

# Chronic Conditions Warehouse

*Your source for national CMS Medicare and Medicaid research data*



## Chronic Conditions Warehouse

### Other Chronic Health, Mental Health, and Potentially Disabling Chronic Conditions

Algorithms:  
MBSF\_OTCC\_{YYYY} File

REVISED 03/2025

# Table of Contents

<b>Other Chronic Health, Mental Health, and Potentially Disabling Conditions Algorithms: MBSF_OTCC_{YYYY} File .....</b>	<b>1</b>
ADHD, Conduct Disorders, and Hyperkinetic Syndrome .....	1
Alcohol Use Disorders.....	1
Anxiety Disorders.....	1
Autism Spectrum Disorders .....	1
Bipolar Disorder.....	2
Cerebral Palsy .....	2
Chronic Pain.....	2
Cystic Fibrosis and Other Metabolic Developmental Disorders .....	3
Depressive Disorders .....	3
Drug Use Disorders .....	4
Epilepsy.....	5
Fibromyalgia, Chronic Pain and Fatigue .....	5
Human Immunodeficiency Virus and/or Acquired Immunodeficiency Syndrome (HIV/AIDS) .....	6
Intellectual Disabilities and Related Conditions .....	6
Learning Disabilities.....	6
Leukemias and Lymphomas.....	6
Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis) .....	8
Migraine and Other Chronic Headache .....	9
Mobility Impairments .....	9
Multiple Sclerosis and Transverse Myelitis.....	9
Muscular Dystrophy .....	10
Obesity.....	10
Opioid Use Disorder (OUD) #1: Overarching Opioid Use Disorder .....	10
OUD #2: Diagnosis- and Procedure-code basis for OUD.....	10
OUD #3: Opioid-related Hospitalizations/ED Visits .....	11
OUD #4: Utilization of Medication-Assisted Therapy (MAT) .....	11
Other Developmental Delays.....	13
Peripheral Vascular Disease (PVD).....	13
Personality Disorders.....	13
Post-Traumatic Stress Disorder (PTSD).....	13
Pressure Ulcers and Chronic Ulcers.....	13
Schizophrenia .....	15
Schizophrenia and Other Psychotic Disorders.....	15
Sensory - Blindness and Visual Impairment.....	16
Sensory - Deafness and Hearing Impairment .....	16
Sickle Cell Disease.....	16
Spina Bifida and Other Congenital Anomalies of the Nervous System.....	16
Spinal Cord Injury .....	17
Tobacco Use Disorders .....	17
Traumatic Brain Injury and Nonpsychotic Mental Disorders due to Brain Damage .....	18
Viral Hepatitis (General), including:.....	18
Hepatitis A .....	19
Hepatitis B (acute or unspecified) .....	19
Hepatitis B (chronic) .....	19
Hepatitis C (acute) .....	19
Hepatitis C (chronic) .....	19
Hepatitis C (unspecified).....	19
Hepatitis D .....	19
Hepatitis E.....	19
<b>Algorithms Change History .....</b>	<b>21</b>

## Other Chronic Health, Mental Health, and Potentially Disabling Conditions Algorithms:

MBSF\_OTCC\_{YYYY} File

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPCS Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPCS Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
ADHD, Conduct Disorders, and Hyperkinetic Syndrome	2 Years	DX 312.00, 312.01, 312.02, 312.03, 312.10, 312.11, 312.12, 312.13, 312.20, 312.21, 312.22, 312.23, 312.30, 312.31, 312.32, 312.33, 312.34, 312.35, 312.39, 312.4, 312.81, 312.82, 312.89, 312.9, 314.00, 314.01, 314.1, 314.2, 314.8, 314.9 (any DX on the claim)	DX F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Alcohol Use Disorders	2 Years	DX 291.0, 291.1, 291.2, 291.3, 291.4, 291.5, 291.8, 291.81, 291.82, 291.89, 291.9, 303.00, 303.01, 303.02, 303.90, 303.91, 303.92, 305.00, 305.01, 305.02, 357.5, 425.5, 535.30, 535.31, 571.0, 571.1, 571.2, 571.3, 760.71, 980.0, V65.42, V79.1, E860.0  ICD-9 Procedure Codes: 94.6, 94.61, 94.62, 94.63, 94.67, 94.68, 94.69 (any DX or procedure on the claim)	DX F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, G62.1, I42.6, K29.20, K29.21, K70.0, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, P04.3, Q86.0, T51.0X1A, T51.0X2A, T51.0X3A, T51.0X4A, Z71.41, Z71.42  ICD-10 Procedure Codes: HZ2ZZZZ, HZ30ZZZ, HZ31ZZZ, HZ32ZZZ, HZ33ZZZ, HZ34ZZZ, HZ35ZZZ, HZ36ZZZ, HZ37ZZZ, HZ38ZZZ, HZ39ZZZ, HZ3BZZZ, HZ40ZZZ, HZ93ZZZ, HZ96ZZZ (any DX or procedure on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type  Procedure codes require only one claim to qualify
Anxiety Disorders	2 Years	DX 293.84, 300.00, 300.01, 300.02, 300.09, 300.10, 300.20, 300.21, 300.22, 300.23, 300.29, 300.3, 300.5, 300.89, 300.9, 308.0, 308.1, 308.2, 308.3, 308.4, 308.9, 309.81, 313.0, 313.1, 313.21, 313.22, 313.3, 313.82, 313.83 (any DX on the claim)	DX F06.4, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F44.9, F45.8, F48.8, F48.9, F93.8, F99, R45.2, R45.5, R45.6, R45.7 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Autism Spectrum Disorders	2 Years	DX 299.0, 299.00, 299.01, 299.1, 299.11, 299.8, 299.80, 299.81, 299.9, 299.90, 299.91 (any DX on the claim)	DX F84.0, F84.3, F84.5, F84.8, F84.9 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Bipolar Disorder	2 Years	DX 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.10, 296.11, 296.12, 296.13, 296.14, 296.15, 296.16, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80, 296.81, 296.82, 296.89, 296.90, 296.99 (any DX on the claim)	DX F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F33.8, F34.81, F34.89, F34.9, F39 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Cerebral Palsy	2 Years	DX 333.71, 343, 343.0, 343.1, 343.2, 343.3, 343.4, 343.8, 343.9 (any DX on the claim)	DX G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G80.9 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Chronic Pain <sup>4</sup>	3 Years	N/A	DX B02.22, B02.23, C34.10, C34.11, C34.12, C34.90, C34.91, C34.92, C44.01, C44.319, C44.41, C44.42, C82.00, C90.00, D04.39, D57.00, D57.03, D57.09, D57.211, D57.213, D57.218, D57.219, D57.413, D57.418, D57.419, D57.431, D57.432, D57.433, D57.438, D57.439, D57.451, D57.452, D57.453, D57.458, D57.459, D57.813, D57.818, D57.819, E10.610, E11.42, E11.44, E11.49, E11.610, E11.618, G43.011, G43.019, G43.109, G43.111, G43.119, G43.419, G43.709, G43.711, G43.719, G43.811, G43.819, G43.909, G43.911, G43.919, G43.B1, G43.E11, G43.E19, G44.001, G44.021, G44.201, G44.221, G44.301, G44.321, G44.51, G44.52, G50.0, G50.1, G56.01, G56.02, G56.03, G56.41, G56.42, G57.71, G57.72, G62.9, G89.18, G89.21, G89.28, G89.29, G89.4, G90.09, G90.50, G90.511, G90.512, G90.513, G90.519, G90.521, G90.522, G90.529, I20.0, I25.10, I25.110, I25.118, I25.119, I25.5, I25.84, I42.9, I70.213, I70.221, I70.222, I70.223, I70.228, I70.229, I70.321, I70.322, I70.521, I70.522, I70.523, I73.00, I73.9, K74.60, K76.0, K76.89, M05.79, M06.00, M06.0A, M06.9, M10.071, M10.072, M10.079, M10.9, M13.851, M13.852, M13.859, M13.871, M13.872, M13.879, M15.0, M15.9, M16.0, M16.10, M16.11, M16.12, M17.0, M17.10, M17.11, M17.12, M17.30, M17.31, M17.32, M17.9, M18.10, M18.11, M18.12, M19.011, M19.012, M19.019, M19.031, M19.032, M19.039, M19.041, M19.042, M19.049, M19.071, M19.072, M19.079, M19.90, M23.321, M23.322, M23.329, M25.361, M25.362, M25.369, M25.421, M25.422, M25.429, M25.461, M25.462, M25.469, M25.471, M25.472, M25.473, M25.50, M25.511, M25.512, M25.519, M25.521, M25.522, M25.529, M25.531, M25.532, M25.539, M25.541, M25.542, M25.549, M25.551, M25.552, M25.559, M25.561, M25.562, M25.569, M25.571, M25.572, M25.579, M25.59, M25.60, M25.611, M25.612, M25.619, M25.661, M25.662, M25.669, M25.69, M25.78, M32.9, M41.9, M43.16, M43.6, M45.0, M45.AB, M46.1, M47.26, M47.812, M47.814, M47.816, M47.817, M47.896, M48.00, M48.02, M48.06, M48.061, M48.062, M48.07, M48.56XA, M48.56XD, M48.56XG, M48.56XS, M50.32, M50.321, M50.322,	At least 1 claim of any service type

