# Request for Applications
# Medicare Care Choices Model

## Overview

The Centers for Medicare & Medicare Services (CMS) is accepting applications for participation in the Medicare Care Choices Model (MCCM or the "Model"). The MCCM, established under the authority of section 1115A of the Social Security Act, will test new models of care for certain hospice-eligible Medicare and dual eligible beneficiaries to improve care coordination and case management, beneficiary satisfaction, and quality of care, as well as reduce Medicare expenditures. The Model will focus on certain types of cancer, congestive heart failure (CHF), human immunodeficiency virus (HIV), and chronic obstructive pulmonary disease (COPD) (specific diagnoses listed in Appendix 1). The MCCM will offer select hospice services that are included in the Medicare Hospice Benefit (MHB) while allowing for the continuation of curative care services concurrently. Beneficiaries choosing to enroll in this Model will retain the option of electing the Medicare or Medicaid hospice benefit at any time.

Providers eligible to apply for participation in this Model are Medicare certified and enrolled hospice programs in good standing and of all sizes located in a mix of rural and urban areas that are already experienced in care coordination, and/or case management with a network of various types of healthcare providers as well as shared decision making with patients and families. Hospice programs that are selected to participate in the Model will use care coordination and case management services both within the hospice and between the hospice and other providers and suppliers to effectively manage hospice-eligible Medicare and dual eligible beneficiaries and report quality measures on their results. MCCM participating hospices will be paid on a per beneficiary per month (PBPM) basis for certain hospice services listed below in Table 1.

To participate in the MCCM and receive services from an MCCM-participating hospice, a beneficiary must be eligible for the MHB under 42 CFR § 418.20 (or in the case of dual eligible beneficiaries, eligible for the Medicaid Hospice Benefit), not have elected the MHB (or Medicaid hospice benefit) within the last 30 days prior to their participation in the MCCM, and satisfy all of the eligibility criteria listed in the Beneficiary Eligibility and Enrollment Section below.

The Model period of performance will be a period of 3 years. CMS expects to announce selected participants by the Fall of 2014 and expects participants to begin delivering services under the Model no later than 180 days after announcement.

Our objective in testing this Model is to address research questions focused on whether the Model would:

1. Increase access to supportive care services provided by hospice ;
2. Improve quality of life and patient/family satisfaction; and
3. Inform new payment systems for the Medicare and Medicaid programs.

**Medicare Care Choices Model Website:**

To locate the MCCM webpage, go to: http://innovation.cms.gov/initiatives/Medicare-Care-Choices/. Applicants are responsible for monitoring the website to obtain the most current information. Contacts include: Cindy Massuda at (410) 786-0652; and Georganne Kuberski at (410)786-0799 or via email at: CareChoices@cms.hhs.gov.

**Application:**

General Information: Please refer to file code CMS-5512-N on the application. Applications must be:

- Typed for clarity with Times New Roman font and a font size of 12 using Microsoft Word and may not exceed 40 double-spaced pages, including visual aids, actual de-identified examples, and diagrams can be included to provide a comprehensive picture of existing programs and potential Model design.
- The 40-page limit is exclusive of:
    - 1-page cover letter;
    - Up to 2 pages for the executive summary;
    - Resumes, and;
    - Letters of support from all referring providers/suppliers that include how the providers furnish care coordination and/or case management with the applicant.

Please include the elements identified in this Request for Application (RFA) in the application, specifically those elements outlined in the "Selection" section. Applicants must submit a total of 10 copies printed single-sided with page numbers displayed in the bottom right corner to ensure that each reviewer receives an application in the manner intended by the applicant (for example, collated, tabulated, color copies). Applicants must also submit a copy of the full application in Microsoft Word (.doc or .docx) and a copy in portable document format (.pdf) saved onto an USB flash drive. Hard copies and electronic copies must be identical. Applicants must designate one hardcopy as the official application. Any applications failing to adhere to page limitations and above stated guidelines will be rejected and not considered for review.

**Application Due Date:** Applications must be received by June 19, 2014.

**Mail or Deliver Applications:** Applications must be mailed or hand-delivered:

Centers for Medicare & Medicaid Services
Attention: Cindy Massuda
7500 Security Blvd
Mail Stop: WB-06-05
Baltimore, Maryland 21244

Please note we will not accept applications by any other means such as facsimile (FAX) transmission or by email. Applications received after June 19, 2014 will not be considered. Applicants must submit their application in a manner that provides proof of timely delivery of

their application, such as FedEx or UPS. It is the applicant's responsibility to be able to prove delivery of the complete application by the due date.

**CMS Contacts:** Cindy Massuda at (410) 786-0652 or Georganne Kuberski at (410) 786-0799 or by email at CareChoices@cms.hhs.gov.

**Purpose and Objectives**

The purpose of this Model is to test whether Medicare beneficiaries who qualify for coverage under the Medicare Hospice Benefit and dual eligible beneficiaries, eligible for the Medicaid Hospice Benefit, would elect to receive the supportive care services typically provided by hospice if they could continue to seek curative services. Beneficiaries participating in the Model would receive hospice support services, as specified under the hospice conditions of participation (CoPs) and listed in Table 1. MCCM participating hospices are expected to engage in shared decision making, care coordination and case management of the patient, family, and his/her providers; ensure that the patient's pain and symptoms are managed; offer appropriate levels of counseling; and address other care needs based on a comprehensive assessment and plan of care.

Total Medicare and Medicaid expenditures for these beneficiaries may be reduced as the result of key aspects of the Model that include pain and symptom management, incorporation of patient-centered goals into the plan of care, care coordination, case management, and shared decision making provided by the MCCM participating hospice. The Model may result in lower expenditures related to emergency department (ED) visits, ambulance services, acute care hospital stays, or diagnostic tests and procedures.

**Theory of Action**

A primary reason Medicare beneficiaries give for not choosing hospice earlier in the disease cycle is the fear of giving up on potential curative care options.

*"One reason is that patients and families often don't want to hear the 'hospice message.' It is difficult to consistently attract an audience to programs that inform people of hospice or palliative care services. There is a profound reluctance to even think about anything other than restorative therapies."* [1]

Once exposed to the supportive services typically provided by a hospice, beneficiaries may be less fearful and, therefore, willing to forgo curative treatment that may not be effective and turn their focus on pain and symptom management. In order to be eligible for this Model, Medicare beneficiaries would still need to fulfill the traditional Medicare Hospice Benefit (or in the case of dual eligibles, Medicaid hospice benefit) eligibility requirements, which require that beneficiaries be certified as terminally ill with a life expectancy of 6 months or less. The result

[1] Stanley, J. (March-April, 2003). *What the People Would Want If They Knew More About It: A Case for the Social Marketing of Hospice Care*, HASTINGS CENTER REPORT: Access to Hospice Care: Expanding Boundaries, Overcoming Barriers. S22-23.

would be lower overall Medicare expenditures and greater patient satisfaction and improved quality of care.

**Model Framework**

The Model requires that each MCCM participating hospice be a Medicare certified and enrolled hospice provider based on its provider number and be in good standing with the Medicare program. In the Model, the MCCM participating hospice will assist in the coordination of, access to, and utilization of, both curative services and hospice services facilitated by shared decision making between the patient, family, and his/her providers. This role would not only require coordination from within the MCCM participating hospice, but also between the hospice and the providers/suppliers furnishing curative services with the goal of achieving better patient-centered outcomes and supporting shared decision making.

Beneficiary education regarding participation in the MCCM and related hospice support services provided under the Model will be the responsibility of the MCCM participating hospices. The MCCM participating hospice will be expected to conduct ongoing communication and education with the participating beneficiaries regarding coordination of treatment plans and treatment options as prescribed by their healthcare provider.

In selecting hospices to participate in the MCCM, CMS seeks a diverse group of hospices representative of various geographic areas, both urban and rural, and hospices of various sizes. Further, the applicant must be able to demonstrate experience with an established network of providers. Applicants shall describe the maturity of their program, how it evolved each year, and the types of providers/suppliers and services that have been added as the program developed.

In order to determine the effect of the MCCM on total Medicare expenditures, services will be measured through patient population claims comparisons. Claims data from the participating Model beneficiaries will be compared to a control population of non-model Medicare and dual eligible beneficiaries with similar patient and disease characteristics. Comparing the actual expenditures between these two populations will provide the data to analyze the financial implications of this Model.

The Model will adopt quality measures that include, but are not limited to those selected for the Hospice Quality Reporting Program as well as additional measures focused on pain management, care coordination/case management, care transitions, communication, patient-centered goals, patient/family satisfaction and measures selected for the HQRP. These measures will provide an understanding of whether each hospice's model design affects patient care with the goal of improved quality of care as demonstrated by reduced ED visits, reduced hospitalizations and lengths of hospital stay, and lower Medicare expenditures. The additional measures will be developed by the implementation contractor for this Model in coordination with the MCCM participating hospices with CMS final approval. This effort includes all materials related to the measures such as the data dictionary, operating manuals, and other materials needed to implement a Quality Assessment and Performance Improvement (QAPI) program, as well as the means for MCCM participating hospices to report this data electronically.

Under section 1115A(d)(1) of the Social Security Act (SSA), the Secretary of Health and Human Services may waive such requirements of Titles XI and XVIII and of sections 1902(a)(1), 1902(a)(13), and 1903(m)(2)(A)(iii) as may be necessary solely for purposes of carrying out section 1115A with respect to testing models described in section 1115A(b). Notwithstanding any other provision of this RFA, individuals and entities participating in and involved with the MCCM (e.g., hospices and physicians) must comply with all applicable laws and regulations – including, but not limited to, the federal anti-kickback statute, the physician self-referral law (also known as the "Stark Law"), the prohibition against inducements to beneficiaries, and the federal False Claims Act – except as explicitly provided in any waiver that may be granted pursuant to section 1115A(d)(1) specifically for the MCCM. At the time of publication of this RFA, we do not expect to issue any waivers for this Model.

The following summarizes the Model:

- Once a hospice eligible patient, who meets the Model's criteria stated in the RFA, signs and agrees to participate in this Model, then the hospice will conduct a comprehensive assessment that follows the hospice CoPs (42 CFR 418.54).
- The hospice must also complete the initial discussion and related documents to achieve patient-centered goals within 3 days of enrolling a beneficiary into this Model, as further explained in the Patient-centered Goals Process section of the RFA. The patient-centered goals plan must be reviewed, revised, and documented upon reassessment of functional need, at least every 15 days, or when the individual's circumstances or needs change significantly, or at the request of the individual.
- The Plan of Care (POC), which results from the interdisciplinary group meeting and must also follow the hospice CoPs, determines the services that the hospice must provide and must be reviewed, revised, and documented at least every 15 calendar days as required by the hospice CoPs. (42 CFR 418.56).
- The hospice services are all services available under the MHB for routine home care and inpatient respite levels of care that cannot be separately billed under Medicare Parts A, B, and D and must be available 24/7, 365 calendar days per year. These services are broken out in Table 1 of the RFA.
- The patient in this Model still seeks curative care services and that provider is the patient's primary care provider, not the hospice as occurs under the MHB.
- Based on the fact that the hospice is not the primary provider responsible for the patient's care in this Model and the breakdown of services between the hospice services and the services that other providers can bill for separately under Medicare Parts A, B, and D, the hospice will be focused more on managing the care.
- The hallmark of the design is the coordination and case management of the hospice eligible patient to meet the patient's goals. These patients are still going about their lives and still seeking a cure from the medical community. Their need for face-to-face visits is expected to be limited as long as they are still getting services from their physicians

(oncologists, cardiologists, pulmonologists, and infectious disease specialists). Instead these patients and their families are more likely to need information so that the patient can determine what care they want that fits their patient-centered goals. These sorts of services can be provided telephonically. From experience with other demonstrations, phone calls with someone they have a trust relationship with are the preferred way patients and families want to receive these sorts of communications. The patients and families are further supported by having 24/7 access to the hospice professionals that further builds on this rapport (the hospice can answer questions at any hour) along with access to care 24/7, 365 days per year.

