT SIDE
G8322	MONOPLÉGIA UPPER LIMB LEFT DOMINANT SIDE
G8323	MONOPLÉGIA UPPER LIMB RIGHT NONDOMINANT SIDE
G8324	MONOPLÉGIA UPPER LIMB LEFT NONDOMINANT SIDE
G8330	MONOPLÉGIA UNS AFFECTING UNSPECIFIED SIDE
G8331	MONOPLÉGIA UNS AFFECTING RIGHT DOMINANT SIDE
G8332	MONOPLÉGIA UNS AFFECTING LEFT DOMINANT SIDE
G8333	MONOPLÉGIA UNS AFFECTING RIGHT NONDOMINANT SIDE
G8334	MONOPLÉGIA UNS AFFECTING LEFT NONDOMINANT SIDE
G8384	TODDS PARALYSIS POSTEPILEPTIC
G893	NEOPLASM RELATED PAIN ACUTE CHRONIC
G910	COMMUNICATING HYDROCEPHALUS
G911	OBSTRUCTIVE HYDROCEPHALUS
G912	IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS
G913	POST-TRAUMATIC HYDROCEPHALUS UNSPECIFIED
G914	HYDROCEPHALUS IN DISEASES CLASSIFIED ELSEWHERE
G918	OTHER HYDROCEPHALUS
G919	HYDROCEPHALUS UNSPECIFIED
G9340	ENCEPHALOPATHY UNSPECIFIED
G9341	METABOLIC ENCEPHALOPATHY
G9349	OTHER ENCEPHALOPATHY
H35031	HYPERTENSIVE RETINOPATHY RIGHT EYE
H35032	HYPERTENSIVE RETINOPATHY LEFT EYE
H35033	HYPERTENSIVE RETINOPATHY BILATERAL
H35039	HYPERTENSIVE RETINOPATHY UNSPECIFIED EYE
H4742	DISORDERS OF OPTIC CHIASM DUE TO NEOPLASM
H47521	DISORDERS VISUAL PATHWAYS DUE NEOPLASM RT SIDE
H47522	DISORDERS VISUAL PATHWAYS DUE NEOPLASM LT SIDE
H47529	DISORDERS VISUAL PATHWAYS DUE NEOPLASM UNS SIDE
H47631	DISORDER VISUAL CORTX DUE NEOPLASM RT SIDE BRAIN
H47632	DISORDER VISUAL CORTX DUE NEOPLASM LT SIDE BRAIN
H47639	DISORDER VIS CORTEX DUE NEOPLASM UNS SIDE BRAIN
H4930	TOTAL EXTERNAL OPHTHALMOPLEGIA UNSPECIFIED EYE
H4931	TOTAL EXTERNAL OPHTHALMOPLEGIA RIGHT EYE
H4932	TOTAL EXTERNAL OPHTHALMOPLEGIA LEFT EYE
H4933	TOTAL EXTERNAL OPHTHALMOPLEGIA BILATERAL
H4940	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA UNS EYE
H4941	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA RIGHT EYE

CODE	DESCRIPTION
H4942	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA LEFT EYE
H4943	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA BILATERAL
H5120	INTERNUCLEAR OPHTHALMOPLEGIA UNSPECIFIED EYE
H5121	INTERNUCLEAR OPHTHALMOPLEGIA RIGHT EYE
H5122	INTERNUCLEAR OPHTHALMOPLEGIA LEFT EYE
H5123	INTERNUCLEAR OPHTHALMOPLEGIA BILATERAL
H52511	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL RT EYE
H52512	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL LT EYE
H52513	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL BILAT
H52519	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL UNS EYE
I0981	RHEUMATIC HEART FAILURE
I110	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
I119	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
I120	HYPERTENSIVE CKD W/STAGE 5 CKD OR ESRD
I129	HYPERTENSIVE CKD W/STAGE 1-4 CKD OR UNS CKD
I130	HTN HEART & CKD W/HF & CKD STAGE 1-4 OR UNS CKD
I1310	HTN HEART & CKD W/O HF W/STAGE 1-4 CKD/UNS CKD
I1311	HTN HEART & CKD W/O HF W/STAGE 5 CKD OR ESRD
I132	HTN HEART & CKD W/HF W/STAGE 5 CKD OR ESRD
I132	HTN HEART & CKD W/HF W/STAGE 5 CKD OR ESRD
I150	RENOVASCULAR HYPERTENSION
I151	HYPERTENSION SECONDARY TO OTHER RENAL DISORDERS
I152	HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS
I200	UNSTABLE ANGINA
I201	ANGINA PECTORIS WITH DOCUMENTED SPASM
I208	OTHER FORMS OF ANGINA PECTORIS
I209	ANGINA PECTORIS UNSPECIFIED
I2101	ST ELEVATION MYOCARDIAL INFARCTION INVOLV LMCA
I2102	ST ELEVATION MYOCARDIAL INFARCTION INVOLV LADCA
I2109	ST ELEVATION MI INVOLV OTH CORONARY ART ANT WALL
I2111	ST ELEVATION MYOCARDIAL INFARCTION INVOLVING RCA
I2119	ST ELEVATION MI INVOLV OTH CORONARY ART INF WALL
I2121	ST ELEVATION MI INVOLV LT CIRCUMFLEX COR ARTERY
I2129	ST ELEVATION MYOCARDIAL INFARCT INVOLV OTH SITES
I213	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE
I214	NON-ST ELEVATION MYOCARDIAL INFARCTION
I220	SUBSEQUENT ST ELEVATION MYOCARD INFARCT ANT WALL
I221	SUBSEQUENT ST ELEVATION MYOCARD INFARCT INF WALL
I222	SUBSEQUENT NON-ST ELEVATION MYOCARDIAL INFARCT
I228	SUBSEQUENT ST ELEV MYOCARDIAL INFARCT OTH SITES
I229	SUBSEQUENT ST ELEV MYOCARDIAL INFARCT UNS SITE
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MI
I241	DRESSLERS SYNDROME
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I249	ACUTE ISCHEMIC HEART DISEASE UNSPECIFIED

CODE	DESCRIPTION
I2510	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS
I25110	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS
I25111	ASHD NATIVE COR ART W/ANGINA PECTORIS DOC SPASM
I25118	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS
I25119	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS
I252	OLD MYOCARDIAL INFARCTION
I253	ANEURYSM OF HEART
I2541	CORONARY ARTERY ANEURYSM
I2542	CORONARY ARTERY DISSECTION
I255	ISCHEMIC CARDIOMYOPATHY
I256	SILENT MYOCARDIAL ISCHEMIA
I25700	ATHEROSCLEROSIS CABG UNS UNSTABL ANGINA PECTORIS
I25701	ATHEROSCLEROSIS CABG UNS W/AP DOCUMENTED SPASM
I25708	ATHEROSCLEROSIS CABG UNS W/OTH ANGINA PECTORIS
I25709	ATHEROSCLEROSIS CABG UNS W/UNS ANGINA PECTORIS
I25710	ATHEROSCLEROSIS AUTOLOG VEIN CABG W/UNSTABLE AP
I25711	ATHEROSCLEROSIS AUTOLOG VEIN CABG W/AP DOC SPASM
I25718	ATHEROSCLEROSIS AUTOLOG VEIN CABG W/OTH FORMS AP
I25719	ATHEROSCLEROSIS AUTOLOGOUS VEIN CABG W/UNS AP
I25720	ATHEROSCLEROSIS AUTOLOG ART CABG W/UNSTABLE AP
I25721	ATHEROSCLEROSIS AUTOLOG ART CABG W/AP DOC SPASM
I25728	ATHEROSCLEROSIS AUTOLOG ART CABG W/OTH FORMS AP
I25729	ATHEROSCLEROSIS AUTOLOGOUS ARTERY CABG W/UNS AP
I25730	ATHEROSCLEROSIS NONAUTOLOG BIOL CABG W/UNSTBL AP
I25731	ATHEROSCLER NONAUTOLOG BIOL CABG W/AP DOC SPASM
I25738	ATHEROSCLER NONAUTOLOG BIOL CABG W/OTH FORMS AP
I25739	ATHEROSCLEROSIS NONAUTOLOG BIOL CABG W/UNS AP
I25750	ATHEROSCLER NATV COR ART TPLNT HRT W/UNSTABLE AP
I25751	ATHEROSCLER NATV COR ART TPLNT HRT W/AP SPASM
I25758	ATHEROSCLER NATV COR ART TPLNT HRT W/OTH FORM AP
I25759	ATHEROSCLEROSIS NATV COR ART TPLNT HRT W/UNS AP
I25760	ATHEROSCLER BP GRAFT COR ART TPLNT HRT UNSTBL AP
I25761	ATHEROSCLER BP GRAFT COR ART TPLNT HRT AP SPASM
I25768	ATHEROSCLER BP GRAFT COR ART TPLNT HRT W/OTH AP
I25769	ATHEROSCLER BP GRAFT COR ART TPLNT HRT W/UNS AP
I25790	ATHEROSCLER OTH COR ART BP GRAFT W/UNSTABLE AP
I25791	ATHEROSCLER OTH COR ART BP GRAFT W/AP DOC SPASM
I25798	ATHEROSCLER OTH COR ART BP GRAFT W/OTH FORMS AP
I25799	ATHEROSCLER OTH COR ART BP GRAFT W/UNSTABLE AP
I25810	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS
I25811	ATHEROSCLEROSIS NATIVE COR ART TPLNT HRT W/O AP
I25812	ATHEROSCLER BP GRAFT COR ART TPLNT HRT W/O AP
I2582	CHRONIC TOTAL OCCLUSION OF CORONARY ARTERY
I2583	CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE
I259	CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED

CODE	DESCRIPTION
I270	PRIMARY PULMONARY HYPERTENSION
I2782	CHRONIC PULMONARY EMBOLISM
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE
I5021	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE
I5022	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE
I5023	ACUTE CHRON SYSTOLIC HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC CONGESTIVE HEART FAILURE
I5031	ACUTE DIASTOLIC CONGESTIVE HEART FAILURE
I5032	CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE
I5033	ACUTE ON CHRON DIASTOLIC CONGESTIV HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC & DIASTOLIC CHF
I5041	ACUTE COMBINED SYSTOLIC AND DIASTOLIC CHF
I5042	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF
I5043	ACUTE ON CHRONIC COMB SYSTOLIC & DIASTOLIC CHF
I509	HEART FAILURE UNSPECIFIED
I517	CARDIOMEGALY
I6000	NONTRAUM SUBARACH HEMORR UNS CAROTID SIPHON & BIF
I6001	NONTRAUM SUBARACH HEMORR RT CAROTID SIPHON & BIF
I6002	NONTRAUM SUBARACH HEMORR LT CAROTID SIPHON & BIF
I6010	NONTRAUMATIC SUBARACH HEMORR UNS MID CERBRL ART
I6011	NONTRAUMATIC SUBARACH HEMORR RT MID CERBRL ART
I6012	NONTRAUMATIC SUBARACH HEMORR LT MID CERBRL ART
I6020	NONTRAUMATIC SUBARACH HEMORR UNS ANT COMM ART
I6021	NONTRAUMATIC SUBARACH HEMORR RT ANT COMM ART
I6022	NONTRAUMATIC SUBARACH HEMORR LT ANT COMM ART
I6030	NONTRAUMATIC SUBARACH HEMORR UNS POST COMM ART
I6031	NONTRAUMATIC SUBARACH HEMORR RT POST COMM ART
I6032	NONTRAUMATIC SUBARACH HEMORR LT POST COMM ART
I604	NONTRAUMATIC SUBARACH HEMORR FROM BASILAR ART
I6050	NONTRAUMATIC SUBARACH HEMORR FROM UNS VERT ART
I6051	NONTRAUMATIC SUBARACH HEMORR FROM RT VERT ART
I6052	NONTRAUMATIC SUBARACH HEMORR FROM LT VERT ART
I606	NONTRAUMATIC SUBARACH HEMORR OTH INTRACRAN ART
I607	NONTRAUMATIC SUBARACH HEMORR UNS INTRACRAN ART
I608	OTHER NONTRAUMATIC SUBARACHNOID HEMORRHAGE
I609	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED
I610	NONTRAUMAT INTRACEREB HEMORR HEMISPHER SUBCORTICAL
I611	NONTRAUMAT INTRACEREB HEMORR HEMISPHERE CORTICAL
I612	NONTRAUMATIC INTRACEREBRAL HEMORR HEMISPHERE UNS
I613	NONTRAUMATIC INTRACEREBRAL HEMORR IN BRAIN STEM
I614	NONTRAUMATIC INTRACEREBRAL HEMORR IN CEREBELLUM
I615	NONTRAUMATIC INTRACEREBRAL HEM INTRAVENTRICULAR
I616	NONTRAUMATIC INTRACEREBRAL HEMORR MULTIPLE LOC
I618	OTHER NONTRAUMATIC INTRACEREBRAL HEMORRHAGE

