



# PREVENTIVE SERVICES GUIDELINES 2025

*First* **MEDICAL**  
HEALTH PLAN, INC.



Dear Provider,

First Medical Health Plan, Inc., (First Medical) is a company at the service of our community. For over forty-seven (47) years, First Medical has dedicated its efforts to improving the quality of life of our plan participants through the planning and implementation of medical services coverage of the highest quality in a cost-effective manner. Our services are rendered based on the great commitment of excellence and the human warmth that characterizes its relations with our providers. Because, when our enrollees are healthy, they can live a better life. Therefore, we have developed these Preventive Services Health Care Guidelines to provide assistance interpreting certain standards benefit plans and to ensure that our network providers meet all relevant requirements mandated by the Centers for Medicare & Medicaid Services (CMS), Puerto Rico Health Insurance Administration (PRHIA), and the Office of Insurance Commissioner, among others.

When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's benefit coverage may differ from the standard benefit plans upon which this guideline is based. In the event of a conflict, the enrollee's specific benefit document supersedes these guidelines. We highly recommend validating enrollee's eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. **Remember that the preventive services are exempt from the cost sharing, such as co-insurance, deductibles, or co-payments.**

First Medical reserves the right, in its sole discretion, to modify its coverage determination guidelines and medical policies as necessary. This Coverage Determination Guideline does not constitute medical advice. First Medical may also use tools developed by third parties to assist us in administering health benefits, in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. You can access this guide in electronic form, on our website: [www.firstmedicalpr.com](http://www.firstmedicalpr.com).

Medical Affairs Division  
First Medical Health Plan, Inc.

## Coverage Rationale

### **Preventive Services:**

This term applies to health care services routine that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health related problems. Preventive services are intended to help people remain healthy and to detect any health-related problems early while there is a better chance of recovery. We highly recommend our plan participants to visit their doctor for regular check-ups, even if they feel healthy, to perform disease screening, identify risk factors for disease, discuss tips for a healthy and balanced lifestyle, stay up to date with immunizations and boosters.

*Plan participants will not have to pay a copayment or coinsurance if service is provided by in-network providers.*

Covered preventive services for adults, women and children are free when it is completed by an in-network provider and is done for preventive purposes or diagnosis care. Therefore, plan participants will not have to pay a copayment or coinsurance if the service is provided by in-network providers. Before using this guideline, please check the enrollee specific benefit document and any federal or state mandates, if applicable.

### **Summary of Preventive Care Services Benefit**

Preventive services may take place at the primary, secondary, and tertiary prevention levels. The following is a high-level summary of the services covered under the Preventive Care Services benefit (broken down by age/gender groups):

#### **All members:**

Age- and gender-appropriate Preventive Medicine visits (Wellness Visits); all routine immunizations recommended by the Advisory Committee on Immunization Practices of the CDC.

**All Members at an appropriate age and/or risk status:** Counseling and/or screening for: colorectal cancer; elevated cholesterol and lipids; certain sexually transmitted diseases; HIV; depression; high blood pressure; diabetes. Screening and counseling for alcohol abuse in a primary care setting; tobacco use; obesity; diet and nutrition. Please refer to Table 1: Preventive Healthcare Services Detailed Breakdown.

**Table 1: Preventive Healthcare Services Detailed Breakdown.**

Adults:	Specifically for Women:	Specifically for Children:
<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm (“AAA”)</li> <li>• Alcohol misuse screening and counseling</li> <li>• Aspirin use to prevent cardiovascular disease</li> <li>• Blood pressure screening</li> <li>• Cholesterol screening</li> <li>• Colorectal cancer screening for adults over 40</li> <li>• Depression screening</li> <li>• Diabetes Type 2 screening</li> <li>• Diet counseling</li> <li>• Hepatitis B screening</li> <li>• Hepatitis C screening</li> <li>• HIV screening</li> <li>• Immunization vaccines</li> <li>• Obesity screening</li> <li>• Sexually transmitted infections prevention counseling</li> <li>• Syphilis screening</li> <li>• Tobacco use screening</li> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• Anemia screening</li> <li>• Bone density screening</li> <li>• BRCA counseling for women at higher risk</li> <li>• Breast cancer mammography and chemoprevention counseling</li> <li>• Breastfeeding counseling</li> <li>• Cervical cancer screening</li> <li>• Contraception</li> <li>• Domestic and interpersonal violence screening and counseling</li> <li>• Certain items and services for pregnant women</li> <li>• Gestational diabetes screening</li> <li>• Rh incompatibility screening</li> </ul>	<ul style="list-style-type: none"> <li>• Autism screening</li> <li>• Behavioral assessments</li> <li>• Children’s immunization vaccines</li> <li>• Congenital hypothyroidism screenings for newborns</li> <li>• Depression screening</li> <li>• Developmental screening</li> <li>• Dyslipidemia screening</li> <li>• Fluoride chemoprevention</li> <li>• Hearing screening for newborns</li> <li>• Height, weight, and body mass index measurements</li> <li>• Iron supplements</li> <li>• Lead screening</li> <li>• Vision screening</li> <li>• Well-baby and well-child visits</li> </ul>



For more information about the USPSTF and its recommendations, go to <http://www.uspreventiveservicestaskforce.org/>.

## Coverage Limitations and Exclusions

1. Services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan. Please refer to enrollee specific plan document for details.
2. Generally, the costs of drugs, medications, vitamins, supplements, or over the counter items are not eligible as a preventive care benefit. However, certain outpatient prescription medications, tobacco cessation drugs and/or over the counter items, as required by PPACA, may be covered under the preventive benefit. For details, please refer to enrollee specific plan document.
3. An immunization is not covered if, it does not meet company Vaccine Policy requirements for FDA labeling (including age and/or gender limitations) and, if does not have definitive ACIP recommendations published in the CDC's Morbidity and Mortality Weekly Report (MMWR).
4. Examinations, screenings, testing, or immunizations are not covered when:
  - a. Required solely for career, education, sports or camp, travel (including travel immunizations), employment, insurance, marriage, or adoption purposes, or
  - b. Related to legal or administrative proceedings, or
  - c. For medical research purposes, or
  - d. Required to obtain or maintain a license of any type.
5. Services that are research studies, experimental, unproven, or not medically necessary are not covered.
6. Breastfeeding equipment and supplies not listed in the benefit coverage of plan participants.

### **Travel Immunizations:**

Immunizations that are specific to **travel** (e.g. typhoid, yellow fever, cholera, among others) are not required by PPACA and are excluded from coverage. However, travel immunizations may be available as a buy-up coverage option on certain benefit coverage. Please refer to enrollee specific plan document for details.

## Definitions

- U.S. Preventive Services Task Force (USPSTF): an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services. <https://www.uspreventiveservicestaskforce.org/Page/Name/home>.
- Patient Protection and Affordable Care Act (PPACA): is the first part of the comprehensive health care reform law enacted on March 23, 2010. The law was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is refer to the final, amended version of the law. (Also known as “PPACA”, “ACA”, or “Obamacare.”) The law provides numerous rights and protections that make health coverage fairer and easier to understand, along with subsidies (through “premium tax credits” and “cost-sharing reductions”) to make it more affordable. <https://www.healthcare.gov/glossary/patient-protection-and-affordable-care-act/>.
- Advisory Committee on Immunization Practices (ACIP): a committee that comprises medical and public health experts who develop recommendations on the use of vaccines and related biological products in the civilian population of the United States. ACIP was established under Section 222 of the Public Health Service Act (42 U.S.C. § 217a) and is governed by its charter. <https://www.cdc.gov/vaccines/acip/committee/index.html>
- U.S. Department of Health and Human Services (HHS): a federal agency that administers more than 100 programs across its operating divisions. Its mission is to enhance and protect the health and well-being of all Americans and provide essential human services, especially for those who are least able to help themselves. The mission of the Health & Human Services (HHS) HHS is to provide for effective health and human services and fostering advances in medicine, public health, and social services. <https://www.hhs.gov/about/index.html>
- Health Resources and Services Administration (HRSA): an agency of the U.S. Department of Health and Human Services (HHS), that provides health care to people who are geographically isolated and/or economically or medically vulnerable. This includes people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access high quality health care. <https://www.hrsa.gov/about/organization/bureaus/index.html>
- Modifier 33: when the primary purpose of the service is to deliver an evidence based on service in accordance with the US Preventive Services Task Force A or B rating in effect and other

preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used. Please refer to the Applicable Codes section below for more information about Modifier 33.

## Applicable Codes

The codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the enrollee specific benefit document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other policies and coverage determination guidelines may apply.

### **Modifier 33:**

First Medical considers the procedures and diagnostic codes and Claims Edit Criteria listed in the table below in determining whether preventive care benefits apply. While modifier 33 may be reported, it is not used in making preventive care benefit determinations.

