



2025 Opportunity Analysis

How Kivo Health Reduces Costs and Improves Care for COPD Members

Executive Summary

Chronic obstructive pulmonary disease (COPD) is one of the most common and costly chronic conditions among Medicare Advantage plan members.

Prevalence

1 in 9

members in a Medicare Advantage plan have COPD (11.5%).

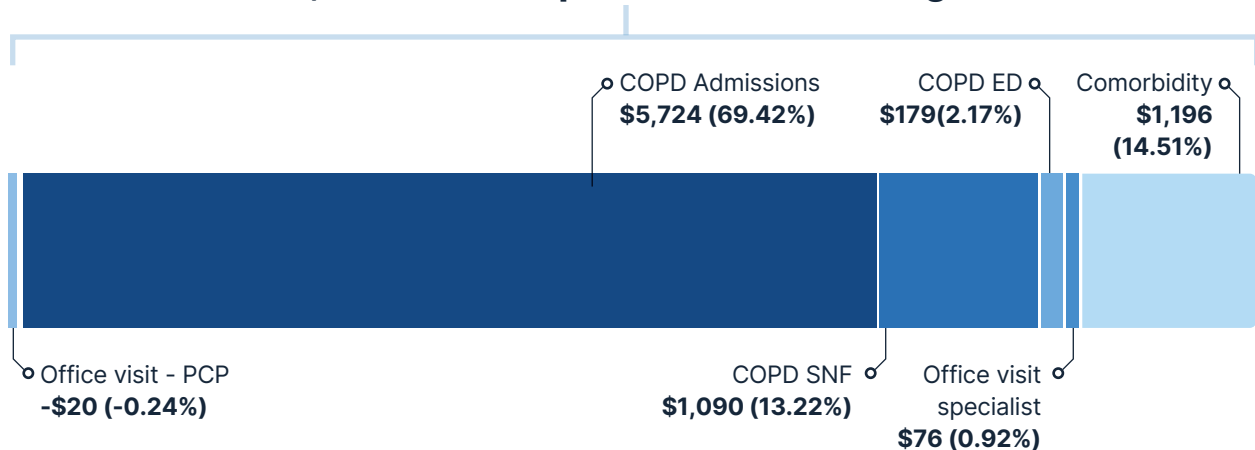
Cost

\$29,564 PMPY

cost of high-risk COPD members, 2.9x more than PMPY cost of members without COPD.

Kivo Health is predicted to save **\$8,245 PMPY** in costs, primarily by reducing inpatient and SNF costs.

\$8,245 PMPY in predicted cost savings



ROI
3.1x

Projected annual savings

\$9.8M

per 100,000 Medicare Advantage members

By reducing unnecessary healthcare utilization, Kivo Health delivers a projected 3.1x ROI and nearly \$10M in cost savings when deployed across an MA plan with 100,000 lives.

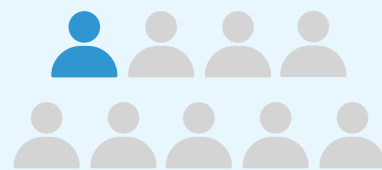


COPD background

Chronic obstructive pulmonary disease (COPD) is one of the most common and costly chronic conditions among Medicare Advantage eligible members (adults aged 65+).

One in nine Medicare Advantage eligible adults (11%) have been diagnosed with COPD, and an additional 7% are estimated to have the disease but were never diagnosed.^{1,2} COPD is the second-highest cost chronic disease on a per-member per-year (PMPY) basis, leading to **\$20,500 PMPY in excess costs** compared to members without COPD.^{3,4} In the US, COPD is expected to account for \$60.5B in direct medical costs by 2029.⁵

COPD is a chronic, progressive disease originating in the lungs, involving intermittent exacerbations, leading to ER utilization and hospitalizations. While COPD originates in the lungs, characterized by persistent symptoms including shortness of breath and cough, it's more comprehensively described as a systemic disease, with multisystem physical, physiologic and psychosocial effects. COPD also causes chronic inflammation, lowered blood oxygen levels, reduced physical activity, and muscle wasting, leading to multimorbidity, frailty, isolation, and poor mental health.⁶ These, in turn, result in worsening health status and increase the risk for unnecessary healthcare utilization, leading to higher costs.



1 in 9

Medicare Advantage adults
have diagnosed COPD

Life with COPD

People with COPD suffer from frequent disabling shortness of breath.

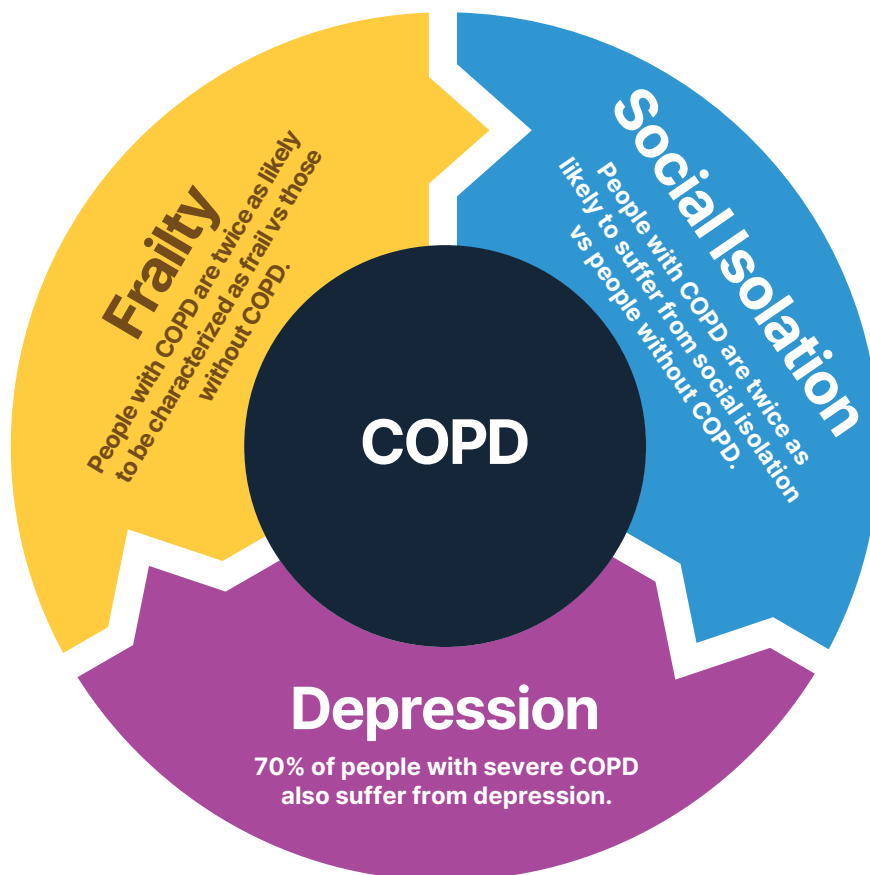
People with COPD suffer from frequent disabling shortness of breath. Symptoms are worsened with physical exertion: routine activities such as showering, picking up the mail, or walking with a loved one become extraordinarily difficult and frustrating. Avoiding physical activity results in deconditioning and muscle wasting, leading to a downward spiral of frailty, reduced physiological capacity and increasing susceptibility to illness and prolonged hospitalization from otherwise minor illnesses.

