

Appendix Exhibit 1. Complete List of Low-Value Health Care Services Assessed in this Study

Common Treatments

- Don't indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis.
- Don't order antibiotics for adenoviral conjunctivitis (pink eye).
- Don't prescribe oral antibiotics for uncomplicated acute external otitis.
- Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea.
- Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age.

Diagnostic Testing

- Don't do imaging for low back pain within the first six weeks, unless red flags are present.
- Don't do imaging for uncomplicated headache.
- Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.
- Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.
- Don't perform a postcoital test (PCT) for the evaluation of infertility.
- Don't perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile couple.
- Don't perform electroencephalography (EEG) for headaches.
- Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.
- Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.
- Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E (IgE) tests, in the evaluation of allergy.
- Don't routinely do diagnostic testing in patients with chronic urticaria.
- Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.
- Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).
- Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known histories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic.
- Don't perform computed tomography scans on children being treated for headache.
- Don't perform Neuroimaging (CT, MRI) in a child with simple febrile seizure.
- Don't perform routine head CT scans for emergency room visits for severe dizziness.

Disease Approach

- Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.
- Don't perform an arthroscopic knee surgery for knee osteoarthritis.
- Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder.
- Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDs) in individuals with hypertension or heart failure or kidney disease of all causes, including diabetes.

Preoperative evaluation

- Don't obtain baseline diagnostic cardiac testing or cardiac stress testing in asymptomatic stable patients with known cardiac disease undergoing low or moderate risk non-cardiac surgery.
- Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery
- Don't obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery.

Routine FU/Monitoring

- Don't perform echocardiography as routine follow-up for mild, asymptomatic native valve disease in adult patients with no change in signs or symptoms.
- Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.
- Don't perform routine annual stress testing after coronary artery revascularization.
- Don't perform radionuclide imaging as part of routine follow-up in asymptomatic patients

Screening Tests

- Don't obtain screening exercise electrocardiogram testing in individuals who are asymptomatic and at low risk for coronary heart disease.
- Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
- Don't perform Pap smears on women with previous hysterectomy
- Don't perform Pap smears on women younger than 21
- Don't perform population based screening for 25-OH-Vitamin D deficiency
- Don't perform routine annual cervical cytology screening (Pap tests) in women 21–65 years of age.
- Don't perform routine general health checks for asymptomatic adults
- Don't screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.
- Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
- Don't order unnecessary screening for colorectal cancer in adults younger than age 50 years.
- Don't perform PSA-based screening for prostate cancer in all men regardless of age.

Appendix Exhibit 2. Measure Specifications for the Top 5 Highest Volume Examples of Low Value Care

			Operational Definition		
Measure	Denominator	Exclusions	Not Wasteful	Potentially Wasteful	Wasteful
Don't obtain baseline labs in patients without significant systemic disease undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal					
	All baseline laboratory services associated with a low-risk surgery within 30 days on or after the baseline laboratory service.	<p>1) All services where the low risk surgery (Table B) falls on or 1 day after the E&M visit for emergency care, observation or urgent care visit.</p> <p>2) All electrolyte testing laboratory related services and prescription of medications such as digoxin, diuretics and angiotensin converting enzyme inhibitors or angiotensin receptor blockers.</p> <p>3) All services with a diagnosis of endocrine, liver or renal disorders.</p> <p>4) CBC testing related services and a diagnosis of anemia or history suggestive of recent blood loss in the last 6 months prior to the CBC testing.</p> <p>5) Coagulation testing related services in those with a diagnosis of coagulation disorders up to 2 years prior to the coagulation testing event or on anticoagulant medications 3 months prior to the coagulation testing.</p>	<p>Members who had a urinalysis and a urologic procedure within 30 days after the baseline laboratory testing;</p> <p>OR</p> <p>Members who had a urinalysis and a diagnosis of urinary symptoms or disorders within 30 days prior to or on the day of the baseline laboratory testing.</p>	None	All baseline laboratory services associated with a low-risk surgery within 30 days on or after the baseline laboratory service and not assigned to Not wasteful or Likely wasteful category.
	Baseline laboratory service codes (80047, 80048, 80050, 80051, 80053, 81000-81003, 81005, 81007, 81020, 81050, 81099, 82040, 82247, 82310, 82330, 82374, 82435, 82565, 82947, 82948, 82950-82953, 84075, 84132, 84155, 84295, 84450, 84460, 85002, 85014, 85018, 85025, 85027, 85032, 85049, 85055, 85610, 85611, 85730, 85732, 95250, 95251,	<p>E&M visit codes (99217, 99218, 99219, 99220, 99224, 99225, 99226, 99281, 99282, 99283, 99284, 99285) or (Revenue codes -0516, 0762, 0450, 0452, 0459, 0981)</p> <p>Electrolyte testing codes (82374, 82435, 84132, 84295, 82435, 80047, 80048, 80050, 80051, 80053)</p>	<p>Urinalysis codes (81000-81015)</p> <p>Urologic procedure codes (50951-50955, 50970-50980, 51715, 51727-51729, 52000-52204, 52282, 52327, 52330, 52351-52355, 52402, 53855)</p> <p>ICD-10 diagnosis codes for Urinary symptom (A02.25, A06.81, A18.14, A56.01, N10-N13.9, N15.1, N15.9, N16,</p>		