### **ICD-10 Codes:**

Effective October 1, 2015, the Centers for Medicare & Medicaid Services (CMS) implemented ICD-10-CM (diagnoses) and ICD-10-PCS (inpatient procedures), replacing the ICD-9-CM diagnosis and procedure code sets. *ICD-9 codes are not accepted for services provided on or after October 1, 2015.*

ICD-10-CM (diagnoses) and ICD-10-PCS (inpatient procedures) must be used to report services provided on or after October 1, 2015.

## Preventive Care Services

<b>Preventive Care Services</b> Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.			
<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Abdominal aortic aneurysm screening: men</b>	The USPSTF recommends one-time screening for abdominal aortic aneurysm with ultrasonography in men ages 65 to 75 years who have ever smoked.	<b>Procedure Code(s):</b> 76700, 76705, 76706, 76770, 76775  <b>Diagnosis Code(s):</b> ICD-10: Z13.6, Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219	Age 65 through 75 (ends on 76th birthday).  One of the Diagnosis Codes listed in this row.
<b>Alcohol misuse: screening and counseling</b>	The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	<b>Procedure Code(s):</b> 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, G0396, G0397, G0442, G0443  <b>Diagnosis Code(s):</b> Z71.41, Z71.89, Z13.89	Does not have diagnosis code requirements for preventive benefits to apply.
<b>Anxiety Disorders in Adults: Screening</b>	The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.	<b>Procedure Code(s):</b> 96127, 96161  <b>Diagnosis Code(s):</b> Allowed with any diagnosis	



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<p><b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p>	<p><b>US Preventive Services Task Force</b></p>	<p><b>Code(s):</b></p>	<p><b>Claims Edit Criteria:</b></p>
<p><b>Aspirin preventive medication: adults aged 40 to 59 years with a <math>\geq</math>10% 10-year cardiovascular risk</b></p>	<p>The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 40 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.</p>	<p><b>Procedures Code(s):</b> 99386, 99387, 99396, 99397, G0438, G0439</p>	<p>Adults aged 40 to 59 years.</p>

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<b>Bacteriuria screening: pregnant persons</b>	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant persons at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	<b>Procedure Code(s):</b> 81007  <b>Diagnosis Code(s):</b> Pregnancy Diagnosis Code	Payable with a Pregnancy Diagnosis Code  Please refer to Appendix Section.
<b>Blood pressure screening: adults</b>	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	<b>Ambulatory Blood Pressure Measurement:</b> 93784, 93786, 93788 or 93790  <b>Diagnosis Code:</b> ICD-10: R03.0, Z13.220	Adults 18 years or older.

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<b>BRCA risk assessment and genetic counseling/testing</b>	The USPSTF recommends that primary care clinicians assess women with a personal or family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.	<b>Genetic Counseling and Evaluation:</b> <b>Procedure Code(s):</b> 99202-99205, 99211-99215, 99385, 99386, 99387, 99395, 99396, 99397 <b>Medical genetics and genetic counseling services:</b> 96041, <b>Evaluation and Management (Office Visits):</b> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463 <b>ICD-10:</b> Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 <b>BRCA Lab Screening:</b> <b>Procedure Code(s):</b> 81162, 81163, 81164, 81165, 81166, 81167,	Genetic Counseling and Evaluation: Medical Necessity plans require genetic counseling before BRCA Lab Screening.  Payable as preventive with one of the Genetic Counseling and Evaluation Diagnosis Codes listed in this row in primary position.  BRCA Lab Screening: Prior authorization requirements apply to BRCA lab screening.  Payable for age 18+ when billed with one of the BRCA Lab Screening Diagnosis codes listed in this row.  Blood draw: Payable when billed with

81212, 81215, 81216,

both of the following:

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
		81217, 81162 <b>Blood draw:</b> 36415, 36416 <b>Diagnosis Code(s):</b> <b>Family History or Personal History of breast cancer and/or ovarian cancer:</b> <b>ICD-10:</b> Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02	1. With one of the listed BRCA Lab Screening procedure codes listed in this row, AND 2. With one of the BRCA Lab Screening diagnosis codes listed in this row.
<b>Breast cancer preventive medications</b>	The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	<b>Procedures Code(s):</b> 99202 – 99205, 99211-99215, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404 Raloxifene (J8999) Tamoxifen (J8999)	Women with risk for breast cancer recommendation on medications for risk reduction

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Breast cancer screening</b>	The USPSTF recommends biennial screening mammography for women aged 40 to 74 years.	<b>Procedure Code(s):</b> 77063, 77067  <b>Revenue code:</b> 0403  <b>Diagnosis Code(s):</b> Payable as preventive regardless of diagnosis code	Payable regardless of age.  Does not have diagnosis code requirements for preventive benefit to apply.  Note the following: This benefit only applies to screening mammography. This benefit does not apply to other screening methods, including but not limited to, digital breast tomosynthesis (3-D mammography).
<b>Breastfeeding interventions</b>	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	<b>Procedure Code(s):</b> S9443, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350  <b>Diagnosis Code(s):</b> ICD-10: Z39.1	<b>Support and Counseling:</b> The Diagnosis Code listed in this row is required for 99242 – 99245, 99341 – 99345, and 99347 – 99350  The Diagnosis Code listed in this row is not required for S9443.

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<p><b>Cervical cancer screening</b></p>	<p>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).</p>	<p><b>Procedure Code(s):</b>  <b>Code Group 1:</b>                      G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001                      Payable as preventive regardless of diagnosis code  <b>Code Group 2:</b>                      88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175  <b>Code Group 2</b>  <b>Diagnosis Code(s):</b>  <b>ICD-10:</b> Z00.00, Z00.01, Z01.411, Z01.419, Z12.4</p>	<p>Limited to age 21 years – 65 years (ends on 66th birthday).                       Code Group 1:                      Does not have diagnosis code requirements for preventive benefits to apply.                       Code Group 2:                      Payable with one of the Diagnosis Codes listed in this row.</p>
<p><b>Chlamydia screening: women</b></p>	<p>The USPSTF recommends screening for chlamydia in sexually active women aged 24 years or younger and in older women who are at</p>	<p><b>Procedure Code(s):</b>  <b>Chlamydia Infection Screening:</b>                      86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810</p>	<p>Chlamydia Infection Screening:                      Payable with a Pregnancy Diagnosis Code (refer to Appendix Section) OR                      One of the Screening</p>

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
	increased risk for infection.	<b>Blood draw:</b> 36415, 36416  <b>Diagnosis Code(s):</b>  <b>Pregnancy:</b> Refer to Appendix Section  <b>Pregnancy Diagnosis Code, OR Screening:</b> ICD-10: Z00.00, Z00.01, Z11.3, Z11.8, Z11.9, Z20.2	Diagnosis Codes listed in this row.
<b>Colorectal cancer screening</b>	The USPSTF recommends screening for colorectal cancer starting at age 40 years and continuing until age 75 years.	<b>Fecal Occult Blood Testing (FOBT), Proctoscopy, Sigmoidoscopy, or Colonoscopy:</b>  <b>Procedure Code(s):</b> Code Group 1: <b>Proctoscopy:</b> 45300, 45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320  <b>Sigmoidoscopy:</b> G0104, <b>Colonoscopy:</b> G0105, G0121  <b>FOBT:</b> G0328, Code Group 2:	Age Limits for Colorectal Cancer Screenings: 40 years – 75 years (ends on 76th birthday)  Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy: Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.  Code Group 2: Paid as preventive if billed with one of the Diagnosis Codes listed in



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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
		<p><b>Sigmoidoscopy:</b> 45330, 45331, 45333, 45338, 45346</p> <p><b>Colonoscopy:</b> 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388</p> <p><b>FOBT:</b> 82270, 82274</p> <p><b>Code Group 3:</b></p> <p><b>Pathology:</b> 88304, 88305</p> <p><b>Code Group 4:</b></p> <p><b>Anesthesia:</b> 99151, 99152, +99153</p> <p>G0500</p> <p><b>Code Group 5:</b></p> <p><b>Pre-op/Consultation:</b> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245</p> <p><b>Diagnosis Code(s) (for Code Group 2, 3 &amp; 4):</b>            ICD-10: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79</p>	<p>this row OR billed with one of the Procedure Codes from Code Group 1, regardless of diagnosis.</p> <p>Code Group 3 (pathology) AND</p> <p>Code Group 4 (anesthesia):</p> <p>Paid as preventive if: billed with one of the Diagnosis Codes listed in this row AND billed with one of the Procedure Codes from Code Group 1 or Code Group 2.</p> <p>Code Group 3 and 4: Note the following: Preventive when performed for a colorectal cancer screening.</p> <p>Preventive benefits only apply when the surgeon's claim is</p>