Those same symptoms of shortness of breath, especially when not well understood by the individual, make leaving the house challenging, which can be the beginning of, or contribute to, social isolation. This is only worsened by embarrassment around the need to wear oxygen in public. Finally, symptom burden and resulting isolation lead to high rates of depression and anxiety among individuals with COPD.



Effects of COPD

COPD leads to effects "beyond the lung": frailty, social isolation, depression.



Frailty

People with COPD have an estimated 32%-57% likelihood of also being characterized as frail, twice as likely as those without COPD.^{7,8} The symptom-related avoidance of physical activity and muscle wasting in COPD leads to diminished strength, endurance, and reduced physiological function, resulting in increasing frailty. People with frailty have a decreased physiological reserve and increased vulnerability to a stressor, such as a viral illness, leading to more frequent and prolonged hospitalizations for otherwise minor illnesses.

Social Isolation

Individuals with COPD are 1.5x to 2x more likely to suffer from social isolation than their COPD-free counterparts (no COPD: 11%; COPD: 16%; COPD with oxygen: 20%).⁹ Symptom burden and embarrassment around wearing oxygen in public are major contributors. Social isolation has been shown to lead to worsening health outcomes and increased costs.¹⁰

Depression/Anxiety

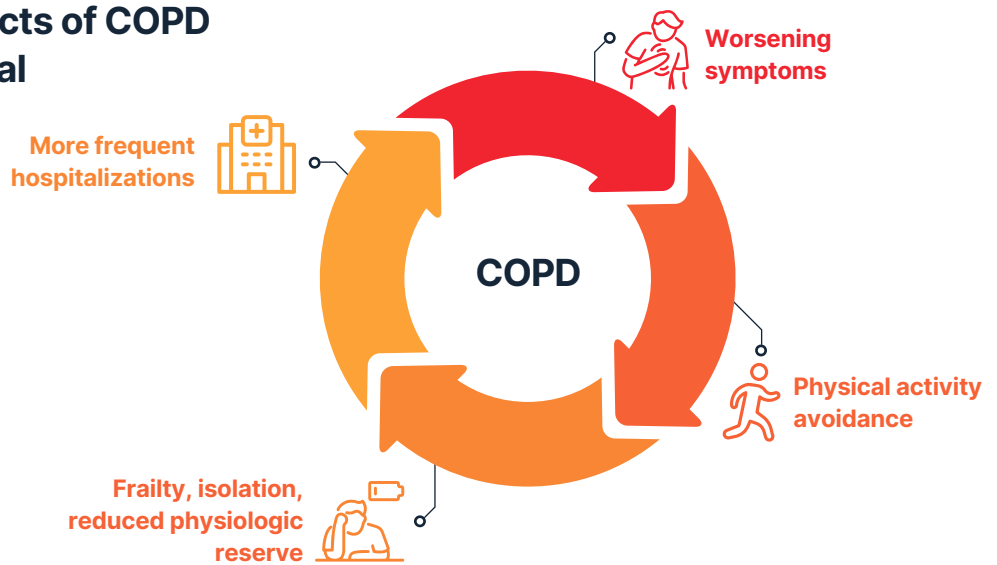
Individuals with COPD often experience mental health-related issues compounded by symptom burden and social isolation. Depression correlates with COPD severity, with clinical depression prevalence ranging from 10%-42% among low severity COPD and as high as 71% for severe COPD. Similarly, among people with severe COPD, there is a 50%-75% prevalence of anxiety.¹¹ Mood disorders have been shown to increase healthcare costs.¹²

Effects of COPD

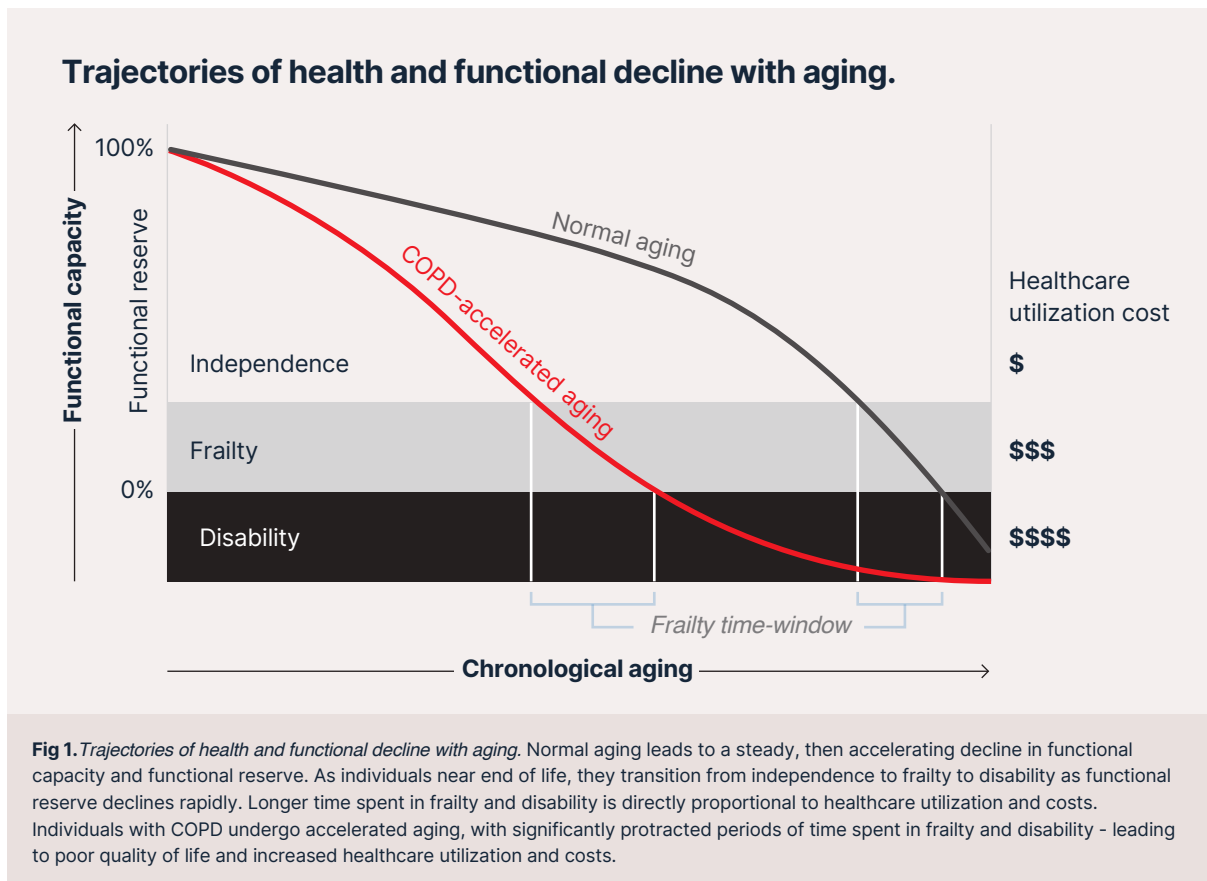
These multisystem effects of COPD create a downward spiral

The Cascade Effect

COPD creates a self-reinforcing cycle where lung symptoms lead to activity avoidance, social withdrawal, and mental health decline - each amplifying the others. **This leads to reduced physiological reserve, so even an otherwise minor illness - a viral illness, minor pneumonia, etc - leads to prolonged hospitalization and high healthcare utilization costs.**



COPD leads to accelerated aging - with prolonged time spent in frailty - resulting in increased healthcare utilization and costs.