	<p>G0306,G0307).</p> <p>Low-risk surgery codes available in the embedded excel file.</p>	<p>GPI codes for medications (37990002, 37600060, 37992008, 36994002, 37200020, 36993002, 37992005, 37500010, 36150080, 36150010, 36150020, 96485821, 37600020, 36150024, 37500020, 36150070, 37100010, 37900030, 37400010, 37600050, 31200010, 37600040, 37500030, 37600025, 37200080, 37600055, 36150040, 37600010, 36994503, 37100030, 36996502, 36150030, 37400030, 37992004, 37200030, 37200010, 36150055)</p> <p>ICD-10 Diagnosis for endocrine, liver or renal disorders (E08-E11, E13, E16, E20-E32, E34, E35, E89, K70-K77, K80-K83, K87, K91, M32.14, M32.15, M35.04, N00-N08, N11, N14-N19, N25- N27)</p> <p>CBC testing codes (85014, 85018, 85025, 85027, 85032, G0306, G0307)</p> <p>ICD-10 diagnosis of anemia or history suggestive of recent blood loss (C96.6, D50.0-D76.3, I85.01, I88.0- I88.9, K27.0, K27.2, K92.0, K92.1, K92.2, R58, Z83.2)</p> <p>Coagulation testing codes (85002, 85049, 85055, 85610, 85611, 85730, 85732)</p> <p>ICD-10 diagnosis codes for coagulation disorders (D65-D69.9)</p> <p>GPI codes for anticoagulant medications (83337030, 83337015, 83101010, 83400030, 83100020, 83370060, 83370030, 83200030, 83400032,</p>	<p>N20.0-N21.9, N22, N23, N28.0, N28.1, N28.81- N28.9, N29, N30.00-N30.91, N31.0-N37, N39.0-N42.9, N51, N99.110-N99.518, O86.20- O86.29, R30.0- R39.9, R80.2</p>		
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		83101080, 83103030, 83334050, 83334020, 83400080, 83400020, 83334030, 83370010, 83101020)			
Don't indiscriminately prescribe antibiotics for uncomplicated acute rhino sinusitis					
	All sinus imaging services within 30 days of an E&M visit with a diagnosis of sinusitis.	1) Inpatient admission 30 days prior to the sinus imaging service. 2) Presence of competing diagnosis 30 days prior to the sinus imaging service.	Sinus or head CT imaging with a diagnosis of chronic sinusitis 30 days prior to or on the day of the sinus/head CT imaging service; OR presence of diagnosis codes for acute or recurrent sinusitis on 3 different from dates within one year prior to or on the day of the sinus/head CT imaging service; OR Sinus CT/MRI imaging with a diagnosis for complicated rhino sinusitis within 180 days prior to or on the day of the Sinus CT/MRI imaging service.	Sinus or head CT imaging with a diagnosis of acute immunodeficiency or acute frontal or sphenoidal sinusitis and within 180 days prior to the E&M visit with a diagnosis of sinusitis.	All sinus imaging services within 30 days of an E&M visit with a diagnosis of sinusitis and not assigned to Not wasteful or Likely wasteful category.
	Sinus imaging procedure codes (70210, 70220, 70486, 70487, 70488, 70450, 70460, 70470, 70540, 70542, 70543) or revenue code 0351 E&M visit codes (99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, S9083, S9088, G0463, T1015) Revenue codes for E&M visit (0510, 0511, 0515, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0529, 0516, 0450, 0452, 0459) ICD-10 diagnosis codes for Sinusitis (J01.XX, J069, T701XXD, T701XXA)	Revenue codes for inpatient admissions (0024-0169, 0200-0219) ICD-10 diagnosis codes for competing diagnosis (A881, G43, G44, H81, H83.93, H90, H91, I69.998, R42, R51, R55)	Procedure codes for sinus or head CT (70486, 70487, 70450, 70460) or revenue code 0351 ICD-10 diagnosis code for chronic sinusitis (J32.0 -J32.9) ICD-10 diagnosis code for acute or recurrent sinusitis (J01.00, J01.10, J01.20, J01.30, J01.40, J01.90, J01.01, J01.11, J01.21, J01.31, J01.41, J01.81, J01.91) Procedure codes for sinus CT/MRI (70486, 70487, 70488, 70450, 70460, 70540, 70542) or revenue code 0351 ICD-10 diagnosis codes for complicated sinusitis (A01.01, B45.1, B48.8, B49, D86.81, G00, G01-G08, G37.4, G52.0, G92, H00.031-H00.039, H05.011-H05.029, H05.20, H57.8, H70.011-H70.229, I63.30-I636, I63.8, I63.9, I66.01- I66.9, I67.6, J33.0, J33.8, J33.9, J34.1, R22.0, R90.0)	Procedure codes for sinus or head CT (70486, 70487, 70450, 70460) or revenue code 0351 ICD-10 diagnosis codes for acute immunodeficiency or acute frontal or sphenoidal sinusitis (D80, D81.9, D81.89, D81.0, D81.1, D81.2, D81.6, D81.7, D84.9, D84.8, D8.982, D89.89, D89.813, D89.810, D89.811, D89.812, D84.1, D82.2, D82.3, D82.4, D82.8, D82.9, D84.0, D89.3, M35.9, D89.9, J01.10, J01.30)	