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		<p><b>(for Code Group 5):</b> ICD-10: Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79</p> <p><b>Computed Tomographic Colonography (Virtual Colonoscopy):</b> <b>Procedure Code(s):</b> 74261, 74262, 74263 <b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>preventive. Code Group 5 as of 1/1/16:  Paid as Preventive if billed with one of the Code Group 5 diagnosis codes.  Computed Tomographic Colonography (Virtual Colonoscopy): Does not have diagnosis code requirements for preventive benefit to apply.  Prior authorization requirements may apply, depending on plan.</p>
<p><b>Dental caries prevention: infants and children up to age 5 years</b></p>	<p>The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary</p>	<p><b>Procedure Code(s):</b> Application of topical fluoride by physician or other qualified health care professional: 99188 <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z29.3, Z91.841,</p>	<p>Age 0 – 6 years (ends on 7th birthday). Does not have diagnosis code requirements for preventive benefit to apply.</p>

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	<p>care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.</p>	<p>Z91.842, Z91.843, Z91.849</p>	
<p><b>Depression screening: adolescents</b></p>	<p>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	<p><b>Procedure Code(s):</b> 96127, G0444 <b>Diagnosis Code(s):</b> ICD-10: Z13.89, Z13.31, Z13.32</p>	<p>The Diagnosis Codes listed in this row is required for 96127.  The Diagnosis Codes listed in this row are not required for G0444.</p>
<p><b>Depression screening: adults</b></p>	<p>The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults. Screening should be implemented with adequate systems in</p>	<p><b>Procedure Code(s):</b> 96127, G0444 <b>Diagnosis Code(s):</b> ICD-10: Z13.89, Z13.31, Z13.32</p>	<p>The Diagnosis Codes listed in this row is required for 96127.  The Diagnosis Codes listed in this row are not required for G0444.</p>

**Preventive Care Services**

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<p><b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p>	<p><b>US Preventive Services Task Force</b></p>	<p><b>Code(s):</b></p>	<p><b>Claims Edit Criteria:</b></p>
	<p>place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>		
<p><b>Depression and Suicide Risk in Adults: Screening</b></p>	<p>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum persons(age 18 and older). Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p>	<p><b>Procedure Code(s):</b> 96127, 96160, G0444</p> <p><b>Diagnosis Code(s):</b> Allowed with any diagnosis</p>	
<p><b>Diabetes screening</b></p>	<p>The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer</p>	<p><b>Procedure Code(s):</b> <b>Diabetes Screening:</b> 82947, 82948, 82950, 82951,82952, 83036, G0108, G0109</p> <p><b>Blood draw:</b> 36415, 36416</p> <p><b>Diagnosis Code(s):</b></p>	<p>Diabetes Screening: Payable with one of the Required Diagnosis Codes listed in this row AND With one of the listed Hypertension Diagnosis Codes in this row.</p>

	<p>or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.</p>	<p><b>Required Diagnosis Codes (at least one):</b> ICD-10: Z00.00, Z00.01, Z13.1</p> <p><b>And one of the following Hypertension Diagnosis Codes:</b></p> <p><b>Hypertension:</b> ICD-10: I10</p> <p><b>Hypertensive Heart Disease:</b> ICD-10: I11.0, I11.9</p> <p><b>Hypertensive Chronic Kidney Disease:</b> ICD-10: I12.0, I12.9</p> <p><b>Hypertensive Heart and Chronic Kidney Disease:</b> ICD-10: I13.0, I13.10, I13.11, I13.2</p> <p><b>Secondary Hypertension:</b> ICD-10: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</p>	<p>Blood draw: Payable when billed with ALL of the following:</p> <ol style="list-style-type: none"> <li>1. With one of the listed Diabetes Screening procedure codes listed in this row AND</li> <li>2. With one of the Required Diagnosis Codes AND</li> <li>3. With one of the listed Hypertension Diagnosis Codes.</li> </ol> <p>Note: If a Diabetes</p>
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**Preventive Care Services**  
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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
		<b>Hypertension Complicating Pregnancy, Childbirth and the Puerperium:</b> ICD-10: O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9	Diagnosis Code is present in any position; the preventive benefit will not be applied: See Diabetes Diagnosis Codes refer to Appendix Section.

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Falls prevention in older adults: exercise or physical therapy</b>	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	<b>Procedure Code(s):</b> n/a  <b>Diagnosis Code(s):</b> n/a	This service is included in a preventive care wellness examination or focused E&M visit.
<b>Falls prevention in older adults: vitamin D</b>	The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.	<b>Procedure Code(s):</b> n/a  <b>Diagnosis Code(s):</b> n/a	This service is included in a preventive care wellness examination or focused E&M visit.
<b>Folic acid supplementation</b>	The USPSTF recommends that all persons planning to or who could become pregnant	J8499	Does not have diagnosis code requirements for preventive benefits to apply

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
	take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.		
<b>Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication</b>	The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid.	<b>Procedure Code(s):</b> J8499	
<b>Cholesterol Screening (Lipid Disorders Screening)</b>	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality.	<b>Procedure Code(s):</b> Cholesterol Screening: 80061, 82465, 83718, 83719, 83721, 84478 Blood Draw: 36415, 36416 <b>Diagnosis Code(s):</b> Z00.00, Z00.01, Z13.220	Cholesterol Screening: Ages 40–75 years (ends on 76th birthday). Requires one of the diagnosis codes listed in this row.



**Preventive Care Services**

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<p><b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p>	<p><b>US Preventive Services Task Force</b></p>	<p><b>Code(s):</b></p>	<p><b>Claims Edit Criteria:</b></p>
<p><b>Gestational diabetes mellitus screening</b></p>	<p>The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant persons at 24 weeks of gestation or after.</p>	<p><b>Procedure Code(s):</b> 82947, 82948, 82950, 82951, 82952, 83036 36415, 36416</p> <p><b>Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p>Payable with Pregnancy Diagnosis Code (regardless of gestational week)</p> <p>Criteria for 36415 and 36416: Payable when billed with ALL of the following: With one of the Diabetes Screening Procedure codes listed in this row AND With a Pregnancy Diagnosis Code.</p> <p>NOTE: If a Diabetes Diagnosis Code is present in any position, the preventive benefit will not be applied. See Diabetes Diagnosis Codes refer to Appendix Section.</p>

**Preventive Care Services**  
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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Gonorrhea screening: women</b>	The USPSTF recommends screening for gonorrhea in sexually active women 24 years or younger and in older women who are at increased risk for infection.	<b>Procedure Code(s):</b> 87590, 87591, 87592, 87801, 87850 <b>Diagnosis Code(s):</b> <b>Pregnancy:</b> Pregnancy Diagnosis Code OR Screening: <b>ICD-10:</b> Z00.00, Z00.01, Z11.3, Z11.9, Z20.2	Payable with either a Pregnancy Diagnosis refer to Appendix Section Code or One of the Screening Diagnosis Codes listed in this row.
<b>Glaucoma Screening</b>	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for primary open-angle glaucoma in asymptomatic adults 40 years or older.	<b>Procedure Code(s):</b> <b>G0117, G0118</b> <b>Diagnosis Code(s):</b> <b>ICD10: Z13.5</b>	Payable with Glaucoma Screening Diagnosis Frequency: Glaucoma screening is limited to once every eleven months.

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors</b>	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	<b>Procedure Code(s):</b> <b>Medical Nutrition Therapy or Counseling:</b> 97802, 97803, 97804, G0270, G0271 <b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404 <b>Behavioral Counseling or Therapy:</b> G0446, G0447, G0473 <b>Diagnosis Code(s):</b> <b>Screening:</b> <b>ICD-10:</b> Z13.220 <b>History:</b> <b>ICD-10:</b> Z72.0, Z87.891, Z82.49, F17.210, F17.211, F17.213, F17.218, F17.219 <b>Overweight:</b> <b>ICD-10:</b> E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29	G0446 is limited to once per year.  One of the Diagnosis Codes listed in this row are: Required for 97802-97804, 99401-99404, G0270, G0271  NOT required for G0446, G0447 and G0473.