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPCS Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPCS Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
			M50.323, M51.16, M51.26, M51.36, M51.37, M53.2X7, M53.81, M54.12, M54.16, M54.17, M54.2, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, M54.6, M54.9, M62.49, M70.60, M70.61, M70.62, M71.20, M71.21, M71.22, M71.9, M75.100, M75.101, M75.102, M75.120, M75.121, M75.122, M75.50, M75.51, M75.52, M79.1, M79.10, M79.11, M79.12, M79.18, M79.601, M79.602, M79.604, M79.605, M79.609, M79.621, M79.622, M79.641, M79.642, M79.643, M79.644, M79.645, M79.646, M79.661, M79.662, M79.671, M79.672, M79.673, M79.674, M79.675, M79.676, M79.7, M79.89, M80.00XA, M80.00XD, M80.00XG, M80.00XK, M80.00XP, M80.00XS, M80.08XA, M80.08XD, M80.08XG, M80.08XK, M80.08XP, M80.08XS, M80.0AXA, M80.0AXD, M80.0AXG, M80.0AXK, M80.0AXP, M80.0AXS, M87.9, M96.1, M99.04, M99.05, N18.3, N18.30, N18.31, N18.32, N18.9, N23, N41.0, N41.1, R07.0, R07.2, R07.81, R07.89, R07.9, R10.11, R10.12, R10.13, R10.2, R10.30, R10.31, R10.32, R10.84, R10.9, R30.0, R30.9, R39.82, R51, R51.0, R51.9, R52, S22.41XA, S22.41XB, S22.41XD, S22.41XG, S22.41XK, S22.41XS, S22.42XA, S22.42XB, S22.42XD, S22.42XG, S22.42XK, S22.42XS, S22.49XA, S22.49XB, S22.49XD, S22.49XG, S22.49XK, S22.49XS, S32.010A, S32.010B, S32.010D, S32.010G, S32.010K, S32.010S, S32.020A, S32.020B, S32.020D, S32.020G, S32.020K, S32.020S, S32.030A, S32.030B, S32.030D, S32.030G, S32.030K, S32.030S, S32.040A, S32.040B, S32.040D, S32.040G, S32.040K, S32.040S, S32.050A, S32.050B, S32.050D, S32.050G, S32.050K, S32.050S, S32.10XA, S32.10XB, S32.10XD, S32.10XG, S32.10XK, S32.10XS, S32.591A, S32.591B, S32.591D, S32.591G, S32.591K, S32.591S, S32.592A, S32.592B, S32.592D, S32.592G, S32.592K, S32.592S, S32.599A, S32.599B, S32.599D, S32.599G, S32.599K, S32.599S, S32.810A, S32.810B, S32.810D, S32.810G, S32.810K, S32.810S, S32.82XA, S32.82XB, S32.82XD, S32.82XG, S32.82XK, S32.82XS, S32.89XA, S32.89XB, S32.89XD, S32.89XG, S32.89XK, S32.89XS (any DX on the claim)	
Cystic Fibrosis and Other Metabolic Developmental Disorders	2 Years	DX 243, 255.2, 269.2, 270.1, 270.2, 270.3, 270.4, 270.6, 270.7, 271.1, 277.0, 277.00, 277.01, 277.02, 277.03, 277.09, 277.6, 277.81, 277.85 (any DX on the claim)	DX D81.810, D84.1, E00.0, E00.1, E00.2, E00.9, E03.0, E03.1, E25.0, E25.8, E25.9, E56.9, E70.0, E70.1, E70.20, E70.21, E70.29, E70.30, E70.310, E70.311, E70.318, E70.319, E70.320, E70.321, E70.328, E70.329, E70.330, E70.331, E70.338, E70.339, E70.39, E70.5, E70.8, E70.81, E70.89, E70.9, E71.0, E71.110, E71.111, E71.118, E71.19, E71.2, E71.310, E71.311, E71.312, E71.313, E71.314, E71.318, E71.32, E71.41, E72.10, E72.11, E72.12, E72.19, E72.20, E72.21, E72.22, E72.23, E72.29, E72.3, E72.4, E72.50, E72.51, E72.59, E72.8, E74.20, E74.21, E74.29, E74.810, E74.818, E74.819, E74.89, E84.0, E84.11, E84.19, E84.8, E84.9 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Depressive Disorders	2 Years	DX 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 300.4, 311 (any DX on the claim)	DX F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Drug Use Disorders	2 Years	DX 292.0, 292.11, 292.12, 292.2, 292.81, 292.82, 292.83, 292.84, 292.85, 292.89, 292.9, 304.00, 304.01, 304.02, 304.10, 304.11, 304.12, 304.2, 304.20, 304.21, 304.22, 304.3, 304.30, 304.31, 304.32, 304.4, 304.40, 304.41, 304.42, 304.5, 304.50, 304.51, 304.52, 304.6, 304.60, 304.61, 304.62, 304.7, 304.70, 304.71, 304.72, 304.8, 304.80, 304.81, 304.82, 304.9, 304.90, 304.91, 304.92, 305.2, 305.20, 305.21, 305.22, 305.3, 305.30, 305.31, 305.32, 305.4, 305.40, 305.41, 305.42, 305.5, 305.50, 305.51, 305.52, 305.6, 305.60, 305.61, 305.62, 305.7, 305.70, 305.71, 305.72, 305.8, 305.80, 305.81, 305.82, 305.9, 305.90, 305.91, 305.92, 648.3, 648.30, 648.31, 648.32, 648.33, 648.34, 655.5, 655.50, 655.51, 655.53, 760.72, 760.73, 760.75, 779.5, 965.0, 965.00, 965.01, 965.02, 965.09, V65.42, E850.0, E850.1, E850.2, E854.1, E935.0, E935.1  ICD-9 Procedure Codes: 94.6, 94.64, 94.65, 94.66, 94.67, 94.68, 94.69 (any DX on the claim)	DX F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F12.90, F12.920, F12.921, F12.922, F12.929, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F14.90, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F16.90, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F17.203, F17.208, F17.209, F17.213, F17.218, F17.219, F17.223, F17.228, F17.229, F17.293, F17.298, F17.299, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F18.90, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99, F55.0, F55.1, F55.2, F55.3, F55.4, F55.8, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O99.320, O99.321, O99.322, O99.323, O99.324, O99.325, P04.41, P04.49,	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type  Procedure codes require only one claim to qualify

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
			<p>P96.1, P96.2, T40.0X1A, T40.0X2A, T40.0X3A, T40.0X4A, T40.0X5A, T40.0X5S, T40.1X1A, T40.1X2A, T40.1X3A, T40.1X4A, T40.2X1A, T40.2X2A, T40.2X3A, T40.2X4A, T40.3X1A, T40.3X2A, T40.3X3A, T40.3X4A, T40.3X5A, T40.3X5S, T40.411A, T40.412A, T40.413A, T40.414A, T40.415A, T40.421A, T40.422A, T40.423A, T40.424A, T40.425A, T40.491A, T40.492A, T40.493A, T40.494A, T40.495A, T40.4X1A, T40.4X2A, T40.4X3A, T40.4X4A, T40.601A, T40.602A, T40.603A, T40.604A, T40.691A, T40.692A, T40.693A, T40.694A, T40.711A, T40.721A, T40.7X1A, T40.8X1A, T40.901A, T40.991A, Z71.41, Z71.42, Z71.51, Z71.52, Z71.6</p> <p>ICD-10 Procedure Codes: HZ2ZZZZ, HZ30ZZZ, HZ31ZZZ, HZ32ZZZ, HZ33ZZZ, HZ34ZZZ, HZ35ZZZ, HZ36ZZZ, HZ37ZZZ, HZ38ZZZ, HZ39ZZZ, HZ3BZZZ, HZ40ZZZ, HZ93ZZZ, HZ96ZZZ (any DX on the claim)</p>	
Epilepsy	2 Years	DX 345, 345.0, 345.00, 345.01, 345.1, 345.10, 345.11, 345.2, 345.3, 345.4, 345.40, 345.41, 345.5, 345.50, 345.51, 345.6, 345.60, 345.61, 345.7, 345.70, 345.71, 345.8, 345.80, 345.81, 345.9, 345.90, 345.91 (any DX on the claim)	DX G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.401, G40.409, G40.411, G40.419, G40.42, G40.501, G40.509, G40.801, G40.802, G40.803, G40.804, G40.811, G40.812, G40.813, G40.814, G40.821, G40.822, G40.823, G40.824, G40.833, G40.834, G40.89, G40.901, G40.909, G40.911, G40.919, G40.A01, G40.A09, G40.A11, G40.A19, G40.B01, G40.B09, G40.B11, G40.B19, G40.C01, G40.C09, G40.C11, G40.C19 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Fibromyalgia, Chronic Pain and Fatigue	2 Years	DX 338.2, 338.21, 338.22, 338.28, 338.29, 338.3, 338.4, 780.7, 780.71, 729.1, 729.2 (any DX on the claim)	DX G89.21, G89.22, G89.28, G89.29, G89.3, G89.4, M54.10, M54.11, M54.12, M54.13, M54.14, M54.15, M54.16, M54.17, M54.18, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M79.1, M79.10, M79.11, M79.12, M79.18, M79.2, M79.7, R53.82 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCCPCS Codes <sup>2</sup>	Valid ICD-10/CPT4/HCCPCS Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Human Immunodeficiency Virus and/or Acquired Immunodeficiency Syndrome (HIV/AIDS) <sup>5</sup>	2 Years	<p>DX 042, 042.0, 042.1, 042.2, 042.9, 043, 043.1, 043.2, 043.3, 043.9, 044, 044.0, 044.9, 079.53, 795.71, V08 (any DX on the claim)</p> <p>EXCEPTION: 795.71 requires a second qualifying claim that is not 795.71 (a screening code)</p> <p>Medicare DRG Codes (old codes used through 09/2007): 488, 489, 490</p> <p>MS DRG Codes: 969, 970, 974, 975, 976, 977</p> <p>HCC Code*: 1 (HIV/AIDS)</p> <p>*CMS Hierarchical Condition Category (HCC) data are obtained from the CMS Integrated Data Repository (IDR). Beneficiaries identified as having this condition due to HCC code will not have an associated "Ever" date.</p>	<p>DX B20, B97.35, R75, Z21 (any DX on the claim)</p> <p>EXCEPTION: R75 requires a second qualifying claim that is not R75 (a screening code)</p> <p>MS DRG Codes: 969, 970, 974, 975, 976, 977</p> <p>HCC Code*: 1 (HIV/AIDS)</p> <p>*CMS Hierarchical Condition Category (HCC) data is obtained from the CMS Integrated Data Repository (IDR). Beneficiaries identified as having this condition due to HCC code will not have an associated "Ever" date.</p>	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Intellectual Disabilities and Related Conditions	2 Years	<p>DX 317, 318, 318.0, 318.1, 318.2, 319, 758, 758.0, 758.1, 758.2, 758.3, 758.31, 758.32, 758.33, 758.39, 758.5, 759.7, 759.81, 759.83, 759.89, 760.71 (any DX on the claim)</p>	<p>DX E78.71, E78.72, F70, F71, F72, F73, F78, F78.A1, F78.A9, F79, P04.3, Q86.0, Q87.1, Q87.11, Q87.19, Q87.2, Q87.3, Q87.5, Q87.81, Q87.83, Q87.84, Q87.85, Q87.89, Q89.7, Q89.8, Q90.0, Q90.1, Q90.2, Q90.9, Q91.0, Q91.1, Q91.2, Q91.3, Q91.4, Q91.5, Q91.6, Q91.7, Q92.0, Q92.1, Q92.2, Q92.5, Q92.61, Q92.62, Q92.7, Q92.8, Q92.9, Q93.0, Q93.1, Q93.2, Q93.3, Q93.4, Q93.5, Q93.51, Q93.52, Q93.59, Q93.7, Q93.81, Q93.88, Q93.89, Q93.9, Q95.2, Q95.3, Q99.2 (any DX on the claim)</p>	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Learning Disabilities	2 Years	<p>DX 315, 315.00, 315.01, 315.02, 315.09, 315.1, 315.2, 315.31, 315.32, 315.34, 315.35, 315.39, 315.4 (any DX on the claim)</p>	<p>DX F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, H93.25, R48.0 (any DX on the claim)</p>	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Leukemias and Lymphomas	2 Years	<p>DX 200.0, 200.00, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.1, 200.10, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.2, 200.20, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.3, 200.30, 200.31, 200.32, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.4, 200.40, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46,</p>	<p>DX C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C82.00, C82.01, C82.02, C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.10, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, C82.18, C82.19, C82.20, C82.21, C82.22, C82.23, C82.24, C82.25, C82.26, C82.27, C82.28, C82.29, C82.30, C82.31, C82.32, C82.33, C82.34, C82.35, C82.36, C82.37, C82.38, C82.39,</p>	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type



Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPCS Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPCS Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
		200.47, 200.48, 200.5, 200.50, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.6, 200.60, 200.61, 200.62, 200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.7, 200.70, 200.71, 200.72, 200.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.8, 200.80, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201.0, 201.00, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.1, 201.10, 201.11, 201.12, 201.13, 201.14, 201.15, 201.16, 201.17, 201.18, 201.2, 201.20, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.4, 201.40, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.5, 201.50, 201.51, 201.52, 201.53, 201.54, 201.55, 201.56, 201.57, 201.58, 201.6, 201.60, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.7, 201.70, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.9, 201.90, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202.0, 202.00, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.1, 202.10, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.2, 202.20, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.4, 202.40, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.7, 202.70, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.8, 202.80, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.9, 202.90, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97,	C82.40, C82.41, C82.42, C82.43, C82.44, C82.45, C82.46, C82.47, C82.48, C82.49, C82.50, C82.51, C82.52, C82.53, C82.54, C82.55, C82.56, C82.57, C82.58, C82.59, C82.60, C82.61, C82.62, C82.63, C82.64, C82.65, C82.66, C82.67, C82.68, C82.69, C82.80, C82.81, C82.82, C82.83, C82.84, C82.85, C82.86, C82.87, C82.88, C82.89, C82.90, C82.91, C82.92, C82.93, C82.94, C82.95, C82.96, C82.97, C82.98, C82.99, C83.00, C83.01, C83.02, C83.03, C83.04, C83.05, C83.06, C83.07, C83.08, C83.09, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.36, C83.37, C83.38, C83.39, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57, C83.58, C83.59, C83.70, C83.71, C83.72, C83.73, C83.74, C83.75, C83.76, C83.77, C83.78, C83.79, C83.80, C83.81, C83.82, C83.83, C83.84, C83.85, C83.86, C83.87, C83.88, C83.89, C83.90, C83.91, C83.92, C83.93, C83.94, C83.95, C83.96, C83.97, C83.98, C83.99, C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, C84.10, C84.11, C84.12, C84.13, C84.14, C84.15, C84.16, C84.17, C84.18, C84.19, C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, C84.60, C84.61, C84.62, C84.63, C84.64, C84.65, C84.66, C84.67, C84.68, C84.69, C84.70, C84.71, C84.72, C84.73, C84.74, C84.75, C84.76, C84.77, C84.78, C84.79, C84.7A, C84.90, C84.91, C84.92, C84.93, C84.94, C84.95, C84.96, C84.97, C84.98, C84.99, C84.A0, C84.A1, C84.A2, C84.A3, C84.A4, C84.A5, C84.A6, C84.A7, C84.A8, C84.A9, C84.Z0, C84.Z1, C84.Z2, C84.Z3, C84.Z4, C84.Z5, C84.Z6, C84.Z7, C84.Z8, C84.Z9, C85.10, C85.11, C85.12, C85.13, C85.14, C85.15, C85.16, C85.17, C85.18, C85.19, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, C85.80, C85.81, C85.82, C85.83, C85.84, C85.85, C85.86, C85.87, C85.88, C85.89, C85.90, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.4, C90.10, C90.11, C90.12, C91.00, C91.01, C91.02, C91.10, C91.11, C91.12, C91.30, C91.31, C91.32, C91.40, C91.41, C91.42, C91.50, C91.51, C91.52, C91.60, C91.61, C91.62, C91.A0, C91.A1, C91.A2, C91.Z0, C91.Z1, C91.Z2, C91.90, C91.91, C91.92, C92.00, C92.01, C92.02, C92.10, C92.11, C92.12, C92.20, C92.21, C92.22, C92.30, C92.31, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.91, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z1, C92.Z2, C93.00, C93.01, C93.02, C93.10, C93.11, C93.12, C93.30, C93.31, C93.32, C93.Z0, C93.Z1, C93.Z2, C93.90, C93.91, C93.92, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C94.80, C94.81, C94.82, C95.00, C95.01, C95.02, C95.10, C95.11, C95.12, C95.90, C95.91, C95.92, C96.4, C96.9, C96.Z, D45, Z85.6, Z85.71, Z85.72, Z85.79 (any DX on the claim)	

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
		202.98, 203.1, 203.10, 203.11, 203.12, 204.0, 204.00, 204.01, 204.02, 204.1, 204.10, 204.11, 204.12, 204.2, 204.20, 204.21, 204.22, 204.8, 204.80, 204.81, 204.82, 204.9, 204.90, 204.91, 204.92, 205.0, 205.00, 205.01, 205.02, 205.1, 205.10, 205.11, 205.12, 205.2, 205.20, 205.21, 205.22, 205.3, 205.30, 205.31, 205.32, 205.8, 205.80, 205.81, 205.82, 205.9, 205.90, 205.91, 205.92, 206.0, 206.00, 206.01, 206.02, 206.1, 206.10, 206.11, 206.12, 206.2, 206.20, 206.21, 206.22, 206.2, 206.20, 206.21, 206.22, 206.8, 206.80, 206.81, 206.82, 206.9, 206.90, 206.91, 206.92, 207.0, 207.00, 207.01, 207.02, 207.1, 207.10, 207.11, 207.12, 207.2, 207.20, 207.21, 207.22, 207.8, 207.80, 207.81, 207.82, 208.0, 208.00, 208.01, 208.02, 208.1, 208.10, 208.11, 208.12, 208.2, 208.20, 208.21, 208.22, 208.8, 208.80, 208.81, 208.82, 208.9, 208.90, 208.91, 208.92, V10.6, V10.60, V10.61, V10.62, V10.63, V10.69, V10.7, V10.71, V10.72, V10.79 (any DX on the claim)		
Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis)	2 Years	DX 570, 571, 571.0, 571.1, 571.2, 571.3, 571.5, 571.6, 571.8, 571.9, 572, 572.0, 572.1, 572.2, 572.3, 572.4, 572.8, 573, 573.0, 573.4, 573.5, 573.8, 573.9, 576.1, 789.1, V42.7 (any DX on the claim)  ICD-9-CM Procedure Codes: 42.91, 44.91, 54.91, 96.06	DX K70.0, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K71.0, K71.11, K71.7, K71.8, K71.9, K72.00, K72.01, K72.10, K72.11, K72.90, K72.91, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.3, K74.4, K74.5, K74.60, K74.69, K75.0, K75.1, K75.81, K75.89, K75.9, K76.0, K76.1, K76.2, K76.3, K76.5, K76.6, K76.7, K76.81, K76.82, K76.89, K76.9, K77, K80.30, K80.31, K80.32, K80.33, K80.34, K80.35, K80.36, K80.37, K83.0, R16.0, R16.2, Z48.23, Z94.4 (any DX on the claim)  ICD-10 Procedure Codes: 06L20ZZ, 06L23ZZ, 06L24ZZ, 06L30ZZ, 06L33ZZ, 06L34ZZ, 0DL57DZ, 0DL58DZ, 0D9S30Z, 0D9S3ZZ, 0D9S40Z, 0D9S4ZZ, 0D9T30Z, 0D9T3ZZ, 0D9T40Z, 0D9T4ZZ, 0D9V30Z, 0D9V3ZZ, 0D9V40Z, 0D9V4ZZ, 0D9W30Z, 0D9W3ZZ, 0D9W40Z, 0D9W4ZZ, 0W9F30Z, 0W9F3ZZ, 0W9F40Z, 0W9F4ZZ, 0W9G30Z, 0W9G3ZZ, 0W9G40Z, 0W9G4ZZ, 0W9J30Z, 0W9J3ZZ	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type  Procedures must have at least one associated liver disease diagnosis on claim