Pulmonary Rehabilitation for COPD

Kivo's virtual pulmonary rehabilitation and care program reverses COPD-accelerated frailty.

Pulmonary rehabilitation (PR) is a comprehensive, multidisciplinary intervention including exercise training, education, and self-management support. It is demonstrated to improve symptoms, quality of life, and daily performance among individuals with COPD.¹⁴ PR reduces hospitalizations and mortality after COPD exacerbation, particularly when implemented after recent exacerbation and hospitalization. A model using real world data found that pulmonary rehabilitation is cost saving up to \$171 per session (assuming 36 sessions), and cost effective up to \$884 per session at a willingness-to-pay of \$50,000/quality-adjusted life year (QALY), a standard for high-value interventions.¹⁴ An analysis of Medicare data noted that failure to provide PR after hospitalization is associated with an estimated \$8,226 in excess spending in the first year.¹⁵ The American Thoracic Society (ATS), the American College of Chest Physicians, and the Global Initiative for Chronic Obstructive Lung Disease (GOLD) recommend pulmonary rehabilitation for nearly all COPD patients as an essential component of comprehensive COPD care.^{16,17}

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Organizations that recommend pulmonary rehabilitation



Global Initiative for
Chronic Obstructive
Lung Disease

Pulmonary rehabilitation remains underutilized: only about 4-5% of eligible patients participate in PR, leaving nearly \$8M in savings per 1000 COPD members* on the table.

Despite robust evidence for its clinical and economic benefits in the treatment of patients with COPD, pulmonary rehabilitation remains underutilized: only about 4-5% of eligible patients participate in PR, leaving nearly \$8M in savings per 1000 COPD members* on the table. Rural and remote communities lack access to nearby PR programs; only 11% of rural Medicare beneficiaries with COPD have a PR center within 10 miles of their home, compared to over 60% in metropolitan areas, and 90% of rural patients lack a center within 25 miles.¹⁸ Meanwhile, socioeconomic barriers, such as transportation difficulties and competing time priorities, limit participant availability.

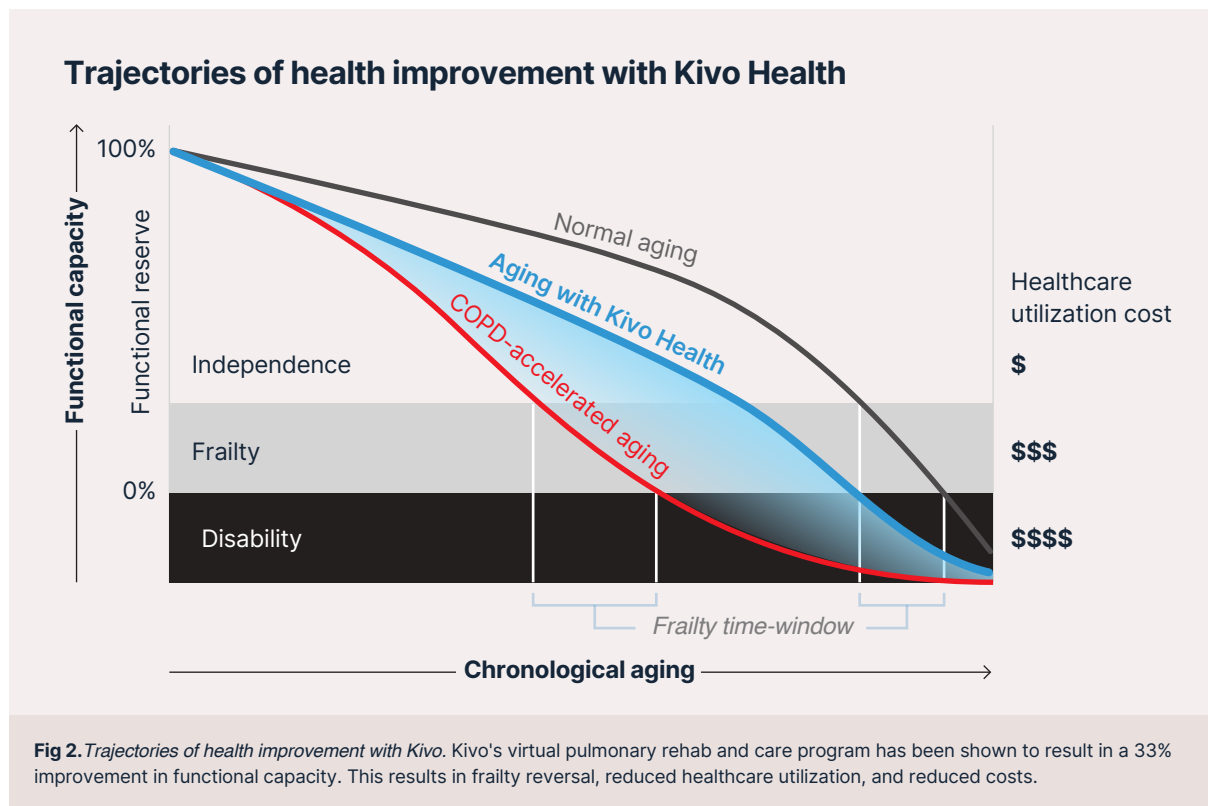
Virtual pulmonary rehab and alternative delivery models have been proposed to overcome barriers to accessing PR. Evidence supports the safety, feasibility, and comparable clinical outcomes of using telehealth technologies for the remote delivery of pulmonary rehabilitation compared to traditional center-based pulmonary rehabilitation.¹⁹ Virtual pulmonary rehabilitation programs are associated with higher adherence rates than center-based programs. The ATS, ACCP, and GOLD support telerehabilitation as an alternative to center-based PR to overcome access barriers.

* Percent of members not participating in pulmonary rehab (0.95) * \$8,226 in cost savings * 1000 COPD members

Kivo's Approach

Kivo Health has created the leading, evidence-based virtual pulmonary rehabilitation program for members with COPD. Kivo's approach solves major access barriers, resulting in industry-leading member engagement and satisfaction, while driving down overall costs of care.

Kivo Health uniquely addresses the whole person, reducing frailty, isolation, and depression, while improving physiological reserve.