**Preventive Care Services**

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
		<p><b>Body Mass Index 30.0 – 39.9:</b>  <b>ICD-10:</b> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><b>Body Mass Index 40.0 And Over:</b>  <b>ICD-10:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><b>Impaired Fasting Glucose Fasting Glucose:</b>  <b>ICD-10:</b> R73.01</p> <p><b>Metabolic Syndrome:</b>  <b>ICD-10:</b> E88.810, E88.811, E88.818, E88.819, I1A.0</p> <p><b>Hyperlipidemia /Dyslipidemia:</b>  <b>ICD-10:</b> E78.0, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5</p> <p><b>Obesity:</b>  <b>ICD-10:</b> E66.01, E66.09, E66.1, E66.811, E66.812, E66.813, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p>	

**Essential Hypertension:**

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
		<b>ICD-10: I10</b> <b>Secondary</b> <b>Hypertension:</b> <b>ICD-10: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</b> <b>Hypertension Complicating Pregnancy, Childbirth and the Puerperium:</b> <b>ICD-10: O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92,</b>	

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
		O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9  <b>Secondary Diabetes Mellitus:</b> See Diabetes Diagnosis Code.  <b>Diabetes Mellitus:</b> See Diabetes Diagnosis Code List table below.  <b>Coronary Atherosclerosis:</b> ICD-10: I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768,	

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
		I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812.	
<b>Hepatitis B screening: nonpregnant adolescents and adults</b>	The USPSTF recommends screening for hepatitis B virus infection in adolescents and adults at increased risk for infection.	<b>Procedures code(s):</b> 86704, 86705, 86706, 87340, 87341, G0499  <b>ICD 10:</b> Z00.00, Z11.59	Requires one of the Screening diagnosis codes listed in this row



<p><b>Hepatitis B screening: pregnant women</b></p>	<p>The USPSTF recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.</p>	<p><b>Procedure Code(s):</b> Hepatitis B Virus Infection Screening: 86704, 86705, 86706, 87340, 87341, G0499  Blood draw: 36415, 36416  <b>Diagnosis Code(s):</b> Pregnancy Diagnosis Code or Screening: ICD-10: Z57.8, Z00.00, Z00.01, Z11.59</p>	<p><b>Hepatitis B Virus Infection Screening:</b> Payable with a Pregnancy Diagnosis Code or One of the Screening Diagnosis Codes listed in this row.  <b>Blood draw:</b> Payable when billed with one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row AND With a Pregnancy Diagnosis Code or one of the Screening Diagnosis Codes listed in this row. Diagnosis Codes listed in this row.</p>
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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Hepatitis C Virus Infection in Adolescents and Adults: Screening: adults aged 18 to 79 years.</b>	The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.	<b>Procedure Code(s):</b> Hepatitis C Virus Infection Screening: 86704, 86705, 86706, 86803, 86804, 87340, 87341, G0499 Blood draw: 36415, 36416 <b>Diagnosis Code(s):</b> Z00.00, Z11.59	<b>Hepatitis C Virus Infection Screening:</b> Preventive with one of the Hepatitis C Virus Infection Diagnosis codes refer to Appendix Section <b>Blood draw:</b> Preventive with one of the Hepatitis C Virus Infection Screening procedure codes listed in this row AND a Hepatitis C Virus Infection Screening Diagnosis Code refer to Appendix Section No age limits.
<b>HIV screening: nonpregnant adolescents and adults</b>	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at	<b>Procedure Code(s):</b> <b>HIV – Human Immunodeficiency Virus – Screening:</b> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475,	Human Immunodeficiency Virus (HIV) Screening: One of the Screening Diagnosis Codes listed in this row. Blood draw: Payable when billed with

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
	increased risk should also be screened.	Blood draw: 36415, 36416 <b>Diagnosis Code(s):</b> ICD-10: Z00.00, Z00.01, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6	both of the following: 1. With one of the listed HIV Screening procedure codes listed in this row and 2. With one of the following: one of the Screening Diagnosis Codes listed in this row.
<b>HIV screening: pregnant persons</b>	The USPSTF recommends that clinicians screen all pregnant persons for HIV, including those who present in labor or at delivery whose HIV status is unknown.	<b>Procedure Code(s):</b> <b>HIV – Human Immunodeficiency Virus – Screening:</b> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 Blood draw: 36415, 36416 <b>Diagnosis Code(s):</b> <b>Pregnancy Diagnosis Code OR Screening:</b> <b>ICD-10:</b> Z00.00, Z00.01, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6	HIV – Human Immunodeficiency Virus Screening: Preventive when billed with a Pregnancy Diagnosis Code or One of the Screening Diagnosis Codes listed in this row. Blood draw: Payable when billed with both of the following: 1. With one of the listed HIV Screening procedure codes listed in this row and 2. With one of the following:

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
			o one of the Screening Diagnosis Codes listed in this row, or with a Pregnancy Diagnosis Code refer to Appendix Section.
<b>Hypertension in Adults: Screening: adults 18 years or older without known hypertension</b>	The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM).  The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	<b>Procedure Code(s):</b> 93784, 93786, 93788, 93790, 99473, 99474, A4660, A4663, A4670  <b>Diagnosis Code(s):</b> R03.0	

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<p><b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p>	<p><b>US Preventive Services Task Force</b></p>	<p><b>Code(s):</b></p>	<p><b>Claims Edit Criteria:</b></p>
<p><b>Intimate partner violence screening: women of childbearing age</b></p>	<p>The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.</p>	<p><b>Procedure Code(s):</b> n/a <b>Diagnosis Code(s):</b> n/a</p>	<p>This service is included in a preventive care wellness examination.</p>
<p><b>Lung cancer screening</b></p>	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adult’s ages 50 to 80 years who have a 20 pack-year smoking history and</p>	<p><b>Procedure Code(s):</b> 71271 <b>Diagnosis Code(s):</b> ICD-10: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891</p>	<p>Requires one of the listed diagnosis codes in this row. Limitations: Limited to one per year, and All of the following criteria:</p>

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
	currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	<b>Codes for Reporting Purposes:</b> G9275, G9276 <b>Note:</b> codes G9275, G9276 are for reporting purposes only, if applicable. These codes are not separately reimbursable.	1. Age 55 to 80 years (ends on 81 <sup>st</sup> birthday), and 2. At least 30 pack-years* of smoking history, and 3. Either a current smoker, or, have quit within the past 15 years. A pack-year is a way to measure calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked. For example, 1 pack year is equal to smoking 1 pack per day for 1 year, or 2 packs per day for half a year, and so on. Source: National Institutes of Health, National Cancer Institute Dictionary of Cancer Terms, pack year definition web page.

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Obesity screening and counseling: adults, children and adolescents 6 years or older.</b>	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions. clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	<b>Procedure Code(s):</b> <b>Medical Nutrition Therapy:</b> 97802, 97803, 97804  <b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404, 99411, 99412 <b>Behavioral Counseling or Therapy:</b> G0270, G0271, G0446, G0447, G0473  <b>Diagnosis Code(s):</b> <b>Body Mass Index 30.0 – 39.9:</b> ICD-10: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39  <b>Body Mass Index 40.0 and over:</b> <b>ICD-10:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45  <b>Obesity:</b> <b>ICD-10:</b> E66.01, E66.09, E66.1, E66.811, E66.812, E66.813, E66.9	G0446 is limited to once per year.  One of the Diagnosis Codes listed in this row are:  Required for 97802-97804 and 99401-99404.  NOT required for G0446, G0447 and G0473.

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
		<b>Therapy:</b> 97802, 97803, 97804 <b>Preventive Medicine</b> <b>Individual Counseling:</b> 99401, 99402, 99403, 99404, 99411, 99412, S9470 <b>Behavioral Counseling or Therapy:</b> G0270, G0271, G0446, G0447, G0473 <b>Diagnosis Code(s):</b> <b>Obesity:</b> ICD-10: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.01, E66.09, E66.1, E66.811, E668.12, E66.813, E66.9	One of the Diagnosis Codes listed in this row are: Required for 97802-97804 and 99401-99404. NOT required for G0446, G0447 and G0473.



<p><b>Osteoporosis to Prevent Fractures: Screening</b></p>	<p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p> <p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.</p>	<p><b>Procedure Code(s):</b> 76977, 77078, 77080, 77081, 77085, 78350, G0130</p> <p><b>Diagnosis Code(s):</b> <b>ICD-10:</b> Z00.00, Z00.01, Z13.820, Z82.62</p>	<p>Preventive with one of the Diagnosis Codes listed in this row.</p>
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**Preventive Care Services**  
 Certain codes may not be payable in all circumstances due to other policies or guidelines.  
 For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.

<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Preeclampsia prevention: aspirin</b>	The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.	<b>Procedure Code(s):</b> n/a  <b>Diagnosis Code(s):</b> n/a	This service is included in a preventive care wellness examination or focused E&M visit.
<b>Preeclampsia: screening</b>	The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.	<b>Procedure Code(s):</b> n/a  <b>Diagnosis Code(s):</b> n/a	This service is included in a preventive care wellness examination or focused E&M visit.
<b>Prevention of Acquisition of HIV: Preexposure Prophylaxis: adolescents and adults at increased risk of HIV</b>	The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.	<b>Adherence Counseling/Pre and Post-Prescription follow-up counseling:</b> 99401, 99402, 99403, 99404, 99411, 99412  <b>Allowed with any diagnosis</b>  <b>Individual Counseling for preexposure prophylaxis:</b> G0011, G0013	

**Preventive Care Services**

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<p><b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p>	<p><b>US Preventive Services Task Force</b></p>	<p><b>Code(s):</b></p>	<p><b>Claims Edit Criteria:</b></p>
<p><b>Rh incompatibility screening: first pregnancy visit</b></p>	<p>The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p>	<p><b>Procedure Code(s):</b>  <b>RH Incompatibility Screening:</b>            86900, 86901  <b>Blood draw:</b>            36415, 36416  <b>Diagnosis Code(s):</b>            Pregnancy Diagnosis Code</p>	<p>RH Incompatibility Screening:            Payable with a Pregnancy Diagnosis Code refers to Appendix Section.            Blood draw: Payable when billed with 86900, 86901 AND with a Pregnancy Diagnosis Code refer to Appendix Section.</p>

**Preventive Care Services**

Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.