- As curative care fails to change the prognosis and the Model patient's condition worsens, we assume the patient will likely not to be in a position to tolerate as much curative care and will begin to need more palliative services to maintain their comfort. The patient's plan of care will reflect this change in health status and require more home visits by nurses, the continuous home care (CHC), and/or general inpatient care (GIP) levels of care under the MHB. By this time, the patient is more likely to appreciate the benefits of what the hospice can offer, be less resistant to the idea of hospice, and be more prepared to discontinue curative care. The relationship built between the patient and the hospice will aid in these discussions that reflect the patient's goals. We expect this transition to occur in the Model before patients reach at or near the point of "actively dying," which is when so many of them now turn to hospice.
- If the patient's primary care provider and hospice want to incorporate technology into this Model, then that is an option. The use of technology like smartphones redesigned for capturing health data would be part of patient and family education and biofeedback information to the patients and families as a means of maintaining the patient as stable as possible for as long as possible. These services would be integrated with their primary care provider in coordination with the hospice through the hospice nurse care coordinator.
- The Model tracks the patients using a monthly service and activity log and captures each beneficiary's Medicare claims data. The data captured about each hospice that includes its business model, the Model beneficiaries' demographics, the Model beneficiaries' primary diagnosis and co-morbidities, and geographic information will enable the Evaluation Team to study and analyze the hospice in multiple ways that include by business model, geographic differences, and patient care needs. The patient care will be tracked to include the disease category; information from the service and activity log that include the services provided, the staff categories providing the services, the number of visits, and length of each visit; and Medicare claims data for all services provided once in this Model. Further, the service and activity log is being designed to allow direct comparisons with the data required by hospices under the MHB. This will enable the evaluation to track and analyze care and services before and after any Medicare hospice

election. Over time, this data should provide patterns that inform CMS and could impact policy.

- Random audits of the patients' medical records to compare the POC to the Service and Activity Log will provide CMS with the assurances it needs that the services provided reasonably match the POC and meet the patient-centered goals.
- Hospices must submit quarterly quality data as further described in the RFA and participate in calls with the CMS project officers.
- Technical assistance will be provided to assist hospices with implementing the Model.
- CMS will conduct an evaluation of this Model as further explained in the RFA.

**Payment for Services**

MCCM participating hospices will be paid a $400 PBPM fee to provide the hospice support and care coordination and case management services listed in Table 1. The hospices will be paid the full $400 PBPM for providing services for 15 or more days per calendar month and $200 PBPM for services provided for less than 15 days in a calendar month. The PBPM fee would be the total payment for Model services. The PBPM fee has no beneficiary co-insurance or deductible. The MCCM beneficiary shall not be billed for any care coordination or case management services by any provider. The MCCM participating hospice is responsible for educating their referring providers and the beneficiary on this issue.

We note that under the MHB there are additional items and services that are normally paid through the hospice per diem such as drugs, durable medical equipment (DME), speech language pathology services, occupational therapy, physical therapy, and ambulance transports. Since patients enrolled in this Model are not receiving the Medicare hospice benefit, if they are in need of any of those items or services, a qualified provider or supplier may furnish them to the MCCM beneficiary and bill the appropriate part of Medicare subject to all existing rules and requirements. While participating in the MCCM, beneficiaries would remain subject to any relevant cost-sharing requirements incurred as a result of curative care treatments. The PBPM fee that is paid to the MCCM participating hospice has no cost sharing associated with it. Providers furnishing curative services should continue to bill Medicare as per their provider agreement.

**Applicant:**

The applicant must be a hospice based on its Medicare provider number. CMS seeks a diverse group of hospices representative of various geographic areas, both urban and rural, and hospices of varying sizes. Further, the applicant must be able to demonstrate experience providing care coordination services and/or case management as well as shared decision-making to beneficiaries prior to electing the MHB in conjunction with their referring providers/suppliers.

The applicant will need to explain how the program will be staffed and demonstrate its capacity to perform the duties of the Model along with its responsibilities under the Medicare hospice program.

**Main Hospice with Multiple Locations:**
For Medicare-enrolled hospices that have a main office and multiple locations, the hospice's main office must apply and identify which of its locations are in urban or rural areas and address the criteria in Table 2, Application Criteria and Checklist, for each location it wants considered for the Model. The combined application will be reviewed and determination of awards will be based on the merits of the individual hospice locations. Awards and payment will be made to the main office with the locations identified.

**Referring Healthcare Providers:**

The referring healthcare provider is the Medicare or dual eligible beneficiary's provider who is primarily responsible for the beneficiary's curative care. To ensure the beneficiary is eligible for the Model, the beneficiary must have had at least three office visits in the last 12 months with the referring healthcare provider related to the beneficiary's qualifying diagnosis as listed in Appendix 1. Further, referring healthcare providers will identify eligible beneficiaries for referral to the MCCM participating hospice. While the hospice is responsible for educating the beneficiary about the Model, the referring healthcare provider is responsible for attesting that the beneficiary meets the MCCM eligibility criteria listed in the Beneficiary Eligibility and Enrollment Section.

PBPM payments can only be made to the hospice, the Model design relies heavily on the referring healthcare providers working in conjunction with the MCCM participating hospice care coordinator. The MCCM design is based on established relationships hospices have with their referring network of providers/suppliers. Many hospices already have care coordination and/or case management programs in place to coordinate hospice support services with the curative care services. This Model leverages those established relationships to allow Medicare to test and evaluate this care coordination and case management concept.

## Beneficiary Eligibility and Enrollment

### Model Beneficiaries

The Model design focuses on a mix of rural and urban Medicare beneficiaries eligible for the MHB as well as dual eligible beneficiaries who are enrolled in Medicare fee-for-service and eligible for the Medicaid hospice benefit (collectively these Medicare and dual eligible beneficiaries are referred to as "Model beneficiaries"). The Model beneficiary must also be diagnosed with certain, identified terminal illnesses as listed in Appendix 1. Further, the Model beneficiary must not have elected the Medicare Hospice Benefit or Medicaid Hospice Benefit within the last 30 days prior to their participation in the MCCM and must meet all of the other criteria listed below. The Model would allow for the provision of both hospice services and curative services concurrently. The expectation is that the MCCM participating hospice assists in the coordination of, access to, and utilization of both hospice and curative services. This would require coordination from within the MCCM participating hospice as well as coordination between the MCCM participating hospice and providers/suppliers of curative services.

To participate in the MCCM and receive services from a MCCM participating hospice, a beneficiary must be eligible for the MHB under 42 CFR § 418.20, or in the case of dual eligible beneficiaries, eligible for the Medicaid Hospice Benefit. The beneficiary must be enrolled in Medicare fee-for-service, also known as traditional Medicare. The Model is available to dual eligible beneficiaries that are enrolled in Parts A, B, and D in traditional Medicare, and are not receiving services under Medicaid for care coordination or nursing services (42 CFR§§ 418.64 and 418.76). Since the Medicare claims system does not identify when a beneficiary is eligible for the Model, a beneficiary would be considered eligible if he/she meets all of the following eligibility criteria. The beneficiary:

- Is enrolled in Medicare Parts A and B and is enrolled in a standalone Part D plan (that is, a prescription drug plan, (PDP)); and,
- Is not enrolled in a Medicare managed care organization, including but not limited to Medicare Advantage(MA) plan, Health Care Pre-Payment Plan (HCPP), or a Program of All-Inclusive Care for the Elderly (PACE) plan; and,
- Has not participated in a Medicare managed care plan for at least the last 2 open enrollment years; and,
- Has a diagnosis as indicated by certain ICD-9/10 codes for terminal cancer, chronic obstructive pulmonary disease (COPD), human immunodeficiency virus (HIV), or congestive heart failure (CHF) as listed in Appendix 1; and,
- Has had at least two hospitalizations in the last 12 months which were related to his/her MCCM qualifying diagnosis (ICD-9/10 code listed in Appendix 1); and,
- Has had at least three office visits with his/her Medicare enrolled healthcare provider (defined as primary care or specialist provider) within the last 12 months which were related to his/her MCCM qualifying diagnosis (ICD-9/10 code as listed in Appendix 1); and,
- Obtains the signed and dated certification of terminal illness from the Medicare enrolled healthcare provider described above and the hospice medical director; and,
- Meets hospice eligibility and admission criteria as stated in 42 CFR § 418.20, Eligibility requirements, and § 418.25, Admission to hospice care; and
- Has not elected the Medicare Hospice Benefit or Medicaid Hospice Benefit within the last 30 days prior to their participation in the MCCM; and,
- Lives in a traditional home (that is, not a nursing home, assisted living facility, hospice inpatient facility, or other institutional setting) at the start of his/her participation in the MCCM; and,
- The patient has lived in this traditional home continuously for 30-days prior to electing this model; and
- Agrees to actively participate in the patient-centered goals planning process as discussed in the Patient-centered Goals Section ; a copy of which will be provided to the prospective beneficiary by the hospice; and,
- Reviews and discusses the option of Model participation with his/her Medicare enrolled healthcare provider; and,
- Signs and dates the "MCCM Beneficiary Enrollment and Referring Provider Attestation Form" for this Model indicating that he/she wants to participate in the MCCM.

If, during the course of participation in the model, a beneficiary chooses to seek only hospice care under the MHB, a hospice Notice of Election would be signed and the beneficiary would not be eligible to continue participating in the Model. If the beneficiary chooses to seek only curative services and no longer participate in the Model, the hospice would note this on that month's service and activity log and thereafter the beneficiary would no longer be reported on the monthly service and activity log. Any beneficiary requiring a length of stay exceeding 90 days in a nursing home, assisted living facility, hospice inpatient facility, or other institutional setting (other than a hospital) is no longer eligible to participate in the Model. A beneficiary who leaves the model would not be eligible to return to the Model at a later date.

Beneficiaries will be informed that they may be contacted by CMS or its contractors to provide information for the evaluation of the Model. However, beneficiaries will be specifically advised that refusal to participate in the evaluation or respond to requests for information will not affect their Medicare or Medicaid benefits in any way.

**Patient-centered Goals Planning Process**

A main focus of the Model is on patient-centered goals. In order to effectively implement the concept of patient-centered goals into the Plan of Care, CMS expects MCCM participating hospices to apply the concept as follows:

The patient-centered goals planning process: The patient-centered goals planning process is driven by the individual. The process:

(1) Includes people chosen by the individual.
(2) Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.
(3) Is timely and occurs at times and locations of convenience to the individual.
(4) Reflects cultural considerations of the individual.
(5) Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.
(6) Offers choices to the individual regarding the services and supports they receive and from whom.
(7) Includes a method for the individual to request updates to the plan.

The patient-centered goals plan must reflect the services and supports that are important for the individual to meet the needs identified through the plan of care, as well as what is important to the individual with regard to preferences for the delivery of such services and supports. The plan must:

(1) Reflect that the setting in which the individual resides is chosen by the individual.
(2) Reflect the individual's strengths and preferences.
(3) Reflect clinical and support needs as identified through the plan of care.
(4) Include individually identified goals and desired outcomes.
(5) Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports.

(6) Reflect risk factors and measures in place to minimize them, including individualized backup plans.
(7) Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her.
(8) Identify the individual and/or entity responsible for monitoring the plan.
(9) Be finalized and agreed to in writing by the individual and signed by all individuals and providers responsible for its implementation.
(10) Be distributed to the individual and other people involved in this plan.

Reviewing the patient-centered goals:
The patient-centered goals plan must be reviewed, revised, and documented upon reassessment of functional need, at least every 15 days, or when the individual's circumstances or needs change significantly, or at the request of the individual.

CMS requires MCCM participating hospices to complete the initial discussion and related documents to achieve patient-centered goals as part of the comprehensive assessment (42 CFR 418.54) required for enrolling a beneficiary into this Model. This will ensure that the beneficiary's stated patient-centered goals are honored throughout their participation in the Model. Any beneficiary that does not actively participate in the patient-centered goals planning process and complete the documents cannot participate in this Model. Achieving patient-centered goals at all stages of the terminal disease trajectory is a hallmark of this Model. The Model beneficiary can only continue in the Model if their patient-centered goals, as discussed in this Patient-centered Goals Section, reflect the beneficiary's goals at all times of their participation in the Model.

**Services Available to Beneficiaries Participating in the Model Paid at the PBPM Fee**

The Model services include all services available under the MHB for routine home care and inpatient respite levels of care that cannot be separately billed under Medicare Parts A, B, and D and must be available 24/7, 365 calendar days per year. These services are listed in Table 1. The Model will pay for the Model services on a PBPM basis of $400 to the MCCM participating hospice (the fee is pro-rated to $200 PBPM for services provided for less than 15 days in a calendar month). Under the MHB, certain items and services are bundled and cannot be billed separately under Medicare Parts A, B, or D. These include drugs, DME, physical therapy, occupational therapy, speech pathology, and ambulance services. In this Model, unlike the MHB, services that Medicare covers under Parts A, B, or D must be billed separately and are not part of the $400 PBPM payment. For those items and services billed separately and by other providers under Medicare parts A, B, and D, the MCCM participating hospice remains responsible for the management of those items and services as required by the hospice CoPs.