CODE	DESCRIPTION
I619	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS
I6300	CEREBRAL INFARCT D/T THROMB UNS PRECEREBRAL ART
I63011	CEREBRAL INFARCT D/T THROMB RT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCT D/T THROMB LT VERTEBRAL ARTERY
I63019	CEREBRAL INFARCT D/T THROMB UNS VERTEBRAL ARTERY
I6302	CEREBRAL INFARCT D/T THROMBOSIS BASILAR ARTERY
I63031	CEREBRAL INFARCT D/T THROMB RIGHT CAROTID ARTERY
I63032	CEREBRAL INFARCT D/T THROMB LEFT CAROTID ARTERY
I63039	CEREBRAL INFARCT D/T THROMB UNS CAROTID ARTERY
I6309	CEREBRAL INFARCT D/T THROMB OTH PRECEREBRAL ART
I6310	CEREBRAL INFARCT D/T EMBOLISM UNS PRECEREBRL ART
I63111	CEREBRAL INFARCTION D/T EMBOLISM RT VERT ARTERY
I63112	CEREBRAL INFARCTION D/T EMBOLISM LT VERT ARTERY
I63119	CEREBRAL INFARCTION D/T EMBOLISM UNS VERT ARTERY
I6312	CEREBRAL INFARCTION D/T EMBOLISM BASILAR ARTERY
I63131	CEREBRAL INFARCT D/T EMBOLISM RT CAROTID ARTERY
I63132	CEREBRAL INFARCT D/T EMBOLISM LT CAROTID ARTERY
I63139	CEREBRAL INFARCT D/T EMBOLISM UNS CAROTID ARTERY
I6319	CEREBRAL INFARCT D/T EMBOLISM OTH PRECEREBRL ART
I6320	CEREB INFARCT D/T UNS OCCL/STEN UNS PRECEREB ART
I63211	CEREBRAL INFARCT D/T UNS OCCL/STEN RT VERT ART
I63212	CEREBRAL INFARCT D/T UNS OCCL/STEN LT VERT ART
I63219	CEREBRAL INFARCT D/T UNS OCCL/STEN UNS VERT ART
I6322	CEREBRAL INFARCT D/T UNS OCCL/STEN BASILAR ART
I63231	CEREBRAL INFARCT D/T UNS OCC/STEN RT CAROTID ART
I63232	CEREBRAL INFARCT D/T UNS OCC/STEN LT CAROTID ART
I63239	CEREBRAL INFARCT D/T UNS OCC/STEN UNS CAROTD ART
I6329	CEREB INFARCT D/T UNS OCCL/STEN OTH PRECEREB ART
I6330	CEREBRAL INFARCT D/T THROMB UNS CEREBRAL ARTERY
I63311	CEREBRAL INFARCT D/T THROMB RT MID CEREBRAL ART
I63312	CEREBRAL INFARCT D/T THROMB LT MID CEREBRAL ART
I63319	CEREBRAL INFARCT D/T THROMB UNS MID CEREBRAL ART
I63321	CEREBRAL INFARCT D/T THROMB RT ANT CEREBRAL ART
I63322	CEREBRAL INFARCT D/T THROMB LT ANT CEREBRAL ART
I63329	CEREBRAL INFARCT D/T THROMB UNS ANT CEREBRAL ART
I63331	CEREBRAL INFARCT D/T THROMB RT POST CEREBRAL ART
I63332	CEREBRAL INFARCT D/T THROMB LT POST CEREBRAL ART
I63339	CEREBRAL INFARCT D/T THROMB UNS POST CEREBRAL ART
I63341	CEREBRAL INFARCT D/T THROMB RT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCT D/T THROMB LT CEREBELLAR ARTERY
I63349	CEREBRAL INFARCT D/T THROMB UNS CEREBELLAR ART
I6339	CEREBRAL INFARCT D/T THROMB OTH CEREBRAL ARTERY
I6340	CEREBRAL INFARCT D/T EMBOLISM UNS CEREBRAL ART
I63411	CEREBRAL INFARCT D/T EMBOLISM RT MID CEREBRL ART
I63412	CEREBRAL INFARCT D/T EMBOLISM LT MID CEREBRL ART

CODE	DESCRIPTION
I63419	CEREBRAL INFARCT D/T EMBOLISM UNS MID CEREB ART
I63421	CEREBRAL INFARCT D/T EMBOLISM RT ANT CEREB ART
I63422	CEREBRAL INFARCT D/T EMBOLISM LT ANT CEREB ART
I63429	CEREBRAL INFARCT D/T EMBOLISM UNS ANT CEREB ART
I63431	CEREBRAL INFARCT D/T EMBOLISM RT POST CERBRL ART
I63432	CEREBRAL INFARCT D/T EMBOLISM LT POST CERBRL ART
I63439	CEREBRAL INFARCT D/T EMBOLISM UNS POST CERB ART
I63441	CEREBRAL INFARCT D/T EMBOLISM RT CEREBELLAR ART
I63442	CEREBRAL INFARCT D/T EMBOLISM LT CEREBELLAR ART
I63449	CEREBRAL INFARCT D/T EMBOLISM UNS CEREBELLAR ART
I6349	CEREBRAL INFARCT D/T EMBOLISM OTH CEREBRAL ART
I6350	CEREBRAL INFARCT D/T UNS OCCL/STEN UNS CEREB ART
I63511	CEREBRAL INFARCTION D/T UNS OCCL/STENOSIS RT MCA
I63512	CEREBRAL INFARCTION D/T UNS OCCL/STENOSIS LT MCA
I63519	CEREBRAL INFARCTION D/T UNS OCCL/STEN UNS MCA
I63521	CEREBRAL INFARCTION D/T UNS OCCL/STENOSIS RT ACA
I63522	CEREBRAL INFARCTION D/T UNS OCCL/STENOSIS LT ACA
I63529	CEREBRAL INFARCTION D/T UNS OCC/STENOSIS UNS ACA
I63531	CEREBRAL INFARCTION D/T UNS OCCL/STENOSIS RT PCA
I63532	CEREBRAL INFARCTION D/T UNS OCCL/STENOSIS LT PCA
I63539	CEREBRAL INFARCTION D/T UNS OCCL/STEN UNS PCA
I63541	CEREBRAL INFARCT UNS OCCL/STEN RT CEREBELLAR ART
I63542	CEREBRAL INFARCT UNS OCCL/STEN LT CEREBELLAR ART
I63549	CEREBRAL INFARCT UNS OCCL/STEN UNS CEREBELLR ART
I6359	CEREBRAL INFARCT UNS OCCL/STEN OTH CEREBRAL ART
I636	CEREBRAL INFARCT D/T CEREB VN THROMB NONPYOGENIC
I638	OTHER CEREBRAL INFARCTION
I639	CEREBRAL INFARCTION UNSPECIFIED
I6601	OCCLUSION & STENOSIS RT MIDDLE CEREBRAL ARTERY
I6602	OCCLUSION & STENOSIS LEFT MIDDLE CEREBRAL ARTERY
I6603	OCCLUSION & STENOSIS BILATERAL MIDDLE CERBRL ART
I6609	OCCLUSION & STENOSIS UNS MIDDLE CEREBRAL ARTERY
I6611	OCCLUSION & STENOSIS RT ANTERIOR CEREBRAL ARTERY
I6612	OCCLUSION & STENOSIS LT ANTERIOR CEREBRAL ARTERY
I6613	OCCLUSION & STENOSIS BILATERAL ANT CEREBRAL ART
I6619	OCCLUSION & STENOSIS UNS ANT CEREBRAL ARTERY
I6621	OCCLUSION & STENOSIS RT POSTERIOR CEREBRAL ART
I6622	OCCLUSION & STENOSIS LT POSTERIOR CEREBRAL ART
I6623	OCCLUSION & STENOSIS BILATERAL POST CERBRL ART
I6629	OCCLUSION & STENOSIS UNS POSTERIOR CEREBRAL ART
I663	OCCLUSION AND STENOSIS OF CEREBELLAR ARTERIES
I668	OCCLUSION & STENOSIS OF OTHER CEREBRAL ARTERIES
I669	OCCLUSION & STENOSIS UNSPECIFIED CEREBRAL ARTERY
I67841	REVERSIBLE CEREBRVASC VASOCONSTRICTION SYNDROME
I67848	OTHER CEREBROVASCULAR VASOSPASM VASOCONSTRICTION

CODE	DESCRIPTION
I6789	OTHER CEREBROVASCULAR DISEASE
I69351	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT DOM SIDE
I69352	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT DOM SIDE
I69353	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT NON-DOM
I69354	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT NON-DOM
I69359	HEMIPLEGIA FLW CEREBRAL INFARCT AFFCT UNS SIDE
I701	ATHEROSCLEROSIS OF RENAL ARTERY
I722	ANEURYSM OF RENAL ARTERY
I7389	OTHER SPECIFIED PERIPHERAL VASCULAR DISEASES
I739	PERIPHERAL VASCULAR DISEASE UNSPECIFIED
I82501	CHRONIC EMBO THROMB UNS DEEP VEINS RT LOW EXTREM
I82502	CHRONIC EMBO THROMB UNS DEEP VEINS LT LOW EXTREM
I82503	CHRONIC EMBO THROMB UNS DEEP VEINS LOW EXT BIL
I82509	CHRONIC EMBO THROMB UNS DEEP VEINS UNS LOW EXT
I82511	CHRONIC EMBOLISM & THROMBOSIS RIGHT FEMORAL VEIN
I82512	CHRONIC EMBOLISM & THROMBOSIS LEFT FEMORAL VEIN
I82513	CHRONIC EMBOLISM & THROMBOSIS FEMORAL VEIN BILAT
I82519	CHRONIC EMBOLISM & THROMBOSIS UNS FEMORAL VEIN
I82521	CHRONIC EMBOLISM & THROMBOSIS RIGHT ILIAC VEIN
I82522	CHRONIC EMBOLISM & THROMBOSIS OF LEFT ILIAC VEIN
I82523	CHRONIC EMBOLISM & THROMBOSIS ILIAC VEIN BILAT
I82529	CHRONIC EMBOLISM & THROMBOSIS UNS ILIAC VEIN
I82531	CHRONIC EMBOLISM & THROMBOSIS RT POPLITEAL VEIN
I82532	CHRONIC EMBOLISM & THROMBOSIS LT POPLITEAL VEIN
I82533	CHRONIC EMBOLISM & THROMBOSIS POPLITEAL VEIN BIL
I82539	CHRONIC EMBOLISM & THROMBOSIS UNS POPLITEAL VEIN
I82541	CHRONIC EMBOLISM & THROMBOSIS RIGHT TIBIAL VEIN
I82542	CHRONIC EMBOLISM & THROMBOSIS LEFT TIBIAL VEIN
I82543	CHRONIC EMBOLISM & THROMBOSIS TIBIAL VEIN BILAT
I82549	CHRONIC EMBOLISM & THROMBOSIS UNS TIBIAL VEIN
I82591	CHRON EMB & THROMB OTH SPEC DEEP VEIN RT LOW EXT
I82592	CHRON EMB & THROMB OTH SPEC DEEP VEIN LT LOW EXT
I82593	CHRON EMB & THROMB OTH SPEC DEEP VEIN LW EXT BIL
I82599	CHRON EMB & THROMB OTH SPEC DEEP VEIN UNS LW EXT
I825Y1	CHRON EMB THROMB UNS DEEP VNS RT PROX LOW EXTREM
I825Y2	CHRON EMB THROMB UNS DEEP VNS LT PROX LOW EXTREM
I825Y3	CHRON EMB THROMB UNS DEEP VNS PROX LW EXTREM BIL
I825Y9	CHRON EMB THROMB UNS DEEP VNS UNS PROX LW EXTREM
I825Z1	CHRON EMB THROMB UNS DEEP VNS RT DIST LOW EXTREM
I825Z2	CHRON EMB THROMB UNS DEEP VNS LT DIST LOW EXTREM
I825Z3	CHRON EMB THROMB UNS DEEP VNS DIST LW EXTREM BIL
I825Z9	CHRON EMB THROMB UNS DEEP VNS UNS DIST LW EXTREM
I97810	INTRAOP CEREBRVASCULAR INFARCT DURING CARD SURG
I97811	INTRAOP CEREBRVASC INFARCTION DURING OTH SURGERY
I97820	POSTPROC CEREBRVASC INFARCT DURING CARD SURGERY