Don't perform routine annual cervical cytology screening (Pap tests) in women 21-65 years old

	<p>All cervical cancer screening related service .</p>	<p>Any member with a diagnosis of HIV as far back as possible in claims data</p>	<p>Female >21 years of age and diagnosis of high risk conditions for developing cervical cancer (Table C); OR gynecologic malignancy or dysplasia and as far back as possible prior to the cervical cancer screening service; OR Female >21 years of age and diagnosis codes for abnormal Pap smear findings within 3 years on or prior to cervical cancer screening service; OR Female 21-64 years of age who had cervical cytology once in 3 years and no history of total hysterectomy; OR Female 30-64 years of age who had cervical cytology testing along with HPV testing once in 5 years and no history of total hysterectomy.</p>	<p>Female >21 years of age having a diagnosis of potential cervical cancer risk conditions within 14 days prior to or on the day of the cervical cancer screening service.</p>	<p>All cervical cancer screening related service and not assigned to Not wasteful or Likely wasteful category.</p>
	<p>Procedure codes for cervical cancer screening (87623, 88155, 87620, 87621, 87622, 87624, 87625, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091) Revenue code for cervical cancer screening -0923 LOINC codes for cervical cancer screening (10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 33717-0, 47527-7, 47528-5, 19774-9, 21440-3, 30167-1, 38372-9, 49896-4, 59420-0, 75406-9, 75694-0)</p>	<p>ICD-10 diagnosis codes for HIV (B20, Z21)</p>	<p>ICD-10 diagnosis codes for high risk conditions for developing cervical cancer (A63.0, B07.8, B07.9, B97.7, D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.89, D81.9- D82.4, D82.8-D83.2, D83.8- D84.1, D84.8, D84.9, D89.3, D89.810, D89.811, D89.812, D89.813, D89.82, D89.89, D89.9, M35.9, Z22.6 ICD-10 diagnosis codes for gynecologic malignancy or dysplasia (C51.0- C51.2, C51.8, C51.9, C52, C53.0, - C55, C56.2, C56.9, -C57.02, C57.10- C57.12, C57.20-C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C76.3, C79.60-C79.62, C79.82, D06.0, D06.1, D06.7, D06.9- D39.0, D391.0- D39.12, D39.8, D39.9, D49.59, N87.0-N88.0-N89.1,</p>	<p>ICD-10 diagnosis codes for potential cervical cancer risk conditions (A51.0, A51.1, A51.31, A51.42, A51.5, A51.9, A54.00, A54.01, A54.02, A54.03, A54.09, A54.1, A54.21, A54.24, A54.29, A55, A56.00, A56.01, A56.02, A56.09, A56.11, A56.19, A56.2, A56.3, A56.8, A57, A58, A59.00, A59.01, A59.03, A59.09, A59.8, A59.9, A60.00, A60.02- A60.04, A60.09, A60.1, A60.9, A63.0, A63.8, A64, N72, N76.81, N89.7, N89.8, N92.5, N92.6, N93.0, N93.8)</p>	