A key aspect of this Model is the role of the MCCM participating hospice care coordinator. This role is required by the hospice CoPs (42 CFR 418.56). MCCM participating hospices are expected to engage in shared decision making; care coordination and case management of the patient, family, and his/her providers; ensure that the patient's pain and symptoms are managed;

offer appropriate levels of counseling; and address other care needs based on a comprehensive assessment and plan of care that follow the hospice CoPs.

The applicant must describe in detail the role of the MCCM participating hospice care coordinator in shared decision making with beneficiaries its model design and how this person will perform care coordination and case management with the referring providers/suppliers outside of the MCCM participating hospice. We recognize that this Model may overlap with other care coordination, case management, and/or shared decision making functions provided for beneficiaries participating in the MCCM. The expectation in the MCCM is for the MCCM participating hospices to identify any overlap of these services and assume the lead to ensure these functions are coordinated between all providers for the MCCM beneficiary. The goal of this expectation is to ensure the MCCM beneficiary receives consistent information that is not conflicting. Please include the specific resumes of the person or persons performing this role that describes in detail their experience in performing the functions expected in this Model. Selection criteria will award more points based on this individual's qualifications and demonstrated results in meeting these requirements.

The MCCM does not provide general inpatient (GIP) or continuous home care (CHC) levels of hospice care, which are palliative care only and are provided for brief periods of instability. The GIP and CHC levels of care are only available for patients who elect the Medicare hospice benefit where the hospice is the primary care provider (under the MCCM, the primary care provider is the curative provider). As long as the patient seeks curative care, any inpatient stay could entail curative care services. Under GIP, only palliative care services can be provided and therefore would not be appropriate for a patient who has not elected the Medicare hospice benefit. CHC, which provides a minimum of eight hours of consecutive nursing care in the home, is a level of care that again, offers palliative care only and would not be appropriate or desirable for an individual seeking continued curative care. Consequently MCCM does not provide GIP or CHC levels of care. As the patient's declining health requires GIP or CHC levels of care, the hospice care coordinator, with the established trust relationship, would have an appropriate discussion about accessing CHC or GIP under the Medicare hospice benefit that may result in the hospice-eligible patient electing the Medicare Hospice Benefit.

The Model services are provided in the home when needed based on the Model beneficiary's care needs, CMS does not expect to see claims in the Medicare or Medicaid claims systems for home health services. Use of a home health agency would be redundant of the services provided in this Model. The claims systems will be monitored specifically for use of services provided by home health agencies to Model beneficiaries. MCCM participating hospices will be expected to provide documentation of each use of services by a home health agency for Model beneficiaries. CMS may terminate a MCCM participating hospice from participation in the Model for use of the home health benefit by Model beneficiaries. Beneficiaries needing services other than skilled nursing in the home can be provided these services through the outpatient prospective payment system (OPPS).

**Services Summarized**

Table 1 lists the services covered under the MHB for routine home care and inpatient respite care levels of care that cannot be billed separately under Medicare Parts A, B, and D. These services are therefore unbundled for purposes of the Model. Table 1 shows Model services covered by the PBPM fee and those services that can be billed as a separate claim under Parts A, B, or D. In addition to their curative services, these are the services available to beneficiaries participating in the Model. The table is broken into two sections. The first section lists the hospice support services available in the Model and included in the $400 PBPM fee. These services must be available 24 hours a day, 7 days a week to Model beneficiaries. These services are collectively referred to as Model or MCCM services.

The second part of the table includes the services that can be billed separately under Medicare Parts A, B, or D. These services must be billed separately and are subject to all other requirements for billing, including meeting reasonable and necessary standards.

**Table 1--Services Available to MCCM Beneficiaries Based on Medicare Hospice CoPs and Sources of Payment**

| **Payment:** | **Services available 24 hours a day, 7 days a week to Model Beneficiaries—Referred to as MCCM Services** |
|---|---|
| **MCCM**<br>○ **$400 PBPM Fee (the fee is pro-rated to $200 PBPM for services provided for less than 15 days in a calendar month)**<br>○ **Focus on management of services.** | • Counseling services to the beneficiary and family that includes<br>○ Bereavement<br>○ Spiritual<br>○ Dietary<br>• Family support<br>• Psycho-social assessment<br>• Nursing services<br>• Medical social services<br>• Hospice aide and homemaker services<br>• Volunteer services<br>• Comprehensive assessment<br>• Plan of care<br>• Interdisciplinary Group (IDG)<br>• Care coordination/case management services<br>• In-home respite care |
| **Payment:** | **Services to be furnished by Medicare Providers/Suppliers** |
| **Services Reimbursable under Medicare Parts A, B, and/or D**<br>○ **Paid through regular Medicare** | • Physical or occupational therapy<br>• Speech language pathology services |

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| **claims processing through MACs** | • Drugs for the management of pain or other symptoms from the terminal illness or related conditions<br>• Medical equipment and supplies<br>• Any other service that is specified in the patient's plan of care for which payment may otherwise be made under Medicare (for example, ambulance transports)<br>• Short-term inpatient care for pain or symptom management which cannot be managed in the home environment<br>• Physician Services |

**Model Service and Activity Log:**

Services provided to beneficiaries participating in the Model will be tracked by the MCCM participating hospices using a monthly log of the services and activities provided by the hospice and in accordance with the plan of care. This service and activity log will be submitted to CMS on a monthly basis. CMS, through its implementation contractor, reserves the right to audit these service and activity logs at any time during the Model period. For purposes of implementing the Model and developing a comparison group needed for the evaluation of this Model, the MCCM participating hospices must also provide, on a monthly basis, demographic information for the qualifying beneficiaries that declined participation in the MCCM, as well as their beneficiary identification numbers.

If, during the course of participation in the Model, a beneficiary chooses to seek only hospice care under the MHB, the beneficiary would sign a hospice Notice of Election, 42 CFR 418.24, and would not be eligible to continue participating in the Model. If the beneficiary chooses to seek only curative services and no longer participate in the Model, the MCCM participating hospice would make note of the beneficiary's withdrawal from the MCCM on that month's service and activity log. A beneficiary who leaves the Model would not be eligible to return to the Model at a later date.

Note that no beneficiaries will begin participation during the last 6 months of the Model.

Claims data from the participating Model beneficiaries will be compared to a control population of non-participating beneficiaries with similar patient and disease characteristics. Calculating the actual expenditures between these two populations will provide the data to analyze the expenditure implications of this Model.

**Quality Measures**

The quality measures will provide an understanding of whether each hospice's model design affects patient care with the goal of improved quality of care, improved patient satisfaction and reduced costs as shown by reduced ED visits, hospitalizations, and hospital stays. The Model will adopt the quality measures that are selected for the Hospice Quality Reporting Program and include additional measures focused on pain management, care coordination/case management, care transitions, communication, patient-centered goals, and patient/family satisfaction. The additional measures will be developed by the implementation contractor for this Model in coordination with the MCCM participating hospices with CMS final approval. This effort includes all materials related to the measures such as the data dictionary, operating manuals, and other materials needed to implement a QAPI program, as well as the web portal for MCCM participating hospices to report this data electronically. The implementation contractor will work with the existing QAPI program at each MCCM participating hospice to fit within each hospice's current business practices such that each site can collect, report, and analyze aggregated metrics required by the Model in addition to their self-reported measures. Model participants must submit information on a quarterly basis and in the form and manner specified by CMS.

**The Applicant's Intervention**

The Model will measure whether beneficiaries who receive hospice services that focus on care coordination, case management, and shared decision making, concurrently with curative services experience improvements in patient and family satisfaction, quality of life at the end-of-life, and net savings to Medicare. Based on these Model goals, the applicant must explain in its application how it will design its interventions to fit its Medicare and dual eligible beneficiary populations.

As the name of the Model may impact a patient's willingness to participate in a model offering curative along with hospice services, CMS is open to applicants using a name other than "Medicare Care Choices Model" or "Care Choices" that the applicant determines to be appropriate for their service area. If the applicant chooses to use a name other than the Model name specified above, the applicant must provide that name along with the rationale for this alternative name.

Application requirements are included below in Table 2, Application Criteria and Checklist. The narrative portion is to include, but is not limited to the following (applicants can provide more detail as needed as long as it does not exceed the 40-page limitation). Visual aids, actual de-identified examples, and diagrams can be included to provide a comprehensive picture of existing programs and potential Model design.

**Selection**

CMS seeks a diverse group of hospices representative of various geographic areas, both urban and rural, and hospices of various sizes-both small and large hospices. Further, the applicant

must be able to demonstrate experience with an established network of providers for referrals to hospice that will enable them to engage in care coordination of curative and hospice care and case management with providers and suppliers, including hospitals and practitioners. The more mature and effective the relationships are, then the more preference will be given. Preference will be given to hospices that can demonstrate experience in developing, reporting, and analyzing QAPI data, especially quality data related to a program analogous to the Model with care coordination, case management, and shared decision making involving multiple providers/suppliers with their patients. Measures must be publicly available and not proprietary, preferably base-lined measures when available with national benchmarks.

**Selection Criteria and Weights**

The Model would measure whether there are improvements in patient care, quality of life at the end-of-life and overall cost-effectiveness to Medicare, and whether beneficiaries elect hospice earlier in their disease trajectories. Based on these Model goals, the applicant must explain in its application how it will design its interventions to fit its patient population.

Application requirements are summarized in Table 2, Application Criteria and Checklist. Table 2 is broken into four sections with the criterion explained followed by the Application Checklist of what should be included, at a minimum, for that criterion. The four selection criteria are worth a total of 100 points. The four selection criteria and points are:

- Model Design (25 points)
- Organizational Structure and Capabilities (25 points)
- Implementation Plan of the Model Design (25 points)
- Model Impact (25 points)

The narrative portion is to include, but is not limited to the information provided in Table 2 (applicants can provide more detail as needed as long as it does not exceed the 40-page limitation). Visual aids, actual de-identified examples, and diagrams can be included to provide a comprehensive picture of existing programs and potential Model design. To help facilitate review of applications, applicants should organize their application to follow the sections and bullets listed in Table 2.

While CMS is committed to testing new models of care for hospice-eligible beneficiaries, the agency reserves the right to decide not to move forward with the MCCM for any reason, as is true for all models pursued under section 1115A authority. Similarly, as implementation of MCCM ensues, CMS reserves the right to terminate the Model if it determines that the Model is not achieving its goals and aims.