CODE	DESCRIPTION
I97821	POSTPROC CEREBRVASC INFARCT DURING OTH SURGERY
J40	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC
J410	SIMPLE CHRONIC BRONCHITIS
J411	MUCOPURULENT CHRONIC BRONCHITIS
J418	MIXED SIMPLE AND MUCOPURULENT CHRONIC BRONCHITIS
J42	UNSPECIFIED CHRONIC BRONCHITIS
J430	UNILATERAL PULM EMPHYSEMA MACLEODS SYNDROME
J431	PANLOBULAR EMPHYSEMA
J432	CENTRILOBULAR EMPHYSEMA
J438	OTHER EMPHYSEMA
J439	EMPHYSEMA UNSPECIFIED
J440	COPD WITH ACUTE LOWER RESPIRATORY INFECTION
J441	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION
J449	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS
J4520	MILD INTERMITTENT ASTHMA UNCOMPLICATED
J4521	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION
J4522	MILD INTERMITTENT ASTHMA WITH STATUS ASTHMATICUS
J4530	MILD PERSISTENT ASTHMA UNCOMPLICATED
J4531	MILD PERSISTENT ASTHMA WITH ACUTE EXACERBATION
J4532	MILD PERSISTENT ASTHMA WITH STATUS ASTHMATICUS
J4540	MODERATE PERSISTENT ASTHMA UNCOMPLICATED
J4541	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION
J4542	MODERATE PERSISTENT ASTHMA W/STATUS ASTHMATICUS
J4550	SEVERE PERSISTENT ASTHMA UNCOMPLICATED
J4551	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION
J4552	SEVERE PERSISTENT ASTHMA WITH STATUS ASTHMATICUS
J45901	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION
J45902	UNSPECIFIED ASTHMA WITH STATUS ASTHMATICUS
J45909	UNSPECIFIED ASTHMA UNCOMPLICATED
J45990	EXERCISE INDUCED BRONCHOSPASM
J45991	COUGH VARIANT ASTHMA
J45998	OTHER ASTHMA
J470	BRONCHIECTASIS W/ACUTE LOWER RESPIRATORY INF
J471	BRONCHIECTASIS WITH ACUTE EXACERBATION
J479	BRONCHIECTASIS UNCOMPLICATED
J65	PNEUMOCONIOSIS ASSOCIATED WITH TUBERCULOSIS
K1231	ORAL MUCOSITIS ULCERATIVE D/T ANTINEOPLASTIC TX
K2920	ALCOHOLIC GASTRITIS WITHOUT BLEEDING
K2921	ALCOHOLIC GASTRITIS WITH BLEEDING
K560	PARALYTIC ILEUS
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES

CODE	DESCRIPTION
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K767	HEPATORENAL SYNDROME
K9420	GASTROSTOMY COMPLICATION UNSPECIFIED
K9421	GASTROSTOMY HEMORRHAGE
K9422	GASTROSTOMY INFECTION
K9423	GASTROSTOMY MALFUNCTION
K9429	OTHER COMPLICATIONS OF GASTROSTOMY
L1081	PARANEOPLASTIC PEMPHIGUS
M1030	GOUT DUE TO RENAL IMPAIRMENT UNSPECIFIED SITE
M10311	GOUT DUE TO RENAL IMPAIRMENT RIGHT SHOULDER
M10312	GOUT DUE TO RENAL IMPAIRMENT LEFT SHOULDER
M10319	GOUT DUE TO RENAL IMPAIRMENT UNS SHOULDER
M10321	GOUT DUE TO RENAL IMPAIRMENT RIGHT ELBOW
M10322	GOUT DUE TO RENAL IMPAIRMENT LEFT ELBOW
M10329	GOUT DUE TO RENAL IMPAIRMENT UNSPECIFIED ELBOW
M10331	GOUT DUE TO RENAL IMPAIRMENT RIGHT WRIST
M10332	GOUT DUE TO RENAL IMPAIRMENT LEFT WRIST
M10339	GOUT DUE TO RENAL IMPAIRMENT UNSPECIFIED WRIST
M10341	GOUT DUE TO RENAL IMPAIRMENT RIGHT HAND
M10342	GOUT DUE TO RENAL IMPAIRMENT LEFT HAND
M10349	GOUT DUE TO RENAL IMPAIRMENT UNSPECIFIED HAND
M10351	GOUT DUE TO RENAL IMPAIRMENT RIGHT HIP
M10352	GOUT DUE TO RENAL IMPAIRMENT LEFT HIP
M10359	GOUT DUE TO RENAL IMPAIRMENT UNSPECIFIED HIP
M10361	GOUT DUE TO RENAL IMPAIRMENT RIGHT KNEE
M10362	GOUT DUE TO RENAL IMPAIRMENT LEFT KNEE
M10369	GOUT DUE TO RENAL IMPAIRMENT UNSPECIFIED KNEE
M10371	GOUT DUE TO RENAL IMPAIRMENT RIGHT ANKLE & FOOT
M10372	GOUT DUE TO RENAL IMPAIRMENT LEFT ANKLE AND FOOT
M10379	GOUT DUE TO RENAL IMPAIRMENT UNS ANKLE & FOOT
M1038	GOUT DUE TO RENAL IMPAIRMENT VERTEBRAE
M1039	GOUT DUE TO RENAL IMPAIRMENT MULTIPLE SITES
M3214	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS
M3215	TUBULO-INTRST NEPHROPATH SYS LUPUS ERYTHEMATOSUS

CODE	DESCRIPTION
M360	DERMATOPOLYMYOSITIS IN NEOPLASTIC DISEASE
M361	ARTHROPATHY IN NEOPLASTIC DISEASE
M623	IMMOBILITY SYNDROME PARAPLEGIC
M8450XA	PATH FX NEOPLASTIC DZ UNS SITE INIT ENC FX
M8450XD	PATH FX NEOPLASTIC DZ UNS SITE SUB ENC RTN HEAL
M8450XG	PATH FX NEOPLASTIC DZ UNS SITE SUB ENC DLAY HEAL
M8450XK	PATH FX NEOPLASTIC DZ UNS SITE SUB ENC NONUNION
M8450XP	PATH FX NEOPLASTIC DZ UNS SITE SUB ENC MALUNION
M8450XS	PATHOLOGICAL FX NEOPLASTIC DISEASE UNS SITE SEQ
M84511A	PATH FX NEOPLASTIC DZ RT SHOULDER INIT ENC
M84511D	PATH FX NEOPLASTIC DZ RT SHLDR SUB ENC RTN HEAL
M84511G	PATH FX NEOPLASTIC DZ RT SHLDR SUB ENC DLAY HEAL
M84511K	PATH FX NEOPLASTIC DZ RT SHLDR SUB ENC NONUNION
M84511P	PATH FX NEOPLASTIC DZ RT SHLDR SUB ENC MALUNION
M84511S	PATHOLOGICAL FX NEOPLASTIC DZ RT SHOULDER SEQ
M84512A	PATH FX NEOPLASTIC DZ LT SHOULDER INIT ENC
M84512D	PATH FX NEOPLASTIC DZ LT SHLDR SUB ENC RTN HEAL
M84512G	PATH FX NEOPLASTIC DZ LT SHLDR SUB ENC DLAY HEAL
M84512K	PATH FX NEOPLASTIC DZ LT SHLDR SUB ENC NONUNION
M84512P	PATH FX NEOPLASTIC DZ LT SHLDR SUB ENC MALUNION
M84512S	PATHOLOGICAL FX NEOPLASTIC DZ LT SHOULDER SEQ
M84519A	PATH FX NEOPLASTIC DZ UNS SHOULDER INIT ENC
M84519D	PATH FX NEOPLASTIC DZ UNS SHLDR SUB ENC RTN HEAL
M84519G	PATH FX NEOPLASTIC DZ UNS SHLDR SUB DLAY HEAL
M84519K	PATH FX NEOPLASTIC DZ UNS SHLDR SUB ENC NONUNION
M84519P	PATH FX NEOPLASTIC DZ UNS SHLDR SUB ENC MALUNION
M84519S	PATHOLOGICAL FX NEOPLASTIC DZ UNS SHOULDER SEQ
M84521A	PATH FX NEOPLASTIC DZ RT HUMERUS INIT ENC FX
M84521D	PATH FX NEOPLASTIC DZ RT HUMERUS SUB ENC RTN HL
M84521G	PATH FX NEOPLASTIC DZ RT HUMERUS SUB ENC DLAY HL
M84521K	PATH FX NEOPLASTIC DZ RT HUMERUS SUB ENC NONUN
M84521P	PATH FX NEOPLASTIC DZ RT HUMERUS SUB ENC MALUN
M84521S	PATHOLOGICAL FX NEOPLASTIC DISEASE RT HUM SEQ
M84522A	PATH FX NEOPLASTIC DZ LT HUMERUS INIT ENC FX
M84522D	PATH FX NEOPLASTIC DZ LT HUMERUS SUB ENC RTN HL
M84522G	PATH FX NEOPLASTIC DZ LT HUMERUS SUB ENC DLAY HL
M84522K	PATH FX NEOPLASTIC DZ LT HUMERUS SUB ENC NONUN
M84522P	PATH FX NEOPLASTIC DZ LT HUMERUS SUB ENC MALUN
M84522S	PATHOLOGICAL FX NEOPLASTIC DZ LT HUMERUS SEQ
M84529A	PATH FX NEOPLASTIC DZ UNS HUMERUS INIT ENC FX
M84529D	PATH FX NEOPLASTIC DZ UNS HUMERUS SUB ENC RTN
M84529G	PATH FX NEOPLASTIC DZ UNS HUMERUS SUB ENC DLAY
M84529K	PATH FX NEOPLASTIC DZ UNS HUMERUS SUB ENC NONUN
M84529P	PATH FX NEOPLASTIC DZ UNS HUMERUS SUB ENC MALUN
M84529S	PATHOLOGICAL FX NEOPLASTIC DZ UNS HUMERUS SEQ