Kivo Health addresses major drivers of COPD costs in the following ways:

COPD management

Disease-specific education, COPD action plans, and medication management, lead to improved COPD management and fewer exacerbations.

Frailty

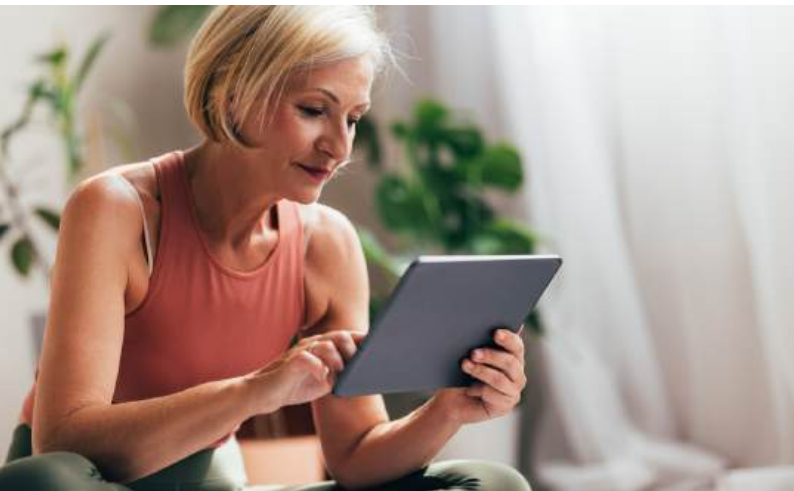
Offering a personalized, tailored exercise program led by a live exercise physiologist or respiratory therapist has been shown to improve functional capacity by 33%, reversing frailty and improving physiologic reserve.

Isolation

Delivering the program in small groups leads to socialization and even friendships among individuals battling an otherwise isolating chronic disease.

Depression

Improved self-management, reduced symptom burden, and reduced isolation lead to a 25% improvement in mood.



We offer synchronous, video-based pulmonary rehabilitation (PR) with real-time, supervised, small-group exercise and education sessions with remote monitoring of vital signs. We leverage easy-to-use technology, personalized interventions, proactive communication, family engagement, and remote therapeutic monitoring and feedback to overcome barriers to participating in PR.

Our program consists of 2 sessions per week over 9 weeks, meeting the standards for in-person PR, and safely demonstrates improvements in patient symptoms, quality of life, and performance. An asynchronous program is also available following completion of the real-time sessions to facilitate ongoing maintenance and behavior change.



Every member who enrolls in Kivo's program receives access to a multidisciplinary care team, including an exercise physiologist, respiratory therapist, member support specialist, and pulmonologist. Enrolled members receive a kit in the mail with everything they need to complete their virtual program from home. This includes a cellular-connected tablet, resistance bands, and an oxygen monitor watch with patented software that enables real-time oxygen and heart rate monitoring. This creates the safest, most accessible, and highest-quality experience for members of all technology skill levels and backgrounds.

Kivo serves members through a three phase program: Initial Assessment and Care Plan Development, Virtual Pulmonary Rehabilitation, and Maintenance.

PHASE 1

Initial Assessment and Care Plan Development

During the initial assessment and care plan development phase, the member meets 1:1 with a respiratory therapist to complete baseline assessments and set goals for the program. During this phase, the respiratory therapist also reviews medications and identifies and closes care gaps. An individualized care plan is then developed for the member, which is reviewed by additional members of the extended care team.

PHASE 2

Virtual Pulmonary Rehabilitation

The member completes an exercise and education program specifically tailored to their needs. Exercise intensity and duration are increased throughout the program to build endurance and reverse frailty. Members also receive education on topics such as managing exacerbations, how to avoid hospitalizations, medication management, and end-of-life care.

PHASE 3

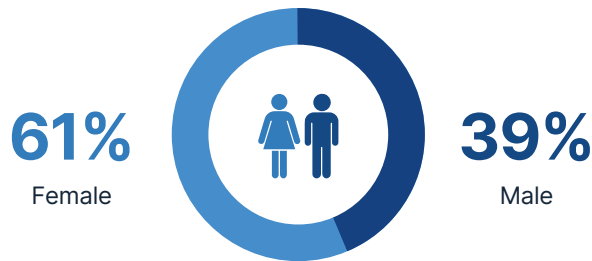
Maintenance

After completing phase 2, members have the tools to actively manage their disease and better understand how to maintain physical activity in order to control symptoms and reduce the likelihood of hospitalization. Members then engage in a long-term, self-paced maintenance program, which includes intermittent check-ins with their care team to maintain the long-term benefits of the program.

Impact on clinical care

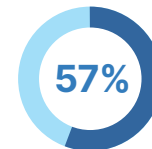
At Kivo Health, we've delivered tens of thousands of virtual pulmonary rehabilitation sessions to thousands of patients. We've had meaningful engagement and significant improvement of clinical outcomes from members of all backgrounds, ages, and tech skill levels.

About Kivo Members



Avg age **72** years old

Tech Literacy



of patients have **medium to low** tech comfort
No tech skills required.

Clinical Outcomes

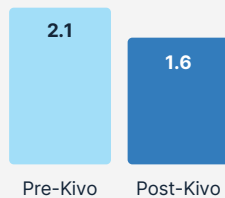
We published a peer reviewed study of our clinical outcomes for patients who enrolled in Kivo's program Oct 2022-Nov 2023, showing meaningful improvements in clinical endpoints.²⁰

Functional capacity (1 min sit-to-stand)



33% Improvement

Dyspnea (mMRC)



24% Improvement

Quality of Life (CAT score)



15% Improvement

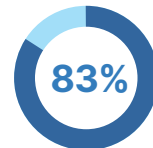
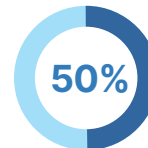
Depression (PHQ-9)



25% Improvement

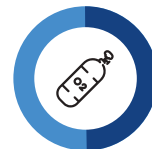
Engagement

Completion Rate



Oxygen Use

59%
on oxygen



41%
not on oxygen

Smoking

76%
former smokers



11%
current smokers

13%
never smokers

Impact on Costs

To determine Kivo Health's impact on healthcare-related costs, we commissioned an actuarial firm, Accorded Health, specializing in value based care to complete a third-party analysis to identify the predicted cost savings opportunity. The methodology used is included in the next section of this report. We then applied the findings from this analysis to a hypothetical Medicare Advantage plan with 100,000 members.

High-risk COPD members make up 9.5% of membership

In a hypothetical Medicare Advantage plan with 100,000 members:



Members are targeted based on the presence of modifiable risk factors.