<p><b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p>	<p><b>US Preventive Services Task Force</b></p>	<p><b>Code(s):</b></p>	<p><b>Claims Edit Criteria:</b></p>
<p><b>Rh incompatibility screening: 24–28 weeks’ gestation</b></p>	<p>The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks’ gestation, unless the biological father is known to be Rh (D)-negative.</p>	<p><b>Procedures Code(s):</b> 86900, 86901</p> <p><b>ICD 10:</b> Pregnancy diagnosis code</p>	<p>Requires pregnancy diagnostic code</p>
<p><b>Sexually transmitted infections counseling</b></p>	<p>The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).</p>	<p><b>Procedure Code(s):</b> 99401, 99402, 99403, 99404, G0445</p> <p><b>Diagnosis Code(s):</b> Payable as preventive regardless of diagnosis code.</p>	<p>G0445 is limited to twice per year. Does not have diagnosis code requirements for preventive benefit to apply.</p>
<p><b>Skin cancer behavioral counseling</b></p>	<p>The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.</p>	<p><b>Procedure Code(s):</b> n/a</p> <p><b>Diagnosis Code(s):</b> n/a</p>	<p>This service is included in a preventive care wellness examination or focused E&amp;M visit.</p>

**Preventive Care Services**  
 Certain codes may not be payable in all circumstances due to other policies or guidelines.  
 For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.

<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater</b>	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.  Identification of	<b>Procedures Code(s):</b> G0438, G0439	Does not have diagnosis code requirements for preventive benefit.

<b>Preventive Care Services</b> Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.			
<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
	dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.		
<b>Tobacco use counseling and interventions: nonpregnant adults</b>	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	<b>Procedures Code(s):</b> 99401, 99402, 99403, 99404, 99406, 99407, S9453  <b>ICD 10:</b> any diagnosis code	Does not have diagnosis code requirements for preventive benefit.
<b>Tobacco use counseling: pregnant persons</b>	The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for	<b>Procedures Code(s):</b> 99401, 99402, 99403, 99404, 99406, 99407  <b>ICD 10:</b> Pregnancy code	For pregnancy diagnosis refer to Appendix Section.

<b>Preventive Care Services</b> Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.			
<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
	cessation to pregnant persons who use tobacco.		
<b>Tobacco use interventions: children and adolescents</b>	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.	<b>Behavioral Interventions:</b> 99401, 99402, 99403, 99404, 99406, 99407  <b>Diagnosis Code(s):</b> Payable as preventive regardless of diagnosis code	Does not have diagnosis code requirements for preventive benefit.
<b>Tuberculosis screening: adults</b>	The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.	<b>Procedures Code(s):</b> 86580, 99211  <b>Diagnosis Code:</b> <b>ICD 10:</b> R76.11, R76.12, Z11.1, Z20.1, Z00.129	Requires one of the diagnosis codes listed
<b>Tuberculosis Screening: children, adolescents and adults at increased risk</b>	This recommendation applies to asymptomatic adults 18 years or older at increased risk for tuberculosis (TB). It does not apply to adults with symptoms of TB or to children and adolescents.	<b>Procedure Code(s):</b> 86480, 86481, 86580	

**Preventive Care Services**  
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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Syphilis screening: nonpregnant persons</b>	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	<b>Procedure Code(s):</b> <b>Syphilis Screening:</b> 86592, 86593  <b>Blood draw:</b> 36415, 36416  <b>Diagnosis Code(s):</b> ICD-10: Z00.00, Z00.01, Z11.2, Z11.3, Z11.9, Z20.2	Requires one of the diagnosis codes listed



**Preventive Care Services**  
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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Syphilis screening: pregnant women</b>	The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.	<b>Procedure Code(s):</b> <b>Syphilis Screening:</b> 86592, 86593 <b>Blood draw:</b> 36415, 36416 <b>Diagnosis Code(s):</b> <b>Pregnancy:</b> <b>Pregnancy Diagnosis Code or Screening:</b> ICD-10: Z00.00, Z00.01, Z11.2, Z11.3, Z11.9, Z20.2	Syphilis Screening: Payable with a Pregnancy Diagnosis Code or One of the Screening Diagnosis Code listed in this row. Blood draw: Payable when billed with both of the following: 1. With one of the listed Syphilis Screening procedure codes listed in this row and 2. With one of the following: o one of the listed Screening diagnosis codes in this row or with a Pregnancy Diagnosis Code refer to Appendix Section.
<b>Vision screening: children</b>	The USPSTF recommends vision screening at least once in all children ages 3 to 5 years to detect	<b>Procedure Code(s):</b> 99173, 99174, 99177 <b>Diagnosis Code(s):</b> See Criteria column.	Age Limit (99173, 99174 and 99177): Less than age 6 years (ends on 6 <sup>th</sup> birthday). Code 99173: Does not have diagnosis

**Preventive Care Services**

Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.

<p><b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p>	<p><b>US Preventive Services Task Force</b></p>	<p><b>Code(s):</b></p>	<p><b>Claims Edit Criteria:</b></p>
	<p>amblyopia or its risk factors.</p>		<p>Code requirements for preventive benefit to apply. Code 99174 and 99177: for ocular diagnosis codes refer to Appendix Section</p>
<p><b>Hypothyroidism screening: newborns</b></p>	<p>The USPSTF recommends screening for congenital hypothyroidism in newborns.</p>	<p><b>Hypothyroidism Screening:</b> 84437, 84443 Blood draw: 36415, 36416 <b>ICD 10:</b> Payable as preventive regardless of diagnosis code</p>	<p>Newborn Screenings: Age 0 – 90 days Does not have diagnosis code requirements for preventive benefit to apply.  Blood draw: Age 0-90 days, payable when billed with one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p>
<p><b>Gonorrhea prophylactic medication: newborns</b></p>	<p>The USPSTF recommends prophylactic ocular topical medication for all</p>	<p><b>Procedure Code(s):</b> 99381 <b>ICD 10:</b> Z00.121, Z00.129</p>	<p>Requires one of the diagnosis codes listed</p>

**Preventive Care Services**  
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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
	newborns for the prevention of gonococcal ophthalmia neonatorum.		Requires one of the diagnosis codes listed
<b>Phenylketonuria screening: newborns</b>	The USPSTF recommends screening for phenylketonuria in newborns.	<b>Phenylketonuria Screening:</b> S3620, 84030  <b>Blood draw:</b> 36415, 36416	Newborn Screenings: Age 0 – 90 days Does not have diagnosis code requirements for preventive benefit to apply. Blood draw: Age 0-90 days, payable when billed with one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.
<b>Sickle Cell Disease (Hemoglobinopathies) screening: newborns</b>	The USPSTF recommends screening for sickle cell disease in newborns.	<b>Procedures Code(s):</b> 85013, 85014, 85018, 85025, 85027, 85041, G0306, G0307  <b>ICD 10:</b> Z00.129, Pregnancy diagnosis codes	Requires one of the diagnosis codes listed

**Preventive Care Services**

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<p><b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p>	<p><b>US Preventive Services Task Force</b></p>	<p><b>Code(s):</b></p>	<p><b>Claims Edit Criteria:</b></p>
<p><b>Metabolic screening: newborn</b></p>	<p>The recommendations of the USPSTF are based on comprehensive, systematic evidence reviews and assessments.</p>	<p><b>Procedures Code(s):</b> 80047, 80048, 80053, 82016, 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620</p> <p><b>ICD 10:</b> Z00.129</p>	<p>Newborn Screenings: Age 0 – 90 days</p>
<p><b>Hearing Test</b></p>	<p>USPSTF Rating (July 2008): B Hearing Screening: Screening for hearing loss in all newborn’s infants.</p>	<p><b>Procedure Code(s):</b> 92551, 92552, 92553, 92558, 92587, 92588, 92652, 92653, V5008</p> <p><b>Diagnosis Code(s):</b> Z00.00, Z00.01, Z00.129, Z77.011</p>	<p>Newborn Screenings: Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply Ages 91 days to 21 years (ends on 22<sup>nd</sup> birthday). Requires one of the diagnosis. Codes listed in this row. <b>Limit of once per year</b></p>
<p><b>Lead Screening</b></p>	<p>Screening Lab Work: Conduct risk assessment or screening, as appropriate, at the following intervals: 12 months and 24 months.</p>	<p><b>Procedure Code(s):</b> 83655</p> <p><b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z77.011</p>	<p>Ages 6 months through age 6 years (ends on 7<sup>th</sup> birthday). No frequency limit. Requires one of the diagnosis codes listed in this row</p>
<p><b>Screening for Visual Impairment in Children</b></p>	<p>The USPSTF recommends vision screening at least once in all children aged 3 to 5</p>	<p><b>Procedure Code(s):</b> 99173, 99174, 99177</p>	<p>Code 99173 Does not have diagnosis code requirements for</p>

**Preventive Care Services**  
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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
	years to detect amblyopia or its risk factors.		Preventives benefit to apply For Codes 99174 and 99177 Age 1 to 5 (ends on 6 <sup>th</sup> birthday): Does not have diagnosis code requirements for preventive benefits to apply. Age 6 to 21 years (ends on 22 <sup>nd</sup> birthday): Refer to the ocular diagnoses
<b>Autism screening</b>	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for autism spectrum disorder (ASD) in young children for whom no concerns of ASD have been raised by their parents or a clinician.	<b>Procedure Code(s):</b> 96110, G0451 <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49	Ages prenatal to 2 years (ends on 3 <sup>rd</sup> birthday). No frequency limit. Requires one of the diagnosis codes listed in this row.