CODE	DESCRIPTION
M84531A	PATH FX NEOPLASTIC DZ RT ULNA INIT ENCOUNTER FX
M84531D	PATH FX NEOPLASTIC DZ RT ULNA SUB ENC RTN HEAL
M84531G	PATH FX NEOPLASTIC DZ RT ULNA SUB ENC DLAY HEAL
M84531K	PATH FX NEOPLASTIC DZ RT ULNA SUB ENC NONUNION
M84531P	PATH FX NEOPLASTIC DZ RT ULNA SUB ENC MALUNION
M84531S	PATHOLOGICAL FX NEOPLASTIC DISEASE RT ULNA SEQ
M84532A	PATH FX NEOPLASTIC DZ LT ULNA INIT ENCOUNTER FX
M84532D	PATH FX NEOPLASTIC DZ LT ULNA SUB ENC RTN HEAL
M84532G	PATH FX NEOPLASTIC DZ LT ULNA SUB ENC DLAY HEAL
M84532K	PATH FX NEOPLASTIC DZ LT ULNA SUB ENC NONUNION
M84532P	PATH FX NEOPLASTIC DZ LT ULNA SUB ENC MALUNION
M84532S	PATH FX NEOPLASTIC DISEASE LT ULNA SEQUELA
M84533A	PATH FX NEOPLASTIC DZ RT RADIUS INIT ENCOUNTR FX
M84533D	PATH FX NEOPLASTIC DZ RT RADIUS SUB ENC RTN HEAL
M84533G	PATH FX NEOPLASTIC DZ RT RADIUS SUB ENC DLAY HL
M84533K	PATH FX NEOPLASTIC DZ RT RADIUS SUB ENC NONUN
M84533P	PATH FX NEOPLASTIC DZ RT RADIUS SUB ENC MALUN
M84533S	PATHOLOGICAL FX NEOPLASTIC DISEASE RT RADIUS SEQ
M84534A	PATH FX NEOPLASTIC DZ LT RADIUS INIT ENCOUNTR FX
M84534D	PATH FX NEOPLASTIC DZ LT RADIUS SUB ENC RTN HEAL
M84534G	PATH FX NEOPLASTIC DZ LT RADIUS SUB ENC DLAY HL
M84534K	PATH FX NEOPLASTIC DZ LT RADIUS SUB ENC NONUN
M84534P	PATH FX NEOPLASTIC DZ LT RADIUS SUB ENC MALUN
M84534S	PATHOLOGICAL FX NEOPLASTIC DISEASE LT RADIUS SEQ
M84539A	PATH FX NEOPLASTIC DZ UNS ULNA RADIUS INIT ENC
M84539D	PATH FX NEOPLASTIC DZ UNS ULNA RADIUS SUB RTN
M84539G	PATH FX NEOPLASTIC DZ UNS ULNA RADIUS SUB DLAY
M84539K	PATH FX NEOPLASTIC DZ UNS ULNA RADIUS SUB NONUN
M84539P	PATH FX NEOPLASTIC DZ UNS ULNA RADIUS SUB MALUN
M84539S	PATHOLOGICAL FX NEOPLASTIC DZ UNS ULN RADIUS SEQ
M84541A	PATH FX NEOPLASTIC DZ RT HAND INIT ENCOUNTER FX
M84541D	PATH FX NEOPLASTIC DZ RT HAND SUB ENC RTN HEAL
M84541G	PATH FX NEOPLASTIC DZ RT HAND SUB ENC DLAY HEAL
M84541K	PATH FX NEOPLASTIC DZ RT HAND SUB ENC NONUNION
M84541P	PATH FX NEOPLASTIC DZ RT HAND SUB ENC MALUNION
M84541S	PATHOLOGICAL FX NEOPLASTIC DISEASE RT HAND SEQ
M84542A	PATH FX NEOPLASTIC DZ LT HAND INIT ENCOUNTER FX
M84542D	PATH FX NEOPLASTIC DZ LT HAND SUB ENC RTN HEAL
M84542G	PATH FX NEOPLASTIC DZ LT HAND SUB ENC DLAY HEAL
M84542K	PATH FX NEOPLASTIC DZ LT HAND SUB ENC NONUNION
M84542P	PATH FX NEOPLASTIC DZ LT HAND SUB ENC MALUNION
M84542S	PATHOLOGICAL FX NEOPLASTIC DISEASE LT HAND SEQ
M84549A	PATH FX NEOPLASTIC DZ UNS HAND INIT ENCOUNTER FX
M84549D	PATH FX NEOPLASTIC DZ UNS HAND SUB ENC RTN HEAL
M84549G	PATH FX NEOPLASTIC DZ UNS HAND SUB ENC DLAY HEAL

CODE	DESCRIPTION
M84549K	PATH FX NEOPLASTIC DZ UNS HAND SUB ENC NONUNION
M84549P	PATH FX NEOPLASTIC DZ UNS HAND SUB ENC MALUNION
M84549S	PATHOLOGICAL FX NEOPLASTIC DISEASE UNS HAND SEQ
M84550A	PATHOLOGICAL FX NEOPLASTIC DZ PELVIS INIT ENC FX
M84550D	PATH FX NEOPLASTIC DZ PELVIS SUB ENC FX RTN HEAL
M84550G	PATH FX NEOPLASTIC DZ PELVIS SUB ENC DELAY HEAL
M84550K	PATH FX NEOPLASTIC DZ PELVIS SUB ENC FX NONUNION
M84550P	PATH FX NEOPLASTIC DZ PELVIS SUB ENC FX MALUNION
M84550S	PATHL FX NEOPLASTIC DISEASE PELVIS SEQUELA
M84551A	PATHOLOGICAL FX NEOPLASTIC DZ RT FEMUR INIT ENC
M84551D	PATH FX NEOPLASTIC DZ RT FEMUR SUB ENC RTN HEAL
M84551G	PATH FX NEOPLASTIC DZ RT FEMUR SUB ENC DLAY HEAL
M84551K	PATH FX NEOPLASTIC DZ RT FEMUR SUB ENC NONUNION
M84551P	PATH FX NEOPLASTIC DZ RT FEMUR SUB ENC MALUNION
M84551S	PATHOLOGICAL FX NEOPLASTIC DISEASE RT FEMUR SEQ
M84552A	PATHOLOGICAL FX NEOPLASTIC DZ LT FEMUR INIT ENC
M84552D	PATH FX NEOPLASTIC DZ LT FEMUR SUB ENC RTN HEAL
M84552G	PATH FX NEOPLASTIC DZ LT FEMUR SUB ENC DLAY HEAL
M84552K	PATH FX NEOPLASTIC DZ LT FEMUR SUB ENC NONUNION
M84552P	PATH FX NEOPLASTIC DZ LT FEMUR SUB ENCMALUNION
M84552S	PATHOLOGICAL FX NEOPLASTIC DISEASE LT FEMUR SEQ
M84553A	PATH FX NEOPLASTIC DZ UNS FEMUR INIT ENCOUNTER
M84553D	PATH FX NEOPLASTIC DZ UNS FEMUR SUB ENC RTN HEAL
M84553G	PATH FX NEOPLASTIC DZ UNS FEMUR SUB ENC DELAY
M84553K	PATH FX NEOPLASTIC DZ UNS FEMUR SUB ENC NONUNION
M84553P	PATH FX NEOPLASTIC DZ UNS FEMUR SUB ENC MALUNION
M84553S	PATHOLOGICAL FX NEOPLASTIC DISEASE UNS FEMUR SEQ
M84559A	PATH FX NEOPLASTIC DZ HIP UNS INIT ENCOUNTER FX
M84559D	PATH FX NEOPLASTIC DZ HIP UNS SUB ENC RTN HEAL
M84559G	PATH FX NEOPLASTIC DZ HIP UNS SUB ENC DELAY HEAL
M84559K	PATH FX NEOPLASTIC DZ HIP UNS SUB ENC NONUNION
M84559P	PATH FX NEOPLASTIC DZ HIP UNS SUB ENC MALUNION
M84559S	PATHOLOGICAL FX NEOPLASTIC DISEASE HIP UNS SEQ
M84561A	PATH FX NEOPLASTIC DZ RT TIBIA INIT ENCOUNTER FX
M84561D	PATH FX NEOPLASTIC DZ RT TIBIA SUB ENC RTN HEAL
M84561G	PATH FX NEOPLASTIC DZ RT TIBIA SUB ENC DLAY HEAL
M84561K	PATH FX NEOPLASTIC DZ RT TIBIA SUB ENC NONUNION
M84561P	PATH FX NEOPLASTIC DZ RT TIBIA SUB ENC MALUNION
M84561S	PATHOLOGICAL FX NEOPLASTIC DISEASE RT TIBIA SEQ
M84562A	PATH FX NEOPLASTIC DZ LT TIBIA INIT ENC FX
M84562D	PATH FX NEOPLASTIC DZ LT TIBIA SUB ENC RTN HEAL
M84562G	PATH FX NEOPLASTIC DZ LT TIBIA SUB ENC DLAY HEAL
M84562K	PATH FX NEOPLASTIC DZ LT TIBIA SUB ENC NONUNION
M84562P	PATH FX NEOPLASTIC DZ LT TIBIA SUB ENC MALUNION
M84562S	PATHOLOGICAL FX NEOPLASTIC DISEASE LT TIBIA SEQ

CODE	DESCRIPTION
M84563A	PATHL FX NEOPLASTIC DZ RT FIBULA INIT ENC FX
M84563D	PATH FX NEOPLASTIC DZ RT FIBULA SUB ENC RTN HEAL
M84563G	PATH FX NEOPLASTIC DZ RT FIBULA SUB ENC DLAY HEA
M84563K	PATH FX NEOPLASTIC DZ RT FIBULA SUB ENC NONUNION
M84563P	PATH FX NEOPLASTIC DZ RT FIBULA SUB ENC MALUNION
M84563S	PATHOLOGICAL FX NEOPLASTIC DZ RT FIBULA SEQ
M84564A	PATH FX NEOPLASTIC DZ LT FIBULA INIT ENC FX
M84564D	PATH FX NEOPLASTIC DZ LT FIBULA SUB ENC RTN HEAL
M84564G	PATH FX NEOPLASTIC DZ LT FIBULA SUB ENC DELAY
M84564K	PATH FX NEOPLASTIC DZ LT FIBULA SUB ENC NONUNION
M84564P	PATH FX NEOPLASTIC DZ LT FIBULA SUB ENC MALUNION
M84564S	PATHOLOGICAL FX NEOPLASTIC DZ LT FIBULA SEQ
M84569A	PATH FX NEOPLASTIC DZ UNS TIB FIB INIT ENC FX
M84569D	PATH FX NEOPLASTIC DZ UNS TIB FIB SUB ENC RTN
M84569G	PATH FX NEOPLASTIC DZ UNS TIB FIB SUB ENC DELAY
M84569K	PATH FX NEOPLASTIC DZ UNS TIB FIB SUB ENC NONUN
M84569P	PATH FX NEOPLASTIC DZ UNS TIB FIB SUB ENC MALUN
M84569S	PATH FX NEOPLASTIC DZ UNS TIBIA FIBULA SEQUELA
M84571A	PATH FX NEOPLASTIC DZ RT ANKLE INIT ENC FX
M84571D	PATH FX NEOPLASTIC DZ RT ANKLE SUB ENC RTN HEAL
M84571G	PATH FX NEOPLASTIC DZ RT ANKLE SUB ENC DLAY HEAL
M84571K	PATH FX NEOPLASTIC DZ RT ANKLE SUB ENC NONUNION
M84571P	PATH FX NEOPLASTIC DZ RT ANKLE SUB ENC MALUNION
M84571S	PATHOLOGICAL FX NEOPLASTIC DZ RT ANKLE SEQ
M84572A	PATH FX NEOPLASTIC DZ LT ANKLE INIT ENC FX
M84572D	PATH FX NEOPLASTIC DZ LT ANKLE SUB ENC RTN HEAL
M84572G	PATH FX NEOPLASTIC DZ LT ANKLE SUB ENC DLAY HEAL
M84572K	PATH FX NEOPLASTIC DZ LT ANKLE SUB ENC NONUNION
M84572P	PATH FX NEOPLASTIC DZ LT ANKLE SUB ENC MALUNION
M84572S	PATH FX NEOPLASTIC DISEASE LT ANKLE SEQUELA
M84573A	PATH FX NEOPLASTIC DZ UNS ANKLE INIT ENC FX
M84573D	PATH FX NEOPLASTIC DZ UNS ANKLE SUB ENC RTN HEAL
M84573G	PATH FX NEOPLASTIC DZ UNS ANKLE SUB ENC DELAY
M84573K	PATH FX NEOPLASTIC DZ UNS ANKLE SUB ENC NONUNION
M84573P	PATH FX NEOPLASTIC DZ UNS ANKLE SUB ENC MALUNION
M84573S	PATH FX NEOPLASTIC DISEASE UNS ANKLE SEQUELA
M84574A	PATHOLOGICAL FX NEOPLASTIC DZ RT FOOT INIT ENC
M84574D	PATH FX NEOPLASTIC DZ RT FOOT SUB ENC RTN HEAL
M84574G	PATH FX NEOPLASTIC DZ RT FOOT SUB ENC DLAY HEAL
M84574K	PATH FX NEOPLASTIC DZ RT FOOT SUB ENC NONUNION
M84574P	PATH FX NEOPLASTIC DZ RT FOOT SUB ENC MALUNION
M84574S	PATH FX NEOPLASTIC DISEASE RT FOOT SEQUELA
M84575A	PATHOLOGICAL FX NEOPLASTIC DZ LT FOOT INIT ENC
M84575D	PATH FX NEOPLASTIC DZ LT FOOT SUB ENC RTN HEAL
M84575G	PATH FX NEOPLASTIC DZ LT FOOT SUB ENC DLAY HEAL