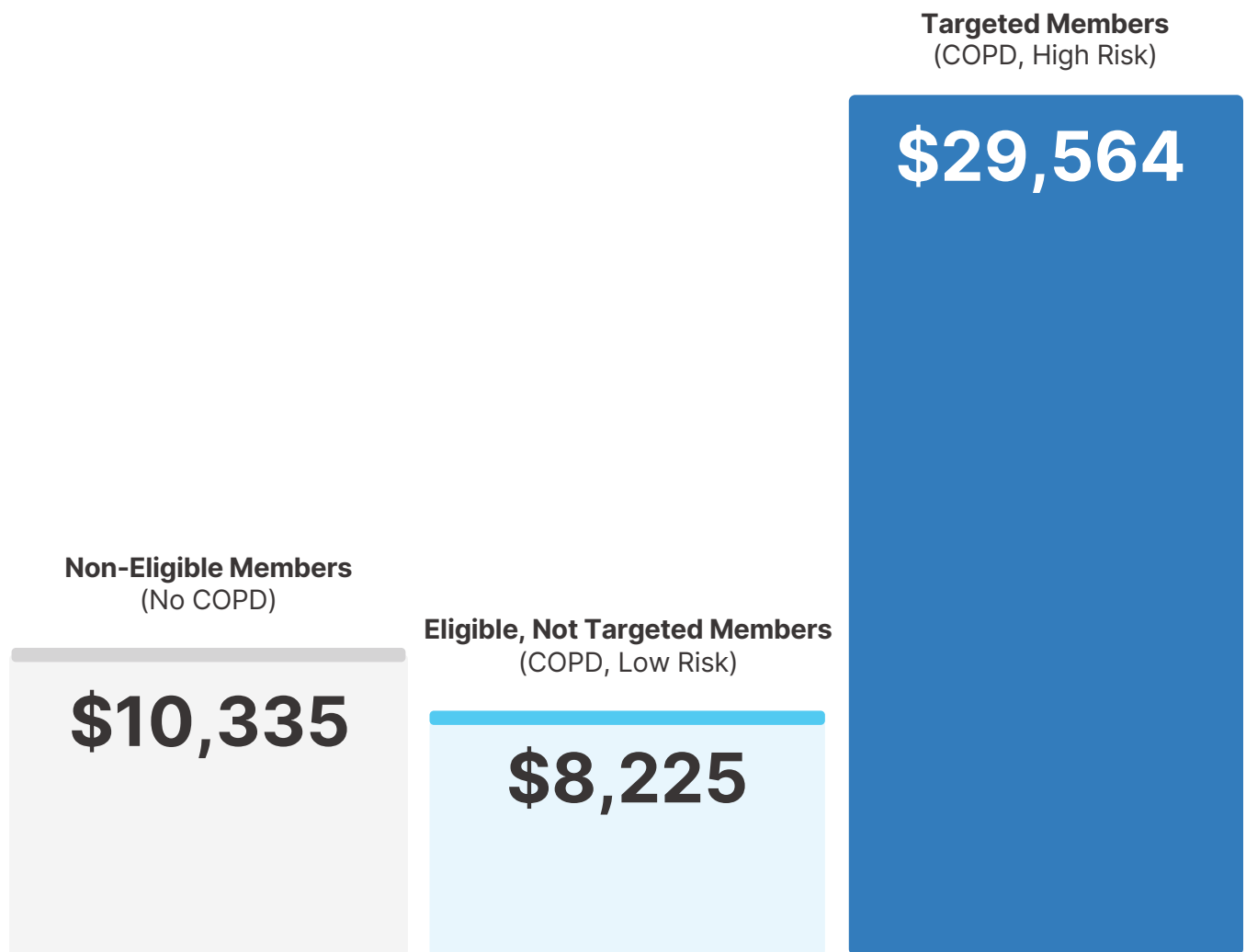
To identify the members that can be targeted by Kivo's intervention, we first identified eligible COPD members based on diagnosis codes in claims data. However, not all eligible members are targeted for Kivo's intervention. Of eligible members, we selected those that can be targeted for intervention based on having modifiable risk factors that drive high utilization in this population.

Modifiable risk factors identifying COPD members as targeted members.

- COPD and any recent admission (last 12 months)
- COPD requiring home oxygen
- COPD and frail, deconditioned status
- COPD and isolated
- COPD and active smoker
- COPD and modifiable comorbidities (diabetes, CHF, anxiety/depression)



These 9,516 targeted members are nearly 3x more expensive on a PMPY basis than members without COPD.



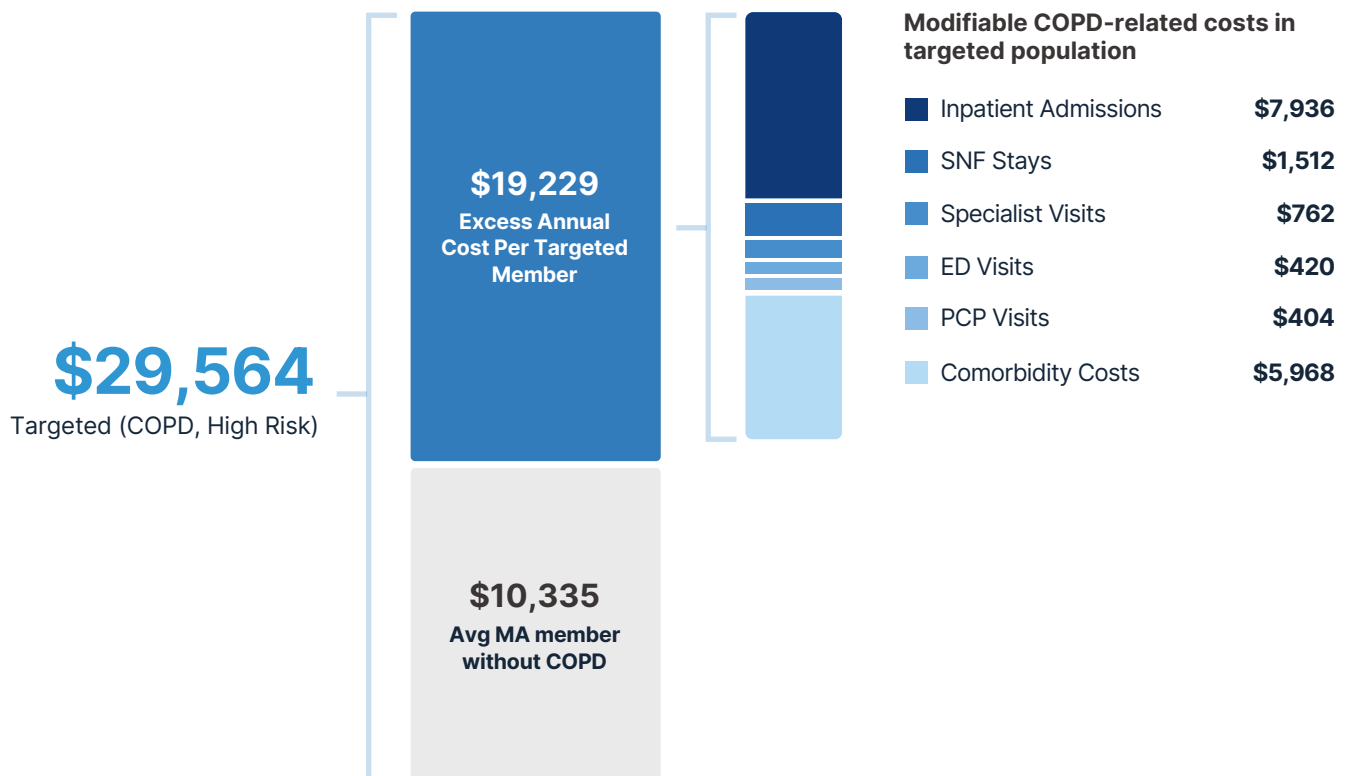
Excess costs among targeted members are mainly driven by COPD-related inpatient costs, COPD-related SNF costs, and COPD-related comorbid conditions.

