



COLORADO
Department of Health Care
Policy & Financing

Regional Accountable Entity

Performance Pool Specification Document

SFY 2021-2022



Objective: This document provides details concerning the Performance Pool Metrics for the seven Regional Accountable Entities (RAEs) of the Accountable Care Collaborative (ACC).

Context: The Performance Pool is comprised of set aside funding from the administrative per member per month amount as well as unearned money from the Key Performance Indicators (KPIs). These measures are intended to place greater emphasis on health outcomes and cost containment.

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Revision History		
Document Date	Version	Change Description
9/10/2021	V1	Initial Version
11.5.2021	V2	Modified the target setting process for the Extended Care Coordination Measure
12/8/21	V3	Added April 15 due date to baseline calculation for ECC

Acronym List

ACC – Accountable Care Collaborative
ACOG – American College of Obstetricians and Gynecologists
BH – Behavioral Health
BHO – Behavioral Health Organization
CDC – Centers for Disease Control and Prevention
CDPHE – Colorado Department of Public Health and Environment
COVID-19 – Coronavirus disease
DOC – Department of Corrections
HCPF – Health Care Policy and Financing
HEDIS – Health Effectiveness Data and Information Set
IMD – Institution for Mental Disease
KPI – Key Performance Indicator
NCQA – National Committee for Quality Assurance
NQF – National Quality Forum
PDC – Proportion of Days Covered
PMPM – Per Member Per Month
RAE – Regional Accountable Entity
SB222 – Senate Bill 19-222
SQL – Programming Code

Definitions

Baseline: Historical data that provides a starting point against which performance is measured.

Complex Members: As of July 1, 2021, the Department defines complex members as those with annual costs of \$25,000 or higher. This definition does not currently include behavioral health utilization or costs from other systems. This definition will be in effect until December 31, 2021 at the latest. On January 1, 2022, RAEs will transition to either their own definition of complex (subject to Department approval and periodic reviews) or four or more chronic conditions for adults. Chronic conditions may include: asthma, COPD, hypertension, heart failure/cardiovascular disease, depression, SUD, anxiety, maternity, diabetes, or chronic pain. The Department definition will retain the \$25,000 or higher criteria for pediatrics until a more robust definition is developed.

Controller Medications: Medications that are intended to be taken consistently over an extended period of time to manage a health condition, as opposed to rescue medicines for more acute phases of disease.

Denominator: The population or subset of individuals being measured.

Diabetes All Class Rate – Any Diabetes Medication in the specific drug class during the measurement year

Encounters: Capitated behavioral health data.

Full-Time Equivalent Members: Total number of attributed member months for the year divided by 12.

Gap Closure: A methodology for setting performance targets. RAEs must achieve a specific percentage increase (e.g., 10%) in performance toward the goal that is calculated based on the difference between their baseline and the goal.

Goal: A national benchmark or homegrown benchmark against which performance is measured. There is a goal for each indicator that applies to all RAEs.

Indicator: A performance measure tied to incentive payment.



Numerator: The target population, subset of individuals, condition or event that is being measured.

P Code: Risk score assigned by the Department of Corrections to members being released from prison that indicates their mental health acuity level. This score does not include substance use.

Pay Out: Financial incentive dollars that are paid to RAEs when targets are reached for indicators.

Performance Period: The time period during which performance is evaluated.

Rolling 12 Months: A method of calculating an indicator that is based on the summation of data for every 12 months for each month in a state fiscal year. For example, for July 2021 the numerator and denominator include counts of members or conditions from June 2020 to July 2021. For August 2021, the period would be July 2020 to August 2021.

Target: For each indicator, RAEs have assigned a specific numerical end point or target to strive for. This target is based on gradual improvement toward a larger goal.

Baselines and Targets: A Snapshot

Please refer to the subsequent detailed descriptions of indicators for more information on specific methods for calculating targets and timeframes used for baselines.

Baseline Performance									
Indicator	Baseline	R1	R2	R3	R4	R5	R6	R7	HCPF
Extended Care Coordination	July – Dec 2021 + 3 months	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated
Premature Birth Rate	SFY2019-2020	10.19%	9.89%	10.41%	10.97%	10.41%	10.15%	12.67%	10.75%
Behavioral Health Engagement for Members Releasing from State Prisons	SFY2019-2020	11.15%	11.15%	11.15%	11.15%	11.15%	11.15%	11.15%	11.15%
Risk Adjusted PMPM	SFY2020-2021	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated



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Rx: Asthma	CY2020	49.45%	43.94%	49.27%	40.68%	46.57%	49.02%	51.09%	48.06%
Rx: Depression (Part A)	CY2020	65.29%	64.83%	68.09%	64.11%	62.03%	68.54%	68.66%	65.75%
Rx: Depression (Part B)	CY2020	45.26%	44.91%	47.47%	42.30%	39.62%	49.41%	48.39%	45.01%
Rx: Contraceptive Care	CY2020	40.26%	35.01%	37.15%	44.65%	45.25%	32.48%	32.58%	35.10%
Performance Targets (SFY2021-2022)									
Indicator	Performance Period	R1	R2	R3	R4	R5	R6	R7	HCPF
Extended Care Coordination	Jan – June 2022 + 3 Months	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	100%
Premature Birth Rate	SFY2021-2022	9.72%	9.45%	9.92%	10.42%	9.92%	9.68%	11.95%	5.50%
Behavioral Health Engagement for Members Releasing from State Prisons	SFY2021-2022	19.14%	19.14%	19.14%	19.14%	19.14%	19.14%	19.14%	19.14%



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Risk Adjusted PMPM	SFY2021-2022	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated	Not yet calculated
Rx: Asthma	SFY2021-2022	51.90%	46.94%	51.75%	44.01%	49.31%	51.51%	53.38%	74%
Rx: Depression (Part A)	SFY2021-2022	65.76%	65.35%	68.28%	64.70%	62.83%	68.69%	68.79%	70%
Rx: Depression (Part B)	SFY2021-2022	46.33%	46.02%	48.32%	43.67%	41.26%	50.07%	49.15%	56%
Rx: Contraceptive Care	SFY2021-2022	41.62%	36.90%	38.82%	45.57%	46.11%	34.61%	34.71%	53.85%

Methods Summary: Setting Targets and Baselines

For State Fiscal Year 2021-2022, the baseline year used for indicators is 2019-2020 but there are a few exceptions. Please refer to the measure specifications for more details.

The targets for indicators are based on a gap closure methodology. All indicators use a 10% gap closure methodology except for the Extended Care Coordination, which will use a variable gap closure percentage depending on the RAE's performance tier. This methodology may be adjusted in May 2022 when baseline data are available.

Whenever possible, targets are set based on standard goals that RAEs should work toward over multiple years.

A rolling 12-month member count is used for most indicators except Indicators 1,2, and 4.

The Department and RAEs will review and update each measure's targets and baselines annually before the start of the subsequent state fiscal year. On a quarterly basis, RAEs and the Department may discuss progress by reviewing available performance data.

Calculations and Payout: Timeframes and Expectations

The Department will calculate final performance for all indicators to determine payout based on the following timeframe:

- Indicator 1: Extended Care Coordination
 - Calculation Timeframe: December 2022
- Indicator 2: Premature Birth Rate
 - Calculation Timeframe: December 2022
- Indicator 3: Behavioral Health Engagement for Members Releasing from State Prisons
 - Calculation Timeframe: December 2022
- Indicator 4: Risk Adjusted PMPM
 - Calculation Timeframe: December 2022
- Indicators 5-7: Medication Adherence
 - Calculation Timeframe: December 2022

Once final performance is calculated, the Department will notify RAEs of their performance and their forthcoming payments in January 2023. The Department will make final payments by the end of January 2023. Final payments will come from SFY 2021 - 2022 Performance Pool funds. Payment Pool funds are comprised of \$1.475 of the administrative PMPM plus any unearned Key Performance Indicator dollars.

Payout for Indicator 3 is based on whether RAEs collectively meet the performance target. One-seventh of Performance Pool dollars for each RAE will be set aside for this composite indicator, and if RAEs collectively hit the target, then each RAE will earn that amount.

The Department and RAEs will review data on a quarterly basis to assess whether RAEs are on track to reach performance targets for indicators. To support this review, the Department will provide RAEs performance data quarterly as a rolling 12 months for informational purposes throughout the year. Data will be uploaded to each RAE's Move It site. Please view the [data sharing calendar](#) for more details.