CODE	DESCRIPTION
M84575K	PATH FX NEOPLASTIC DZ LT FOOT SUB ENC NONUNION
M84575P	PATH FX NEOPLASTIC DZ LT FOOT SUB ENC MALUNION
M84575S	PATH FX NEOPLASTIC DISEASE LT FOOT SEQUELA
M84576A	PATHOLOGICAL FX NEOPLASTIC DZ UNS FOOT INIT ENC
M84576D	PATH FX NEOPLASTIC DZ UNS FOOT SUB ENC RTN HEAL
M84576G	PATH FX NEOPLASTIC DZ UNS FOOT SUB ENC DLAY HEAL
M84576K	PATH FX NEOPLASTIC DZ UNS FOOT SUB ENC NONUNION
M84576P	PATH FX NEOPLASTIC DZ UNS FOOT SUB ENC MALUNION
M84576S	PATH FX NEOPLASTIC DISEASE UNS FOOT SEQUELA
M8458XA	PATH FX NEOPLASTIC DZ OTHER SPEC INIT ENC FX
M8458XD	PATH FX NEOPLASTIC DZ OTH SPEC SUB ENC RTN HEAL
M8458XG	PATH FX NEOPLASTIC DZ OTH SPEC SUB ENC DLAY HEAL
M8458XK	PATH FX NEOPLASTIC DZ OTH SPEC SUB ENC NONUNION
M8458XP	PATH FX NEOPLASTIC DZ OTH SPEC SUB ENC MALUNION
M8458XS	PATHOLOGICAL FX NEOPLASTIC DISEASE OTH SPEC SEQ
M8630	CHRONIC MULTIFOCAL OSTEOMYELITIS UNS SITE
M86311	CHRONIC MULTIFOCAL OSTEOMYELITIS RIGHT SHOULDER
M86312	CHRONIC MULTIFOCAL OSTEOMYELITIS LEFT SHOULDER
M86319	CHRONIC MULTIFOCAL OSTEOMYELITIS UNS SHOULDER
M86321	CHRONIC MULTIFOCAL OSTEOMYELITIS RIGHT HUMERUS
M86322	CHRONIC MULTIFOCAL OSTEOMYELITIS LEFT HUMERUS
M86329	CHRONIC MULTIFOCAL OSTEOMYELITIS UNS HUMERUS
M86331	CHRONIC MULTIFOCAL OSTEOMYELITIS RT RADIUS ULNA
M86332	CHRONIC MULTIFOCAL OSTEOMYELITIS LT RADIUS ULNA
M86339	CHRONIC MULTIFOCAL OSTEOMYELITIS UNS RADIUS ULNA
M86341	CHRONIC MULTIFOCAL OSTEOMYELITIS RIGHT HAND
M86342	CHRONIC MULTIFOCAL OSTEOMYELITIS LEFT HAND
M86349	CHRONIC MULTIFOCAL OSTEOMYELITIS UNS HAND
M86351	CHRONIC MULTIFOCAL OSTEOMYELITIS RIGHT FEMUR
M86352	CHRONIC MULTIFOCAL OSTEOMYELITIS LEFT FEMUR
M86359	CHRONIC MULTIFOCAL OSTEOMYELITIS UNS FEMUR
M86361	CHRONIC MULTIFOCAL OSTEOMYELITIS RT TIBIA FIBULA
M86362	CHRONIC MULTIFOCAL OSTEOMYELITIS LT TIBIA FIBULA
M86369	CHRONIC MULTIFOCAL OSTEOMYELITIS UNS TIBIA FIB
M86371	CHRONIC MULTIFOCAL OSTEOMYELITIS RT ANKLE & FOOT
M86372	CHRONIC MULTIFOCAL OSTEOMYELITIS LT ANKLE & FOOT
M86379	CHRONIC MULTIFOCAL OSTEOMYELITIS UNS ANKLE FOOT
M8638	CHRONIC MULTIFOCAL OSTEOMYELITIS OTHER SITE
M8639	CHRONIC MULTIFOCAL OSTEOMYELITIS MULTIPLE SITES
M8640	CHRONIC OSTEOMYELITIS W/DRAINING SINUS UNS SITE
M86411	CHRONIC OSTEOMYELITIS DRAINING SINUS RT SHOULDER
M86412	CHRONIC OSTEOMYELITIS DRAINING SINUS LT SHOULDER
M86419	CHRONIC OSTEOMYELITIS DRAINING SINUS UNS SHOULDR
M86421	CHRONIC OSTEOMYELITIS DRAINING SINUS RT HUMERUS
M86422	CHRONIC OSTEOMYELITIS DRAINING SINUS LT HUMERUS

CODE	DESCRIPTION
M86429	CHRONIC OSTEOMYELITIS DRAINING SINUS UNS HUMERUS
M86431	CHRONIC OSTEOMYELITIS DRAIN SINUS RT RAD & ULNA
M86432	CHRONIC OSTEOMYELITIS DRAIN SINUS LT RAD & ULNA
M86439	CHRONIC OSTEOMYELITIS DRAIN SINUS UNS RAD & ULNA
M86441	CHRONIC OSTEOMYELITIS W/DRAINING SINUS RT HAND
M86442	CHRONIC OSTEOMYELITIS W/DRAINING SINUS LT HAND
M86449	CHRONIC OSTEOMYELITIS W/DRAINING SINUS UNS HAND
M86451	CHRONIC OSTEOMYELITIS W/DRAINING SINUS RT FEMUR
M86452	CHRONIC OSTEOMYELITIS W/DRAINING SINUS LT FEMUR
M86459	CHRONIC OSTEOMYELITIS W/DRAINING SINUS UNS FEMUR
M86461	CHRONIC OSTEOMYELITIS DRAIN SINUS RT TIB & FIB
M86462	CHRONIC OSTEOMYELITIS DRAIN SINUS LT TIB & FIB
M86469	CHRONIC OSTEOMYELITIS DRAIN SINUS UNS TIB & FIB
M86471	CHRONIC OSTEOMYELITIS DRAIN SINUS RT ANK & FOOT
M86472	CHRONIC OSTEOMYELITIS DRAIN SINUS LT ANK & FOOT
M86479	CHRONIC OSTEOMYELITIS DRAIN SINUS UNS ANK & FOOT
M8648	CHRONIC OSTEOMYELITIS W/DRAINING SINUS OTH SITE
M8649	CHRONIC OSTEOMYELITIS W/DRAINING SINUS MX SITES
M8650	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS UNS SITE
M86511	OTH CHRONIC HEMATOGENOUS OSTEOMYEL RT SHOULDER
M86512	OTH CHRONIC HEMATOGENOUS OSTEOMYEL LT SHOULDER
M86519	OTH CHRONIC HEMATOGENOUS OSTEOMYEL UNS SHOULDER
M86521	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS RT HUM
M86522	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS LT HUM
M86529	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS UNS HUM
M86531	OTHER CHRON HEMATOGENOUS OSTEOMYEL RT RAD & ULNA
M86532	OTHER CHRON HEMATOGENOUS OSTEOMYEL LT RAD & ULNA
M86539	OTH CHRON HEMATOGENOUS OSTEOMYEL UNS RAD & ULNA
M86541	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS RT HAND
M86542	OTHER CHRONIC HEMATOGENOUS OSTEOMYELITIS LT HAND
M86549	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS UNS HAND
M86551	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS RT FEMUR
M86552	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS LT FEMUR
M86559	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS UNS FEMUR
M86561	OTH CHRON HEMATOGEN OSTEOMYEL RT TIBIA & FIBULA
M86562	OTH CHRON HEMATOGEN OSTEOMYEL LT TIBIA & FIBULA
M86569	OTH CHRN HEMATOGEN OSTEOMYEL UNS TIBIA & FIBULA
M86571	OTH CHRONIC HEMATOGENOUS OSTEOMYEL RT ANK FOOT
M86572	OTH CHRONIC HEMATOGENOUS OSTEOMYEL LT ANK FOOT
M86579	OTH CHRONIC HEMATOGENOUS OSTEOMYEL UNS ANK FT
M8658	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS OTH SITE
M8659	OTH CHRONIC HEMATOGENOUS OSTEOMYELITIS MX SITES
M8660	OTHER CHRONIC OSTEOMYELITIS UNSPECIFIED SITE
M86611	OTHER CHRONIC OSTEOMYELITIS RIGHT SHOULDER
M86612	OTHER CHRONIC OSTEOMYELITIS LEFT SHOULDER