<p><b>Wellness Examinations (well baby, well child, well adult)</b></p>	<p>The Bright Futures/American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) developed a set of comprehensive health guidelines for wellness examination</p>	<p><b>Procedure Code(s):</b> Wellness visit: 99202 – 99205, 99211 – 99215, Medicare wellness exams: G0101, G0402, G0438, G0439</p>	<p>G0445 is limited to twice per year. G0344 is limited to new beneficiary during the first six months of enrollment</p>
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 For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.

<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
		STIs behavioral counseling: G0445 Preventive medicine services (evaluation and management): 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397 Preventive medicine, individual counseling: 99401, 99402, 99403, 99404 Preventive medicine, group counseling: 99411, 99412 Newborn Care (evaluation and management): 99461 <b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply	

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<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
<b>Prostate Cancer: Screening</b>	<p>The U.S. Preventive Services Task Force (USPSTF) recommends that adults between 55 and 69 should discuss the pros and cons of PSA screening with their doctor before making a decision about screening. People who are 70 and older should Not have routine PSA screenings for prostate cancer.</p>	<p><b>Procedure Code(S):</b>  <b>Code Group 1:</b>  <b>G0102, G0103</b>  <b>Blood draw:</b>  <b>36415, 36416</b></p> <p><b>Code Group 2:</b>  <b>(requires diagnosis code)</b>  <b>84152, 84153, 84154</b>  <b>Blood draw:</b>  <b>36415, 36416</b></p> <p><b>Diagnosis Code(s):</b>  <b>Code Group 1:</b>  <b>C61, D07.5, D29.1, D40.0, N40.0, N40.1, N40.2, N40.3, N41.0, N41.1, N41.2, N41.3, N41.4, N41.8, N41.9, N42.1, N42.31, N42.32, N42.39, N42.81, N42.89, R86.0, R86.7, R86.8, R97.20, R97.21, Z12.5, Z15.03, Z80.42, Z85.46, Z87.430</b></p>	<p>Prostate-specific antigen (PSA) screening a medically necessary preventive service for men 45 years of age and older who are considered average-risk for prostate cancer, and for men 40 years of age and older who are considered at high-risk for prostate cancer.</p> <p><b>Note:</b> Routine prostate cancer screening for members 75 years of age or older is considered not medically necessary unless life expectancy is greater than or equal to 10 years.</p>



# APPENDICES

## Preventive Immunizations

An immunization (vaccine) that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied:

- (1) FDA approval; or
- (2) Explicit ACIP recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the CDC. Implementation will typically occur within 60 days after publication in the MMWR. In the case of a public health emergency (as defined by the CDC or local public health departments).

First Medical may choose to apply preventive benefits to a new vaccine if the vaccine has FDA approval, even if an ACIP recommendation has not been announced.

### NOTE:

- Trade Name(s) column: brand names/trade names are included, when available, **as examples** for convenience only. Coverage pursuant to this Coverage Determination Guideline is based solely on the procedure codes.
- Age Group column: This column is provided for **informational use only**. For purposes of this document: Adult means 18 years of age and up; Pediatric means 0-18 years of age.
- Benefit Limits column: Benefit Limits in bold text are from FDA labeling and ACIP recommendations. Codes that indicate “For applicable age see code description” are limited to the age(s) listed in the code description.

## COVID-19 vaccines Codes

### Preventive Immunizations (Vaccines)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
Covid-19 vaccines	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-Co-V-2) (coronavirus disease [COVID-19] vaccine, single dose.	Applies to Covid-19 vaccines	Both	Benefit Limit: Ages 6 months and up. Refer to the Covid19 vaccine product for applicable ages.
	91304	Severe acute respiratory syndrome coronavirus 2 (SARS-Co-V-2) (coronavirus disease [COVID-19] vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use.	Novavax	Both	Benefit Limit: Ages 12 years and older
	91318	Severe acute respiratory syndrome coronavirus 2 (SARS-Co-V-2) (coronavirus disease [COVID-19] vaccine, mRNA-LNP, spike protein 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use.	Pzifer	Pediatric	Benefit Limit: Ages 6 months through 4 years (ends on 5th birthday)
	91319	Severe acute respiratory syndrome coronavirus 2 (SARS-Co-V-2) (coronavirus disease [COVID-19] vaccine, mRNA-LNP, spike protein 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use.	Pzifer	Pediatric	Benefit Limit: Ages 5 years through 11 years (ends on 12th birthday)
	91320	Severe acute respiratory syndrome coronavirus 2 (SARS-Co-V-2) (coronavirus disease [COVID-19] vaccine, mRNA-LNP, spike protein 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use.	Pzifer	Both	Benefit Limit: Ages 12 years and older
	91321	Severe acute respiratory syndrome coronavirus 2 (SARS-Co-V-2) (coronavirus disease [COVID-19] vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use.	Moderna	Pediatric	Benefit Limit: Ages 6 months through 11 years (ends on 12th birthday)
	91322	Severe acute respiratory syndrome coronavirus 2 (SARS-Co-V-2) (coronavirus disease [COVID-19] vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use.	Moderna	Both	Benefit Limit: Ages 12 years and Older

**Preventive Immunizations (Vaccines)**

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
<b>Respiratory syncytial virus (RSV)</b>	90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	N/A	Both	<ul style="list-style-type: none"> <li>•Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*: 1 dose RSV (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.</li> <li>•Age 60 years or older: Based on shared clinical decision-making, 1 dose RSV vaccine(Arexvy® or Abrysvo™).</li> </ul>
	90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	N/A	Both	<ul style="list-style-type: none"> <li>•Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*: 1 dose RSV (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.</li> <li>•Age 60 years or older: Based on shared clinical decision-making, 1 dose RSV vaccine(Arexvy® or Abrysvo™).</li> </ul>
	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	N/A	Both	<ul style="list-style-type: none"> <li>•Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*: 1 dose RSV (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.</li> <li>•Age 60 years or older: Based on shared clinical</li> </ul>

					decision-making, 1 dose RSV vaccine(Arexvy® or Abrysvo™).
	90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	N/A	Both	<ul style="list-style-type: none"> <li>•Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*: 1 dose RSV (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.</li> <li>•Age 60 years or older: Based on shared clinical decision-making, 1 dose RSV vaccine(Arexvy® or Abrysvo™).</li> </ul>
	90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	N/A	Both	<ul style="list-style-type: none"> <li>•Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*: 1 dose RSV (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.</li> <li>•Age 60 years or older: Based on shared clinical decision-making, 1 dose RSV vaccine(Arexvy® or Abrysvo™).</li> </ul>
	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	N/A	Both	<ul style="list-style-type: none"> <li>•Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*: 1 dose RSV (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.</li> <li>•Age 60 years or older: Based on shared clinical decision-making, 1 dose RSV vaccine(Arexvy® or Abrysvo™).</li> </ul>

	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection		Both	<ul style="list-style-type: none"> <li>•Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*: 1 dose RSV (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.</li> <li>•Age 60 years or older: Based on shared clinical decision-making, 1 dose RSV vaccine(Arexvy® or Abrysvo™).</li> </ul>
	Z29.11	Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)		Both	<ul style="list-style-type: none"> <li>•Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States*: 1 dose RSV (Abrysvo™). Administer RSV vaccine regardless of previous RSV infection.</li> <li>•Age 60 years or older: Based on shared clinical decision-making, 1 dose RSV vaccine(Arexvy® or Abrysvo™).</li> </ul>
<b>Mpox</b>	90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, nonreplicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous injection			Any person at risk for Mpox infection: 2-dose series, 28 days apart.