Performance Pool Indicators

Indicator 1: Extended Care Coordination

**This indicator will be finalized in a future version of the specification document once baseline data are available.*

<p>Definition</p>	<p>Percentage of members with complex needs who received extended care coordination within the performance period.</p> <p>Due to varying definitions of members with complex needs by RAE, it is not advised to make performance comparisons across regions. The data are not comparable.</p>
<p>Numerator</p>	<p>Number of members with complex needs who received extended care coordination.</p> <p>Extended care coordination activities include the following:</p> <ul style="list-style-type: none"> • A robust care plan developed within the first three months of the member becoming complex or the start of the performance period; • At minimum, quarterly bidirectional contact with the member by the care coordinator. <p>A robust care plan must adhere to best practices which are reflected in the RAE contract Section 11.3. Utilization of health care services cannot be counted as part of quarterly monitoring activities.</p> <p>Members who are “unreachable” can be counted in the numerator as long as they received at least three outreach attempts with two different modalities based on what is deemed by the care coordination team to be most effective for successful engagement and keeping in mind any limits to the availability of contact information. Additionally, members who opt out of extended care coordination can also be counted in the numerator. RAEs must have in place a documented opt out process for members. The opt out process can include members who have been in extended care coordination but met their goals and no longer need or want support.</p> <p>If a member’s lead care coordinator is a case management entity or another organization, the member can still be counted</p>





	in the numerator as long as the RAE care coordinator has an up-to-date care plan on file and meets the quarterly bidirectional contact requirement by the RAE care coordinator.
Denominator	<p>Number of members with complex needs identified at any time during the performance period. There is no continuous enrollment requirement. The look back period will be 24 months long plus three additional months of claims run out.</p> <p>Complex adults are members with four or more chronic conditions (refer to definition section). Complex children are members with annual costs of \$25,000 or greater in a rolling 12-month period. RAEs may choose to implement their own definition of complex instead, subject to the Department’s approval. Please refer to the guidance provided separately by the Department for more detail on obtaining Department approval.</p>
Baseline Period	July 1, 2021 – March 30, 2022 Complex members will only be counted through December 2021, but RAEs will have an additional three months (through March) to collect numerator data, due April 15.
Performance Period	January 1, 2022 – September 30, 2022 Complex members will only be counted through June 2022, but RAEs will have an additional three months (through September) to collect numerator data.
HCPF Target	100%
Target Methodology	<p>Variable gap closure to HCPF target based on baseline performance.</p> <p>0-25 percentile: 20% gap closure 26-50 percentile: 15% gap closure 51-75 percentile: 10% gap closure 75-100 percentile: 5% gap closure</p>
Initiative	Performance Pool
Rationale	RAEs are responsible for providing access to care coordination for all members who need it. Members who have more complex needs may require more intense levels of care coordination, also referred to as extended care coordination. This is not the only intervention for complex members, but it is a core RAE function that can support members in achieving their physical health, behavioral health, and social needs.
Data Sources	Department monthly risk stratification lists for members with complex needs (Denominator) Note: The Department will flag members for both the \$25,00+ definition and the 4+ chronic condition definition.



	<p>RAE complex lists for members with complex needs if the RAE has chosen to use their own definition (Denominator) RAE provided care coordination data (Numerator)</p>
<p>Technical Details</p>	<p>The four or more chronic conditions must be based off the Department approved list which includes the following: maternity, diabetes, hypertension, chronic heart failure/cardiovascular disease, asthma, COPD, anxiety, depression, chronic pain, and SUD. RAEs have access to definitions for each condition listed above; however, if additional information is sought, contact Department staff.</p> <p>For members who drop off the complex list within the first three months of appearing on the complex list, RAEs can still count them in the numerator as long as the member has either an assessment or, at a minimum, one outreach attempt associated with them. The Department recognizes the list of complex members will fluctuate and does not want to disincentivize providing care coordination services to members who are more likely to experience churn.</p> <p>When churning members return as “complex” but had a care plan previously, the RAE should update the care plan within the first three months to ensure it is current and active. It is up to the discretion of the care coordinator and member if a new care plan must be created.</p> <p>The Department may initiate an audit of this measure once the performance period is complete (details forthcoming). RAEs must participate in the audit by providing necessary care coordination documentation for complex members. Payment of this measure is contingent on complete participation in this audit. However, payment is not contingent on audit performance.</p>
<p>Calculation Date</p>	<p>December 2022 by the Department</p>
<p>Notification Date</p>	<p>January 2023 by the Department</p>
<p>Payment Date</p>	<p>January 2023 by the Department</p>
<p>Comments</p>	<p>RAEs will deliver an attestation form and data workbook by November 15, 2022 that confirms the submission of accurate data per the specifications outlined in this document.</p> <p>HCPF will use the quarterly complex care coordination report that is required in the RAE contract to evaluate performance on a quarterly basis. The Department recognizes that there will not be precise alignment between this report and the ECC measure.</p>