The PMPY cost for a targeted member is \$29,564, which is 2.9x greater than the \$10,335 PMPY cost for an average member in the Medicare Advantage plan without COPD. This \$19,229 difference in costs makes up the excess cost of the targeted members.



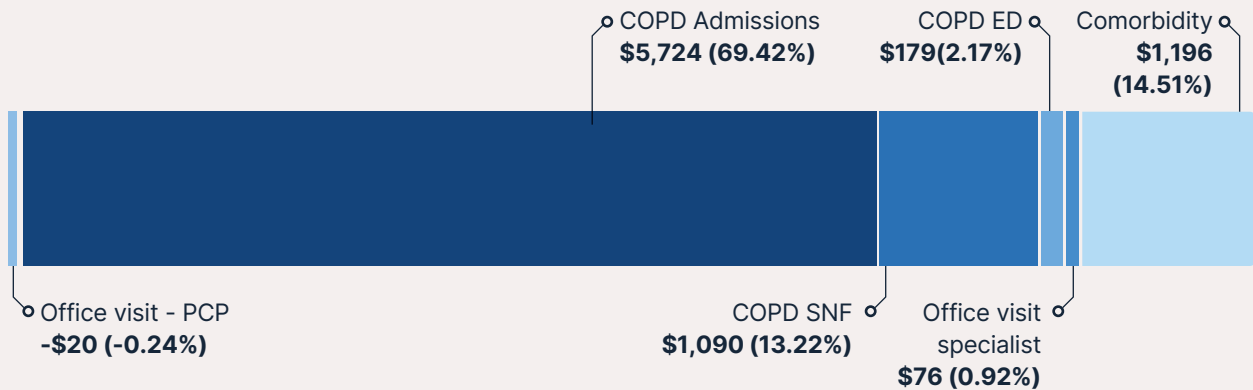
Using the methodology included in this analysis, we found that excess costs of these members can be further broken down into the the following COPD-related cost drivers on a PMPY basis:

- **\$7,936** for COPD-related admissions
- **\$1,512** for COPD-related SNF
- **\$762** for COPD-related office visit - Specialist
- **\$420** for COPD-related ED visits
- **\$404** for COPD-related office visits
- **\$5,968** for COPD-exacerbated comorbidity costs



Kivo Health saves an estimated **\$8,245 PMPY** in costs, primarily by reducing inpatient and SNF costs.

Using results from peer reviewed studies on the cost effectiveness of pulmonary rehab, internal outcomes data, and clinical expertise, we find that Kivo Health's intervention drives a predicted average PMPY cost savings of \$8,245 per meaningfully engaged member. The predicted PMPY reduction in costs can be broken down as follows:



83% of enrolled members engage meaningfully

Based on published, peer-reviewed data on Kivo's intervention, coupled with internal outcomes data, Kivo expects an 83% meaningful engagement and 15% through direct to member enrollment.



Deploying Kivo Health across an MA plan results in **\$9.8M** in annual cost savings and a **3.1X** ROI

By multiplying the projected PMPY cost savings across all meaningfully engaged members, we predict that Kivo Health will achieve \$9.8M in cost savings. We took a conservative approach in this cost-savings prediction by assuming that members who do not meaningfully engage will lead to \$0 in cost savings. It's more likely that these members will drive some cost savings.

	Numbers	Percent	Cost savings (\$ PMPY)
Meaningfully engaged members	1183	83%	\$8,245
Enrolled, not engaged members	242	17%	\$0

\$9.8M

Projected annual total savings

3.1x

Return on Investment

Methodology

To quantify the opportunity and financial impact of Kivo Health's intervention, we commissioned an actuarial firm specializing in value based care - Accorded Health - to complete an actuarial analysis.

Data Source

We used the 2022 CMS Limited Data Set (LDS) as the data source for this analysis to quantify the prevalence, cost, and utilization patterns of the target population. The CMS LDS consists of Medicare fee-for-service (FFS) claims (Traditional/Original Medicare) as well as membership information (like age, gender, enrollment) for both FFS and Medicare Advantage. The CMS LDS is a 5% national sample across Medicare enrollees, with continuous multi-year panel for individuals, and with people replaced in sample as they disenroll/expire.

Claims-Level Opportunity Analysis

Identifying the Eligible Population

We defined the eligible population as all members who incurred claims with one or more ICD-10-CM diagnosis codes consistent with COPD. The ICD-10-CM codes used to define this population are included in Appendix A.

Identifying the Target Population

Once the eligible population was identified, we had to determine which of these members with COPD should be targeted for the intervention (i.e., the targeted population). We identified the targeted population by further segmenting the eligible population into those members with modifiable risk factors that increase likelihood of healthcare utilization. The risk factors identified for higher utilization were:

- COPD and any recent admission (last 12 months)
- COPD requiring home oxygen
- COPD and frail, deconditioned status
- COPD and isolated
- COPD and active smoker
- COPD and modifiable comorbidities (diabetes, CHF, anxiety/depression)

These criteria were identified by clinical experts because they a) increase the member's risk of avoidable healthcare utilization and b) are modifiable by Kivo's virtual pulmonary rehab and care program. The ICD-10-CM codes used to define each of these sub-populations are included in Appendix A.

Identifying the Cost Drivers

We identified the following areas as cost drivers for the target population:

- COPD related inpatient admissions - identified if the admission is assigned a COPD DRG or has claims with a COPD diagnosis code (see Appendix A)
- COPD related skilled nursing facility stays - identified if the SNF stay is assigned a COPD DRG or has claims with a COPD diagnosis code (see Appendix A)
- COPD related emergency department visits - identified using revenue codes and procedure codes (see Appendix A)
- Specialist office visits - identified using procedure codes (see Appendix A) at specialist provider types
- COPD patient comorbidity costs related to diabetes, congestive heart failure, and anxiety/depression identified using diagnosis codes (see Appendix A) in any diagnosis position

Estimating Cost Savings

To estimate the financial impact of Kivo's pulmonary rehabilitation solution, published clinical research studies and internal engagement data were used. The following publications were used directly in the analysis:

- A pulmonary rehabilitation program reduces hospitalizations in chronic obstructive pulmonary disease patients: A cost-effectiveness study (Toubes-Navarro, et al.), October-December 2023.
- Cost-effectiveness of Pulmonary Rehabilitation Among US Adults With Chronic Obstructive Pulmonary Disease (JAMA Network), June 22, 2022.
- Pulmonary rehabilitation following exacerbations of COPD (Cochrane Library), December 8, 2016.