**Preventive Immunizations (Vaccines)**

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
Immunization Administration  Preventive when included as part of a preventive immunization.	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered.	n/a	Pediatric	For applicable age see code description
	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure).	n/a	Pediatric	For applicable age see code description.
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid).	n/a	Both	-
	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure).	n/a	Both	-
	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid).	n/a	Both	-
	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure).	n/a	Both	-
	G0008	Administration of influenza virus vaccine.	n/a	Both	-
	G0009	Administration of pneumococcal vaccine.	n/a	Both	-
	G0010	Administration of hepatitis B vaccine.	n/a	Both	-
	0771 (revenue code)	Vaccine administration.	n/a	Both	-
Meningococca	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWYTT), for intramuscular use	• MenQuadfi®	Both	
I	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use.	• Bexsero®	Both	Benefit Limit: Age 10 and up.
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use.	• Trumenba®	Both	Benefit Limit: Age 10 and up.

	90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and MenB-EHbp, for intramuscular use	<ul style="list-style-type: none"> <li>• Penbraya</li> </ul>	Both	
	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenza b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use.	<ul style="list-style-type: none"> <li>• MenHibrix®</li> </ul>	Pediatric	For applicable age see code Description.



**Preventive Immunizations (Vaccines)**

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use.	• Menomune®	Both	-
	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use.	• Menactra® • Menveo®	Both	-
Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use.	• Havrix® • VAQTA®	Adult	For applicable age see code description.
	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use.	• Havrix® • VAQTA®	Pediatric	For applicable age see code description.
	90634	Hepatitis A vaccine (HepA), Pediatric/adolescent dosage-3 dose schedule, for intramuscular use.	• Havrix®	Pediatric	For applicable age see code description.
	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use.	• Twinrix®	Adult	For applicable age see code description.
Haemophilus influenza b (Hib):	90647	Haemophilus influenza b vaccine (Hib), PRP- OMP conjugate, 3 dose schedules, for intramuscular use.	• PedvaxHIB®	Both	-
	90648	Haemophilus influenza b vaccine (Hib), PRP-T conjugate, 4 dose schedules, for intramuscular use.	• ActHIB® • Hiberix®	Both	-
Human Papilloma Virus (HPV)	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3 dose schedule, for intramuscular use.	• Gardasil4®	Both	Benefit Limit: Ages 9-45yrs*. Ends on 46 <sup>th</sup> birthday. *CDC and FDA recommended ages
	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use.	• Cervarix®	Both	Benefit Limit: Ages 9-45yrs*. Ends on 46 <sup>th</sup> birthday. *CDC and FDA recommended ages

### Preventive Immunizations (Vaccines)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9Vhpv), 3 dose schedule, for intramuscular use.	• Gardasil9®	Both	Benefit Limit: Ages 9-45yrs*. Ends on 46 <sup>th</sup> birthday. *CDC and FDA recommended ages
Seasonal Influenza ('flu')	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use.	-	Both	-
<i>Note: Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date.</i>	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use.	• Fluzone® No Preservative Pediatric	Pediatric	For applicable age see code description.
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use.	• Afluria® • Fluzone® No preservative • Fluvirin® • Fluarix® • Flulaval®	Both	For applicable age see code description.
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to children 6-35 months of age, for intramuscular use.	• Fluzone®	Pediatric	For applicable age see code description.
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use.	• Afluria® • Flulaval® • Fluvirin® • Fluzone®	Both	For applicable age see code description.
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use.	• Flumist®	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50 <sup>th</sup> birthday.
	90661	Influenza virus vaccine (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use.	• Flucelvax®	Adult	Benefit Limit: Ages 18 years and up.
	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use.	• High Dose Fluzone®	Adult	Benefit Limit: Ages 65 years and up.

**Preventive Immunizations (Vaccines)**

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use.	• Flumist®	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50 <sup>th</sup> birthday.
	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use.	-	Both	-
	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use.	-	Both	-
	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use.	-	Both	-
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use.	• Flumist® (LAIV4)	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50 <sup>th</sup> birthday
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use.	• Flublok®	Adult	Benefit Limit: Age 18 years and up.
	90674	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic-free, 0.5 MI dosage, for intramuscular use.	• Flucelvax (cclIV4)		4 years or older.
	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use.	• Flublok Quadrivalent	Adult	Benefit limit: Age 18 years and up.
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use.	• Fluzone®	Pediatric	For applicable age see code description.
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use.	• Fluarix® • Flulaval® • Fluzone Quadrivalent®	Both	For applicable age see code description.
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6- 35 months of age, for intramuscular use.	• Fluzone Quadrivalent®	Pediatric	For applicable age see code description.
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to individuals 3 years of age and older, for intramuscular use.	• Flulaval® • Fluzone Quadrivalent®	Both	For applicable age see code description.

### Preventive Immunizations (Vaccines)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
	90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25MI dosage, for intramuscular use		Both	For applicable age see code description.
	90694	Influenza virus vaccine, quadrivalent (Aiiiv4), inactivated, adjuvanted, preservative free, 0.5 MI dosage, for intramuscular use	• Flud Quadrivalent	65 years and older	one yearly
	90756	Influenza virus vaccine, quadrivalent (cciiiv4), derived from cell cultures, subunit, and antibiotic.	• Flucelvax Quadrivalent® (nonpreservative free)	Both	For applicable age see code description.
	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu).	• Agriflu®	Adult	Benefit Limit: Ages 18 years and up.
	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA).	• Afluria®	Both	For applicable age see code description.
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL).	• Flulaval®	Both	For applicable age see code description.
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN).	• Fluvirin®	Both	For applicable age see code description.
	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone).	• Fluzone®	Both	For applicable age see code description.
	Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified).	-	Both	For applicable age see code description.
Pneumococcal polysaccharide (PPSV23)	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use.	• Pneumovax 23®	Both	For applicable age see code description.
Pneumococcal conjugate	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	• Prevnar 13® (PCV13)	Both	-

**Preventive Immunizations (Vaccines)**

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
	90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use.	• Vaxneuvance	6 weeks of age and older	1 dose PCV15 followed by
	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use.	• Prevnar 20	18 years and older	
Rotavirus	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, lives, for oral use.	• ROTATEQ®	Both	0 – 8 month old
	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use.	• Rotarix®	Both	0 – 8 month old
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (Dtap-IPV)	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DtaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use.	• Kinrix® • Quadracel®	Pediatric	For applicable age see code description.
Diphtheria, tetanus toxoids, acellular pertussis, inactivated poliovirus vaccine, haemophilus influenza type B PRP-OMP conjugate, and hepatitis B (Dtap-IPV-Hib-HepB)	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	• Vaxelis	Pediatric	Benefit Limit: Ages 0-4 years (ends on 5th birthday)
Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (Dtap-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae Type b, and inactivated poliovirus vaccine (DtaP – IPV/Hib), for intramuscular use.	• Pentacel®	Both	-

Diphtheria, tetanus, acellular pertussis (Dtap)	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), when administered to individuals younger than 7 years, for intramuscular use.	<ul style="list-style-type: none"> <li>• Daptacel®</li> <li>• Infanrix®</li> </ul>	Pediatric	For applicable age see code description.
Diphtheria and tetanus (DT)	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use.	-	Pediatric	For applicable age see code description.
Measles, Mumps, Rubella (MMR)	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use.	MMR II	Both	-

**Preventive Immunizations (Vaccines)**

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
<i>combination or individual</i>	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use.	ProQuad®	Both	-
Polio (IPV)	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use.	• Ipol®	Both	-
Tetanus and diphtheria (Td)	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use.	• Tenivac® • Decavac®	Both	For applicable age see code description.
Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use.	• Adacel® • Boostrix®	Both	For applicable age see code description.
Varicella (VAR) ('chicken pox')	90716	Varicella virus vaccine (VAR), live, for subcutaneous use.	• Varivax®	Both	-
Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DtaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DtaP-HepB-IPV), for intramuscular use.	• PEDIARIX®	Both	Benefit Limit: Ages 0-6yrs. Ends on 7 <sup>th</sup> birthday.
Zoster / Shingles (HZV)	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection.	• Zostavax	Adult	Benefit Limit: Age 60 years and up
	90750	Influenza virus vaccine, quadrivalent (cciv4), derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage, for intramuscular use.	•	Both	For applicable age see code description.
	90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use.	• Engerix B • Recombivax HB • Heplisav B	19 years and older	2, 3 or 4 doses depending on vaccine or condition
	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use.	• Recombivax HB®	Both	-

**Preventive Immunizations (Vaccines)**

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
Hepatitis B	90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use.	• Recombivax HB®	Pediatric (adolescent only)	For applicable age see code description.
	90744	Hepatitis B vaccine (HepB), Pediatric/adolescent dosage, 3 dose schedule, for intramuscular use.	• Recombivax HB® • Energix-B®	Pediatric	For applicable age see code
	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use.	• Recombivax HB® • Energix-B®	Adult	For applicable age see code description.
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use.	• Energix-B®	Both	-
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use.	• Comvax®	Both	-
	90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use.	•		
Respiratory syncytial virus (RSV)	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use.	• Abrysvo	Both	
	90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use.	• Arexvy	Adult	Benefit limit: Ages 60 and older.