CODE	DESCRIPTION
M86619	OTHER CHRONIC OSTEOMYELITIS UNSPECIFIED SHOULDER
M86621	OTHER CHRONIC OSTEOMYELITIS RIGHT HUMERUS
M86622	OTHER CHRONIC OSTEOMYELITIS LEFT HUMERUS
M86629	OTHER CHRONIC OSTEOMYELITIS UNSPECIFIED HUMERUS
M86631	OTHER CHRONIC OSTEOMYELITIS RIGHT RADIUS & ULNA
M86632	OTHER CHRONIC OSTEOMYELITIS LEFT RADIUS AND ULNA
M86639	OTHER CHRONIC OSTEOMYELITIS UNS RADIUS AND ULNA
M86641	OTHER CHRONIC OSTEOMYELITIS RIGHT HAND
M86642	OTHER CHRONIC OSTEOMYELITIS LEFT HAND
M86649	OTHER CHRONIC OSTEOMYELITIS UNSPECIFIED HAND
M86651	OTHER CHRONIC OSTEOMYELITIS RIGHT THIGH
M86652	OTHER CHRONIC OSTEOMYELITIS LEFT THIGH
M86659	OTHER CHRONIC OSTEOMYELITIS UNSPECIFIED THIGH
M86661	OTHER CHRONIC OSTEOMYELITIS RIGHT TIBIA & FIBULA
M86662	OTHER CHRONIC OSTEOMYELITIS LEFT TIBIA & FIBULA
M86669	OTHER CHRONIC OSTEOMYELITIS UNS TIBIA & FIBULA
M86671	OTHER CHRONIC OSTEOMYELITIS RIGHT ANKLE AND FOOT
M86672	OTHER CHRONIC OSTEOMYELITIS LEFT ANKLE AND FOOT
M86679	OTHER CHRONIC OSTEOMYELITIS UNS ANKLE & FOOT
M8668	OTHER CHRONIC OSTEOMYELITIS OTHER SITE
M8669	OTHER CHRONIC OSTEOMYELITIS MULTIPLE SITES
M9060	OSTEITIS DEFORMANS NEOPLASTIC DISEASES UNS SITE
M90611	OSTEITIS DEFORMANS NEOPLASTIC DZ RT SHOULDER
M90612	OSTEITIS DEFORMANS NEOPLASTIC DZ LT SHOULDER
M90619	OSTEITIS DEFORMANS NEOPLASTIC DZ UNS SHOULDER
M90621	OSTEITIS DEFORMANS NEOPLASTIC DZ RT UPPER ARM
M90622	OSTEITIS DEFORMANS NEOPLASTIC DZ LT UPPER ARM
M90629	OSTEITIS DEFORMANS NEOPLASTIC DZ UNS UPPER ARM
M90631	OSTEITIS DEFORMANS NEOPLASTIC DZ RT FOREARM
M90632	OSTEITIS DEFORMANS NEOPLASTIC DZ LT FOREARM
M90639	OSTEITIS DEFORMANS NEOPLASTIC DZ UNS FOREARM
M90641	OSTEITIS DEFORMANS NEOPLASTIC DISEASES RT HAND
M90642	OSTEITIS DEFORMANS NEOPLASTIC DISEASES LEFT HAND
M90649	OSTEITIS DEFORMANS NEOPLASTIC DISEASES UNS HAND
M90651	OSTEITIS DEFORMANS NEOPLASTIC DISEASES RT THIGH
M90652	OSTEITIS DEFORMANS NEOPLASTIC DISEASES LT THIGH
M90659	OSTEITIS DEFORMANS NEOPLASTIC DISEASES UNS THIGH
M90661	OSTEITIS DEFORMANS NEOPLASTIC DZ RT LOWER LEG
M90662	OSTEITIS DEFORMANS NEOPLASTIC DZ LT LOWER LEG
M90669	OSTEITIS DEFORMANS NEOPLASTIC DZ UNS LOWER LEG
M90671	OSTEITIS DEFORMANS NEOPLASTIC DZ RT ANK FOOT
M90672	OSTEITIS DEFORMANS NEOPLASTIC DZ LT ANK FOOT
M90679	OSTEITIS DEFORMANS NEOPLASTIC DZ UNS ANK FOOT
M9068	OSTEITIS DEFORMANS NEOPLASTIC DISEASES OTH SITE
M9069	OSTEITIS DEFORMANS NEOPLASTIC DZ MULTIPLE SITES

CODE	DESCRIPTION
N000	ACUTE NEPHRITIC SYND W/MINOR GLOMERULAR ABNORM
N001	ACUTE NEPHRITIC SYND W/FOCL & SEG GLOMERULAR LES
N002	ACUTE NEPHRITIC SYNDROME W/DIFFUSE MEMBRANOUS GN
N003	AC NEPHRITIC SYND W/DIFFUSE MESANGIAL PROLIF GN
N004	AC NEPHRITIC SYND W/DIFFUSE ENDOCAP PROLIF GN
N005	AC NEPHRITIC SYND W/DIFFUSE MESANGIOCAPILLARY GN
N006	ACUTE NEPHRITIC SYND W/DENSE DEPOSIT DISEASE
N007	ACUTE NEPHRITIC SYND W/DIFFUSE CRESCENTIC GN
N008	ACUTE NEPHRITIC SYND W/OTH MORPHOLOGIC CHANGES
N009	ACUTE NEPHRITIC SYND W/UNS MORPHOLOGIC CHANGES
N010	RAPID PROGS NEPHRITIC SYND MINOR GLOMERULAR ABN
N011	RAPID PROGS NEPHRIT SYND FOCL&SEG GLOMERULAR LES
N012	RAPID PROGS NEPHRITIC SYND DIFFUSE MEMBRANOUS GN
N013	RAPID PROG NEPHRIT SYND DIFF MESANGIAL PROLIF GN
N014	RAPID PROGS NEPHRIT SYND DIFF ENDOCAP PROLIF GN
N015	RAPID PROGS NEPHRITIC SYND DIFF MESANGIOCAP GN
N016	RAPID PROGS NEPHRITIC SYND DENSE DEPOSIT DISEASE
N017	RAPID PROGS NEPHRITIC SYND DIFFUSE CRESCENTIC GN
N018	RAPID PROGS NEPHRITIC SYND OTH MORPHOLOG CHANGES
N019	RAPID PROGS NEPHRITIC SYND UNS MORPHOLOG CHANGES
N020	RECUR & PERSIST HEMATURIA W/MINOR GLOMERULAR ABN
N021	RECUR & PERSIST HEMATUR FOCL&SEG GLOMERULAR LES
N022	RECURRENT & PERSIST HEMATURIA W/DIFFUSE MEMB GN
N023	RECUR & PERSIST HEMATUR DIFF MESANGIAL PROLIF GN
N024	RECUR & PERSIST HEMATURIA DIFF ENDOCAP PROLIF GN
N025	RECUR & PERSIST HEMATURIA DIFFUSE MESANGIOCAP GN
N026	RECUR & PERSIST HEMATURIA DENSE DEPOSIT DISEASE
N027	RECUR & PERSIST HEMATURIA DIFFUSE CRESCENTIC GN
N028	RECUR & PERSIST HEMATURIA OTH MORPHOLOG CHANGES
N029	RECUR & PERSIST HEMATURIA UNS MORPHOLOG CHANGES
N030	CHRONIC NEPHRITIC SYND W/MINOR GLOMERULAR ABNORM
N031	CHRONIC NEPHRITIC SYND FOCL & SEG GLOMERULAR LES
N032	CHRONIC NEPHRITIC SYNDROME DIFFUSE MEMBRANOUS GN
N033	CHRON NEPHRITIC SYND DIFFUSE MESANGIAL PROLIF GN
N034	CHRON NEPHRITIC SYND W/DIFFUSE ENDOCAP PROLIF GN
N035	CHRONIC NEPHRITIC SYND W/DIFFUSE MESANGIOCAP GN
N036	CHRONIC NEPHRITIC SYND W/DENSE DEPOSIT DISEASE
N037	CHRONIC NEPHRITIC SYND W/DIFFUSE CRESCENTIC GN
N038	CHRONIC NEPHRITIC SYND W/OTH MORPHOLOGIC CHANGES
N039	CHRONIC NEPHRITIC SYND W/UNS MORPHOLOGIC CHANGES
N040	NEPHROTIC SYNDROME W/MINOR GLOMERULAR ABNORM
N041	NEPHROTIC SYNDROME W/FOCL & SEG GLOMERULAR LES
N042	NEPHROTIC SYNDROME W/DIFFUSE MEMBRANOUS GN
N043	NEPHROTIC SYND W/DIFFUSE MESANGIAL PROLIF GN
N044	NEPHROTIC SYND W/DIFFUSE ENDOCAPILLARY PROLIF GN

CODE	DESCRIPTION
N045	NEPHROTIC SYND W/DIFFUSE MESANGIOCAPILLARY GN
N046	NEPHROTIC SYNDROME WITH DENSE DEPOSIT DISEASE
N047	NEPHROTIC SYNDROME W/DIFFUSE CRESCENTIC GN
N048	NEPHROTIC SYNDROME W/ OTHER MORPHOLOGIC CHANGES
N049	NEPHROTIC SYNDROME W/UNS MORPHOLOGIC CHANGES
N050	UNS NEPHRITIC SYNDROME W/MINOR GLOMERULAR ABNORM
N051	UNS NEPHRITIC SYND W/FOCL & SEG GLOMERULAR LES
N052	UNS NEPHRITIC SYNDROME W/DIFFUSE MEMBRANOUS GN
N053	UNS NEPHRITIC SYND W/DIFFUSE MESANGIAL PROLIF GN
N054	UNS NEPHRITIC SYND W/DIFFUSE ENDOCAP PROLIF GN
N055	UNS NEPHRITIC SYND W/DIFFUSE MESANGIOCAPILLRY GN
N056	UNS NEPHRITIC SYNDROME W/DENSE DEPOSIT DISEASE
N057	UNS NEPHRITIC SYNDROME W/DIFFUSE CRESCENTIC GN
N058	UNS NEPHRITIC SYNDROME W/OTH MORPHOLOGIC CHANGES
N059	UNS NEPHRITIC SYNDROME W/UNS MORPHOLOGIC CHANGES
N060	ISOLATED PROTEINURIA W/MINOR GLOMERULAR ABNORM
N061	ISOLATED PROTEINURIA W/FOCL & SEG GLOMERULAR LES
N062	ISOLATED PROTEINURIA W/DIFFUSE MEMBRANOUS GN
N063	ISOLATED PROTEINURIA W/DIFF MESANGIAL PROLIF GN
N064	ISOLATED PROTEINURIA W/DIFFUSE ENDOCAP PROLIF GN
N065	ISOLATED PROTEINURIA W/DIFFUSE MESANGIOCAP GN
N066	ISOLATED PROTEINURIA WITH DENSE DEPOSIT DISEASE
N067	ISOLATED PROTEINURIA W/DIFFUSE CRESCENTIC GN
N068	ISOLATED PROTEINURIA W/ OTHER MORPHOLOGIC LESION
N069	ISOLATED PROTEINURIA W/UNS MORPHOLOGIC LESION
N070	HEREDIT NEPHROPATHY NEC W/MINOR GLOMERULAR ABN
N071	HEREDIT NEPHROPATHY NEC FOCL&SEG GLOMERULAR LES
N072	HEREDIT NEPHROPATHY NEC W/DIFFUSE MEMBRANOUS GN
N073	HEREDIT NEPHROPATHY NEC DIFF MESANGIAL PROLIF GN
N074	HEREDIT NEPHROPATHY NEC W/DIFF ENDOCAP PROLIF GN
N075	HEREDIT NEPHROPATHY NEC W/DIFFUSE MESANGIOCAP GN
N076	HEREDIT NEPHROPATHY NEC W/DENSE DEPOSIT DISEASE
N077	HEREDIT NEPHROPATHY NEC W/DIFFUSE CRESCENTIC GN
N078	HEREDITARY NEPHROPATHY NEC W/OTH MORPHOLOGIC LES
N079	HEREDITARY NEPHROPATHY NEC W/UNS MORPHOLOGIC LES
N08	GLOMERULAR DISORDERS IN DISEASES CLASSIFIED ELSW
N131	HYDRONEPHROSIS WITH URETERAL STRICTURE NEC
N132	HYDRONEPHROSIS W/RENAL & URETRL CALCULOUS OBST
N1330	UNSPECIFIED HYDRONEPHROSIS
N1339	OTHER HYDRONEPHROSIS
N134	HYDROURETER
N135	CROSSING VES & STRICT URETER W/O HYDRONEPHROSIS
N136	PYONEPHROSIS
N1370	VESICoureTERAL-REFLUX UNSPECIFIED
N1371	VESICoureTERAL-REFLUX WITHOUT REFLUX NEPHROPATHY