## Table 2: Application Criteria and Checklist

| Application Checklist | |
|---|---|
| **Selection Criteria:** | **Narrative to Include**: |
| **I. Model Design**<br>**25 points** | |
| **A. Provision of Model Services** | **Description of:**<br>• The name of the Model for the Applicant's service area. As the name of the Model may influence a patient's willingness to participate in a model offering curative along with hospice services, CMS is open to applicants using a name other than "Medicare Care Choices Model" or "Care Choices" that the applicant determines to be appropriate for their service area. If the applicant chooses to use a name other than the Model name specified above, the applicant must provide that name along with the rationale for this alternative name.<br>• Why applicant wants to participate in this Model.<br>• What applicant will add to and/or change in their program that they cannot do without the Model.<br>• The applicant's Model design. Please include:<br>  • Marketing plans and materials.<br>  • How eligible beneficiaries will be:<br>  – Identified<br>  – Educated about the Model<br>  • Describe the services provided, the staff providing these services, and the means by which they will be provided.<br>• Describe how the applicant will verify eligibility of<br>dual eligible beneficiaries and ensure care coordination with Medicaid. Explain what the applicant will do if the beneficiary is getting care coordination from another program. |
| **B. Care Coordination, Case Management, and Shared Decision Making** | **Description of:**<br>• Strategies for care coordination, case management, and shared decision-making to include all involved healthcare providers/suppliers and the Model |

| Application Checklist | |
|---|---|
| **Selection Criteria:** | **Narrative to Include**: |

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| | participants, and any identified representatives.<br>• Strategies for care coordination, case management, and shared decision making with inpatient, outpatient, and other provider settings with which the applicant has no established relationship, admitting and/or ordering privileges. |
| **C. Patient Centered Goals - Planning** | **Description of:**<br>• How applicant will implement patient-centered-care planning based on the process and expectations described in the Patient-centered Goals Section. |
| **D. Provision of Other Services** | **Description of:**<br>• Strategies for coordination and provision of those items and services that the applicant is not financially responsible for (including services, drugs, medical supplies, and DME). |
| **E. Healthcare Transitions** | **Description of:**<br>• Management of patients through various healthcare transitions (inpatient and outpatient settings);<br>• How the applicant will transition the Model beneficiaries at the end of the 3 years when it no longer receives the $400 PBPM fee or is participating in the Model with CMS. Describe how the applicant will notify beneficiaries of the Model's period of performance ending and determine what referral services will be offered to each beneficiary. |
| **II. Organizational Structure and Capability**<br>**25 Points** | |
| **A. Business Structure** | **Description of:**<br>• The business structure of the hospice, including whether it is part of a chain, parent company, and other ownership. This information must be provided such that it can be verified by the CMS Provider Enrollment, Chain and Ownership System (PECOS System). |

| Application Checklist | |
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| **Selection Criteria:** | **Narrative to Include**: |

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| | • The management structure of the applicant and resumes of all key personnel.<br>• Any business relationships between the applicant and other providers/suppliers (including physicians) that will be involved with the Model. This information should include, but is not limited to, information regarding whether the applicant and other providers and suppliers are part of the same entity or are unaffiliated. |
| **B. Basic Requirements of Eligible Applicants** | **Data Required:**<br>The applicant must demonstrate it is in good standing as demonstrated by not exceeding the inpatient hospice cap and aggregate hospice cap for the cap years (11/1-10/31) for which data are available—2012, 2011, and 2010.<br><br>Additionally, applicants must state whether the hospice, hospice employees, board members, directors, and administrators have ever been sanctioned by and/or suspended from the Medicare program or not allowed to contract with the federal government.<br><br>CMS reserves the right to determine whether any applicant is in good standing to participate in a model through its own review of the applicant prior to any award of a model.<br><br>To assist in the CMS review, applicants must provide in their application:<br>– The Hospice's name;<br>– Hospice's Main Address;<br>– CCN; and<br>– Tax ID or EIN.<br>– Point of contact for this application, including the Name, Title, Address, Phone Number, and Email. |
| **C. Business Model** | **Description of:**<br>• Applicant's service area.<br>• Volunteer services and specifically those provided for direct patient care.<br>• Current patient population broken down by Medicare, Duals, and other insured and shown both by those cared for under the MHB and those in the applicant's current care coordination/case management program.<br>o Characteristics to include: |

| Application Checklist | |
|---|---|
| **Selection Criteria:** | **Narrative to Include**: |
| | – % in traditional homes<br>– % in nursing homes<br>– % in assisted living facilities<br>– % in hospital<br>– % in other locations<br>– % with cancer<br>– % with COPD<br>– % with CHF<br>– % with HIV<br>o Length of Stay (LOS) of patients for each of the past 3 federal fiscal years (FY 2010, 2011, and 2012):<br>– Overall mean, median, and mode LOS<br>– Average with Cancer<br>– Average with COPD<br>– Average with CHF<br>– Average with HIV<br>• Any partnership with Quality Improvement Organizations (QIOs)? If so, please provide a brief description.<br>• Any partnership with Accountable Care Organization (ACO's) or similar entities? If so, please provide a description.<br>• Applicant's experience with:<br>– Maintaining the patient in their traditional home<br>– Hospital readmission rates and length of stay<br>– CHF<br>– Cancer<br>– COPD<br>– HIV |
| **D. Current Care Coordination, Case Management, Shared Decision Making Program** | **Description of**:<br>• Current care coordination and/or case management as well as shared decision making program. Please specifically address:<br>– The name of the current program<br>– How the applicant educates referral sources for this program<br>– How the applicant develops its referral sources<br>– How referrals are made from the |

| Application Checklist | |
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| **Selection Criteria:** | **Narrative to Include**: |
| | provider/supplier to the hospice<br>– Why the referring provider participates in this program if the referring provider may reduce his/her billable services<br>– Tools/methods that the applicant uses to coordinate between providers/suppliers<br>– How discharge planning and care transitions are handled<br>– Number of individuals the applicant serves<br>– Length of experience with coordinating curative care and hospice services in inpatient versus outpatient settings<br>– How the population is identified and targeted<br>– How access to services is increased<br>– How earlier referrals to hospice are made<br>• Whether representatives are physically present at referring sites to:<br>– Talk to prospective patients and families<br>– Work with providers/suppliers<br>• How the applicant maintains the patient in a community-based, non-institutional setting, such as a traditional home.<br>• Length of time program has been established with each provider/supplier.<br>• Established network of providers/suppliers and the role of the referring providers/suppliers. Please include:<br>– The genesis of setting up each of these provider/supplier relationships.<br>– Identify which providers/suppliers the care coordination/palliative care program began with and why they were selected.<br>– How the program expanded, future plans, and why the program is developed this way.<br>– How the different providers/suppliers interact and communicate with each other to provide coordinated patient care for this program.<br>– The staff used for these provider/supplier-to-provider/supplier interactions/communications.<br>– How conflicts in care coordination or case management between providers are handled.<br>– How the hospice identifies and manages any overlap in care coordination functions provided by other providers to ensure the beneficiary receives consistent information. |

| Application Checklist | |
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| **Selection Criteria:** | **Narrative to Include**: |
| | – How relationships are maintained with staff changes.<br>– Which staff and providers/suppliers are critical to maintaining the provider/supplier-to-provider/supplier relationships.<br>– The indicators of success for this provider/supplier network and how the applicant fosters these keys to success.<br>– The indicators of failure for this provider/supplier network and how the applicant tracks these indicators and addresses them.<br><br>• Describe the key functions that are used to carry out the care coordination, case management, and shared decision making program both by the applicant within the hospice and between the hospice and other providers/suppliers. Identify why these functions are key to the program.<br>• Challenges of the program; and<br>• Describe how the care coordination, case management, shared decision making program is financially supported.<br><br>Please include the specific resumes of the person or persons performing care coordination and/or case management as well as shared decision making services that describe in detail their experience in performing the functions of this program. Selection criteria will award points based on this individual's qualifications and demonstrated results working with referring providers/suppliers in the care coordination, and case management program.<br><br>• Letters of engagement supporting the applicant's participation in the Model. The letters must be from those providers/suppliers with whom the applicant has an established relationship (either a formal, legal relationship, or an established informal relationship). The letters must be on the referring provider/supplier's letterhead and signed by the Medical Director, Chief Financial Officer, Chief Nursing Officer, and any other key professionals |

| Application Checklist | |
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| **Selection Criteria:** | **Narrative to Include**: |
| | leading the care coordination and case management program that identifies them by title.<br><br>• The letters must address why the referring provider/supplier wants to participate in this Model, how the provider/supplier determines which patients to refer to the Model, how the provider/supplier covers the costs of this Model, what benefits the provider/supplier receives from this Model.<br><br>• The letters must also address whether any entities are part of an Accountable Care Organization (ACO) or plan to be part of an ACO. A key discussion must be how referrals will be impacted if the MCCM participating hospice is not part of that ACO.<br><br>**Note:** Letters of engagement do not count toward the 40-page application limit. |
| **III. Strategy and Implementation Plan and Model Design**<br>**25 Points** | |
| **A. Implementation** | **Description of:**<br>• Implementation plan with timeline based on enrollment into MCCM beginning no later than 180 days from CMS' announcement of hospices selected to participate in this Model;<br><br>• Staffing needs in order to implement the Model. Identify the positions with a description of the roles for each position and the number of staff required based on anticipated enrollment in the MCCM.<br><br>• Identification of potential challenges and strategies to navigate these challenges.<br><br>• Present evidence that the organization is capable of implementing and managing the Model, including new requirements for quality and payment policy as well as the responsibilities of the administrative and clinical professionals in managing the Model.<br><br>• The application must provide a description of the availability and adequacy of facilities, equipment, |

| Application Checklist | |
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| **Selection Criteria:** | **Narrative to Include**: |
| | personnel and data systems to successfully conduct the proposed Model.<br><br>• Applicants must provide data for their planned Model design that includes ramp up and estimated beneficiary participation broken down by each year of the Model with the understanding that no beneficiaries will begin participation during the last 6-months of the Model. The applicant must provide census data from the past 3 federal fiscal years (FYs 2010, 2011, and 2012) that includes total number of patients and total number of patients meeting the qualifying ICD-9 codes as specified in Appendix 1. The goal is to provide sufficient detail to demonstrate the applicant can manage an increased patient volume.<br><br>• Plan for managing their current patients in addition to the increased patient volume resulting from this MCCM. The applicant must detail the staff levels (ratio of direct patient care staff to patients) and how staff will be utilized for both the applicant's current hospice program and this Model along with the physical space and IT capabilities to provide both the services required under the Medicare Hospice Benefit and this Model.<br><br>• In the implementation plan, indicate how the applicant will support or facilitate the independent evaluation of the Model through the development of operationally sound processes for tracking Model participation from initial contact with eligible beneficiaries to the Model beneficiary's conclusion in the Model. |
| **B. Monitoring** | **Description of:**<br>• Strategy for ongoing monitoring of Model<br><br>beneficiaries for:<br>• Clinical coordination<br>• Care coordination<br>• Case management<br>• Shared decision making<br>• Administrative coordination |

| Application Checklist | |
|---|---|
| **Selection Criteria:** | **Narrative to Include**: |

| **IV. Selection Criteria: Model Impact**<br>**25 Points** | |
|---|---|
| **A. Quality, Net Savings, and Outcomes** | **Description of:**<br>• How the applicant's concept impacts the quality of patient care, estimated net savings to Medicare and Medicaid, and reasonable outcomes.<br><br>• What changes the applicant anticipates in the Medicare and Medicaid claims data as a result of the hospice's care coordination, case management, and patient-centered goals. Provide this data for each of the three Model years. The applicant must include the rationale for these yearly estimates.<br><br>• Experience with a quality assessment and performance improvement program (QAPI) program and include examples and samples of the applicant's QAPI program and how that prepares them for the quality program in this Model. The applicant must provide at a minimum the quality measures it uses for its current program with their:<br>o Numerators and denominators<br>o The source for each measure<br>o Why these measures were selected<br><br>• Quality reporting measures and rationale the applicant intends to use to track this Model. The applicant must identify which of these measures are currently used by the applicant and which are proposed. Note that CMS may require a set of quality measures that all MCCM participating hospices must report on a quarterly basis.<br><br>• Applicants must provide information about current quality assessment systems and performance improvement projects. The role of the applicant in coordination with its network of referring providers/suppliers on quality improvement committee(s) as well as initiatives focused on managing clinical complications, and reducing ED visits, hospitalizations, ICU length of stay and hospital readmissions. |

| Application Checklist | |
|---|---|
| **Selection Criteria:** | **Narrative to Include**: |
| | • Applicants must demonstrate that adequate mechanisms are in place such that clinically appropriate services are provided, regardless of the location where the services are provided during the Model, and that there are mechanisms in place to track the clinical and functional outcomes of Model beneficiaries. To what degree has applicant adopted a network-wide electronic health record (EHR) system with the applicant's referring providers/suppliers responsible for care coordination and case management? What kinds of care coordination and case management data are captured by the EHR system? |

**Final Selection**

CMS will convene technical review panels to review all of the applications. Panelists will receive a copy of the applications. Panelists will be asked to numerically rate and rank the applications and provide an assessment of the applications using the above criteria.

Applications will be screened to determine eligibility for further review using criteria detailed in this RFA and in applicable law, including 2 CFR Parts 180 and 376. In addition, CMS may deny funding to an otherwise qualified applicant on the basis of information found during a program integrity review regarding the applicant, its affiliates, or any other relevant individuals or entities. Applicants will be required to disclose any sanctions, investigations, probations or corrective action plans that have been imposed on the applicant in the last three years.

CMS will select hospices to participate in the Model from among the most highly qualified applicants. In addition to the criteria outlined in Table 2, CMS will seek to have a representative sample of hospices in terms of size, ownership, geographic location, and other characteristics. We expect to select at least 30 hospices to participate in the Model.

**Requirements of Successful Applicants**

Applicants that are selected for and choose to participate in the Model will be required to execute an MCCM Participation Agreement that includes standard terms and conditions, and may be subject to special terms and conditions that are identified during the review process.