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Migraine and Other Chronic Headache	2 Years	DX 339, 339.0, 339.00, 339.01, 339.02, 339.03, 339.04, 339.05, 339.09, 339.1, 339.10, 339.11, 339.12, 339.2, 339.20, 339.21, 339.22, 339.3, 339.4, 339.41, 339.42, 339.43, 339.44, 339.8, 339.81, 339.82, 339.83, 339.84, 339.85, 339.89, 346, 346.0, 346.00, 346.01, 346.02, 346.03, 346.1, 346.10, 346.11, 346.12, 346.13, 346.2, 346.20, 346.21, 346.22, 346.23, 346.3, 346.30, 346.31, 346.32, 346.33, 346.4, 346.40, 346.41, 346.42, 346.43, 346.5, 346.50, 346.51, 346.52, 346.53, 346.6, 346.60, 346.61, 346.62, 346.63, 346.7, 346.70, 346.71, 346.72, 346.73, 346.8, 346.80, 346.81, 346.82, 346.83, 346.9, 346.90, 346.91, 346.92, 346.93 (any DX on the claim)	DX G43.001, G43.009, G43.011, G43.019, G43.101, G43.109, G43.111, G43.119, G43.401, G43.409, G43.411, G43.419, G43.501, G43.509, G43.511, G43.519, G43.601, G43.609, G43.611, G43.619, G43.701, G43.709, G43.711, G43.719, G43.801, G43.809, G43.811, G43.819, G43.821, G43.829, G43.831, G43.839, G43.901, G43.909, G43.911, G43.919, G43.A0, G43.A1, G43.B0, G43.B1, G43.C0, G43.C1, G43.D0, G43.D1, G43.E01, G43.E09, G43.E11, G43.E19, G44.001, G44.009, G44.011, G44.019, G44.021, G44.029, G44.031, G44.039, G44.041, G44.049, G44.051, G44.059, G44.091, G44.099, G44.1, G44.201, G44.209, G44.211, G44.219, G44.221, G44.229, G44.301, G44.309, G44.311, G44.319, G44.321, G44.329, G44.40, G44.41, G44.51, G44.52, G44.53, G44.59, G44.81, G44.82, G44.83, G44.84, G44.85, G44.86, G44.89 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Mobility Impairments	2 Years	DX 334.1, 342.00, 342.01, 342.02, 342.10, 342.11, 342.12, 342.80, 342.81, 342.82, 342.90, 342.91, 342.92, 344, 344.0, 344.00, 344.01, 344.02, 344.03, 344.04, 344.09, 344.1, 344.2, 344.3, 344.30, 344.31, 344.32, 344.4, 344.40, 344.41, 344.42, 344.5, 344.6, 344.60, 344.61, 344.8, 344.81, 344.89, 344.9, 438.20, 438.21, 438.22, 438.30, 438.31, 438.32, 438.40, 438.41, 438.42, 438.50, 438.51, 438.52, 438.53 (any DX on the claim)	DX G04.1, G11.4, G81.00, G81.01, G81.02, G81.03, G81.04, G81.10, G81.11, G81.12, G81.13, G81.14, G81.90, G81.91, G81.92, G81.93, G81.94, G82.20, G82.21, G82.22, G82.50, G82.51, G82.52, G82.53, G82.54, G83.0, G83.10, G83.11, G83.12, G83.13, G83.14, G83.20, G83.21, G83.22, G83.23, G83.24, G83.30, G83.31, G83.32, G83.33, G83.34, G83.4, G83.5, G83.81, G83.82, G83.83, G83.84, G83.89, G83.9, I69.031, I69.032, I69.033, I69.034, I69.039, I69.041, I69.042, I69.043, I69.044, I69.049, I69.051, I69.052, I69.053, I69.054, I69.059, I69.061, I69.062, I69.063, I69.064, I69.065, I69.069, I69.131, I69.132, I69.133, I69.134, I69.139, I69.141, I69.142, I69.143, I69.144, I69.149, I69.151, I69.152, I69.153, I69.154, I69.159, I69.161, I69.162, I69.163, I69.164, I69.165, I69.169, I69.231, I69.232, I69.233, I69.234, I69.239, I69.241, I69.242, I69.243, I69.244, I69.249, I69.251, I69.252, I69.253, I69.254, I69.259, I69.261, I69.262, I69.263, I69.264, I69.265, I69.269, I69.331, I69.332, I69.333, I69.334, I69.339, I69.341, I69.342, I69.343, I69.344, I69.349, I69.351, I69.352, I69.353, I69.354, I69.359, I69.361, I69.362, I69.363, I69.364, I69.365, I69.369, I69.831, I69.832, I69.833, I69.834, I69.839, I69.841, I69.842, I69.843, I69.844, I69.849, I69.851, I69.852, I69.853, I69.854, I69.859, I69.861, I69.862, I69.863, I69.864, I69.865, I69.869, I69.931, I69.932, I69.933, I69.934, I69.939, I69.941, I69.942, I69.943, I69.944, I69.949, I69.951, I69.952, I69.953, I69.954, I69.959, I69.961, I69.962, I69.963, I69.964, I69.965, I69.969 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Multiple Sclerosis and Transverse Myelitis	2 Years	DX 340, 341, 341.0, 341.2, 341.20, 341.21, 341.22, 341.8, 341.9 (any DX on the claim)	DX G35, G36.0, G36.1, G36.8, G36.9, G37.1, G37.2, G37.3, G37.4, G37.8, G37.81, G37.89, G37.9 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Muscular Dystrophy	2 Years	DX 359, 359.0, 359.1 (any DX on the claim)	DX G71.0, G71.00, G71.01, G71.02, G71.031, G71.032, G71.033, G71.0340, G71.0341, G71.0342, G71.0349, G71.035, G71.038, G71.039, G71.09, G71.11, G71.2, G71.20, G71.21, G71.220, G71.228, G71.29 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Obesity	2 Years	DX 278.0, 278.00, 278.01, 278.03, V85.3, V85.30, V85.31, V85.32, V85.33, V85.34, V85.35, V85.36, V85.37, V85.38, V85.39, V85.4, V85.41, V85.42, V85.43, V85.44, V85.45 (any DX on the claim)	DX E66.01, E66.09, E66.1, E66.2, E66.8, E66.9, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Opioid Use Disorder (OUD) #1: Overarching Opioid Use Disorder <sup>6</sup>	2 Years	Any positive result from indicators OUD#2, OUD#3, or OUD#4, below.	Any positive result from indicators OUD#2, OUD#3, or OUD#4, below.	
OUD #2: Diagnosis- and Procedure-code basis for OUD <sup>6</sup>	2 Years	DX 304.0, 304.00, 304.01, 304.02, 304.7, 304.70, 304.71, 304.72, 305.5, 305.50, 305.51, 305.52, 760.72, 965.0, 965.00, 965.01, 965.02, 965.09, E85.00, E85.01, E85.02, E93.50, E93.51 (any DX on the claim)	DX F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, T40.0X1A, T40.0X2A, T40.0X3A, T40.0X4A, T40.1X1A, T40.1X2A, T40.1X3A, T40.1X4A, T40.2X1A, T40.2X2A, T40.2X3A, T40.2X4A, T40.3X1A, T40.3X2A, T40.3X3A, T40.3X4A, T40.3X5A, T40.4X1A, T40.4X2A, T40.4X3A, T40.4X4A, T40.411A, T40.412A, T40.413A, T40.414A, T40.415A, T40.421A, T40.422A, T40.423A, T40.424A, T40.425A, T40.491A, T40.492A, T40.493A, T40.494A, T40.495A, T40.601A, T40.602A, T40.603A, T40.604A, T40.691A, T40.692A, T40.693A, T40.694A  ICD-10 Procedure Codes: HZ81ZZZ, HZ84ZZZ, HZ85ZZZ, HZ86ZZZ, HZ91ZZZ, HZ94ZZZ, HZ95ZZZ, HZ96ZZZ (any position on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type with DX (or ICD-10-PCS procedure) codes

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
<p>           OUD #3: Opioid-related Hospitalizations/ED Visits<sup>6</sup> </p>	2 Years	<p>           DX 304.00, 304.01, 304.02, 304.70, 304.71, 304.72, 305.50, 305.51, 305.52, 965.00, 965.01, 965.02, 965.09, 970.1, E85.00, E85.01, E85.02, E93.50, E93.51, E93.52, E94.01 (any DX on the claim)         </p>	<p>           DX F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, T40.0X1A, T40.0X1D, T40.0X1S, T40.0X2A, T40.0X2D, T40.0X2S, T40.0X3A, T40.0X3D, T40.0X3S, T40.0X4A, T40.0X4D, T40.0X4S, T40.0X5A, T40.0X5D, T40.0X5S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X2A, T40.1X2D, T40.1X2S, T40.1X3A, T40.1X3D, T40.1X3S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X2A, T40.2X2D, T40.2X2S, T40.2X3A, T40.2X3D, T40.2X3S, T40.2X4A, T40.2X4D, T40.2X4S, T40.2X5A, T40.2X5D, T40.2X5S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X2A, T40.3X2D, T40.3X2S, T40.3X3A, T40.3X3D, T40.3X3S, T40.3X4A, T40.3X4D, T40.3X4S, T40.3X5A, T40.3X5D, T40.3X5S, T40.4X1A, T40.4X1D, T40.4X1S, T40.4X2A, T40.4X2D, T40.4X2S, T40.4X3A, T40.4X3D, T40.4X3S, T40.4X4A, T40.4X4D, T40.4X4S, T40.4X5A, T40.4X5D, T40.4X5S, T40.411A, T40.411D, T40.411S, T40.412A, T40.412D, T40.412S, T40.413A, T40.413D, T40.413S, T40.414A, T40.414D, T40.414S, T40.415A, T40.415D, T40.415S, T40.421A, T40.421D, T40.421S, T40.422A, T40.422D, T40.422S, T40.423A, T40.423D, T40.423S, T40.424A, T40.424D, T40.424S, T40.425A, T40.425D, T40.425S, T40.491A, T40.491D, T40.491S, T40.492A, T40.492D, T40.492S, T40.493A, T40.493D, T40.493S, T40.494A, T40.494D, T40.494S, T40.495A, T40.495D, T40.495S, T40.601A, T40.601D, T40.601S, T40.602A, T40.602D, T40.602S, T40.603A, T40.603D, T40.603S, T40.604A, T40.604D, T40.604S, T40.605A, T40.605D, T40.605S, T40.691A, T40.691D, T40.691S, T40.692A, T40.692D, T40.692S, T40.693A, T40.693D, T40.693S, T40.694A, T40.694D, T40.694S, T40.695A, T40.695D, T40.695S (any position on the claim)         </p>	<p>           One inpatient claim <b>OR</b> one emergency department (ED) claim         </p>
<p>           OUD #4: Utilization of Medication-Assisted Therapy (MAT)<sup>6</sup> </p>	2 Years	<p>           Same as ICD-10         </p>	<p>           HCPCS codes for MAT:            G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2078, G2079, H0020, J0571, J0572, J0573, J0574, J0575, J0577, J0578, J0592, J1230, J2315, Q9991, Q9992, S0109            NDCs for Buprenorphine:            00054017613, 00054017713, 00054018813, 00054018913, 00093537856, 00093537956, 00093572056, 00093572156, 00121101830, 00121101930, 00121203630, 00121203830, 00228315303, 00228315403, 00228315473, 00228315503, 00228315567, 00228315573, 00228315603, 00378092393, 00378092493, 00378876516, 00378876593, 00378876616, 00378876693, 00378876716, 00378876793, 00378876816, 00378876893, 00406192303, 00406192403, 00406800503, 00406802003, 00490005100, 00490005130, 00490005160, 00490005190, 00781721606, 00781721664, 00781722706, 00781722764, 00781723806, 00781723864, 00781724906, 00781724964, 00904700906, 00904701006, 00904715404, 00904715504, 12496010001, 12496010002, 12496010005, 12496030001, 12496030002, 12496030005, 12496120201, 12496120203, 12496120401, 12496120403, 12496120801, 12496120803, 12496121201, 12496121203, 12496127802, 12496128302,         </p>	<p>           One or more drug claim with an NDC for opioid-MAT <b>OR</b> one or more non-drug claim with a HCPCS code.            (NOTE: Naltrexone NDCs are excluded if there is evidence of an alcohol or other drug use disorder where opioid DX [OUD #2] is not present.)         </p>