Indicator 2: Premature Birth Rate

Definition	Number of premature births (< 37 weeks) per total live births within the performance period
Numerator	Number of premature births (< 37 weeks) within the performance period
Denominator	Number of total live births within the performance period
Baseline Period	SFY 2019 – 2020
Performance Period	SFY 2021 – 2022
HCPF Target	5.5% This is a March of Dimes goal .
Target Methodology	Gap closure to the HCPF target. RAE targets are derived by taking the difference between the HCPF target and the baseline performance then multiplying that by 10% and adding it to the baseline performance.
Initiative	Performance Pool
Rationale	This allows the Department to continue to focus on maternity care and develop incentives for centers of excellence in maternity programs.
Data Sources	Gestational Age: CDPHE Vital Statistics - Birth Certificate Live Births: CDPHE Vital Statistics - Birth Certificate (Numerator and Denominator)
Technical Details	See Performance Pool Premature Birth Rate SQL Code.sql document on the RAE Sharepoint site
Calculation Date	December 2022 by the Department
Notification Date	January 2023 by the Department
Payment Date	January 2023 by the Department
Comments	<p>The Department will provide the most up to date dataset to the RAEs on a quarterly basis that includes member-level data. This includes member-level birth certificate data from CDPHE.</p> <p>Managed care members are excluded from this measure.</p> <p>Premature births are determined based on birth certificate data from CDPHE. The statewide match rate of birth certificate data to Medicaid data are approximately 83% currently.</p>



	There is an approximately 5-month lag time. Data may not be fully complete for up to a year.
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Indicator 3: Behavioral Health Engagement for Members Releasing from State Prisons

Definition	Percentage of members releasing from a Department of Corrections (DOC) facility with at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen (14) days.
Numerator	Number of members who had at least one billed behavioral health capitated service or short-term behavioral health visit within fourteen (14) days of being released from a DOC facility.
Denominator	Number of members who were released from a DOC facility and who are eligible for Medicaid.
Baseline Period	SFY 2019 - 2020
Performance Period	SFY 2021 – 2022
HCPF Target	91% This target represents the portion of releasing individuals with a P code of 2 or higher which indicates an immediate behavioral health need. However, any individual who was released from DOC and received a behavioral health service within 14 days will be counted toward the final performance.
Target Methodology	10% gap closure to the HCPF target.
Initiative	Performance Pool
Rationale	This fulfills the requirements of SB222 and demonstrates inter-agency collaboration.
Data Sources	RAE Flat File for behavioral health encounters (Numerator) FFS Claims for short term behavioral health visits (Numerator) Daily DOC Roster for all individuals being released (Denominator) Aggregate data files will be shared with the RAEs
Technical Details	See the Behavioral Health Engagement KPI . Similar to the KPI, this metric will only include paid claims.
Calculation Date	December 2022 by the Department
Notification Date	January 2023 by the Department



Payment Date	January 2023 by the Department
Comments	<p>Given challenges with the DOC Roster, RAEs will be measured as a collective group and earn incentive money only if the collective group meets its target. See “Calculations and Payout” for details on payment for this measure. If the target is met, then RAEs will earn a shared payment. If the target is not met, no RAE will receive a payment. This target was developed to align with the Department’s Wildly Important Goal for justice-involved members.</p> <p>Managed care members will be included to promote a more inclusive approach to managing care for individuals releasing from state prisons.</p> <p>The Department will exclude members who return to DOC within the 14-day period from the denominator.</p> <p>Day 1 of 14 starts on the day after release. Members should be counted based on the month of release. RAEs will have until July 14th for follow up for individuals released on June 30th.</p> <p>The Department will also exclude members who lose Medicaid eligibility within the 14-day period from the denominator.</p> <p>Should a member show multiple releases in the 14-day period, the Department will use the most recent release date.</p>



Indicator 4: Risk Adjusted PMPM

**This indicator will be finalized in a future version of the specification document once baseline data are available.*

Definition	The risk-adjusted per member per month (PMPM) cost is less than the ACC average risk-adjusted PMPM during the performance period or there is a reduction in the risk adjusted PMPM in the performance period over the baseline period.
Numerator	Risk adjusted cost of all member attributed months in the denominator over the performance period
Denominator	Total months of members attributed to the RAE during the performance period
Baseline Period	SFY 2020-2021
Performance Period	SFY 2021-2022
HCPF Target	Less than the ACC average risk-adjusted PMPM during the performance period for 100% payment Improvement (decline in risk adjusted PMPM over baseline) from baseline by any amount for 50% payment
Target Methodology	The target will be set based on whether a RAE is above or below the ACC annual average risk-adjusted PMPM for the performance period. Partial credit will be awarded if the RAE reduces risk adjusted PMPM by any amount during the performance period relative to the baseline period.
Initiative	Performance Pool
Rationale	One of the key objectives of the Accountable Care Collaborative is to pay for high value health care services. RAEs are required to ensure members receive quality care while managing costs through cost containment and cost reduction where possible and appropriate.
Data Sources	Claims, capitation and enrollment data from the Colorado BIDM.
Technical Details	Includes members enrolled for physical health coordination and included in the RAE roster report. Members who have behavioral coverage only are not included. The capitation amount will be included in total costs for members with both physical health and behavioral health needs.
Calculation Date	December 2022 by the Department
Notification Date	January 2023 by the Department
Payment Date	January 2023 by the Department
Comments	This measure uses the Diagnostic Cost Groups (DCG) for risk adjustment which was updated at the beginning of SFY21-22.