In addition to signing the MCCM Participation Agreement, MCCM participating hospices must have time and commitment to implement the Model to meet the timeline. MCCM participating hospices are required to cooperate fully with the implementation contractor and the CMS project officer for implementation of this Model. The CMS Model Team includes its contractors for both implementation and evaluation. This team will have regular meetings and some site visits that require the hospice to dedicate staff, time, and resources to meet CMS' requirements of the Model.

The hospices will also be required to report information on a regular schedule to CMS in the form and manner specified by CMS, such as tracking the beneficiaries participating in this Model using a monthly service and activity log that must be submitted monthly along with reporting quality measures on a quarterly basis electronically. CMS, through its implementation contractor, reserves the right to audit these documents and all related records supporting these functions at any time during the Model period.

**Quarterly Data Reporting**

MCCM participating hospices must submit quarterly data as needed for monitoring and evaluation of the Model. The format and details of the data will be provided at the start of the Model, in collaboration with CMS program staff and the independent evaluation team. For planning purposes, the applicants should expect to provide the following types of information:

- Demographics of enrolled beneficiaries, including age, gender, race, and socio-economic characteristics.
- Health status of enrolled beneficiaries, including date of hospice eligibility, principal diagnosis, co-morbidities, functional status, depression and pain assessments, date of hospice election, and date of death.
- Supportive services delivered and a log of those services provided to each patient, including intensity of home visits and care coordination/case management activities.

**Participation in the Model Evaluation**

An independent evaluation will be conducted for this Model. MCCM participating hospices are required to cooperate fully with the evaluation contractor and CMS project officer for the evaluation. All MCCM participating hospices will be asked to provide information on patient outcomes and costs of furnishing care to the Medicare beneficiaries participating in the Model for the evaluation. This information will be compared to outcomes and costs for beneficiaries receiving similar services at other MCCM participating hospices and at comparable facilities not participating in the Model.

CMS' independent evaluation will examine the impact of this Model on the goals of better health, better care, and lower costs. CMS will conduct quantitative analysis of both quality performance and monitoring measures in order to answer a number of evaluation questions, outlined below. The evaluation will also include qualitative analyses in order to capture and compare differences among models, as well as assess patient, family, and provider perceptions, barriers to change, areas of particular enthusiasm and practice culture.

**Evaluation Questions**

The evaluation will assess the effect of the MCCM on access to hospice, healthcare utilization overall, clinical outcomes, and quality of care. Evaluation questions include but are not limited to:

1. Which supportive services and curative treatments do beneficiaries receive while enrolled in this model?
2. What policies, procedures, or other mechanisms are used to coordinate services for beneficiaries and to collaborate with physicians and other healthcare providers?
3. How does the model impact the decision to elect hospice, or the timing of hospice election, by Medicare and dually eligible Medicaid beneficiaries? At what point in the trajectory of their illness do beneficiaries elect hospice after receiving supportive services in this model? What are the factors that affect whether a beneficiary elects hospice?
4. What costs are associated with operating the model (e.g., labor, administrative) in order to provide curative care along with supportive services?
5. What is the effect of the model on Medicare and Medicaid expenditures? Do the costs of curative care and supportive services together under this model offset the cost of curative care alone incurred by those not in the model?
6. What is the impact of the model on beneficiaries who are covered by both Medicare and Medicaid (e.g., out-of-pocket costs, gaps in coverage across the two programs)? What is

the effect on the hospice in caring for dually eligible Medicaid beneficiaries under this Model?

7. Does the model lead to improved outcomes such as fewer ED visits and ICU admissions, decreased hospitalization, shorter hospital stays, and better quality of life through reduced acute care utilization and increased palliative care?
8. Does the Model have an effect (either positive or negative) on the average time beneficiaries survive?
9. What are the elements of each awardee's approach to care delivery and how do they vary across awardee sites? Which elements do beneficiaries, family/caregivers, and providers identify as the most important to improving quality of life?
10. What programmatic changes have occurred in response to CMS-sponsored learning and diffusion activities and/or rapid-cycle evaluation results?

**Appendix 1—ICD 9 and 10 Codes**

| ICD-9-CM diagnosis | ICD-9 Code Title | ICD-10-CM diagnosis | ICD-10 Code Title |
|---|---|---|---|
| **Cancer** | | | |
| 140.0 | Malignant neoplasm of upper lip, vermilion border | C00.0 | Malignant neoplasm of external upper lip |
| 141.0 | Malignant neoplasm of base of tongue | C01 | Malignant neoplasm of base of tongue |
| 142.0 | Malignant neoplasm of parotid gland | C07 | Malignant neoplasm of parotid gland |
| 143.0 | Malignant neoplasm of upper gum | C03.0 | Malignant neoplasm of upper gum |
| 144.0 | Malignant neoplasm of anterior portion of floor of mouth | C04.0 | Malignant neoplasm of anterior floor of mouth |
| 145.0 | Malignant neoplasm of cheek mucosa | C06.0 | Malignant neoplasm of cheek mucosa |
| 146.0 | Malignant neoplasm of tonsil | C09.8 | Malignant neoplasm of overlapping sites of tonsil |
| 146.0 | Malignant neoplasm of tonsil | C09.9 | Malignant neoplasm of tonsil, unspecified |
| 147.0 | Malignant neoplasm of superior wall of nasopharynx | C11.0 | Malignant neoplasm of superior wall of nasopharynx |
| 148.0 | Malignant neoplasm of postcricoid region of hypopharynx | C13.0 | Malignant neoplasm of postcricoid region |
| 149.0 | Malignant neoplasm of pharynx, unspecified | C14.0 | Malignant neoplasm of pharynx, unspecified |
| 150.0 | Malignant neoplasm of cervical esophagus | C15.3 | Malignant neoplasm of upper third of esophagus |
| 151.0 | Malignant neoplasm of cardia | C16.0 | Malignant neoplasm of cardia |
| 151.1 | Malignant neoplasm of pylorus | C16.4 | Malignant neoplasm of pylorus |
| 151.2 | Malignant neoplasm of pyloric antrum | C16.3 | Malignant neoplasm of pyloric antrum |

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|---|---|---|---|
| 151.3 | Malignant neoplasm of fundus of stomach | C16.1 | Malignant neoplasm of fundus of stomach |
| 151.4 | Malignant neoplasm of body of stomach | C16.2 | Malignant neoplasm of body of stomach |
| 151.5 | Malignant neoplasm of lesser curvature of stomach, unspecified | C16.5 | Malignant neoplasm of lesser curvature of stomach, unspecified |
| 151.6 | Malignant neoplasm of greater curvature of stomach, unspecified | C16.6 | Malignant neoplasm of greater curvature of stomach, unspecified |
| 151.8 | Malignant neoplasm of other specified sites of stomach | C16.8 | Malignant neoplasm of overlapping sites of stomach |
| 151.9 | Malignant neoplasm of stomach, unspecified site | C16.9 | Malignant neoplasm of stomach, unspecified |
| 152.0 | Malignant neoplasm of duodenum | C17.0 | Malignant neoplasm of duodenum |
| 152.1 | Malignant neoplasm of jejunum | C17.1 | Malignant neoplasm of jejunum |
| 152.2 | Malignant neoplasm of ileum | C17.2 | Malignant neoplasm of ileum |
| 152.3 | Malignant neoplasm of Meckel's diverticulum | C17.3 | Meckel's diverticulum, malignant |
| 152.8 | Malignant neoplasm of other specified sites of small intestine | C17.8 | Malignant neoplasm of overlapping sites of small intestine |
| 152.9 | Malignant neoplasm of small intestine, unspecified site | C17.9 | Malignant neoplasm of small intestine, unspecified |
| 153.0 | Malignant neoplasm of hepatic flexure | C18.3 | Malignant neoplasm of hepatic flexure |
| 153.1 | Malignant neoplasm of transverse colon | C18.4 | Malignant neoplasm of transverse colon |
| 153.2 | Malignant neoplasm of descending colon | C18.6 | Malignant neoplasm of descending colon |
| 153.3 | Malignant neoplasm of sigmoid colon | C18.7 | Malignant neoplasm of sigmoid colon |
| 153.4 | Malignant neoplasm of cecum | C18.0 | Malignant neoplasm of cecum |
| 153.5 | Malignant neoplasm of appendix vermiformis | C18.1 | Malignant neoplasm of appendix |

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|---|---|---|---|
| 153.6 | Malignant neoplasm of ascending colon | C18.2 | Malignant neoplasm of ascending colon |
| 153.7 | Malignant neoplasm of splenic flexure | C18.5 | Malignant neoplasm of splenic flexure |
| 153.8 | Malignant neoplasm of other specified sites of large intestine | C18.8 | Malignant neoplasm of overlapping sites of colon |
| 153.9 | Malignant neoplasm of colon, unspecified site | C18.9 | Malignant neoplasm of colon, unspecified |
| 154.0 | Malignant neoplasm of rectosigmoid junction | C19 | Malignant neoplasm of rectosigmoid junction |
| 154.1 | Malignant neoplasm of rectum | C20 | Malignant neoplasm of rectum |
| 154.2 | Malignant neoplasm of anal canal | C21.1 | Malignant neoplasm of anal canal |
| 154.3 | Malignant neoplasm of anus, unspecified site | C21.0 | Malignant neoplasm of anus, unspecified |
| 154.8 | Malignant neoplasm other( i.e. cloacoagenic zone, malignant neoplasm of contiguous or overlapping sites of rectum, rectosigmoid junction and anus whos epoint of origin cannot be determined) | C21.2 | Malignant neoplasm of cloagenic zone |
| 154.8 | Malignant neoplasm other( i.e. cloacoagenic zone, malignant neoplasm of contiguous or overlapping sites of rectum, rectosigmoid junction and anus whos epoint of origin cannot be determined) | C21.8 | Malignant neoplasm overlap sites recturm anus & anal canal |
| 155.0 | Malignant neoplasm of liver, primary | C22.0 | Liver cell carcinoma |
| 155.0 | Malignant neoplasm of liver, primary | C22.2 | Hepatoblastoma |
| 155.0 | Malignant neoplasm of liver, primary | C22.3 | Angiosarcoma of liver |
| 155.0 | Malignant neoplasm of liver, primary | C22.4 | Other sarcomas of liver |

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| 155.0 | Malignant neoplasm of liver, primary | C22.7 | Other specified carcinomas of liver |
| 155.0 | Malignant neoplasm of liver, primary | C22.8 | Malignant neoplasm of liver, primary, unspecified as to type |
| 156.0 | Malignant neoplasm of gallbladder | C23 | Malignant neoplasm of gallbladder |
| 157.0 | Malignant neoplasm of head of pancreas | C25.0 | Malignant neoplasm of head of pancreas |
| 158.0 | Malignant neoplasm of retroperitoneum | C48.0 | Malignant neoplasm of retroperitoneum |
| 159.0 | Malignant neoplasm of intestinal tract, part unspecified | C26.0 | Malignant neoplasm of intestinal tract, part unspecified |
| 160.0 | Malignant neoplasm of nasal cavities | C30.0 | Malignant neoplasm of nasal cavity |
| 161.0 | Malignant neoplasm of glottis | C32.0 | Malignant neoplasm of glottis |
| 162.0 | Malignant neoplasm of trachea | C33 | Malignant neoplasm of trachea |
| 162.2 | Malignant neoplasm of main bronchus | C34.00 | Malignant neoplasm of unspecified main bronchus |
| 162.2 | Malignant neoplasm of main bronchus | C34.01 | Malignant neoplasm of right main bronchus |
| 162.2 | Malignant neoplasm of main bronchus | C34.02 | Malignant neoplasm of left main bronchus |
| 162.3 | Malignant neoplasm of upper lobe, bronchus or lung | C34.10 | Malignant neoplasm of upper lobe, unspecified bronchus or lung |
| 162.3 | Malignant neoplasm of upper lobe, bronchus or lung | C34.11 | Malignant neoplasm of upper lobe, right bronchus or lung |
| 162.3 | Malignant neoplasm of upper lobe, bronchus or lung | C34.12 | Malignant neoplasm of upper lobe, left bronchus or lung |
| 162.4 | Malignant neoplasm of middle lobe, bronchus or lung | C34.2 | Malignant neoplasm of middle lobe, bronchus or lung |
| 162.5 | Malignant neoplasm of lower lobe, bronchus or lung | C34.30 | Malignant neoplasm of lower lobe, unspecified bronchus or lung |

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| 162.5 | Malignant neoplasm of lower lobe, bronchus or lung | C34.31 | Malignant neoplasm of lower lobe, right bronchus or lung |
| 162.5 | Malignant neoplasm of lower lobe, bronchus or lung | C34.32 | Malignant neoplasm of lower lobe, left bronchus or lung |
| 162.8 | Malignant neoplasm of other parts of bronchus or lung | C34.80 | Malignant neoplasm of overlapping sites of unspecified bronchus and lung |
| 162.8 | Malignant neoplasm of other parts of bronchus or lung | C34.81 | Malignant neoplasm of overlapping sites of right bronchus and lung |
| 162.8 | Malignant neoplasm of other parts of bronchus or lung | C34.82 | Malignant neoplasm of overlapping sites of left bronchus and lung |
| 162.9 | Malignant neoplasm of bronchus and lung, unspecified | C34.90 | Malignant neoplasm of unspecified part of unspecified bronchus or lung |
| 162.9 | Malignant neoplasm of bronchus and lung, unspecified | C34.91 | Malignant neoplasm of unspecified part of right bronchus or lung |
| 162.9 | Malignant neoplasm of bronchus and lung, unspecified | C34.92 | Malignant neoplasm of unspecified part of left bronchus or lung |
| 163.0 | Malignant neoplasm of parietal pleura | C38.4 | Malignant neoplasm of pleura |
| 164.0 | Malignant neoplasm of thymus | C37 | Malignant neoplasm of thymus |
| 165.0 | Malignant neoplasm of upper respiratory tract, part unspecified | C39.0 | Malignant neoplasm of upper respiratory tract, part unspecified |
| 170.0 | Malignant neoplasm of bones of skull and face, except mandible | C41.0 | Malignant neoplasm of bones of skull and face |
| 171.0 | Malignant neoplasm of connective and other soft tissue of head, face, and neck | C47.0 | Malignant neoplasm of peripheral nerves of head, face and neck |
| 171.0 | Malignant neoplasm of connective and other soft tissue of head, face, and neck | C49.0 | Malignant neoplasm of connective and soft tissue of head, face and neck |

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| 172.0 | Malignant melanoma of skin of lip | C43.0 | Malignant melanoma of lip |
| 172.0 | Malignant melanoma of skin of lip | D03.0 | Melanoma in situ of lip |
| 173.00 | Unspecified malignant neoplasm of skin of lip | C44.00 | Unspecified malignant neoplasm of skin of lip |
| 173.01 | Basal cell carcinoma of skin of lip | C44.01 | Basal cell carcinoma of skin of lip |
| 173.02 | Squamous cell carcinoma of skin of lip | C44.02 | Squamous cell carcinoma of skin of lip |
| 173.09 | Other specified malignant neoplasm of skin of lip | C44.09 | Other specified malignant neoplasm of skin of lip |
| 174.0 | Malignant neoplasm of nipple and areola of female breast | C50.011 | Malignant neoplasm of nipple and areola, right female breast |
| 174.0 | Malignant neoplasm of nipple and areola of female breast | C50.012 | Malignant neoplasm of nipple and areola, left female breast |
| 174.0 | Malignant neoplasm of nipple and areola of female breast | C50.019 | Malignant neoplasm of nipple and areola, unspecified female breast |
| 174.1 | Malignant neoplasm of central portion of female breast | C50.111 | Malignant neoplasm of central portion of right female breast |
| 174.1 | Malignant neoplasm of central portion of female breast | C50.112 | Malignant neoplasm of central portion of left female breast |
| 174.1 | Malignant neoplasm of central portion of female breast | C50.119 | Malignant neoplasm of central portion of unspecified female breast |
| 174.2 | Malignant neoplasm of upper-inner quadrant of female breast | C50.211 | Malignant neoplasm of upper-inner quadrant of right female breast |
| 174.2 | Malignant neoplasm of upper-inner quadrant of female breast | C50.212 | Malignant neoplasm of upper-inner quadrant of left female breast |
| 174.2 | Malignant neoplasm of upper-inner quadrant of female breast | C50.219 | Malignant neoplasm of upper-inner quadrant of unspecified female breast |

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| 174.3 | Malignant neoplasm of lower-inner quadrant of female breast | C50.311 | Malignant neoplasm of lower-inner quadrant of right female breast |
| 174.3 | Malignant neoplasm of lower-inner quadrant of female breast | C50.312 | Malignant neoplasm of lower-inner quadrant of left female breast |
| 174.3 | Malignant neoplasm of lower-inner quadrant of female breast | C50.319 | Malignant neoplasm of lower-inner quadrant of unspecified female breast |
| 174.4 | Malignant neoplasm of upper-outer quadrant of female breast | C50.411 | Malignant neoplasm of upper-outer quadrant of right female breast |
| 174.4 | Malignant neoplasm of upper-outer quadrant of female breast | C50.412 | Malignant neoplasm of upper-outer quadrant of left female breast |
| 174.4 | Malignant neoplasm of upper-outer quadrant of female breast | C50.419 | Malignant neoplasm of upper-outer quadrant of unspecified female breast |
| 174.5 | Malignant neoplasm of lower-outer quadrant of female breast | C50.511 | Malignant neoplasm of lower-outer quadrant of right female breast |
| 174.5 | Malignant neoplasm of lower-outer quadrant of female breast | C50.512 | Malignant neoplasm of lower-outer quadrant of left female breast |
| 174.5 | Malignant neoplasm of lower-outer quadrant of female breast | C50.519 | Malignant neoplasm of lower-outer quadrant of unspecified female breast |
| 174.6 | Malignant neoplasm of axillary tail of female breast | C50.611 | Malignant neoplasm of axillary tail of right female breast |
| 174.6 | Malignant neoplasm of axillary tail of female breast | C50.612 | Malignant neoplasm of axillary tail of left female breast |
| 174.6 | Malignant neoplasm of axillary tail of female breast | C50.619 | Malignant neoplasm of axillary tail of unspecified female breast |
| 174.8 | Malignant neoplasm of other specified sites of female breast | C50.811 | Malignant neoplasm of overlapping sites of right female breast |
| 174.8 | Malignant neoplasm of other specified sites of female breast | C50.812 | Malignant neoplasm of overlapping sites of left female breast |

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| 174.8 | Malignant neoplasm of other specified sites of female breast | C50.819 | Malignant neoplasm of overlapping sites of unspecified female breast |
| 174.9 | Malignant neoplasm of breast (female), unspecified | C50.911 | Malignant neoplasm of unspecified site of right female breast |
| 174.9 | Malignant neoplasm of breast (female), unspecified | C50.912 | Malignant neoplasm of unspecified site of left female breast |
| 174.9 | Malignant neoplasm of breast (female), unspecified | C50.919 | Malignant neoplasm of unspecified site of unspecified female breast |
| 175.0 | Malignant neoplasm of nipple and areola of male breast | C50.021 | Malignant neoplasm of nipple and areola, right male breast |
| 175.0 | Malignant neoplasm of nipple and areola of male breast | C50.022 | Malignant neoplasm of nipple and areola, left male breast |
| 175.0 | Malignant neoplasm of nipple and areola of male breast | C50.029 | Malignant neoplasm of nipple and areola, unspecified male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.121 | Malignant neoplasm of central portion of right male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.122 | Malignant neoplasm of central portion of left male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.129 | Malignant neoplasm of central portion of unspecified male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.221 | Malignant neoplasm of upper-inner quadrant of right male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.222 | Malignant neoplasm of upper-inner quadrant of left male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.229 | Malignant neoplasm of upper-inner quadrant of unspecified male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.321 | Malignant neoplasm of lower-inner quadrant of right male breast |

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| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.322 | Malignant neoplasm of lower-inner quadrant of left male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.329 | Malignant neoplasm of lower-inner quadrant of unspecified male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.421 | Malignant neoplasm of upper-outer quadrant of right male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.422 | Malignant neoplasm of upper-outer quadrant of left male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.429 | Malignant neoplasm of upper-outer quadrant of unspecified male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.521 | Malignant neoplasm of lower-outer quadrant of right male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.522 | Malignant neoplasm of lower-outer quadrant of left male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.529 | Malignant neoplasm of lower-outer quadrant of unspecified male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.621 | Malignant neoplasm of axillary tail of right male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.622 | Malignant neoplasm of axillary tail of left male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.629 | Malignant neoplasm of axillary tail of unspecified male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.821 | Malignant neoplasm of overlapping sites of right male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.822 | Malignant neoplasm of overlapping sites of left male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.829 | Malignant neoplasm of overlapping sites of unspecified male breast |

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| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.921 | Malignant neoplasm of unspecified site of right male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.922 | Malignant neoplasm of unspecified site of left male breast |
| 175.9 | Malignant neoplasm of other and unspecified sites of male breast | C50.929 | Malignant neoplasm of unspecified site of unspecified male breast |
| 176.0 | Kaposi's sarcoma, skin | C46.0 | Kaposi's sarcoma of skin |
| 180.0 | Malignant neoplasm of endocervix | C53.0 | Malignant neoplasm of endocervix |
| 182.0 | Malignant neoplasm of corpus uteri, except isthmus | C54.1 | Malignant neoplasm of endometrium |
| 182.0 | Malignant neoplasm of corpus uteri, except isthmus | C54.2 | Malignant neoplasm of myometrium |
| 182.0 | Malignant neoplasm of corpus uteri, except isthmus | C54.3 | Malignant neoplasm of fundus uteri |
| 182.0 | Malignant neoplasm of corpus uteri, except isthmus | C54.9 | Malignant neoplasm of corpus uteri, unspecified |
| 183.0 | Malignant neoplasm of ovary | C56.1 | Malignant neoplasm of right ovary |
| 183.0 | Malignant neoplasm of ovary | C56.2 | Malignant neoplasm of left ovary |
| 183.0 | Malignant neoplasm of ovary | C56.9 | Malignant neoplasm of unspecified ovary |
| 184.0 | Malignant neoplasm of vagina | C52 | Malignant neoplasm of vagina |
| 185.0 | Malignant neoplasm of prostate | | Malignant neoplasm of prostate |
| 186.0 | Malignant neoplasm of undescended testis | C62.00 | Malignant neoplasm of unspecified undescended testis |
| 186.0 | Malignant neoplasm of undescended testis | C62.01 | Malignant neoplasm of undescended right testis |
| 186.0 | Malignant neoplasm of undescended testis | C62.02 | Malignant neoplasm of undescended left testis |

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| 186.9 | Malignant neoplasm of other and unspecified testis | C62.10 | Malignant neoplasm of unspecified descended testis |
| 186.9 | Malignant neoplasm of other and unspecified testis | C62.11 | Malignant neoplasm of descended right testis |
| 186.9 | Malignant neoplasm of other and unspecified testis | C62.12 | Malignant neoplasm of descended left testis |
| 186.9 | Malignant neoplasm of other and unspecified testis | C62.90 | Malignant neoplasm of unspecified testis, unspecified whether descended or undescended |
| 186.9 | Malignant neoplasm of other and unspecified testis | C62.91 | Malignant neoplasm of right testis, unspecified whether descended or undescended |
| 186.9 | Malignant neoplasm of other and unspecified testis | C62.92 | Malignant neoplasm of left testis, unspecified whether descended or undescended |
| 187.1 | Malignant neoplasm of prepuce | C60.0 | Malignant neoplasm of prepuce |
| 187.3 | Malignant neoplasm of body of penis | C60.2 | Malignant neoplasm of body of penis |
| 187.4 | Malignant neoplasm of penis, part unspecified | C60.9 | Malignant neoplasm of penis, unspecified |
| 187.5 | Malignant neoplasm of epididymis | C63.00 | Malignant neoplasm of unspecified epididymis |
| 187.5 | Malignant neoplasm of epididymis | C63.01 | Malignant neoplasm of right epididymis |
| 187.5 | Malignant neoplasm of epididymis | C63.02 | Malignant neoplasm of left epididymis |
| 187.6 | Malignant neoplasm of spermatic cord | C63.10 | Malignant neoplasm of unspecified spermatic cord |
| 187.6 | Malignant neoplasm of spermatic cord | C63.11 | Malignant neoplasm of right spermatic cord |
| 187.6 | Malignant neoplasm of spermatic cord | C63.12 | Malignant neoplasm of left spermatic cord |
| 187.7 | Malignant neoplasm of scrotum | C63.2 | Malignant neoplasm of scrotum |
| 187.8 | Malignant neoplasm of other specified sites of male genital organs | C60.8 | Malignant neoplasm of overlapping sites of penis |

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| 187.8 | Malignant neoplasm of other specified sites of male genital organs | C63.7 | Malignant neoplasm of other specified male genital organs |
| 187.8 | Malignant neoplasm of other specified sites of male genital organs | C63.8 | Malignant neoplasm of overlapping sites of male genital organs |
| 187.9 | Malignant neoplasm of male genital organ, site unspecified | C63.9 | Malignant neoplasm of male genital organ, unspecified |
| 188.0 | Malignant neoplasm of trigone of urinary bladder | C67.0 | Malignant neoplasm of trigone of bladder |
| 189.0 | Malignant neoplasm of kidney, except pelvis | C64.1 | Malignant neoplasm of right kidney, except renal pelvis |
| 189.0 | Malignant neoplasm of kidney, except pelvis | C64.2 | Malignant neoplasm of left kidney, except renal pelvis |
| 189.0 | Malignant neoplasm of kidney, except pelvis | C64.9 | Malignant neoplasm of unspecified kidney, except renal pelvis |
| 190.0 | Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid | C69.40 | Malignant neoplasm of unspecified ciliary body |
| 190.0 | Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid | C69.41 | Malignant neoplasm of right ciliary body |
| 190.0 | Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid | C69.42 | Malignant neoplasm of left ciliary body |
| 191.0 | Malignant neoplasm of cerebrum, except lobes and ventricles | C71.0 | Malignant neoplasm of cerebrum, except lobes and ventricles |
| 192.0 | Malignant neoplasm of cranial nerves | C72.20 | Malignant neoplasm of unspecified olfactory nerve |
| 192.0 | Malignant neoplasm of cranial nerves | C72.21 | Malignant neoplasm of right olfactory nerve |
| 192.0 | Malignant neoplasm of cranial nerves | C72.22 | Malignant neoplasm of left olfactory nerve |
| 192.0 | Malignant neoplasm of cranial nerves | C72.30 | Malignant neoplasm of unspecified optic nerve |

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| 192.0 | Malignant neoplasm of cranial nerves | C72.31 | Malignant neoplasm of right optic nerve |
| 192.0 | Malignant neoplasm of cranial nerves | C72.32 | Malignant neoplasm of left optic nerve |
| 192.0 | Malignant neoplasm of cranial nerves | C72.40 | Malignant neoplasm of unspecified acoustic nerve |
| 192.0 | Malignant neoplasm of cranial nerves | C72.41 | Malignant neoplasm of right acoustic nerve |
| 192.0 | Malignant neoplasm of cranial nerves | C72.42 | Malignant neoplasm of left acoustic nerve |
| 192.0 | Malignant neoplasm of cranial nerves | C72.50 | Malignant neoplasm of unspecified cranial nerve |
| 192.0 | Malignant neoplasm of cranial nerves | C72.59 | Malignant neoplasm of other cranial nerves |
| 194.0 | Malignant neoplasm of adrenal gland | C74.00 | Malignant neoplasm of cortex of unspecified adrenal gland |
| 194.0 | Malignant neoplasm of adrenal gland | C74.01 | Malignant neoplasm of cortex of right adrenal gland |
| 194.0 | Malignant neoplasm of adrenal gland | C74.02 | Malignant neoplasm of cortex of left adrenal gland |
| 194.0 | Malignant neoplasm of adrenal gland | C74.10 | Malignant neoplasm of medulla of unspecified adrenal gland |
| 194.0 | Malignant neoplasm of adrenal gland | C74.11 | Malignant neoplasm of medulla of right adrenal gland |
| 194.0 | Malignant neoplasm of adrenal gland | C74.12 | Malignant neoplasm of medulla of left adrenal gland |
| 194.0 | Malignant neoplasm of adrenal gland | C74.90 | Malignant neoplasm of unspecified part of unspecified adrenal gland |
| 194.0 | Malignant neoplasm of adrenal gland | C74.91 | Malignant neoplasm of unspecified part of right adrenal gland |
| 194.0 | Malignant neoplasm of adrenal gland | C74.92 | Malignant neoplasm of unspecified part of left adrenal gland |
| 195.0 | Malignant neoplasm of head, face, and neck | C76.0 | Malignant neoplasm of head, face and neck |
| 197.2 | Secondary malignant neoplasm of pleura | C78.2 | Secondary malignant neoplasm of pleura |

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| 200.00 | Reticulosarcoma, unspecified site, extranodal and solid organ sites | C83.30 | Diffuse large B-cell lymphoma, unspecified site |
| 200.00 | Reticulosarcoma, unspecified site, extranodal and solid organ sites | C83.39 | Diffuse large B-cell lymphoma, extranodal and solid organ sites |
| 200.01 | Reticulosarcoma, lymph nodes of head, face, and neck | C83.31 | Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck |
| 200.02 | Reticulosarcoma, intrathoracic lymph nodes | C83.32 | Diffuse large B-cell lymphoma, intrathoracic lymph nodes |
| 200.03 | Reticulosarcoma, intra-abdominal lymph nodes | C83.33 | Diffuse large B-cell lymphoma, intra-abdominal lymph nodes |
| 200.04 | Reticulosarcoma, lymph nodes of axilla and upper limb | C83.34 | Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb |
| 200.05 | Reticulosarcoma, lymph nodes of inguinal region and lower limb | C83.35 | Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb |
| 200.06 | Reticulosarcoma, intrapelvic lymph nodes | C83.36 | Diffuse large B-cell lymphoma, intrapelvic lymph nodes |
| 200.07 | Reticulosarcoma, spleen | C83.37 | Diffuse large B-cell lymphoma, spleen |
| 200.08 | Reticulosarcoma, lymph nodes of multiple sites | C83.38 | Diffuse large B-cell lymphoma, lymph nodes of multiple sites |
| 201.00 | Hodgkin's paragranuloma, unspecified site, extranodal and solid organ sites | C81.70 | Other classical Hodgkin lymphoma, unspecified site |
| 201.00 | Hodgkin's paragranuloma, unspecified site, extranodal and solid organ sites | C81.79 | Other classical Hodgkin lymphoma, extranodal and solid organ sites |
| 201.01 | Hodgkin's paragranuloma, lymph nodes of head, face, and neck | C81.71 | Other classical Hodgkin lymphoma, lymph nodes of head, face, and neck |

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| 201.02 | Hodgkin's paragranuloma, intrathoracic lymph nodes | C81.72 | Other classical Hodgkin lymphoma, intrathoracic lymph nodes |
| 201.03 | Hodgkin's paragranuloma, intra-abdominal lymph nodes | C81.73 | Other classical Hodgkin lymphoma, intra-abdominal lymph nodes |
| 201.04 | Hodgkin's paragranuloma, lymph nodes of axilla and upper limb | C81.74 | Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb |
| 201.05 | Hodgkin's paragranuloma, lymph nodes of inguinal region and lower limb | C81.75 | Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| 201.06 | Hodgkin's paragranuloma, intrapelvic lymph nodes | C81.76 | Other classical Hodgkin lymphoma, intrapelvic lymph nodes |
| 201.07 | Hodgkin's paragranuloma, spleen | C81.77 | Other classical Hodgkin lymphoma, spleen |
| 201.08 | Hodgkin's paragranuloma, lymph nodes of multiple sites | C81.78 | Other classical Hodgkin lymphoma, lymph nodes of multiple sites |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.00 | Follicular lymphoma grade I, unspecified site |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.09 | Follicular lymphoma grade I, extranodal and solid organ sites |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.10 | Follicular lymphoma grade II, unspecified site |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.19 | Follicular lymphoma grade II, extranodal and solid organ sites |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.20 | Follicular lymphoma grade III, unspecified, unspecified site |

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| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.29 | Follicular lymphoma grade III, unspecified, extranodal and solid organ sites |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.30 | Follicular lymphoma grade IIIa, unspecified site |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.39 | Follicular lymphoma grade IIIa, extranodal and solid organ sites |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.40 | Follicular lymphoma grade IIIb, unspecified site |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.49 | Follicular lymphoma grade IIIb, extranodal and solid organ sites |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.60 | Cutaneous follicle center lymphoma, unspecified site |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.69 | Cutaneous follicle center lymphoma, extranodal and solid organ sites |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.80 | Other types of follicular lymphoma, unspecified site |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.89 | Other types of follicular lymphoma, extranodal and solid organ sites |
| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.90 | Follicular lymphoma, unspecified, unspecified site |

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| 202.00 | Nodular lymphoma, unspecified site, extranodal and solid organ sites | C82.99 | Follicular lymphoma, unspecified, extranodal and solid organ sites |
| 202.01 | Nodular lymphoma, lymph nodes of head, face, and neck | C82.01 | Follicular lymphoma grade I, lymph nodes of head, face, and neck |
| 202.01 | Nodular lymphoma, lymph nodes of head, face, and neck | C82.11 | Follicular lymphoma grade II, lymph nodes of head, face, and neck |
| 202.01 | Nodular lymphoma, lymph nodes of head, face, and neck | C82.21 | Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck |
| 202.01 | Nodular lymphoma, lymph nodes of head, face, and neck | C82.31 | Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck |
| 202.01 | Nodular lymphoma, lymph nodes of head, face, and neck | C82.41 | Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck |
| 202.01 | Nodular lymphoma, lymph nodes of head, face, and neck | C82.61 | Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck |
| 202.01 | Nodular lymphoma, lymph nodes of head, face, and neck | C82.81 | Other types of follicular lymphoma, lymph nodes of head, face, and neck |
| 202.01 | Nodular lymphoma, lymph nodes of head, face, and neck | C82.91 | Follicular lymphoma, unspecified, lymph nodes of head, face, and neck |
| 202.02 | Nodular lymphoma, intrathoracic lymph nodes | C82.02 | Follicular lymphoma grade I, intrathoracic lymph nodes |
| 202.02 | Nodular lymphoma, intrathoracic lymph nodes | C82.12 | Follicular lymphoma grade II, intrathoracic lymph nodes |
| 202.02 | Nodular lymphoma, intrathoracic lymph nodes | C82.22 | Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes |
| 202.02 | Nodular lymphoma, intrathoracic lymph nodes | C82.32 | Follicular lymphoma grade IIIa, intrathoracic lymph nodes |
| 202.02 | Nodular lymphoma, intrathoracic lymph nodes | C82.42 | Follicular lymphoma grade IIIb, intrathoracic lymph nodes |

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| 202.02 | Nodular lymphoma, intrathoracic lymph nodes | C82.62 | Cutaneous follicle center lymphoma, intrathoracic lymph nodes |
| 202.02 | Nodular lymphoma, intrathoracic lymph nodes | C82.82 | Other types of follicular lymphoma, intrathoracic lymph nodes |
| 202.02 | Nodular lymphoma, intrathoracic lymph nodes | C82.92 | Follicular lymphoma, unspecified, intrathoracic lymph nodes |
| 202.03 | Nodular lymphoma, intra-abdominal lymph nodes | C82.03 | Follicular lymphoma grade I, intra-abdominal lymph nodes |
| 202.03 | Nodular lymphoma, intra-abdominal lymph nodes | C82.13 | Follicular lymphoma grade II, intra-abdominal lymph nodes |
| 202.03 | Nodular lymphoma, intra-abdominal lymph nodes | C82.23 | Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes |
| 202.03 | Nodular lymphoma, intra-abdominal lymph nodes | C82.33 | Follicular lymphoma grade IIIa, intra-abdominal lymph nodes |
| 202.03 | Nodular lymphoma, intra-abdominal lymph nodes | C82.43 | Follicular lymphoma grade IIIb, intra-abdominal lymph nodes |
| 202.03 | Nodular lymphoma, intra-abdominal lymph nodes | C82.63 | Cutaneous follicle center lymphoma, intra-abdominal lymph nodes |
| 202.03 | Nodular lymphoma, intra-abdominal lymph nodes | C82.83 | Other types of follicular lymphoma, intra-abdominal lymph nodes |
| 202.03 | Nodular lymphoma, intra-abdominal lymph nodes | C82.93 | Follicular lymphoma, unspecified, intra-abdominal lymph nodes |
| 202.04 | Nodular lymphoma, lymph nodes of axilla and upper limb | C82.04 | Follicular lymphoma grade I, lymph nodes of axilla and upper limb |
| 202.04 | Nodular lymphoma, lymph nodes of axilla and upper limb | C82.14 | Follicular lymphoma grade II, lymph nodes of axilla and upper limb |
| 202.04 | Nodular lymphoma, lymph nodes of axilla and upper limb | C82.24 | Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb |

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| 202.04 | Nodular lymphoma, lymph nodes of axilla and upper limb | C82.34 | Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb |
| 202.04 | Nodular lymphoma, lymph nodes of axilla and upper limb | C82.44 | Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb |
| 202.04 | Nodular lymphoma, lymph nodes of axilla and upper limb | C82.64 | Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb |
| 202.04 | Nodular lymphoma, lymph nodes of axilla and upper limb | C82.84 | Other types of follicular lymphoma, lymph nodes of axilla and upper limb |
| 202.04 | Nodular lymphoma, lymph nodes of axilla and upper limb | C82.94 | Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb |
| 202.05 | Nodular lymphoma, lymph nodes of inguinal region and lower limb | C82.05 | Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb |
| 202.05 | Nodular lymphoma, lymph nodes of inguinal region and lower limb | C82.15 | Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb |
| 202.05 | Nodular lymphoma, lymph nodes of inguinal region and lower limb | C82.25 | Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb |
| 202.05 | Nodular lymphoma, lymph nodes of inguinal region and lower limb | C82.35 | Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb |
| 202.05 | Nodular lymphoma, lymph nodes of inguinal region and lower limb | C82.45 | Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb |
| 202.05 | Nodular lymphoma, lymph nodes of inguinal region and lower limb | C82.65 | Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb |
| 202.05 | Nodular lymphoma, lymph nodes of inguinal region and lower limb | C82.85 | Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb |
| 202.05 | Nodular lymphoma, lymph nodes of inguinal region and lower limb | C82.95 | Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb |
| 202.06 | Nodular lymphoma, intrapelvic lymph nodes | C82.06 | Follicular lymphoma grade I, intrapelvic lymph nodes |

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| 202.06 | Nodular lymphoma, intrapelvic lymph nodes | C82.16 | Follicular lymphoma grade II, intrapelvic lymph nodes |
| 202.06 | Nodular lymphoma, intrapelvic lymph nodes | C82.26 | Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes |
| 202.06 | Nodular lymphoma, intrapelvic lymph nodes | C82.36 | Follicular lymphoma grade IIIa, intrapelvic lymph nodes |
| 202.06 | Nodular lymphoma, intrapelvic lymph nodes | C82.46 | Follicular lymphoma grade IIIb, intrapelvic lymph nodes |
| 202.06 | Nodular lymphoma, intrapelvic lymph nodes | C82.66 | Cutaneous follicle center lymphoma, intrapelvic lymph nodes |
| 202.06 | Nodular lymphoma, intrapelvic lymph nodes | C82.86 | Other types of follicular lymphoma, intrapelvic lymph nodes |
| 202.06 | Nodular lymphoma, intrapelvic lymph nodes | C82.96 | Follicular lymphoma, unspecified, intrapelvic lymph nodes |
| 202.07 | Nodular lymphoma, spleen | C82.07 | Follicular lymphoma grade I, spleen |
| 202.07 | Nodular lymphoma, spleen | C82.17 | Follicular lymphoma grade II, spleen |
| 202.07 | Nodular lymphoma, spleen | C82.27 | Follicular lymphoma grade III, unspecified, spleen |
| 202.07 | Nodular lymphoma, spleen | C82.37 | Follicular lymphoma grade IIIa, spleen |
| 202.07 | Nodular lymphoma, spleen | C82.47 | Follicular lymphoma grade IIIb, spleen |
| 202.07 | Nodular lymphoma, spleen | C82.67 | Cutaneous follicle center lymphoma, spleen |
| 202.07 | Nodular lymphoma, spleen | C82.87 | Other types of follicular lymphoma, spleen |
| 202.07 | Nodular lymphoma, spleen | C82.97 | Follicular lymphoma, unspecified, spleen |
| 202.08 | Nodular lymphoma, lymph nodes of multiple sites | C82.08 | Follicular lymphoma grade I, lymph nodes of multiple sites |
| 202.08 | Nodular lymphoma, lymph nodes of multiple sites | C82.18 | Follicular lymphoma grade II, lymph nodes of multiple sites |
| 202.08 | Nodular lymphoma, lymph nodes of multiple sites | C82.28 | Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites |

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| 202.08 | Nodular lymphoma, lymph nodes of multiple sites | C82.38 | Follicular lymphoma grade IIIa, lymph nodes of multiple sites |
| 202.08 | Nodular lymphoma, lymph nodes of multiple sites | C82.48 | Follicular lymphoma grade IIIb, lymph nodes of multiple sites |
| 202.08 | Nodular lymphoma, lymph nodes of multiple sites | C82.68 | Cutaneous follicle center lymphoma, lymph nodes of multiple sites |
| 202.08 | Nodular lymphoma, lymph nodes of multiple sites | C82.88 | Other types of follicular lymphoma, lymph nodes of multiple sites |
| 202.08 | Nodular lymphoma, lymph nodes of multiple sites | C82.98 | Follicular lymphoma, unspecified, lymph nodes of multiple sites |
| 203.00 | Multiple myeloma, without mention of having achieved remission | C90.00 | Multiple myeloma not having achieved remission |
| 203.02 | Multiple myeloma, in relapse | C90.02 | Multiple myeloma in relapse |
| 204.00 | Acute lymphoid leukemia, without mention of having achieved remission | C91.00 | Acute lymphoblastic leukemia not having achieved remission |
| 204.02 | Acute lymphoid leukemia, in relapse | C91.02 | Acute lymphoblastic leukemia, in relapse |
| 205.00 | Acute myeloid leukemia, without mention of having achieved remission | C92.00 | Acute myeloblastic leukemia, not having achieved remission |
| 205.00 | Acute myeloid leukemia, without mention of having achieved remission | C92.40 | Acute promyelocytic leukemia, not having achieved remission |
| 205.00 | Acute myeloid leukemia, without mention of having achieved remission | C92.50 | Acute myelomonocytic leukemia, not having achieved remission |
| 205.00 | Acute myeloid leukemia, without mention of having achieved remission | C92.60 | Acute myeloid leukemia with 11q23-abnormality not having achieved remission |

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| 205.00 | Acute myeloid leukemia, without mention of having achieved remission | C92.A0 | Acute myeloid leukemia with multilineage dysplasia, not having achieved remission |
| 205.02 | Acute myeloid leukemia, in relapse | C92.02 | Acute myeloblastic leukemia, in relapse |
| 205.02 | Acute myeloid leukemia, in relapse | C92.42 | Acute promyelocytic leukemia, in relapse |
| 205.02 | Acute myeloid leukemia, in relapse | C92.52 | Acute myelomonocytic leukemia, in relapse |
| 205.02 | Acute myeloid leukemia, in relapse | C92.62 | Acute myeloid leukemia with 11q23-abnormality in relapse |
| 205.02 | Acute myeloid leukemia, in relapse | C92.A2 | Acute myeloid leukemia with multilineage dysplasia, in relapse |
| 206.00 | Acute monocytic leukemia, without mention of having achieved remission | C93.00 | Acute monoblastic/monocytic leukemia, not having achieved remission |
| 206.02 | Acute monocytic leukemia, in relapse | C93.02 | Acute monoblastic/monocytic leukemia, in relapse |
| 207.00 | Acute erythremia and erythroleukemia, without mention of having achieved remission | C94.00 | Acute erythroid leukemia, not having achieved remission |
| 207.02 | Acute erythremia and erythroleukemia, in relapse | C94.02 | Acute erythroid leukemia, in relapse |
| 208.00 | Acute leukemia of unspecified cell type, without mention of having achieved remission | C95.00 | Acute leukemia of unspecified cell type not having achieved remission |
| 208.02 | Acute leukemia of unspecified cell type, in relapse | C95.02 | Acute leukemia of unspecified cell type, in relapse |
| **Congestive Heart Failure** | | | |
| 402.01 | Malignant hypertensive heart disease with heart failure | I11.0 | Hypertensive heart disease with heart failure |
| 402.11 | Benign hypertensive heart disease with heart | I11.0 | Hypertensive heart disease with heart failure |

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| | failure | | |
| 402.91 | Unspecified hypertensive heart disease with heart failure | I11.0 | Hypertensive heart disease with heart failure |
| 404.01 | Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified | I13.0 | Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease |
| 404.11 | Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified | I13.0 | Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease |
| 404.91 | Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified | I13.0 | Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease |
| 428.1 | Left heart failure | I50.1 | Left ventricular failure |
| 428.20 | Systolic heart failure, unspecified | I50.20 | Unspecified systolic (congestive) heart failure |
| 428.21 | Acute systolic heart failure | I50.21 | Acute systolic (congestive) heart failure |
| 428.22 | Chronic systolic heart failure | I50.22 | Chronic systolic (congestive) heart failure |
| 428.23 | Acute on chronic systolic heart failure | I50.23 | Acute on chronic systolic (congestive) heart failure |
| 428.30 | Diastolic heart failure, unspecified | I50.30 | Unspecified diastolic (congestive) heart failure |
| 428.31 | Acute diastolic heart failure | I50.31 | Acute diastolic (congestive) heart failure |
| 428.32 | Chronic diastolic heart failure | I50.32 | Chronic diastolic (congestive) heart failure |
| 428.33 | Acute on chronic diastolic heart failure | I50.33 | Acute on chronic diastolic (congestive) heart failure |

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| 428.40 | Combined systolic and diastolic heart failure, unspecified | I50.40 | Unspecified combined systolic (congestive) and diastolic (congestive) heart failure |
| 428.41 | Acute combined systolic and diastolic heart failure | I50.41 | Acute combined systolic (congestive) and diastolic (congestive) heart failure |
| 428.42 | Chronic combined systolic and diastolic heart failure | I50.42 | Chronic combined systolic (congestive) and diastolic (congestive) heart failure |
| 428.43 | Acute on chronic combined systolic and diastolic heart failure | I50.43 | Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure |
| 428.9 | Heart failure, unspecified | I50.9 | Heart failure, unspecified |
| **Chronic Obstructive Pulmonary Disease (COPD )** | | | |
| 491.20 | Obstructive chronic bronchitis without exacerbation | J44.9 | Chronic obstructive pulmonary disease, unspecified |
| 491.21 | Obstructive chronic bronchitis with (acute) exacerbation | J44.1 | Chronic obstructive pulmonary disease with (acute) exacerbation |
| 491.22 | Obstructive chronic bronchitis with acute bronchitis | J44.0 | Chronic obstructive pulmonary disease with acute lower respiratory infection |
| 492.0 | Emphysematous bleb | J43.9 | Emphysema, unspecified |
| 492.8 | Other emphysema | J43.0 | Unilateral pulmonary emphysema [MacLeod's syndrome] |
| 492.8 | Other emphysema | J43.1 | Panlobular emphysema |
| 492.8 | Other emphysema | J43.2 | Centrilobular emphysema |
| 492.8 | Other emphysema | J43.8 | Other emphysema |
| 492.8 | Other emphysema | J43.9 | Emphysema, unspecified |
| 493.20 | Chronic obstructive asthma, unspecified | J44.9 | Chronic obstructive pulmonary disease, unspecified |
| 493.21 | Chronic obstructive asthma with status asthmaticus | J44.0 | Chronic obstructive pulmonary disease with acute lower respiratory infection |
| 493.22 | Chronic obstructive asthma with (acute) exacerbation | J44.1 | Chronic obstructive pulmonary disease with (acute) exacerbation |
| 494.0 | Bronchiectasis without acute exacerbation | J47.9 | Bronchiectasis, uncomplicated |

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| 494.1 | Bronchiectasis with acute exacerbation | J47.0 | Bronchiectasis with acute lower respiratory infection |
| 494.1 | Bronchiectasis with acute exacerbation | J47.1 | Bronchiectasis with (acute) exacerbation |
| **Human Immunodeficiency Virus (HIV) - plus secondary codes** | | | |
| 042 | Human Immunodeficiency Virus (HIV) | B20 to B24 | Human Immunodeficiency Virus (HIV) with subcategories. |
| 042 plus 155 | Hepatoma | C22.0 or D13.4 | Hepatoma malignant or benign |
| 042 plus 571.2 or 571.5 | Cirrhosis | K74.4, K74.6, or K74.69 | Secondary biliary cirrhosis, Unspecified cirrhosis, Other cirrhosis |
| 042 plus 200 | Lymphoma | C46.3, or C81 to C88 | Kaposi's sarcoma of lymph nodes, Other lymphomas |
| 042 plus 799.4 | Cachexia | R64 | Cachexia |
| 042 plus 140-208 | Cancer | C00-D49 | Cancer |