			<p>N89.3, N90.0, N90.1, Z85.40-Z85.44, Z87.410- Z87.412)</p> <p>ICD diagnosis codes for abnormal Pap smear findings (R87.610-R87.614, R87.616-R87.624, R87.628, R87.810, R87.811, R87.820, R87.821)</p> <p>Procedure codes for cervical cytology (88141-88155, 88164-88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091)</p> <p>Revenue code for cervical cytology-0923</p> <p>LOINC codes for cervical cytology (10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 33717-0, 47527-7, 47528-5, 19774-9)</p> <p>Procedure codes for total hysterectomy (58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58951, 58953, 58954, 58956, 59525, 58548, 51925, 57540, 57545, 57550, 57555, 57556)</p> <p>Procedure codes for HPV testing (87623, 87624, 87625, G0476, 87620, 87621, 87622)</p> <p>LOINC codes for HPV testing (21440-3, 30167-1, 38372-9, 49896-4, 59420-0, 75406-9, 75694-0)</p>		
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Don't perform population based screening for 25-OH-Vitamin D deficiency					
	All vitamin-D testing service.	None	Members who had 25-OH-vitamin D screening and diagnosis of chronic conditions within 1 year on or prior to the testing; OR	None	All vitamin-D testing service not assigned to Not Wasteful or Likely Wasteful category.

			<p>Members who had 25-OH-vitamin D screening and diagnosis of risk factors within 90 days on or prior to the testing;</p> <p>OR</p> <p>Members who had 25-OH-vitamin D screening and NDC codes for high risk medications within 90 days on or prior to the testing;</p> <p>OR</p> <p>Members who had 25-OH-vitamin D screening and diagnosis of pregnancy and obesity on the day of the testing;</p> <p>OR</p> <p>Members who had 25-OH-vitamin D screening and diagnosis of falls and non-traumatic fracture within 1 year on or prior to the testing;</p> <p>OR</p> <p>Members who had 1, 25-(OH)2-vitamin D screening and diagnosis of inherited or acquired disorders of vitamin D and phosphate metabolism within 90 days on or prior to the testing.</p>		
	<p>Procedure codes for vitamin D testing (82306, 82652)</p>		<p>Procedure code for 25-OH-vitamin D testing (82306)</p> <p>ICD-10 diagnosis codes for chronic conditions (E55.0, E55.9, E64.3, M83, N18, K72.00, E84.11, E84.19, E84.8, E84.9, K50, K51, K52.0, Z98.84, K70.30, K74.0, K74.60, K74.69, K74.3, K74.4, K74.5, E83.51, E83.52, E67.3, E67.8, Q78.0, Q78.2, M32.10, M33.90, M88.9, Z79.891, Z79.899, G73.7, L40.0-L40.4, L40.50-L40.59, L40.8, L40.9, E21.0-E21.5, Z79.51, Z79.52, K90.0-K90.4, K90.89, K90.9, K72.01, K76.2, K70.31, K70.2, K74.1, K74.2, K76.89, K76.0, K75.81, K72.91, K72.11, K70.41,</p>		