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
			<p>12496130602, 12496131002, 16590066605, 16590066630, 16590066705, 16590066730, 16590066790, 16729054910, 16729055010, 23490927003, 23490927006, 23490927009, 35356000407, 35356000430, 35356055530, 35356055630, 42291017430, 42291017530, 42858050103, 42858050203, 42858060103, 42858060203, 43063018407, 43063018430, 43063066706, 43063075306, 43598057901, 43598057930, 43598058001, 43598058030, 43598058101, 43598058130, 43598058201, 43598058230, 47781035503, 47781035511, 47781035603, 47781035611, 47781035703, 47781035711, 47781035803, 47781035811, 49999039507, 49999039515, 49999039530, 49999063830, 49999063930, 50090157100, 50090292400, 50268014411, 50268014415, 50268014511, 50268014515, 50383028793, 50383029493, 50383092493, 50383093093, 50742036401, 50742036430, 50742036501, 50742036530, 50742037201, 50742037204, 50742037301, 50742037304, 50742037401, 50742037404, 50742037501, 50742037504, 50742037601, 50742037604, 51862060830, 52427069203, 52427069211, 52427069403, 52427069411, 52427069803, 52427069811, 52427071203, 52427071211, 52440010014, 52959030430, 52959074930, 53217013830, 53217024630, 54123011430, 54123090730, 54123091430, 54123092930, 54123095730, 54123098630, 54569549600, 54569573900, 54569573901, 54569573902, 54569639900, 54569640800, 54569657800, 54868570700, 54868570701, 54868570702, 54868570703, 54868570704, 54868575000, 55045378403, 55700014730, 55700018430, 55700030230, 55700030330, 55700090130, 58284010014, 58284020801, 58284020891, 58284021601, 58284021691, 58284022401, 58284022491, 58284022801, 58284022891, 58284023201, 58284023291, 58284026401, 58284026491, 58284029601, 58284029691, 59385001201, 59385001230, 59385001401, 59385001430, 59385001601, 59385001630, 60429058611, 60429058630, 60429058633, 60429058711, 60429058730, 60429058733, 60687048111, 60687048121, 60687049211, 60687049221, 60687062611, 60687062665, 60687063711, 60687063765, 62175045232, 62175045832, 62756045983, 62756046083, 62756096983, 62756097083, 63629402801, 63629403401, 63629403402, 63629403403, 63629409201, 63629947501, 63629948201, 63629948301, 63874108403, 63874108503, 63874117303, 65162041503, 65162041603, 66336001630, 68071138003, 68071151003, 68258299103, 68258299903, 68308020230, 68308020830, 70518100700, 70518201400, 70518201401, 70518221700, 70518222600, 70518222602, 70518222603, 70518312900, 70518338900, 71335095001, 71335095002, 71335095003, 71335115401, 71335115402, 71335115403, 71335116301, 71335116302, 71335116303, 71335129601, 71335137801, 71335172501, 71335172502, 71335185801, 71335185802</p> <p>NDCs for Naltrexone (see exclusion criteria, below):</p> <p>00056001122, 00056001130, 00056001170, 00056007950, 00056008050, 00185003901, 00185003930, 00406009201, 00406009203, 00406117001,</p>	

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
			00406117003, 00555090201, 00555090202, 00904703604, 16729008101, 16729008110, 23155088601, 23155088603, 42291063230, 43063059115, 47335032683, 47335032688, 50090286600, 50090492500, 50090682000, 50436010501, 51224020630, 51224020650, 51285027501, 51285027502, 52152010502, 52152010504, 52152010530, 54868557400, 62135024230, 62135024290, 63459030042, 63629104601, 63629104701, 65694010003, 65694010010, 65757030001, 65757030202, 68084029111, 68084029121, 68094085362, 68115068030, 71300660003, 71300661003, 71300664603, 71300664606, 71300664703, 71300664706, 71300664709, 72162156601, 72162156603, 72162215403  Exclude beneficiaries with NDC for Naltrexone, if the CCW alcohol use disorder indicator = Yes and opioid use disorder DX indicator (from measure #2 OUD using diagnoses) = No; or CCW drug use disorder indicator = Yes and opioid use DX disorder = No	
Other Developmental Delays	2 Years	DX 315.5, 315.8, 315.9 (any DX on the claim)	DX F81.9, F82, F88, F89 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Peripheral Vascular Disease (PVD)	2 Years	DX 440.0, 440.1, 440.2, 440.20, 440.21, 440.22, 440.23, 440.29, 440.4, 443.8, 443.81, 443.82, 443.89, 443.9 (any DX on the claim)	DX E08.51, E08.52, E09.51, E09.52, E10.51, E10.52, E11.51, E11.52, E13.51, E13.52, I70.0, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.291, I70.292, I70.293, I70.298, I70.299, I70.92, I73.81, I73.89, I73.9, I79.1, I79.8 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Personality Disorders	2 Years	DX 301.0, 301.10, 301.11, 301.12, 301.13, 301.20, 301.21, 301.22, 301.3, 301.4, 301.50, 301.51, 301.59, 301.6, 301.7, 301.81, 301.82, 301.83, 301.84, 301.89, 301.9 (any DX on the claim)	DX F21, F34.0, F34.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F68.10, F68.11, F68.12, F68.13, F69 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Post-Traumatic Stress Disorder (PTSD)	2 Years	DX 309.81 (any DX on the claim)	DX F43.10, F43.11, F43.12 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Pressure Ulcers and Chronic Ulcers	2 Years	DX 707.00, 707.01, 707.02, 707.03, 707.04, 707.05, 707.06, 707.07, 707.09, 707.10, 707.11, 707.12, 707.13, 707.14, 707.15, 707.19, 707.20, 707.22, 707.23, 707.24,	DX I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.631, I70.632, I70.633,	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPCS Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPCS Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
		<p>707.25, 707.8, 707.9 (any DX on the claim)</p> <p>EXCEPTION: Codes 707.20, 707.22, 707.23, 707.24, 707.25, 707.8, and 707.9 require a qualifying claim from 707.00, 707.01, 707.02, 707.03, 707.04, 707.05, 707.06, 707.07, 707.09</p>	<p>I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, L89.000, L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, L97.101, L97.102, L97.103, L97.104, L97.105, L97.106, L97.108, L97.109, L97.111, L97.112, L97.113, L97.114, L97.115, L97.116, L97.118, L97.119, L97.121, L97.122, L97.123, L97.124, L97.125, L97.126, L97.128, L97.129, L97.201, L97.202, L97.203, L97.204, L97.205, L97.206, L97.208, L97.209, L97.211, L97.212, L97.213, L97.214, L97.215, L97.216, L97.218, L97.219, L97.221, L97.222, L97.223, L97.224, L97.225, L97.226, L97.228, L97.229, L97.301, L97.302, L97.303, L97.304, L97.305, L97.306, L97.308, L97.309, L97.311, L97.312, L97.313, L97.314, L97.315, L97.316, L97.318, L97.319, L97.321, L97.322, L97.323, L97.324, L97.325, L97.326, L97.328, L97.329, L97.401, L97.402, L97.403, L97.404, L97.405, L97.406, L97.408, L97.409, L97.411, L97.412, L97.413, L97.414, L97.415, L97.416, L97.418, L97.419, L97.421, L97.422, L97.423, L97.424, L97.425, L97.426, L97.428, L97.429, L97.501, L97.502, L97.503, L97.504, L97.505, L97.506, L97.508, L97.509, L97.511, L97.512, L97.513, L97.514, L97.515, L97.516, L97.518, L97.519, L97.521, L97.522, L97.523, L97.524, L97.525, L97.526, L97.528, L97.529, L97.801, L97.802, L97.803, L97.804, L97.805, L97.806, L97.808, L97.809, L97.811, L97.812, L97.813, L97.814, L97.815, L97.816, L97.818, L97.819, L97.821, L97.822, L97.823, L97.824, L97.825, L97.826, L97.828, L97.829, L97.901, L97.902, L97.903, L97.904, L97.905, L97.906, L97.908, L97.909, L97.911, L97.912, L97.913, L97.914, L97.915, L97.916, L97.918, L97.919, L97.921, L97.922, L97.923, L97.924, L97.925, L97.926, L97.928, L97.929, L98.411, L98.412, L98.413, L98.414, L98.415, L98.416, L98.418, L98.419,</p>	



Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
			L98.421, L98.422, L98.423, L98.424, L98.425, L98.426, L98.428, L98.429, L98.491, L98.492, L98.493, L98.494, L98.495, L98.496, L98.498, L98.499 (any DX on the claim)	
Schizophrenia	2 Years	DX 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95 (any DX on the claim)	DX F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Schizophrenia and Other Psychotic Disorders	2 Years	DX 293.81, 293.82, 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.20, 295.21, 295.22, 295.23, 295.24, 295.25, 295.30, 295.31, 295.32, 295.33, 295.34, 295.35, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.50, 295.51, 295.52, 295.53, 295.54, 295.55, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95, 297.0, 297.1, 297.2, 297.3, 297.8, 297.9, 298.0, 298.1, 298.2, 298.3, 298.4, 298.8, 298.9 (any DX on the claim)	DX F06.0, F06.2, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F32.3, F33.3, F44.89 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Sensory - Blindness and Visual Impairment	2 Years	DX 369, 369.0, 369.00, 369.01, 369.02, 369.03, 369.04, 369.05, 369.06, 369.07, 369.08, 369.1, 369.10, 369.11, 369.12, 369.13, 369.14, 369.15, 369.16, 369.17, 369.18, 369.2, 369.20, 369.21, 369.22, 369.23, 369.24, 369.25, 369.3, 369.4 (any DX on the claim)	DX H54.0, H54.OX33, H54.OX34, H54.OX35, H54.OX43, H54.OX44, H54.OX45, H54.OX53, H54.OX54, H54.OX55, H54.10, H54.11, H54.1131, H54.1132, H54.1141, H54.1142, H54.1151, H54.1152, H54.12, H54.1213, H54.1214, H54.1215, H54.1223, H54.1224, H54.1225, H54.2, H54.2X11, H54.2X12, H54.2X21, H54.2X22, H54.3, H54.8 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Sensory - Deafness and Hearing Impairment	2 Years	DX 389, 389.1, 389.10, 389.11, 389.12, 389.13, 389.14, 389.15, 389.16, 389.17, 389.18, 389.2, 389.20, 389.21, 389.22, 389.7, 389.8, 389.9 (any DX on the claim)	DX H90.3, H90.41, H90.42, H90.5, H90.6, H90.71, H90.72, H90.8, H90.A21, H90.A22, H90.A31, H90.A32, H91.01, H91.02, H91.03, H91.09, H91.3, H91.8X1, H91.8X2, H91.8X3, H91.8X9, H91.90, H91.91, H91.92, H91.93 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Sickle Cell Disease <sup>6</sup>	5 Years	282.41, 282.42, 282.60, 282.61, 282.62, 282.63, 282.64, 282.68, 282.69	DX D57.00, D57.01, D57.02, D57.03, D57.04, D57.09, D57.1, D57.20, D57.211, D57.212, D57.213, D57.214, D57.218, D57.219, D57.40, D57.411, D57.412, D57.413, D57.414, D57.418, D57.419, D57.42, D57.431, D57.432, D57.433, D57.434, D57.438, D57.439, D57.44, D57.451, D57.452, D57.453, D57.454, D57.458, D57.459, D57.80, D57.811, D57.812, D57.813, D57.814, D57.818, D57.819	3 or more non-drug claims of any service type
Spina Bifida and Other Congenital Anomalies of the Nervous System	2 Years	DX 740.0, 740.1, 740.2, 741, 741.0, 741.00, 741.01, 741.02, 741.03, 741.9, 741.90, 741.91, 741.92, 741.93, 742.0, 742.1, 742.2, 742.3, 742.4, 742.5, 742.51, 742.53, 742.59, 742.8, 742.9 (any DX on the claim)	DX G90.1, Q00.0, Q00.1, Q00.2, Q01.0, Q01.1, Q01.2, Q01.8, Q01.9, Q02, Q03.0, Q03.1, Q03.8, Q03.9, Q04.0, Q04.1, Q04.2, Q04.3, Q04.4, Q04.5, Q04.6, Q04.8, Q04.9, Q05.0, Q05.1, Q05.2, Q05.3, Q05.4, Q05.5, Q05.6, Q05.7, Q05.8, Q05.9, Q06.0, Q06.1, Q06.2, Q06.3, Q06.4, Q06.8, Q06.9, Q07.00, Q07.01, Q07.02, Q07.03, Q07.8, Q07.9 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Spinal Cord Injury	2 Years	DX 349.39, 806.00, 806.01, 806.02, 806.03, 806.04, 806.05, 806.06, 806.07, 806.08, 806.09, 806.10, 806.11, 806.12, 806.13, 806.14, 806.15, 806.16, 806.17, 806.18, 806.19, 806.20, 806.21, 806.22, 806.23, 806.24, 806.25, 806.26, 806.27, 806.28, 806.29, 806.30, 806.31, 806.32, 806.33, 806.34, 806.35, 806.36, 806.37, 806.38, 806.39, 806.4, 806.5, 806.60, 806.61, 806.62, 806.69, 806.70, 806.71, 806.72, 806.79, 806.8, 806.9, 907.2, 952.00, 952.01, 952.02, 952.03, 952.04, 952.05, 952.06, 952.07, 952.08, 952.09, 952.10, 952.11, 952.12, 952.13, 952.14, 952.15, 952.16, 952.17, 952.18, 952.19, 952.2, 952.3, 952.4, 952.8, 952.9 (any DX on the claim)	DX G96.11, S12.000A, S12.001A, S12.100A, S12.101A, S12.200A, S12.201A, S12.300A, S12.301A, S12.400A, S12.401A, S12.500A, S12.501A, S12.600A, S12.601A, S12.9XXA, S12.000B, S12.001B, S12.100B, S12.101B, S12.200B, S12.201B, S12.300B, S12.301B, S12.400B, S12.401B, S12.500B, S12.501B, S12.600B, S12.601B, S14.0XXA, S14.0XXS, S14.101A, S14.102A, S14.103A, S14.104A, S14.105A, S14.106A, S14.107A, S14.108A, S14.109A, S14.111A, S14.112A, S13.113A, S14.114A, S14.115A, S14.116A, S14.117A, S14.118A, S14.119A, S14.121A, S14.122A, S14.123A, S14.124A, S14.125A, S14.126A, S14.127A, S14.128A, S14.129A, S14.131A, S14.132A, S14.133A, S14.134A, S14.135A, S14.136A, S14.137A, S14.138A, S14.139A, S14.141A, S14.142A, S14.143A, S14.144A, S14.145A, S14.146A, S14.147A, S14.148A, S14.149A, S14.151A, S14.152A, S14.153A, S14.154A, S14.155A, S14.156A, S14.157A, S14.158A, S14.159A, S14.101S, S14.102S, S14.103S, S14.104S, S14.105S, S14.106S, S14.107S, S14.108S, S14.109S, S14.111S, S14.112S, S14.113S, S14.114S, S14.115S, S14.116S, S14.117S, S14.118S, S14.119S, S14.121S, S14.122S, S14.123S, S14.124S, S14.125S, S14.126S, S14.127S, S14.128S, S14.129S, S14.131S, S14.132S, S14.133S, S14.134S, S14.135S, S14.136S, S14.137S, S14.138S, S14.139S, S14.141S, S14.142S, S14.143S, S14.144S, S14.145S, S14.146S, S14.147S, S14.148S, S14.149S, S14.151S, S14.152S, S14.153S, S14.154S, S14.155S, S14.156S, S14.157S, S14.158S, S14.159S, S22.009A, S22.019A, S22.029A, S22.039A, S22.049A, S22.059A, S22.069A, S22.079A, S22.089A, S22.009B, S22.019B, S22.029B, S22.039B, S22.049B, S22.059B, S22.069B, S22.079B, S22.089B, S24.0XXA, S24.101A, S24.102A, S24.103A, S24.104A, S24.109A, S24.111A, S24.112A, S24.113A, S24.114A, S24.119A, S24.131A, S24.132A, S24.133A, S24.134A, S24.139A, S24.141A, S24.142A, S24.143A, S24.144A, S24.149A, S24.151A, S24.152A, S24.153A, S24.154A, S24.159A, S24.0XXS, S24.101S, S24.102S, S24.103S, S24.104S, S24.109S, S24.111S, S24.112S, S24.113S, S24.114S, S24.119S, S24.131S, S24.132S, S24.133S, S24.134S, S24.139S, S24.141S, S24.142S, S24.143S, S24.144S, S24.149S, S24.151S, S24.152S, S24.153S, S24.154S, S24.159S, S32.009A, S32.019A, S32.029A, S32.039A, S32.049A, S32.059A, S32.009B, S32.019B, S32.029B, S32.039B, S32.049B, S32.059B, S32.10XA, S32.2XXA, S32.10XB, S32.2XXB, S34.01XA, S34.02XA, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.111A, S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.3XXA, S34.01XS, S34.02XS, S34.101S, S34.102S, S34.103S, S34.104S, S34.105S, S34.109S, S34.111S, S34.112S, S34.113S, S34.114S, S34.115S, S34.119S, S34.121S, S34.122S, S34.123S, S34.124S, S34.125S, S34.129S, S34.131S, S34.132S, S34.139S (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Tobacco Use Disorders	2 Years	DX 305.1, 649.00, 649.01, 649.02, 649.03, 649.04, 989.84 (any DX on the claim)  HCPSC Codes: 99406, 99407	DX F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, O99.330, O99.331, O99.332, O99.333, O99.334, O99.335, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, Z72.0 (any DX on the claim)  HCPSC Codes: 99406, 99407, G9276, G9458	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type  Procedure codes require only one claim to qualify

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPCS Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPCS Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Traumatic Brain Injury and Nonpsychotic Mental Disorders due to Brain Damage	2 Years	DX 310, 310.0, 310.1, 310.2, 310.8, 310.81, 310.89, 907, 907.0, 907.1 (any DX on the claim)	DX F07.0, F07.81, F07.89, F48.2, S04.011S, S04.012S, S04.019S, S04.02XS, S04.031S, S04.032S, S04.039S, S04.041S, S04.042S, S04.049S, S04.10XS, S04.11XS, S04.12XS, S04.20XS, S04.21XS, S04.22XS, S04.30XS, S04.31XS, S04.32XS, S04.40XS, S04.41XS, S04.42XS, S04.50XS, S04.51XS, S04.52XS, S04.60XS, S04.61XS, S04.62XS, S04.70XS, S04.71XS, S04.72XS, S04.811S, S04.812S, S04.819S, S04.891S, S04.892S, S04.899S, S04.9XXS, S06.0X0S, S06.0X1S, S06.0X2S, S06.0X3S, S06.0X4S, S06.0X5S, S06.0X6S, S06.0X7S, S06.0X8S, S06.0XAS, S06.0X9S, S06.1X0S, S06.1X1S, S06.1X2S, S06.1X3S, S06.1X4S, S06.1X5S, S06.1X6S, S06.1X7S, S06.1X8S, S06.1XAS, S06.1X9S, S06.2X0S, S06.2X1S, S06.2X2S, S06.2X3S, S06.2X4S, S06.2X5S, S06.2X6S, S06.2X7S, S06.2X8S, S06.2XAS, S06.2X9S, S06.300S, S06.301S, S06.302S, S06.303S, S06.304S, S06.305S, S06.306S, S06.307S, S06.308S, S06.30AS, S06.309S, S06.310S, S06.311S, S06.312S, S06.313S, S06.314S, S06.315S, S06.316S, S06.317S, S06.318S, S06.31AS, S06.319S, S06.320S, S06.321S, S06.322S, S06.323S, S06.324S, S06.325S, S06.326S, S06.327S, S06.328S, S06.32AS, S06.329S, S06.330S, S06.331S, S06.332S, S06.333S, S06.334S, S06.335S, S06.336S, S06.337S, S06.338S, S06.33AS, S06.339S, S06.340S, S06.341S, S06.342S, S06.343S, S06.344S, S06.345S, S06.346S, S06.347S, S06.348S, S06.34AS, S06.349S, S06.350S, S06.351S, S06.352S, S06.353S, S06.354S, S06.355S, S06.356S, S06.357S, S06.358S, S06.35AS, S06.359S, S06.360S, S06.361S, S06.362S, S06.363S, S06.364S, S06.365S, S06.366S, S06.367S, S06.368S, S06.36AS, S06.369S, S06.370S, S06.371S, S06.372S, S06.373S, S06.374S, S06.375S, S06.376S, S06.377S, S06.378S, S06.37AS, S06.379S, S06.380S, S06.381S, S06.382S, S06.383S, S06.384S, S06.385S, S06.386S, S06.387S, S06.388S, S06.38AS, S06.389S, S06.4X0S, S06.4X1S, S06.4X2S, S06.4X3S, S06.4X4S, S06.4X5S, S06.4X6S, S06.4X7S, S06.4X8S, S06.4XAS, S06.4X9S, S06.5X0S, S06.5X1S, S06.5X2S, S06.5X3S, S06.5X4S, S06.5X5S, S06.5X6S, S06.5X7S, S06.5X8S, S06.5XAS, S06.5X9S, S06.6X0S, S06.6X1S, S06.6X2S, S06.6X3S, S06.6X4S, S06.6X5S, S06.6X6S, S06.6X7S, S06.6X8S, S06.6XAS, S06.6X9S, S06.810S, S06.811S, S06.812S, S06.813S, S06.814S, S06.815S, S06.816S, S06.817S, S06.818S, S06.81AS, S06.819S, S06.820S, S06.821S, S06.822S, S06.823S, S06.824S, S06.825S, S06.826S, S06.827S, S06.828S, S06.82AS, S06.829S, S06.8A0S, S06.8A1S, S06.8A2S, S06.8A3S, S06.8A4S, S06.8A5S, S06.8A6S, S06.8AAS, S06.8A9S, S06.890S, S06.891S, S06.892S, S06.893S, S06.894S, S06.895S, S06.896S, S06.897S, S06.898S, S06.89AS, S06.899S, S06.9X0S, S06.9X1S, S06.9X2S, S06.9X3S, S06.9X4S, S06.9X5S, S06.9X6S, S06.9X7S, S06.9X8S, S06.9XAS, S06.9X9S, S06.A0XS, S06.A1XS (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Viral Hepatitis (General) <sup>7</sup> , including:	2 Years	DX 070.0, 070.1, 070.2, 070.20, 070.21, 070.22, 070.23, 070.3, 070.30, 070.31, 070.32, 070.33, 070.4, 070.41, 070.42, 070.43, 070.44, 070.49, 070.5, 070.51, 070.52, 070.53, 070.54, 070.59, 070.6, 070.7, 070.70, 070.71, 070.9, V02.6, V02.60, V02.61, V02.62, V02.69 (any DX on the claim)	DX B15.0, B15.9, B16.0, B16.1, B16.2, B16.9, B17.0, B17.10, B17.11, B17.2, B17.8, B17.9, B18.0, B18.1, B18.2, B18.8, B18.9, B19.0, B19.10, B19.11, B19.20, B19.21, B19.9, Z22.50, Z22.51, Z22.52, Z22.59 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type

Algorithms	Reference Period <sup>1</sup>	Valid ICD-9/MS-DRG/HCPSC Codes <sup>2</sup>	Valid ICD-10/CPT4/HCPSC Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Hepatitis A <sup>7</sup>	2 Years	DX 070.0, 070.1 (any DX on the claim)	DX B15.0, B15.9 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Hepatitis B (acute or unspecified) <sup>7</sup>	2 Years	DX 070.2, 070.20, 070.21, 070.3, 070.30, 070.31 (any DX on the claim)	DX B16.0, B16.1, B16.2, B16.9, B19.10, B19.11 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Hepatitis B (chronic) <sup>7</sup>	2 Years	DX 070.22, 070.23, 070.32, 070.33, V02.61 (any DX on the claim)	DX B18.0, B18.1, Z22.51 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Hepatitis C (acute) <sup>7</sup>	2 Years	DX 070.41, 070.51 (any DX on the claim)	DX B17.10, B17.11 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Hepatitis C (chronic) <sup>7</sup>	2 Years	DX 070.44, 070.54, V02.62 (any DX on the claim)	DX B18.2, Z22.52 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Hepatitis C (unspecified) <sup>7</sup>	2 Years	DX 070.7, 070.70, 070.71 (any DX on the claim)	DX B19.20, B19.21 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Hepatitis D <sup>7</sup>	2 Years	DX 070.21, 070.23, 070.31, 070.33, 070.42, 070.52 (any DX on the claim)	DX B16.0, B16.1, B17.0, B18.0 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type
Hepatitis E <sup>7</sup>	2 Years	DX 070.43, 070.53 (any DX on the claim)	DX B17.2 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type

- 
- <sup>1</sup> CCW data begins in 1999. When working with condition files prior to 2003, conditions with a reference period of two to five years will not have a sufficient length of data to fully meet the condition criteria in some years.
- <sup>2</sup> ICD-10 codes are effective 10/2015; effective dates for ICD-9 codes vary, but are valid through 09/2015. Researchers may be interested in confirming the code(s) of interest in the accompanying claims data files.
- <sup>3</sup> Non-drug claims do not include Medicare Part D Event or Medicaid MAX RX claims. When two claims are required, they must occur at least one day apart (i.e., different claim through dates [CLM\_THRU\_DT]).
- <sup>4</sup> Chronic Pain-related indicators are available for data years 2018 forward. These indicators are not included in MMLEADS or MESF.
- <sup>5</sup> There are also variables that measure care (largely Medicaid services) provided to individuals with HIV/AIDS. The CCW team does not include these variables in the MBSF or MESF.
- <sup>6</sup> Opioid-related indicators and Sickle Cell Disease-related indicators were added to the 2017 file and have been subsequently populated in the data file for all historical years going back to 2000.
- <sup>7</sup> The Viral Hepatitis (General) condition includes all other types of hepatitis covered; the variables for each specific type of hepatitis are not included in the MBSF.

## Algorithms Change History

Purpose: The Chronic Conditions Warehouse (CCW) algorithm specifications may change slightly from year-to-year due to revisions in national claims coding standards. This section identifies changes in the Other Chronic Health, Mental Health, and Potentially Disabling Conditions algorithms following the annual ICD-10-CM code review and describes the nature of the change. The algorithm specifications contain a document revision date and the earliest Conditions Data File that incorporates the revised algorithm (e.g., for algorithm updates that appear in the 02/2020 revision, the code changes are reflected in the 2018+ data files).

Document Revision Date	Conditions File Implementation <sup>1</sup>	Description of Changes
3/2025	2023	<p>The following changes resulted from an ICD-10 Code Review.</p> <ul style="list-style-type: none"> <li>• OUD #4 — Utilization of Medication-Assisted Therapy (MAT): <ul style="list-style-type: none"> <li>○ Added HCPCS: J0577, J0578, Q9991, Q9992</li> <li>○ Added NDCs for Buprenorphine: 00121101830, 00121101930, 00121203630, 00121203830, 50742036401, 50742036430, 50742036501, 50742036530, 50742037201, 50742037204, 50742037301, 50742037304, 50742037401, 50742037404, 50742037501, 50742037504, 50742037601, 50742037604, 58284020801, 58284020891, 58284021601, 58284021691, 58284022401, 58284022491, 58284022801, 58284022891, 58284023201, 58284023291, 58284026401, 58284026491, 58284029601, 58284029691</li> <li>○ Added NDC for Naltrexone: 23155088601, 23155088603, 50090682000, 71300660003, 71300661003, 71300664603, 71300664606, 71300664703, 71300664706, 71300664709, 72162156601, 72162156603, 72162215403</li> </ul> </li> </ul>
3/2025	2018	<ul style="list-style-type: none"> <li>• Added Chronic Pain-related Indicators and Algorithms</li> </ul>
7/2024	2023	<p>The following changes resulted from the 2023 ICD-10 Code Review.</p> <ul style="list-style-type: none"> <li>• Epilepsy: Added codes G40.C01, G40.C09, G40.C11, G40.C19</li> <li>• Intellectual Disabilities and Related Conditions: Added codes Q87.83, Q87.84, Q87.85, Q93.52</li> <li>• Migraine and Other Chronic Headache: Added codes G43.E01, G43.E09, G43.E11, G43.E19</li> <li>• Multiple Sclerosis and Transverse Myelitis: Added codes G37.81, G37.89</li> <li>• Sickle Cell Disease: Added codes D57.04, D57.214, D57.414, D57.434, D57.454, D57.814</li> </ul>