Pricing and Return on Investment (ROI)

We calculated the ROI using internal data for member engagement and pricing, the potential ROI of the Kivo solution on a prospective Medicare patient population was calculated. Model inputs can vary depending on the specific use of the model, including but not limited to estimates on savings, pricing model, disease prevalence, enrollment, and engagement.

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Appendix A - Codes

COPD ICD-10-CM Diagnosis Codes

- J44.0 - Chronic obstructive pulmonary disease with (acute) lower respiratory infection
- J44.1 - COPD with Acute Exacerbation
- J44.9 - COPD Unspecified
- J44.89 - Asthma/Chronic Bronchitis with COPD
- J41.0 - Bronchitis, Simple, Chronic
- J41.1 - Mucopurulent CB
- J42 - Unspecified Chronic Bronchitis
- J41.8 - Mixed simple and mucopurulent chronic bronchitis
- J43.0 - Unilateral pulmonary emphysema
- J43.1 - Panlobular Emphysema
- J43.2 - Centrilobular Emphysema
- J43.8 - Other emphysema
- J43.9 - Emphysema, unspecified
- J98.2 - Interstitial Emphysema
- J98.3 - Compensatory Emphysema

COPD DRGs

- DRG 177 RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC
- DRG 178 RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH CC
- DRG 179 RESPIRATORY INFECTIONS AND INFLAMMATIONS WITHOUT CC/MCC
- DRG 186 PLEURAL EFFUSION WITH MCC
- DRG 187 PLEURAL EFFUSION WITH CC
- DRG 188 PLEURAL EFFUSION WITHOUT CC/MCC
- DRG 189 PULMONARY EDEMA AND RESPIRATORY FAILURE
- DRG 190 CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC
- DRG 191 CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC
- DRG 192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITHOUT CC/MCC
- DRG 193 SIMPLE PNEUMONIA AND PLEURISY WITH MCC
- DRG 194 SIMPLE PNEUMONIA AND PLEURISY WITH CC
- DRG 195 SIMPLE PNEUMONIA AND PLEURISY WITHOUT CC/MCC
- DRG 202 BRONCHITIS AND ASTHMA WITH CC/MCC
- DRG 203 BRONCHITIS AND ASTHMA WITHOUT CC/MCC
- DRG 204 RESPIRATORY SIGNS AND SYMPTOMS
- DRG 207 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT >96 HOURS
- DRG 208 RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <=96 HOURS

Emergency Department Codes

- Revenue codes - '0450','0451','0452','0456','0459','0981'
- Procedure codes - '99281','99282','99283','99284','99285','G0380','G0381','G0382','G0383','G0384'

Office Visit Codes

- 99201 Office/outpatient visit new
- 99202 Office o/p new sf 15 min
- 99203 Office o/p new low 30 min
- 99204 Office o/p new mod 45 min
- 99205 Office o/p new hi 60 min
- 99211 Off/op est may x req phy/qhp
- 99212 Office o/p est sf 10 min
- 99213 Office o/p est low 20 min
- 99214 Office o/p est mod 30 min
- 99215 Office o/p est hi 40 min

Diabetes Codes

- E1010 Type 1 diabetes mellitus with ketoacidosis without coma
- E1011 Type 1 diabetes mellitus with ketoacidosis with coma
- E1021 Type 1 diabetes mellitus with diabetic nephropathy
- E1022 Type 1 diabetes mellitus with diabetic chronic kidney disease
- E1029 Type 1 diabetes mellitus with other diabetic kidney complication
- E10311 Type 1 diabetes mellitus with unspecified diabetic

- retinopathy with macular edema
- E10319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
- E10321 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- E103211 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
- E103212 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
- E103213 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
- E103219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
- E10329 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
- E103291 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
- E103292 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
- E103293 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
- E103299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
- E10331 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- E103311 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
- E103312 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
- E103313 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
- E103319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
- E10339 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
- E103391 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
- E103392 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
- E103393 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
- E103399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
- E10341 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- E103411 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
- E103412 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
- E103413 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
- E103419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
- E10349 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
- E103491 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
- E103492 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
- E103493 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
- E103499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
- E10351 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- E103511 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
- E103512 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
- E103513 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
- E103519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
- E103521 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
- E103522 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
- E103523 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
- E103529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
- E103531 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
- E103532 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
- E103533 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
- E103539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
- E103541 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
- E103542 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
- E103543 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
- E103549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
- E103551 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
- E103552 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
- E103553 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
- E103559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
- E10359 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
- E103591 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
- E103592 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye

- E103593 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
- E103599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
- E1036 Type 1 diabetes mellitus with diabetic cataract
- E1037X1 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
- E1037X2 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
- E1037X3 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
- E1037X9 Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
- E1039 Type 1 diabetes mellitus with other diabetic ophthalmic complication
- E1040 Type 1 diabetes mellitus with diabetic neuropathy, unspecified
- E1041 Type 1 diabetes mellitus with diabetic mononeuropathy
- E1042 Type 1 diabetes mellitus with diabetic polyneuropathy
- E1043 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
- E1044 Type 1 diabetes mellitus with diabetic amyotrophy
- E1049 Type 1 diabetes mellitus with other diabetic neurological complication
- E1051 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
- E1052 Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
- E1059 Type 1 diabetes mellitus with other circulatory complications
- E10610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy
- E10618 Type 1 diabetes mellitus with other diabetic arthropathy
- E10620 Type 1 diabetes mellitus with diabetic dermatitis
- E10621 Type 1 diabetes mellitus with foot ulcer
- E10622 Type 1 diabetes mellitus with other skin ulcer
- E10628 Type 1 diabetes mellitus with other skin complications
- E10630 Type 1 diabetes mellitus with periodontal disease
- E10638 Type 1 diabetes mellitus with other oral complications
- E10641 Type 1 diabetes mellitus with hypoglycemia with coma
- E10649 Type 1 diabetes mellitus with hypoglycemia without coma
- E1065 Type 1 diabetes mellitus with hyperglycemia
- E1069 Type 1 diabetes mellitus with other specified complication
- E108 Type 1 diabetes mellitus with unspecified complications
- E109 Type 1 diabetes mellitus without complications
- E10A0 Type 1 diabetes mellitus, presymptomatic, unspecified
- E10A1 Type 1 diabetes mellitus, presymptomatic, Stage 1
- E10A2 Type 1 diabetes mellitus, presymptomatic, Stage 2
- E1100 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
- E1101 Type 2 diabetes mellitus with hyperosmolarity with coma
- E1110 Type 2 diabetes mellitus with ketoacidosis without coma
- E1111 Type 2 diabetes mellitus with ketoacidosis with coma
- E1121 Type 2 diabetes mellitus with diabetic nephropathy
- E1122 Type 2 diabetes mellitus with diabetic chronic kidney disease
- E1129 Type 2 diabetes mellitus with other diabetic kidney complication
- E11311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- E11319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
- E11321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- E113211 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
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- E11618 Type 2 diabetes mellitus with other diabetic arthropathy
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- E11621 Type 2 diabetes mellitus with foot ulcer
- E11622 Type 2 diabetes mellitus with other skin ulcer
- E11628 Type 2 diabetes mellitus with other skin complications
- E11630 Type 2 diabetes mellitus with periodontal disease
- E11638 Type 2 diabetes mellitus with other oral complications
- E11641 Type 2 diabetes mellitus with hypoglycemia with coma
- E11649 Type 2 diabetes mellitus with hypoglycemia without coma
- E1165 Type 2 diabetes mellitus with hyperglycemia
- E1169 Type 2 diabetes mellitus with other specified complication
- E118 Type 2 diabetes mellitus with unspecified complications
- E119 Type 2 diabetes mellitus without complications
- O24011Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
- O24012Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
- O24013Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
- O24019Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester
- O2402 Pre-existing type 1 diabetes mellitus, in childbirth
- O2403 Pre-existing type 1 diabetes mellitus, in the puerperium
- O24111Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
- O24112Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
- O24113Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
- O24119Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
- O2412 Pre-existing type 2 diabetes mellitus, in childbirth
- O2413 Pre-existing type 2 diabetes mellitus, in the puerperium