			<p>K71.11, K72.90, K91.2, N25.1, E20.9, E20.0, E20.8, E89.2, M83.3, E84.0, E66.2, E67.2, E68, L41.9, L41.0, L41.1, L41.8, L41.3-L41.5, L94.5, M89.9, M94.9, M85.9, M32, M33, M36.0, M88, M81, M80)</p> <p>ICD-10 diagnosis codes for risk factors (D86, A15, A17, A18, A19, B39, B38, J63, C81, C82, C83, E44.0, E83, G40, C84, C85, C86, C96, C88, C91)</p> <p>GPI for high risk medications (72600030, 22100045, 72600040, 22100030, 22109903, 72550060, 72600057, 72500030, 11000030, 72600043, 72500010, 72600046, 22100040, 22100015, 22100020, 12109902, 72200030, 12104530, 12104580, 12108070, 39100010, 72200013, 12103060, 12109020, 12109050, 11000010, 72500020, 12108570, 11407035, 72600065, 22100025, 12109035, 72170070, 12109903, 22109902, 39100016, 12104585, 12104545, 12108085, 72100010, 72600020, 11000060, 72600075, 72600060, 22100010, 11407015, 12104520, 11404040, 72200010, 72100007, 11000080, 72600090, 12105015, 22100050, 72996002, 12109030, 11407080, 12106060, 39100020, 12104560, 72120020, 11404050, 72100030, 12106085, 72600024, 12102530, 72400020, 12104515, 12104525, 12105005, 11000020, 22100012, 11407060, 12102060,</p>		
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Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

	<p>All members 18 years and older with an electrocardiograms (EKG) testing related service within 14 days of an E&M visit.</p>	<p>1) All members who had a coronary angiography or a pre-operative cardiac screening on the day of the EKG service.</p> <p>2) All members who had a low-risk surgery within 30 days on or after the EKG service.</p> <p>3) All members who had a PCI/CABG/Valve Surgery within 30 days on or after the EKG</p>	<p>EKG in those with a diagnosis codes of cardiac symptoms within 60 days prior to or on the day of the EKG service.</p>	<p>Age > 40 years and having 1 or more diagnosis codes for diabetes mellitus or hypertension or hyperlipidemia or obesity or coronary artery disease or peripheral artery disease and within 14 days from the E&M visit to the day of the EKG service.</p>	<p>All members 18 years and older with an electrocardiograms (EKG) testing related service within 14 days of an E&M visit and not assigned to Not wasteful or Likely wasteful category.</p>
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		<p>service.</p> <p>4)All members who had an inpatient admissions within 14 days from the E&M visit to the day of the EKG service.</p>			
	<p>Procedure codes for EKG (93000, 93005, 93010, 93040-93042, 93224- 93229, 93268, 93270- 93272, 93278, G0403-G0405)</p> <p>E&M visit codes (99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285)</p> <p>Revenue codes for E&M visit codes (0510, 0517, 0519, 0520, 0521, 0522, 0523, 0529, 0982, 0983, 0985, 0450, 0452, 0459, 0981)</p>	<p>Coronary angiography procedure codes (93454, 93455, 93456, 93458, 93459, 93460, 93461)</p> <p>Pre-operative cardiac screening code (Z01810)</p> <p>Low-risk surgery codes in the embedded excel.</p> <p>PCI/CABG/Valve Surgery procedure codes (92920-92938, 92943, 92944, 92978, 92979, 33510-33519, 33521-33523, 33530, 33533-33536, 35452, 35472, 92973, 92941, G0290, G0291, C9600- C9608, 33503, 33504, 92986, 92987, 92990, 33404- 33406, 33410-33420, 33422, 33425-33427, 33430, 33460, 33463-33465, 33468, 33470-33472, 33474-33478, 33496, 33361- 33369, 33600, 33602, 0258T, 0259T, 0318T, 33390, 33391, S2205-S2209)</p> <p>Revenue codes for inpatient admissions (0024-0169, 0200-0219)</p>	<p>ICD-10 diagnosis codes for cardiac symptoms (I20.1, I20.8, M79.622, R00.0, R00.2, R00.8, R00.9, R01.1, R01.2, R06.00-R06.09, R06.2-R06.4, R06.81, R06.82, R06.89, R06.9, R07.1, R07.2, R078.1-R07.89, R07.9, R09.89, R42, R53.1, R53.81, R53.83, R55, R57.0, R57.1, R57.8, R60.9, R68.84)</p>	<p>ICD-10 diagnosis codes for diabetes mellitus (E08-E13)</p> <p>ICD-10 diagnosis for hypertension (I10-I16)</p> <p>ICD-10 diagnosis codes for hyperlipidemia (E78)</p> <p>ICD-10 diagnosis codes for obesity (E66, Z68)</p> <p>ICD-10 diagnosis codes for coronary artery disease (I25, Z951, Z955, Z9861)</p> <p>ICD-10 diagnosis codes for peripheral artery disease (I70, I7389, I739)</p>	