	Because the baseline uses the most recent state fiscal year, the baseline will not be provided until early December 2021 to allow for claims run out.
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Medication Adherence Indicators

The detailed specifications for all medication adherence measures can be found in NCQA’s HEDIS Manual. The measures that follow align with the HEDIS specifications and will be run in Care Analyzer, a HEDIS Certified Reporting tool used by The Department.

Indicator 5: Asthma Medication Ratio

Definition	The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the performance year.
NCQA HEDIS Definition	Yes
Baseline Period	Calendar Year 2020
Performance Period	SFY 2021 – 2022
NQF Number	1800
HCPF Target	74%
Target Methodology	10% gap closure to target
Initiative	Performance Pool
Rationale	Medication adherence aligns with the Department’s focus on chronic condition management and support for Health First Colorado members.
Data Sources	Claims, Pharmacy Claims
Technical Details	See HEDIS measure specifications
Calculation Date	November 2022 by the Department
Notification Date	January 2023 by the Department
Payment Date	January 2023 by the Department
Comments	



Indicator 6: Antidepressant Medication Management

Definition	<p>The percentage of members 18 years of age and older who were treated antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.</p> <p>a) Effective Acute Phase Treatment. The percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>b) Effective Continuation Phase Treatment. The percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p>
NCQA HEDIS	Yes
Baseline Period	Calendar Year 2020
Performance Period	SFY 2021 – 2022
Target	Acute target: 70% Continue target: 56%
Target Methodology	10% gap closure to target
Initiative	Performance Pool
Rationale	Medication adherence aligns with the Department’s focus on chronic condition management and support for Health First Colorado members.
NQF Number	0105
Data Sources	Claims, Pharmacy Claims
Technical Details	See HEDIS measure specifications
Calculation Date	November 2022 by the Department
Notification Date	January 2023 by the Department
Payment Date	January 2023 by the Department
Comments	RAEs must achieve both targets to receive payment.



Indicator 7: Contraceptive Care for Postpartum Women

Definition	<p>Among women ages 15 through 44 who had a live birth, the percentage that is provided:</p> <p>1) A most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within 3 and 60 days of delivery.</p> <p>2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.</p> <p><i>Two time periods are proposed (i.e., within 3 and within 60 days of delivery) because each reflects important clinical recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). The 60-day period reflects ACOG recommendations that women should receive contraceptive care at the 6-week postpartum visit. The 3-day period reflects CDC and ACOG recommendations that the immediate postpartum period (i.e., at delivery, while the woman is in the hospital) is a safe time to provide contraception, which may offer greater convenience to the client and avoid missed opportunities to provide contraceptive care.</i></p>
NCQA HEDIS	No
Baseline Period	Calendar Year 2020
Performance Period	SFY 2021 – 2022
Target	53.85%
Target Methodology	10% gap closure to target
Initiative	Performance Pool
Rationale	Medication adherence aligns with the Department’s focus on chronic condition management and support for Health First Colorado members.
NQF Number	2902
Data Sources	Claims, Pharmacy Claims
Technical Details	https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html
Calculation Date	November 2022 by the Department
Notification Date	January 2023 by the Department
Payment Date	January 2023 by the Department



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Comments	Payment to be based on Most/Moderately effective form of contraception within 60 days, total. https://www.hhs.gov/opa/sites/default/files/2018-Measure-Specifications-CCP-for-OPA-Website.pdf
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Appendix 1: Mental Health Covered Diagnosis Codes

Mental Health Covered ICD-10 Diagnosis Codes	
Start Value	End Value
F20.0	F42.3
F42.8	F48.1
F48.9	F51.03
F51.09	F51.12
F51.19	F51.9
F60.0	F63.9
F68.10	F69
F90.0	F99
R45.1	R45.2
R45.5	R45.82