Congestive Heart Failure Codes

- I501 Left ventricular failure, unspecified
- I5020 Unspecified systolic (congestive) heart failure
- I5021 Acute systolic (congestive) heart failure
- I5022 Chronic systolic (congestive) heart failure
- I5023 Acute on chronic systolic (congestive) heart failure
- I5030 Unspecified diastolic (congestive) heart failure
- I5031 Acute diastolic (congestive) heart failure
- I5032 Chronic diastolic (congestive) heart failure
- I5033 Acute on chronic diastolic (congestive) heart failure
- I5040 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
- I5041 Acute combined systolic (congestive) and diastolic (congestive) heart failure
- I5042 Chronic combined systolic (congestive) and diastolic (congestive) heart failure
- I5043 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure

- I50810 Right heart failure, unspecified
- I50811 Acute right heart failure
- I50812 Chronic right heart failure
- I50813 Acute on chronic right heart failure
- I50814 Right heart failure due to left heart failure
- I5082 Biventricular heart failure
- I5083 High output heart failure
- I5084 End stage heart failure
- I5089 Other heart failure
- I509 Heart failure, unspecified

Anxiety Codes

- F064 Anxiety disorder due to known physiological condition
- F10180 Alcohol abuse with alcohol-induced anxiety disorder
- F10280 Alcohol dependence with alcohol-induced anxiety disorder
- F10980 Alcohol use, unspecified with alcohol-induced anxiety disorder
- F12180 Cannabis abuse with cannabis-induced anxiety disorder
- F12280 Cannabis dependence with cannabis-induced anxiety disorder
- F12980 Cannabis use, unspecified with anxiety disorder
- F13180 Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
- F13280 Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
- F13980 Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
- F14180 Cocaine abuse with cocaine-induced anxiety disorder
- F14280 Cocaine dependence with cocaine-induced anxiety disorder
- F14980 Cocaine use, unspecified with cocaine-induced anxiety disorder
- F15180 Other stimulant abuse with stimulant-induced anxiety disorder
- F15280 Other stimulant dependence with stimulant-induced anxiety disorder
- F15980 Other stimulant use, unspecified with stimulant-induced anxiety disorder
- F16180 Hallucinogen abuse with hallucinogen-induced anxiety disorder
- F16280 Hallucinogen dependence with hallucinogen-induced anxiety disorder
- F16980 Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder
- F18180 Inhalant abuse with inhalant-induced anxiety disorder
- F18280 Inhalant dependence with inhalant-induced anxiety disorder
- F18980 Inhalant use, unspecified with inhalant-induced anxiety disorder
- F19180 Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
- F19280 Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
- F19980 Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
- F4000 Agoraphobia, unspecified
- F4001 Agoraphobia with panic disorder
- F4002 Agoraphobia without panic disorder
- F4010 Social phobia, unspecified
- F4011 Social phobia, generalized
- F40210 Arachnophobia
- F40218 Other animal type phobia
- F40220 Fear of thunderstorms
- F40228 Other natural environment type phobia
- F40230 Fear of blood
- F40231 Fear of injections and transfusions
- F40232 Fear of other medical care
- F40233 Fear of injury
- F40240 Claustrophobia
- F40241 Acrophobia
- F40242 Fear of bridges
- F40243 Fear of flying
- F40248 Other situational type phobia
- F40290 Androphobia
- F40291 Gynephobia
- F40298 Other specified phobia

- F408 Other phobic anxiety disorders
- F409 Phobic anxiety disorder, unspecified
- F410 Panic disorder [episodic paroxysmal anxiety]
- F411 Generalized anxiety disorder
- F413 Other mixed anxiety disorders
- F418 Other specified anxiety disorders
- F419 Anxiety disorder, unspecified
- F930 Separation anxiety disorder of childhood
- F940 Selective mutism

Depression Codes

- F0631 Mood disorder due to known physiological condition with depressive features
- F0632 Mood disorder due to known physiological condition with major depressive-like episode
- F0634 Mood disorder due to known physiological condition with mixed features
- F320 Major depressive disorder, single episode, mild
- F321 Major depressive disorder, single episode, moderate
- F322 Major depressive disorder, single episode, severe without psychotic features
- F323 Major depressive disorder, single episode, severe with psychotic features
- F324 Major depressive disorder, single episode, in partial remission
- F328 Other depressive episodes
- F3281 Premenstrual dysphoric disorder
- F3289 Other specified depressive episodes
- F329 Major depressive disorder, single episode, unspecified
- F32A Depression, unspecified
- F330 Major depressive disorder, recurrent, mild
- F331 Major depressive disorder, recurrent, moderate
- F332 Major depressive disorder, recurrent severe without psychotic features
- F333 Major depressive disorder, recurrent, severe with psychotic symptoms
- F3341 Major depressive disorder, recurrent, in partial remission
- F338 Other recurrent depressive disorders
- F339 Major depressive disorder, recurrent, unspecified
- F341 Dysthymic disorder
- F530 Postpartum depression
- O906 Postpartum mood disturbance

Debility Codes

- R54 Age-related physical debility

Homebound Codes

- Z7401 Bed confinement status
- Z7409 Other reduced mobility
- Z741 Need for assistance with personal care
- Z742 Need for assistance at home and no other household member able to render care
- Z743 Need for continuous supervision
- Z748 Other problems related to care provider dependency
- Z749 Problem related to care provider dependency, unspecified

Supplemental Oxygen Codes

- Z9981 Dependence on supplemental oxygen

Active Smoking Status Codes

- Z716 Tobacco abuse counseling
- Z720 Tobacco use
- F17210 Nicotine dependence, cigarettes, uncomplicated
- F17211 Nicotine dependence, cigarettes, in remission
- F17213 Nicotine dependence, cigarettes, with withdrawal
- F17218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- F17219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders