

# Chronic Conditions Warehouse

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## Chronic Conditions Warehouse

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

### Algorithms: MBSF\_OTCC\_{YYYY} File

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

MBSF\_OTCC\_{YYYY} File

Algorithms	Reference Period (# of years) <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 with DX codes
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 during the two-year period  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 with DX codes
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 with DX codes

Algorithms	Reference Period (# of years) <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>
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 with DX codes
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 with DX codes
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 with DX codes
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 with DX codes
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,	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,	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type during the two-year period  Procedure codes require only one claim to qualify

Algorithms	Reference Period (# of years) <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>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</p> <p>ICD-9 Procedure Codes: 94.6, 94.64, 94.65, 94.66, 94.67, 94.68, 94.69 (any DX on the claim)</p>	<p>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, 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,</p>	

Algorithms	Reference Period (# of years) <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>
			T40.721A, T40.7X1A, T40.8X1A, T40.901A, T40.991A, Z71.41, Z71.42, Z71.51, Z71.52, Z71.6  ICD-10 Procedure Codes: HZ2ZZZZ, HZ30ZZZ, HZ31ZZZ, HZ32ZZZ, HZ33ZZZ, HZ34ZZZ, HZ35ZZZ, HZ36ZZZ, HZ37ZZZ, HZ38ZZZ, HZ39ZZZ, HZ3BZZZ, HZ40ZZZ, HZ93ZZZ, HZ96ZZZ (any DX on the claim)	
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 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type during the two-year period
Fibromyalgia and 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 during the two-year period
Human Immunodeficiency Virus and/or Acquired Immunodeficiency Syndrome (HIV/AIDS)	2 Years	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)  EXCEPTION: 795.71 requires a second qualifying claim that is not 795.71 (a screening code)  Medicare DRG Codes (old codes used through 09/2007): 488, 489, 490  MS DRG Codes: 969, 970, 974, 975, 976, 977  HCC Code*: 1 (HIV/AIDS)  *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.	DX B20, B97.35, R75, Z21 (any DX on the claim)  EXCEPTION: R75 requires a second qualifying claim that is not R75 (a screening code)  MS DRG Codes: 969, 970, 974, 975, 976, 977  HCC Code*: 1 (HIV/AIDS)  *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.	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type during the two-year period

Algorithms	Reference Period (# of years) <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>
Intellectual Disabilities and Related Conditions	2 Years	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)	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, Q87.89, 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, Q93.59, Q93.7, Q93.81, Q93.88, Q93.89, Q93.9, Q95.2, Q95.3, Q99.2 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type during the two-year period
Learning Disabilities	2 Years	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)	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)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type during the two-year period
Leukemias and Lymphomas	2 Years	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, 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,	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, 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,	At least 1 inpatient claim <b>OR</b> 2 non-inpatient claims with DX codes

Algorithms	Reference Period (# of years) <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>
		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, 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,	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 (# of years) <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>
		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, K76.89, 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 non-inpatient claims with DX codes  Procedures must have at least one associated liver disease diagnosis on claim.
Migraine and 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.A0, G43.B0, G43.C0, G43.D0, G43.A1, G43.B1, G43.C1, G43.D1, G43.801, G43.809, G43.811, G43.819, G43.821, G43.829, G43.831, G43.839, G43.901, G43.909, G43.911, G43.919, 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 non-inpatient claims with DX codes

Algorithms	Reference Period (# of years) <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>
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 with DX codes
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, G37.9 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type with DX codes
Muscular Dystrophy	2 Years	DX 359, 359.0, 359.1 (any DX on the claim)	DX G71.0, G71.00, G71.01, G71.02, G71.09, G71.11, G71.2, G71.20, G71.21, G71.220, G71.228, G27.29, G71.29 (any DX on the claim)	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type with DX codes
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 non-inpatient claims with DX codes
Opioid Use Disorder (OUD) #1	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.	

Algorithms	Reference Period (# of years) <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>OU2 #2 — Diagnosis- and Procedure-code basis for OU2</p>	<p>2 Years</p>	<p>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)</p>	<p>DX F11.10, F11.120, F11.121, F11.122, F11.129, 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</p> <p>ICD-10 Procedure Codes: HZ81ZZZ, HZ84ZZZ, HZ85ZZZ, HZ86ZZZ, HZ91ZZZ, HZ94ZZZ, HZ95ZZZ, HZ96ZZZ (any position on the claim)</p>	<p>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</p>
<p>OU2 #3 — Opioid-related Hospitalizations/ED Visits</p>	<p>2 Years</p>	<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>

Algorithms	Reference Period (# of years) <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> <b>           OUD #4 — Utilization of Medication-Assisted Therapy (MAT)         </b> </p>	<p>2 Years</p>	<p>Same as ICD-10 cell</p>	<p>           HCPCS codes for MAT:            G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2078, G2079, H0020, J0571, J0572, J0573, J0574, J0575, J0592, J1230, J2315, S0109         </p> <p>           NDCs for Buprenorphine:            00054017613, 00054017713, 00054018813, 00054018913, 00093537856, 00093537956, 00093572056, 00093572156, 00228315303, 00228315403, 00228315473, 00228315503, 00228315567, 00228315573, 00228315603, 00378092393, 00378092493, 00378876716, 00378876793, 00378876816, 00378876893, 00406192303, 00406192403, 00406800503, 00406802003, 00490005100, 00490005130, 00490005160, 00490005190, 00781721606, 00781721664, 00781722706, 00781722764, 00781723806, 00781723864, 00781724906, 00781724964, 12496010001, 12496010002, 12496010005, 12496030001, 12496030002, 12496030005, 12496120201, 12496120203, 12496120401, 12496120403, 12496120801, 12496120803, 12496121201, 12496121203, 12496127802, 12496128302, 12496130602, 12496131002, 16590066605, 16590066630, 16590066705, 16590066730, 16590066790, 23490927003, 23490927006, 23490927009, 35356000407, 35356000430, 35356055530, 35356055630, 42291017430, 42291017530, 42858050103, 42858050203, 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, 50090292400, 50268014411, 50268014415, 50268014511, 50268014515, 50383028793, 50383029493, 50383092493, 50383093093, 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, 58284010014, 59385001201, 59385001230, 59385001401, 59385001430, 59385001601, 59385001630, 60429058611, 60429058630, 60429058633, 60429058711, 60429058730, 60429058733, 60687048111, 60687048121, 60687049211, 60687049221, 62175045232, 62175045832, 62756045983, 62756046083, 62756096983, 62756097083, 63629402801, 63629403401, 63629403402, 63629403403, 63629409201, 63874108403, 63874108503, 63874117303, 65162041503, 65162041603,         </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.         </p> <p>           (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 (# of years) <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>66336001630, 68071138003, 68071151003, 68258299103, 68258299903, 68308020230, 68308020830, 71335115403</p> <p>NDCs for Naltrexone (see exclusion criteria, below):</p> <p>00056001122, 00056001130, 00056001170, 00056007950, 00056008050, 00185003901, 00185003930, 00406009201, 00406009203, 00406117001, 00406117003, 00555090201, 00555090202, 00904703604, 16729008101, 16729008110, 42291063230, 43063059115, 47335032683, 47335032688, 50090286600, 50436010501, 51224020630, 51224020650, 51285027501, 51285027502, 52152010502, 52152010504, 52152010530, 54868557400, 63459030042, 63629104601, 63629104701, 65694010003, 65694010010, 65757030001, 65757030202, 68084029111, 68084029121, 68094085362, 68115068030;</p> <p>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</p>	
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 with DX codes
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 non-inpatient claims with DX codes
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 with DX codes
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 with DX codes

Algorithms	Reference Period (# of years) <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>
Pressure 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, 707.25, 707.8, 707.9 (any DX on the claim)  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	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, 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,	At least 1 inpatient claim <b>OR</b> 2 non-inpatient claims with DX codes

Algorithms	Reference Period (# of years) <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>
			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, 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 with DX codes

Algorithms	Reference Period (# of years) <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>
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 with DX codes
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, H54.0X33, H54.0X34, H54.0X35, H54.0X43, H54.0X44, H54.0X45, H54.0X53, H54.0X54, H54.0X55, 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 with DX codes
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 with DX codes
Sickle Cell Disease	5 Years	282.41, 282.42, 282.60, 282.61, 282.62, 282.63, 282.64, 282.68, 282.69	D57.00, D57.01, D57.02, D57.03, D57.09, D57.1, D57.20, D57.211, D57.212, D57.213, D57.218, D57.219, D57.40, D57.411, D57.412, D57.413, D57.418, D57.419, D57.42, D57.431, D57.432, D57.433, D57.438, D57.439, D57.44, D57.451, D57.452, D57.453, D57.458, D57.459, D57.80, D57.811, D57.812, D57.813, D57.818, D57.819	3 or more non-drug claims of any service type with DX codes



Algorithms	Reference Period (# of years) <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>
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 with DX codes

Algorithms	Reference Period (# of years) <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>
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 with DX codes

Algorithms	Reference Period (# of years) <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>
Tobacco Use	2 Years	DX 305.1, 649.00, 649.01, 649.02, 649.03, 649.04, 989.84 (any DX on the claim)  HCPCS 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)  HCPCS Codes: 99406, 99407, G9276, G9458	At least 1 inpatient claim <b>OR</b> 2 other non-drug claims of any service type with DX codes <b>OR</b> 1 HCPCS code claim of any type
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, S06.0X9S, S06.1X0S, S06.1X1S, S06.1X2S, S06.1X3S, S06.1X4S, S06.1X5S, S06.1X6S, S06.1X7S, S06.1X8S, S06.1X9S, S06.2X0S, S06.2X1S, S06.2X2S, S06.2X3S, S06.2X4S, S06.2X5S, S06.2X6S, S06.2X7S, S06.2X8S, S06.2X9S, S06.300S, S06.301S, S06.302S, S06.303S, S06.304S, S06.305S, S06.306S, S06.307S, S06.308S, S06.309S, S06.310S, S06.311S, S06.312S, S06.313S, S06.314S, S06.315S, S06.316S, S06.317S, S06.318S, S06.319S, S06.320S, S06.321S, S06.322S, S06.323S, S06.324S, S06.325S, S06.326S, S06.327S, S06.328S, S06.329S, S06.330S, S06.331S, S06.332S, S06.333S, S06.334S, S06.335S, S06.336S, S06.337S, S06.338S, S06.339S, S06.340S, S06.341S, S06.342S, S06.343S, S06.344S, S06.345S, S06.346S, S06.347S, S06.348S, S06.349S, S06.350S, S06.351S, S06.352S, S06.353S, S06.354S, S06.355S, S06.356S, S06.357S, S06.358S, S06.359S, S06.360S, S06.361S, S06.362S, S06.363S, S06.364S, S06.365S, S06.366S, S06.367S, S06.368S, S06.369S, S06.370S, S06.371S, S06.372S, S06.373S, S06.374S, S06.375S, S06.376S, S06.377S, S06.378S, S06.379S, S06.380S, S06.381S, S06.382S, S06.383S, S06.384S, S06.385S, S06.386S, S06.387S, S06.388S, S06.389S, S06.4X0S, S06.4X1S, S06.4X2S, S06.4X3S, S06.4X4S, S06.4X5S, S06.4X6S, S06.4X7S, S06.4X8S, S06.4X9S, S06.5X0S, S06.5X1S, S06.5X2S, S06.5X3S, S06.5X4S, S06.5X5S, S06.5X6S, S06.5X7S, S06.5X8S, S06.5X9S, S06.6X0S, S06.6X1S, S06.6X2S, S06.6X3S, S06.6X4S, S06.6X5S, S06.6X6S, S06.6X7S, S06.6X8S, S06.6X9S, S06.810S, S06.811S, S06.812S, S06.813S, S06.814S, S06.815S, S06.816S, S06.817S, S06.818S, S06.819S, S06.820S, S06.821S, S06.822S, S06.823S, S06.824S, S06.825S, S06.826S, S06.827S, S06.828S, S06.829S, S06.890S, S06.891S, S06.892S, S06.893S, S06.894S, S06.895S, S06.896S, S06.897S, S06.898S, S06.899S, S06.9X0S, S06.9X1S, S06.9X2S, S06.9X3S, S06.9X4S, S06.9X5S, S06.9X6S, S06.9X7S, S06.9X8S, 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 with DX codes