CODE	DESCRIPTION
N13721	VESICoureTERAL-REFLUX W/RN W/O HYDROURETER UNI
N13722	VESICoureTERAL-REFLUX W/RN W/O HYDROURETER BIL
N13729	VESICoureTERAL-REFLUX W/RN W/O HYDROURETER UNS
N13731	VESICoureTERAL-REFLUX W/RN W/HYDROURETER UNI
N13732	VESICoureTERAL-REFLUX W/RN W/HYDROURETER BIL
N13739	VESICoureTERAL-REFLUX W/RN W/HYDROURETER UNS
N138	OTHER OBSTRUCTIVE AND REFLUX UROPATHY
N139	OBSTRUCTIVE AND REFLUX UROPATHY UNSPECIFIED
N140	ANALGESIC NEPHROPATHY
N141	NEPHROPATHY INDUCED BY OTH RX MEDS & BIOL SBSTNC
N142	NEPHROPATHY INDUCED BY UNS RX MED OR BIOL SBSTNC
N143	NEPHROPATHY INDUCED BY HEAVY METALS
N144	TOXIC NEPHROPATHY NOT ELSEWHERE CLASSIFIED
N150	BALKAN NEPHROPATHY
N151	RENAL AND PERINEPHRIC ABSCESS
N158	OTHER SPEC RENAL TUBULO-INTERSTITIAL DISEASES
N159	RENAL TUBULO-INTERSTITIAL DISEASE UNSPECIFIED
N16	RENAL TUBULO-INTERSTITIAL D/O IN DZ CLASS ELSW
N170	ACUTE RENAL FAILURE WITH TUBULAR NECROSIS
N171	ACUTE KIDNEY FAILURE W/ ACUTE CORTICAL NECROSIS
N172	ACUTE KIDNEY FAILURE WITH MEDULLARY NECROSIS
N178	OTHER ACUTE KIDNEY FAILURE
N179	ACUTE KIDNEY FAILURE UNSPECIFIED
N181	CHRONIC KIDNEY DISEASE STAGE 1
N182	CHRONIC KIDNEY DISEASE STAGE 2 MILD
N183	CHRONIC KIDNEY DISEASE STAGE 3 MODERATE
N184	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE
N185	CHRONIC KIDNEY DISEASE STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE UNSPECIFIED
N19	UNSPECIFIED KIDNEY FAILURE
N250	RENAL OSTEODYSTROPHY
N251	NEPHROGENIC DIABETES INSIPIDUS
N2581	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN
N2589	OTH D/O RESULT FROM IMPAIRED RENAL TUBULAR FUNCT
N259	D/O RESULT FROM IMPAIRED RENAL TUBULAR FUNCT UNS
N261	ATROPHY OF KIDNEY TERMINAL
N269	RENAL SCLEROSIS UNSPECIFIED
N310	UNINHIBITED NEUROPATHIC BLADDER NEC
N311	REFLEX NEUROPATHIC BLADDER NEC
N312	FLACCID NEUROPATHIC BLADDER NEC
N318	OTHER NEUROMUSCULAR DYSFUNCTION OF BLADDER
N319	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED
N8502	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA
O98011	TUBERCULOSIS COMP PREGNANCY FIRST TRIMESTER

CODE	DESCRIPTION
O98012	TUBERCULOSIS COMP PREGNANCY SECOND TRIMESTER
O98013	TUBERCULOSIS COMP PREGNANCY THIRD TRIMESTER
O98019	TUBERCULOSIS COMP PREGNANCY UNS TRIMESTER
O9802	TUBERCULOSIS COMPLICATING CHILDBIRTH
O9803	TUBERCULOSIS COMPLICATING THE PUERPERIUM
O9A111	MALIGNANT NEOPLASM COMP PREGNANCY 1ST TRIMESTER
O9A112	MALIGNANT NEOPLASM COMP PREGNANCY 2ND TRIMESTER
O9A113	MALIGNANT NEOPLASM COMP PREGNANCY 3RD TRIMESTER
O9A119	MALIGNANT NEOPLASM COMP PREGNANCY UNS TRIMESTER
O9A12	MALIGNANT NEOPLASM COMPLICATING CHILDBIRTH
O9A13	MALIGNANT NEOPLASM COMPLICATING THE PUERPERIUM
P370	CONGENITAL TUBERCULOSIS
Q050	CERVICAL SPINA BIFIDA WITH HYDROCEPHALUS
Q051	THORACIC SPINA BIFIDA WITH HYDROCEPHALUS
Q052	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS
Q053	SACRAL SPINA BIFIDA WITH HYDROCEPHALUS
Q054	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS
Q055	CERVICAL SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q056	THORACIC SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q057	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q058	SACRAL SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q059	SPINA BIFIDA UNSPECIFIED
Q6102	CONGENITAL MULTIPLE RENAL CYSTS
Q6111	CYSTIC DILATATION OF COLLECTING DUCTS
Q6119	OTHER POLYCYSTIC KIDNEY INFANTILE TYPE
Q612	POLYCYSTIC KIDNEY ADULT TYPE
Q613	POLYCYSTIC KIDNEY UNSPECIFIED
Q614	RENAL DYSPLASIA
Q615	MEDULLARY CYSTIC KIDNEY
Q618	OTHER CYSTIC KIDNEY DISEASES
Q620	CONGENITAL HYDRONEPHROSIS
Q6210	CONGENITAL OCCLUSION OF URETER UNSPECIFIED
Q6211	CONGENITAL OCCLUSION OF URETEROPELVIC JUNCTION
Q6212	CONGENITAL OCCLUSION OF URETEROVESICAL ORIFICE
Q622	CONGENITAL MEGAURETER
Q6231	CONGENITAL URETEROCELE ORTHOTOPIC
Q6232	CECOURTEROCELE
Q6239	OTHER OBSTRUCTIVE DEFECTS RENAL PELVIS & URETER
Q871	Congenital malformation syndromes predominantly associated with short stature
Q900	Trisomy 21, nonmosaic (meiotic nondisjunction)
Q901	Trisomy 21, mosaicism (mitotic nondisjunction)
Q902	Trisomy 21, translocation
Q909	Down syndrome, unspecified
Q910	Trisomy 18, nonmosaic (meiotic nondisjunction)
Q911	Trisomy 18, mosaicism (mitotic nondisjunction)

CODE	DESCRIPTION
Q912	Trisomy 18, translocation
Q913	Trisomy 18, unspecified
Q914	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q915	Trisomy 13, mosaicism (mitotic nondisjunction)
Q916	Trisomy 13, translocation
Q917	Trisomy 13, unspecified
Q920	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q921	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q922	Partial trisomy
Q925	Duplications with other complex rearrangements
Q9261	Marker chromosomes in normal individual
Q9262	Marker chromosomes in abnormal individual
Q927	Triploidy and polyploidy
Q928	Other specified trisomies and partial trisomies of autosomes
Q929	Trisomy and partial trisomy of autosomes, unspecified
Q930	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q931	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q932	Chromosome replaced with ring, dicentric or isochromosome
Q937	Deletions with other complex rearrangements
Q9381	Velo-cardio-facial syndrome
Q9388	Other microdeletions
Q9389	Other deletions from the autosomes
Q939	Deletion from autosomes, unspecified
Q952	Balanced autosomal rearrangement in abnormal individual
Q953	Balanced sex/autosomal rearrangement in abnormal individual
Q992	Fragile X chromosome
R532	FUNCTIONAL QUADRIPLÉGIA
Z21	ASYMPTOMATIC HIV INFECTION STATUS
Z510	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY
Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
Z5112	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY
Z7682	AWAITING ORGAN TRANSPLANT STATUS
Z8611	PERSONAL HISTORY OF TUBERCULOSIS
Z940	KIDNEY TRANSPLANT STATUS
Z941	HEART TRANSPLANT STATUS
Z942	LUNG TRANSPLANT STATUS
Z943	HEART AND LUNGS TRANSPLANT STATUS
Z944	LIVER TRANSPLANT STATUS
Z945	SKIN TRANSPLANT STATUS
Z946	BONE TRANSPLANT STATUS
Z947	CORNEAL TRANSPLANT STATUS
Z9481	BONE MARROW TRANSPLANT STATUS
Z9482	INTESTINE TRANSPLANT STATUS
Z9483	PANCREAS TRANSPLANT STATUS
Z9484	STEM CELLS TRANSPLANT STATUS

CODE	DESCRIPTION
Z9489	OTHER TRANSPLANTED ORGAN AND TISSUE STATUS
Z949	TRANSPLANTED ORGAN AND TISSUE STATUS UNSPECIFIED
Z9911	DEPENDENCE ON RESPIRATOR VENTILATOR STATUS
Z9981	DEPENDENCE ON SUPPLEMENTAL OXYGEN

Michigan Department of Health and Human Services
Healthy Michigan Plan
1115 Demonstration Operational Protocols

Public Comments and Responses
September 15, 2017

General Comments

Comment: Many comments expressed support for the Healthy Michigan Plan (HMP) and its operational protocols.

Response: The Michigan Department of Health and Human Services (MDHHS) appreciates the supportive comments.

Comment: It would be useful for stakeholders to have access to the data collected and reports generated by the Department. We suggest adding this information to the Department's website.

Response: MDHHS publishes a variety of reports on HMP on its website including weekly HMP enrollment reports, monthly Health Risk Assessment (HRA) reports, and summary reports on the MI Health Account (MIHA). As additional information becomes available, the website will be updated. The HMP website may be accessed on the MDHHS website at www.michigan.gov/healthymichiganplan

Healthy Behaviors Incentives -Operational Protocol

Comment: How will people be reminded of completing an annual Health Risk Assessment?

Response: Beneficiaries are reminded regularly by their Medicaid Health Plans to complete annual HRAs. Additionally, HRA annual reminders are included as part of the MyHealth Button/MyHealthPortal. Communications that are being developed specific to the implementation of the Marketplace Option will include information on annual HRAs as well.

Comment: Participation in any of the 3 (complete an HRA, claims data from certain health behaviors and participation in a wellness program), would meet the Healthy Behavior Incentive and allow a person to remain in HMP?

Response: Yes.

Comment: How long is the HRA valid? Does it need to be completed annually?

Response: HRAs are required to be completed annually. They are valid for one year upon receipt.

Comment: When will the new HRA form be available?

Response: The updated HRA form requires approval from the Center for Medicare & Medicaid Services (CMS) prior to implementation. MDHHS anticipates formal implementation in late fall of 2017.

Comment: In Washtenaw County, there is a new Wise Choice program, how can participation in this program be included as part of the Healthy Behaviors Incentive?

Response: As part of the HRA completion process, the annual Health Risk Assessment form will now account for consideration of progress on the previous year's goals for existing members, as attested by the primary care provider. Participation in the Wise Choice program may be identified, as attested by the PCP, as sufficient annual progress on a healthy behavior goal intended to improve beneficiary health as part of the HRA completion.

Comment: What is the incentive for completing a healthy behavior and remaining in Healthy Michigan Plan? The access to dental benefits does not seem that strong.

Response: Incentives for completing healthy behavior goals vary for each individual. For some, there is an intrinsic value associated with working toward a healthier lifestyle. For others, financial rewards such as gift cards or contribution reductions may hold personal value. Maintaining consistency in one's health care provider network may also be an incentive.

Comment: How will the MyHealthButton be operationalized? Will the information come over on the 5700 file in addition to enrollment broker assisted self-reported actions?

Response: The MyHealthButton/MyHealthPortal application is already operational. HRAs started in the MyHealthButton/MyHealthPortal or with the enrollment broker will be available to health plans via the same format with the new system upgrades.

Comment: How will the claims and encounter data to document healthy behaviors be sent back to the health plans? Will it be on a 5708? Will Medicaid Health Plans be expected to document or follow-up continuously on healthy behaviors identified in this new documentation stream?

Response: It is the intent that information about Healthy Behaviors incentives based on claims and encounter data will be available to the Medicaid Health Plans through the new system upgrades. Medicaid Health Plans will not have any additional follow-up responsibilities with respect to healthy behaviors identified through claims and encounter.