Document Revision Date	Conditions File Implementation <sup>1</sup>	Description of Changes
2/2024	2022	<p>The following changes resulted from an ICD-10 Code Review.</p> <ul style="list-style-type: none"> <li>• OUD #4 — Utilization of Medication-Assisted Therapy (MAT): <ul style="list-style-type: none"> <li>○ Added NDCs for Buprenorphine: 00378876516, 00378876593, 00904715404, 00904715504, 60687062611, 60687062665, 60687063711, 60687063765, 63629947501, 63629948201, 63629948301, 70518100700, 70518201400, 70518201401, 70518221700, 70518222600, 70518222602, 70518222603, 70518312900, 70518338900, 71335137801, 71335172501, 71335172502</li> <li>○ Added NDC for Naltrexone: 50090492500</li> </ul> </li> </ul>
7/2023	2022	<p>The following changes resulted from the 2022 ICD-10 Code Review.</p> <ul style="list-style-type: none"> <li>• Liver Disease, Cirrhosis, and Other Liver Conditions: Added code K76.82</li> <li>• Muscular Dystrophy: Added codes G71.031, G71.032, G71.033, G71.0340, G71.0341, G71.0342, G71.0349, G71.035, G71.038, G71.039</li> <li>• Traumatic Brain Injury and Nonpsychotic Mental Disorders due to Brain Damage: Added codes S06.0XAS, S06.1XAS, S06.2XAS, S06.30AS, S06.31AS, S06.32AS, S06.33AS, S06.34AS, S06.35AS, S06.36AS, S06.37AS, S06.38AS, S06.4XAS, S06.5XAS, S06.6XAS, S06.81AS, S06.82AS, S06.8A0S, S06.8A1S, S06.8A2S, S06.8A3S, S06.8A4S, S06.8A5S, S06.8A6S, S06.8AAS, S06.8A9S, S06.89AS, S06.9XAS</li> </ul>
2/2023	2021	<p>The following changes resulted from an ICD-10 Code Review.</p> <ul style="list-style-type: none"> <li>• OUD #2 — Diagnosis- and Procedure-code basis for OUD: Added code F11.13</li> <li>• OUD #4 — Utilization of Medication-Assisted Therapy (MAT): <ul style="list-style-type: none"> <li>○ Added NDCs for Buprenorphine: 00378876616, 00378876693, 00904700906, 00904701006, 16729054910, 16729055010, 42858060103, 42858060203, 50090157100, 51862060830, 55700090130, 71335095001, 71335095002, 71335095003, 71335115401, 71335115402, 71335116301, 71335116302, 71335116303, 71335129601, 71335185801, 71335185802</li> <li>○ Added NDCs for Naltrexone: 62135024230, 62135024290</li> </ul> </li> </ul>



Document Revision Date	Conditions File Implementation <sup>1</sup>	Description of Changes
2/2022	2020	<p>The following changes resulted from the 2021/2022 ICD-10 Code Review.</p> <ul style="list-style-type: none"> <li>• Depressive Disorders: Added code F32.A</li> <li>• Drug Use Disorders: Added codes T40.711A, T40.721A</li> <li>• Intellectual Disabilities and Related Conditions: Added codes F78.A1, F78.A9</li> <li>• Leukemias and Lymphomas: Added code C84.7A</li> <li>• Migraine and Chronic Headache: Added code G44.86</li> <li>• Muscular Dystrophy: Added code G71.29; removed invalid code G27.29</li> <li>• OUD #4 — Utilization of Medication-Assisted Therapy (MAT): Added NDC for Naltrexone: 00904703604; added NDCs for Buprenorphine: 60687048111, 60687048121, 60687049211, 60687049221, 71335115403</li> <li>• Traumatic Brain Injury and Nonpsychotic Mental Disorders due to Brain Damage: Added codes S06.A0XS, S06.A1XS</li> </ul>

Document Revision Date	Conditions File Implementation <sup>1</sup>	Description of Changes
2/2021	2019	<p>The following changes resulted from the 2020/2021 ICD-10 Code Review.</p> <ul style="list-style-type: none"> <li>Alcohol Use Disorders: Added codes F10.130, F10.131, F10.132, F10.139, F10.930, F10.931, F10.932, F10.939</li> <li>Cystic Fibrosis and Other Metabolic Developmental Disorders: Added codes E70.81, E70.89, E74.810, E74.818, E74.819, E74.89</li> <li>Drug Use Disorders: Added codes F11.13, F12.13, F13.130, F13.131, F13.132, F13.139, F14.13, F14.93, F15.13, F19.130, F19.131, F19.132, F19.139, T40.411A, T40.412A, T40.413A, T40.414A, T40.415A, T40.421A, T40.422A, T40.423A, T40.424A, T40.425A, T40.491A, T40.492A, T40.493A, T40.494A, T40.495A</li> <li>Epilepsy: Added codes G40.42, G40.833, G40.834</li> <li>Intellectual Disabilities and Related Conditions: Correction to typographical error from Q93.529 to Q93.59 in documentation</li> <li>Leukemias and Lymphomas: Added code Z85.72</li> <li>Liver Disease, Cirrhosis and Other Liver Conditions (except Viral Hepatitis): Added codes K74.00, K74.01, K74.02</li> <li>Muscular Dystrophy: Added codes G71.20, G71.21, G71.220, G71.228</li> <li>Obesity: Removed code E66.3</li> <li>Opioid Use Disorder (OUD) #2 - Diagnosis- and Procedure-code basis for OUD: Added codes T40.411A, T40.412A, T40.413A, T40.414A, T40.415A, T40.421A, T40.422A, T40.423A, T40.424A, T40.425A, T40.491A, T40.492A, T40.493A, T40.494A, T40.495A</li> <li>OUD #3 - Opioid-related Hospitalizations/ED Visits: Added codes F11.13, T40.411A, T40.411D, T40.411S, T40.412A, T40.412D, T40.412S, T40.413A, T40.413D, T40.413S, T40.414A, T40.414D, T40.414S, T40.415A, T40.415D, T40.415S, T40.421A, T40.421D, T40.421S, T40.422A, T40.422D, T40.422S, T40.423A, T40.423D, T40.423S, T40.424A, T40.424D, T40.424S, T40.425A, T40.425D, T40.425S, T40.491A, T40.491D, T40.491S, T40.492A, T40.492D, T40.492S, T40.493A, T40.493D, T40.493S, T40.494A, T40.494D, T40.494S, T40.495A, T40.495D, T40.495S</li> <li>OUD #4 - Utilization of Medication-Assisted Therapy (MAT): Added HCPCS codes G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2078, G2079, H0020, J0592; added NDCs for Naltrexone: 50090286600, 63629104601, 63629104701</li> <li>Sickle Cell Disease: Added codes D57.03, D57.09, D57.213, D57.218, D57.413, D57.418, D57.42, D57.431, D57.432, D57.433, D57.438, D57.439, D57.44, D57.451, D57.452, D57.453, D57.458, D57.459, D57.813, D57.818</li> <li>Tobacco Use: Added HCPCS codes G9276, G9458</li> </ul>
09/2020	2019	<ul style="list-style-type: none"> <li>Leukemias and Lymphomas: Removed code Z85.231</li> </ul>

Document Revision Date	Conditions File Implementation <sup>1</sup>	Description of Changes
02/2020	2018	<p>The following changes resulted from the 2019/2020 ICD-10 Code Review.</p> <ul style="list-style-type: none"> <li>Intellectual Disabilities and Related Conditions: Added codes Q87.11 and Q87.19</li> <li>Opioid Use Disorder Algorithm (OUD#4 Utilization of Medication-Assisted Therapy [MAT]). Added NDC codes for Buprenorphine: 00378876716, 00378876793, 00378876816, 00378876893, 00406800503, 00781721606, 00781721664, 00781722706, 00781722764, 00781723806, 00781723864, 00781724906, 00781724964, 43598057901, 43598057930, 43598058001, 43598058030, 43598058101, 43598058130, 47781035503, 47781035511, 47781035603, 47781035611, 47781035703, 47781035711, 47781035803, 47781035811, 50090292400, 52427069203, 52427069211, 52427069403, 52427069411, 52427069803, 52427069811, 52427071203, 52427071211, 52440010014, 62175045232, 62175045832</li> <li>Correction to typographical errors in Opioid Use Disorder Algorithm, inadvertent omission of characters: (OUD#2 - Diagnosis- and Procedure-code basis for OUD) 11.288 updated to F11.288; (OUD#4 Utilization of Medication-Assisted Therapy [MAT]) 4123011430 updated to 54123011430; 55509020 updated to 555090201</li> <li>Pressure and Chronic Ulcers: Added codes L89.006, L89.016, L89.026, L89.106, L89.116, L89.126, L89.136, L89.146, L89.156, L89.206, L89.216, L89.226, L89.306, L89.316, L89.326, L89.46, L89.506, L89.516, L89.526, L89.606, L89.616, L89.626, L89.816, L89.896, L89.96</li> </ul>
08/2019	2017	<ul style="list-style-type: none"> <li>Opioid Use Disorder Algorithm (OUD#4 Utilization of Medication-Assisted Therapy [MAT]). Added NDC codes for Buprenorphine: 00228315567, 00406802003, 12496010001, 12496010002, 12496010005, 12496030001, 12496030002, 12496030005, 42858050103, 42858050203, 43063066706, 43063075306, 43598058201, 43598058230, 50268014411, 50268014415, 50268014511, 50268014515, 53217024630, 54123090730, 54569549600, 58284010014, 60429058611, 60429058630, 60429058633, 60429058711, 60429058730, 60429058733, 62756045983, 62756046083, 62756096983, 62756097083</li> </ul>
06/2019	2017	<ul style="list-style-type: none"> <li>Added Sickle Cell Disease-related Indicators and Algorithms (subsequently populated in the data file for all historical years going back to 2000)</li> </ul>

Document Revision Date	Conditions File Implementation <sup>1</sup>	Description of Changes
02/2019	2017	<p>The following changes resulted from the 2018/2019 ICD-10 Code Review.</p> <ul style="list-style-type: none"> <li>• ADHD, Conduct Disorders, and Hyperkinetic Syndrome: Added code F91.3</li> <li>• Alcohol Use Disorders: Removed codes Z13.89, Z71.51, Z71.52, Z71.6</li> <li>• Fibromyalgia, Chronic Pain and Fatigue: Added codes M79.10, M79.11, M79.12, M79.18</li> <li>• Intellectual Disabilities and Related Conditions: Added codes Q93.51, Q93.529</li> <li>• Muscular Dystrophy: Added codes G71.00, G71.01, G71.02, G71.09</li> <li>• Tobacco Use: Added code Z72.0</li> <li>• Incorporated Opioid-related Indicators and Algorithms (documentation only)</li> </ul>
08/2018	2017	<ul style="list-style-type: none"> <li>• Added Opioid-related Indicators and Algorithms (subsequently populated in the data file for all historical years going back to 2000)</li> </ul>
06/2018	2016	<ul style="list-style-type: none"> <li>• Correction to codes for Leukemias and Lymphomas. The C81.xx series was updated to fix the incorrect display between C82.23, C82.33, C82.43, C82.73, and C82.93. They now display as C81.23, C81.33, C81.43, C81.73, and C81.93.</li> </ul>

---

<sup>1</sup> Conditions File Implementation: This indicates the earliest Conditions Data File that incorporates the revised algorithm, when available.