Algorithms	Reference Period (# of years) <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>
Viral Hepatitis (General) <sup>4</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 non-inpatient claims with DX codes
Hepatitis A <sup>4</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 non-inpatient claims with DX codes
Hepatitis B (acute or unspecified) <sup>4</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 non-inpatient claims with DX codes
Hepatitis B (chronic) <sup>4</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 non-inpatient claims with DX codes
Hepatitis C (acute) <sup>4</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 non-inpatient claims with DX codes
Hepatitis C (chronic) <sup>4</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 non-inpatient claims with DX codes
Hepatitis C (unspecified) <sup>4</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 non-inpatient claims with DX codes
Hepatitis D <sup>4</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 non-inpatient claims with DX codes

Algorithms	Reference Period (# of years) <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>
Hepatitis E <sup>4</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 non-inpatient claims with DX codes

<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> SNF refers to skilled nursing facility; HHA refers to home health agency; HOP refers to hospital outpatient. Carrier claims refer to claim types 71 and 72 (not durable medical equipment [DME] claim types 81 or 82), and excludes any claims for which line item Berenson-Eggers Type of Service (BETOS) code variable equals D1A, D1B, D1C, D1D, D1E, D1F, D1G (which is DME), or O1A (which is ambulance services). The intent of the algorithm is to exclude claims where the services do not require a licensed health care professional. When two claims are required, they must occur at least one day apart.

<sup>4</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 CCW Master Beneficiary Summary File (MBSF).

## Algorithms Change History

Purpose: The Chronic Conditions Warehouse (CCW) algorithm specifications may change slightly from year-to-year due to changing coding standards. This section identifies changes in the Other Chronic Health, Mental Health, and Potentially Disabling Conditions algorithms following the February 2022 algorithm version and describes the nature of the change. The algorithm specifications contain a revision date and the calendar year that the change was implemented in the data file (e.g., for algorithm updates that appear in the 02/2020 revision, the code changes are reflected in the 2018–current data files).

Revision Date <sup>1</sup>	Conditions File Implementation Date <sup>2</sup>	Description <sup>3</sup>
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>
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> </ul>

Revision Date <sup>1</sup>	Conditions File Implementation Date <sup>2</sup>	Description <sup>3</sup>
		<ul style="list-style-type: none"> <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>
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> </ul>

Revision Date <sup>1</sup>	Conditions File Implementation Date <sup>2</sup>	Description <sup>3</sup>
		<ul style="list-style-type: none"> <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</li> </ul>
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	1999 +	<ul style="list-style-type: none"> <li>• Added Opioid-related Indicators and Algorithms</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>



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<sup>1</sup> Revision Date: The date the algorithms documentation was updated.

<sup>2</sup> Conditions File Implementation Date: This indicates the earliest Conditions Data File that incorporates the revised algorithm.

<sup>3</sup> Description: Details of what changed, listed by algorithm type.