Comment: For Marketplace enrollees, is there an identified number of days that subsequent completion of healthy behaviors requirements would be accepted? Does the enrollee have for example, 90 days from enrollment in a Marketplace health plan or would this be available for the entire first year of enrollment in the Marketplace?

Response: Beneficiaries enrolled in the Marketplace Option will be able to contact the Special Health Unit at any time to complete an HRA with a health educator or registered nurse. Enrollees who complete an HRA will earn a 50% reduction in their Marketplace Option premiums. They will transition back to HMP at the next Marketplace open enrollment period.

Comment: There is some concern about having to transmit HRA data from the State on newly transferred Marketplace enrollees in a “timely manner,” when we cannot ascertain who the PCP is that they will actually see. Will this be remedied?

Response: Marketplace Option issuers will not have any responsibilities in transmitting HRA data to PCPs. If a beneficiary returns to HMP after completing an HRA, the provider and Medicaid Health Plan are expected to have access to HRA data through new system upgrades.

Comment: Will the state provide health plans with HRAs for all members who completed one previously?

Response: Information about previously completed member HRAs is currently available to Medicaid Health Plans through the MDHHS Care Connect 360 (CC360) application. MDHHS intends to make additional HRA and Healthy Behaviors incentives information available through the new system upgrades.

Comment: What is the “enrollment period” for a person who moves to the Marketplace Option but completes a Health Risk Assessment and wants to return to HMP?

Response: Marketplace Option enrollees who have completed HRAs will transition back to HMP at the next Marketplace open enrollment period at the end of the calendar year.

Comment: When reviewing Healthy Behaviors Incentives, how far back will MDHHS review claims data/submission of a Health Risk Assessment to allow a person to remain on HMP as opposed to transfer to the Marketplace Option?

Response: MDHHS intends to review claim and encounter data as well as HRA submission data retrospectively for a 12 month period.

Comment: Acknowledging that some rural areas have poor internet service and that many HMP members are low technology/low literacy-we hope the MI Health Portal will be mobile-friendly and that there will be clear alternatives for persons without computer access.

Response: The MyHealthPortal has a mobile app called the MyHealthButton that is currently operational. All Medicaid health plans are required to send paper copies of HRAs to their HMP enrollees. Additionally, Michigan ENROLLS is available to provide telephonic assistance to beneficiaries.

Comment: How much time will a person targeted for enrollment in the Marketplace Option be given to complete a Healthy Behavior Incentive to remain on HMP?

Response: Healthy Michigan Plan enrollees will have a grace period of 12 months from their health plan enrollment date to complete the healthy behavior requirements described in the Healthy Behaviors Protocol.

Comment: To provide additional clarity for the parameters of the retrospective claims analysis, it is recommended that the Department clarify the frequency of this analysis in the operational protocol to ensure the original intent is met in the long-term.

Response: MDHHS agrees and will update the protocol language to address this comment.

Comment: The Department should reconsider the requirement for written information on the Healthy Behaviors Incentives Program to be no higher than a 6.9 grade level and adjust to no higher than fifth grade level.

Response: MDHHS appreciates the comment. MDHHS strives to provide beneficiaries with understandable and comprehensive written information about all its programs, including the Healthy Behaviors Incentive Program.

Comment: It is suggested that the 12-month grace period to complete the healthy behavior requirements include a good cause exception.

Response: The HRA form provides for an exception process. PCP attestation, as required by the HRA form, may identify that an individual has a serious medical, behavioral or social condition which precludes addressing unhealthy behaviors at this time. These individuals are also eligible for the incentives.

Comment: According to Section IV of the Healthy Behavior Protocol, “A member will not be found in consistently fail to pay status when the amount owed to the MI Health Account is less than \$3.” Will there be exceptions to this section?

Response: MDHHS does not intend for there to be an exception to this section. Beneficiaries owing less than \$3.00 are considered to be in consistently fail to pay status and the protocol language will be updated to reflect this.

MI Marketplace Option-Operational Protocol

Comment: Please confirm that the first enrollment would begin on April 1, 2018 and the first effective date would be May 1, 2018.

Response: This is correct.

Comment: It is important that individuals who are transitioned to the Marketplace receive actual notice. It is unclear how notice will be given and if there will be more than one attempt to notify an individual.

Response: All notices regarding this transition will be compliant with the timing and content requirements set forth in the HMP Section 1115 Waiver Special Terms and Conditions (STCs). MDHHS is also working with its vendors to develop an outreach strategy to individuals who will be subject to this transition.

Comment: Please confirm that “care transitions” would follow the individual plans transition of care policies rather than the Medicaid plan.

Response: The protocol reference to care transitions is to be broadly interpreted. MDHHS, through its enrollment broker, will provide enrollees instruction and information related to an individual’s selection of participating Marketplace Option plans that best meets his or her healthcare needs.

Comment: Has MDHHS indicated that the auto-assignments be available for review? Will the auto-assignments be similar to the Medicaid algorithm?

Response: MDHHS will work with CMS to develop an approved auto-assignment methodology specifically for the Marketplace Option.

Comment: We need a clearer understanding of what the enrollment package is. And if MDHHS is administering the plan, how do issuers know what to distribute?

Response: Marketplace Option issuers, not MDHHS, will be administering comprehensive health insurance benefit plans that have been reviewed and approved by the Michigan Department of Insurance and Financial Services. Marketplace Option plans are required to be compliant with federal and state Essential Health Benefit (EHB) provisions.

Comment: In the event that there is an overlap between an enrollee dropping the Marketplace Option and issuers being notified, will MDHHS make the issuers whole for coverage provided after the termination date?

Response: Because the Marketplace Issuers will receive daily enrollment files, there will be no overlap between an enrollee dropping the Marketplace Option and issuers being notified.

Comment: Do the Marketplace issuers need to provide the wrap-around benefits or is Medicaid FFS providing them?

Response: Wrap-around benefits will be provided by Medicaid fee-for-service consistent with the operational protocol and the HMP Section 1115 Waiver STCs.

Comment: MDHHS needs to make the cost-sharing known to the issuers to price these plans factors in appropriate utilization. We request a process going forward for full cost-sharing and to notify the issuers of those who meet the 50% threshold.

Response: Marketplace Option issuers will not be responsible for collecting enrollee cost-sharing. MDHHS, through its vendor, will be issuing enrollee monthly premium invoices and collecting payments.

Comment: Besides loss of incentive reduction, is there any penalty to the Marketplace Option enrollee if they do not pay their cost-share amount?

Response: Individuals who fail to pay required cost-sharing amounts may have their state tax refunds and lottery winnings offset by MDHHS. Marketplace Option enrollees will not lose coverage for failure to pay cost-sharing requirements.

Comment: What does the enrollee pay if MDHHS is paying the full amount to the Marketplace issuers?

Response: Individuals enrolled in the Marketplace Option will be responsible for contributing to the cost of their coverage as outlined in the protocol. Total cost-sharing amounts will not exceed the cost-sharing limits described in 42 CFR 447.56(f).

Comment: What process will the state use for transitioning these beneficiaries?

Response: MDHHS will utilize an enrollment broker to facilitate enrollment into Marketplace Option plans. Individuals may enroll online, by phone or in person, but must select plan within 30 days of being determined eligible for the Marketplace Option. If the individual does not choose a plan within that time frame, he or she will be auto-assigned in accordance with a methodology approved by MDHHS and CMS.

Comment: What are the anticipated timeframes for notifying beneficiaries eligible for transition to the marketplace?

Response: All notices regarding this transition will be compliant with the timing and content requirements set forth in the STCs.

Comment: To clarify, will all costs associated with the Marketplace Option be paid by MDHHS, and clients will make their HMP co-pay/contribution payments to their MI Health Account?

Response: MDHHS will pay the Marketplace Option issuers the full cost of the plan premium, any applicable deductibles, and cost-sharing reductions. Marketplace Option issuers will pay claims for all non-wrap around services. Marketplace Option enrollees will not have MI Health Accounts. MDHHS, through its vendor, will issue monthly premium invoices and collect payments from Marketplace Option enrollees.

Comment: Would a person transferred to the Marketplace Option have access to any dental or vision coverage?

Response: Marketplace Option enrollees will not have guaranteed access to benefits described outside of the federally mandated 10 Essential Health Benefits.

Comment: It is recommended that the Department clarify how individuals accessing care using the Marketplace Option will have access to dental coverage, similar to that of the Healthy Michigan Plan. For Michigan health centers, a lack of explicit coverage for dental services is deeply concerning.

Response: See response to the above question.

Comment: If a Marketplace enrollee meets the requirements to transition back to Healthy Michigan Plan, the Department should clarify in writing whether an individual will transition back to Healthy Michigan Plan automatically, or if the individual will be required to take some form of action on their own. If action on behalf of the individual is required, these steps should be clearly defined and provided to individuals enrolled in the Marketplace Option at the beginning of their enrollment as well as at the time of the MDHHS review of information to determine eligibility for Healthy Michigan plan.

Response: MDHHS agrees and will update the protocol language to address this comment.

Comment: Regarding the medically frail process, Marketplace Option issuers request an output from the data warehouse either one time or with the 834. While the codes will eliminate those that are medically frail, they can also aid with care management best practices for those that enter the Marketplace Option Plan - and with a population that is more at-risk than the overall individual population. It will be important to get these members into care management programs as soon as possible, in order to bring stability to the program for the carriers that are currently participating.

Response: Per the protocol, individuals identified as medically frail through the retrospective claims analysis process will not be transitioned to Marketplace Option plans. They will remain in their HMP Medicaid health plans and existing care management programs.

Healthy Michigan Plan MI Health Account- Operational Protocol

Comment: What is the process for returning the funds to the beneficiary for the purposes of purchasing private or employer-based insurance?

Response: MDHHS provides beneficiaries a refund check with instructions for its use. This allows a beneficiary to use the funds toward copays or deductibles if they obtain employer sponsored insurance.

Comment: What type of notice is required from Treasury in order to offset tax returns?

Response: MDHHS provides beneficiaries with written notice of the proposed offset before any referral to Treasury occurs. This notice includes the option to appeal the proposed offset. Treasury will also provide the beneficiary with notice of the actual offset should it occur.

Comment: What does “access to due process” mean?

Response: Beneficiaries with unpaid cost-sharing amounts subject to potential offset have the option to appeal the proposed tax offset before it occurs. The appeal process is addressed in the notice described above, and includes an opportunity for the beneficiary to present his or her argument and any evidence to an impartial decision maker.

Comment: We suggest fair hearings to be offered to dispute collection actions, and that any money that is allegedly owed be treated the same as over-insurance, where the procedures outlined in BAM 700 are followed.

Response: Unpaid cost-sharing amounts associated with the Healthy Michigan Plan and the Marketplace Option are treated as liabilities to the state, consistent with PA 107 of 2013. MDHHS modeled its tax offset appeals process after an existing child support program.

Comment: The protocol mentions that Medicaid health plans will be evaluated on the success of cost-sharing collections as required by state law and that this measure will be monitored through the Department's annual health plan compliance review process. Please confirm whether this is evaluated through the cost-sharing bonus or as part of the annual compliance review process.

Response: For clarification, the Medicaid health plans will be evaluated on the success of cost-sharing collections as required by the State through the cost sharing bonus. This measure will be monitored by the Department annually, with the opportunity for program changes to address any identified deficiencies.

Comment: It is recommended that the State allow beneficiaries to self-select the preferred method of communication for notices related to non-compliance with MI Health Account responsibilities.

Response: MDHHS appreciates this comment. All notices regarding the MIHA will be compliant with the timing and content requirements set forth in the protocol. The MIHA vendor provides targeted messaging for the beneficiary regarding his or her delinquent payment history and the amounts owed. This may occur via the MI Health Account Statement or other written or electronic forms of correspondence, and may include telephone contact as appropriate.