## Pregnancy Diagnosis Code List

Pregnancy Diagnosis Code List:	
ICD 10	Description
O0000	Abdominal pregnancy without intrauterine pregnancy
O0001	Abdominal pregnancy with intrauterine pregnancy
O00101	Right tubal pregnancy without intrauterine pregnancy
O00102	Left tubal pregnancy without intrauterine pregnancy
O00109	Unspecified tubal pregnancy without intrauterine pregnancy
O00111	Right tubal pregnancy with intrauterine pregnancy
O00112	Left tubal pregnancy with intrauterine pregnancy
O00119	Unspecified tubal pregnancy with intrauterine pregnancy
O00201	Right ovarian pregnancy without intrauterine pregnancy
O00202	Left ovarian pregnancy without intrauterine pregnancy
O00209	Unspecified ovarian pregnancy without intrauterine pregnancy
O00211	Right ovarian pregnancy with intrauterine pregnancy
O00212	Left ovarian pregnancy without intrauterine pregnancy
O00219	Unspecified ovarian pregnancy with intrauterine pregnancy
O0080	Other ectopic pregnancy without intrauterine pregnancy
O0081	Other ectopic pregnancy with intrauterine pregnancy
O0090	Unspecified ectopic pregnancy without intrauterine pregnancy
O0091	Unspecified ectopic pregnancy with intrauterine pregnancy
O010	Classical hydatidiform mole
O011	Incomplete and partial hydatidiform mole
O019	Hydatidiform mole, unspecified
O020	Blighted ovum and nonhydatidiform mole
O021	Missed abortion
O0281	Inappropriate change in quantitative human chorionic gonadotropin (Hcg) in early pregnancy
O0289	Other abnormal products of conception
O029	Abnormal product of conception, unspecified
O030	Genital tract and pelvic infection following incomplete spontaneous abortion
O031	Delayed or excessive hemorrhage following incomplete spontaneous abortion
O032	Embolism following incomplete spontaneous abortion
O0330	Unspecified complication following incomplete spontaneous abortion
O0331	Shock following incomplete spontaneous abortion
O0332	Renal failure following incomplete spontaneous abortion
O0333	Metabolic disorder following incomplete spontaneous abortion
O0334	Damage to pelvic organs following incomplete spontaneous abortion
O0335	Other venous complications following incomplete spontaneous abortion
O0336	Cardiac arrest following incomplete spontaneous abortion
O0337	Sepsis following incomplete spontaneous abortion
O0338	Urinary tract infection following incomplete spontaneous abortion
O0339	Incomplete spontaneous abortion with other complications

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O034	Incomplete spontaneous abortion without complication
O035	Genital tract and pelvic infection following complete or unspecified spontaneous abortion
O036	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
O037	Embolism following complete or unspecified spontaneous abortion
O0380	Unspecified complication following complete or unspecified spontaneous abortion
O0381	Shock following complete or unspecified spontaneous abortion
O0382	Renal failure following complete or unspecified spontaneous abortion
O0383	Metabolic disorder following complete or unspecified spontaneous abortion
O0384	Damage to pelvic organs following complete or unspecified spontaneous abortion
O0385	Other venous complications following complete or unspecified spontaneous abortion
O0386	Cardiac arrest following complete or unspecified spontaneous abortion
O0387	Sepsis following complete or unspecified spontaneous abortion
O0388	Urinary tract infection following complete or unspecified spontaneous abortion
O0389	Complete or unspecified spontaneous abortion with other complications
O039	Complete or unspecified spontaneous abortion without complication
O045	Genital tract and pelvic infection following (induced) termination of pregnancy
O046	Delayed or excessive hemorrhage following (induced) termination of pregnancy
O047	Embolism following (induced) termination of pregnancy
O0480	(Induced) termination of pregnancy with unspecified complications
O0481	Shock following (induced) termination of pregnancy
O0482	Renal failure following (induced) termination of pregnancy
O0483	Metabolic disorder following (induced) termination of pregnancy
O0484	Damage to pelvic organs following (induced) termination of pregnancy
O0485	Other venous complications following (induced) termination of pregnancy
O0486	Cardiac arrest following (induced) termination of pregnancy
O0487	Sepsis following (induced) termination of pregnancy
O0488	Urinary tract infection following (induced) termination of pregnancy
O0489	(Induced) termination of pregnancy with other complications
O070	Genital tract and pelvic infection following failed attempted termination of pregnancy
O071	Delayed or excessive hemorrhage following failed attempted termination of pregnancy
O072	Embolism following failed attempted termination of pregnancy
O0730	Failed attempted termination of pregnancy with unspecified complications
O0731	Shock following failed attempted termination of pregnancy
O0732	Renal failure following failed attempted termination of pregnancy
O0733	Metabolic disorder following failed attempted termination of pregnancy
O0734	Damage to pelvic organs following failed attempted termination of pregnancy
O0735	Other venous complications following failed attempted termination of pregnancy
O0736	Cardiac arrest following failed attempted termination of pregnancy
O0737	Sepsis following failed attempted termination of pregnancy
O0738	Urinary tract infection following failed attempted termination of pregnancy
O0739	Failed attempted termination of pregnancy with other complications

**Pregnancy Diagnosis Code List:**

<b>ICD 10</b>	<b>Description</b>
O074	Failed attempted termination of pregnancy without complication
O080	Genital tract and pelvic infection following ectopic and molar pregnancy
O081	Delayed or excessive hemorrhage following ectopic and molar pregnancy
O082	Embolism following ectopic and molar pregnancy
O083	Shock following ectopic and molar pregnancy
O084	Renal failure following ectopic and molar pregnancy
O085	Metabolic disorders following an ectopic and molar pregnancy
O086	Damage to pelvic organs and tissues following an ectopic and molar pregnancy
O087	Other venous complications following an ectopic and molar pregnancy
O0881	Cardiac arrest following an ectopic and molar pregnancy
O0882	Sepsis following ectopic and molar pregnancy
O0883	Urinary tract infection following an ectopic and molar pregnancy
O0889	Other complications following an ectopic and molar pregnancy
O089	Unspecified complication following an ectopic and molar pregnancy
O0900	Supervision of pregnancy with history of infertility, unspecified trimester
O0901	Supervision of pregnancy with history of infertility, first trimester
O0902	Supervision of pregnancy with history of infertility, second trimester
O0903	Supervision of pregnancy with history of infertility, third trimester
O0910	Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester
O0911	Supervision of pregnancy with history of ectopic pregnancy, first trimester
O0912	Supervision of pregnancy with history of ectopic pregnancy, second trimester
O0913	Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09A3	Supervision of pregnancy with history of molar pregnancy, third trimester
O09211	Supervision of pregnancy with history of pre-term labor, first trimester
O09212	Supervision of pregnancy with history of pre-term labor, second trimester
O09213	Supervision of pregnancy with history of pre-term labor, third trimester
O09219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09291	Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09292	Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09299	Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
O0930	Supervision of pregnancy with insufficient antenatal care, unspecified trimester
O0931	Supervision of pregnancy with insufficient antenatal care, first trimester
O0932	Supervision of pregnancy with insufficient antenatal care, second trimester
O0933	Supervision of pregnancy with insufficient antenatal care, third trimester
O0940	Supervision of pregnancy with grand multiparity, unspecified trimester
O0941	Supervision of pregnancy with grand multiparity, first trimester
O0942	Supervision of pregnancy with grand multiparity, second trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O0943	Supervision of pregnancy with grand multiparity, third trimester
O09511	Supervision of elderly primigravida, first trimester
O09512	Supervision of elderly primigravida, second trimester
O09513	Supervision of elderly primigravida, third trimester
O09519	Supervision of elderly primigravida, unspecified trimester
O09521	Supervision of elderly multigravida, first trimester
O09522	Supervision of elderly multigravida, second trimester
O09523	Supervision of elderly multigravida, third trimester
O09529	Supervision of elderly multigravida, unspecified trimester
O09611	Supervision of young primigravida, first trimester
O09612	Supervision of young primigravida, second trimester
O09613	Supervision of young primigravida, third trimester
O09619	Supervision of young primigravida, unspecified trimester
O09621	Supervision of young multigravida, first trimester
O09622	Supervision of young multigravida, second trimester
O09623	Supervision of young multigravida, third trimester
O09629	Supervision of young multigravida, unspecified trimester
O0970	Supervision of high risk pregnancy due to social problems, unspecified trimester
O0971	Supervision of high risk pregnancy due to social problems, first trimester
O0972	Supervision of high risk pregnancy due to social problems, second trimester
O0973	Supervision of high risk pregnancy due to social problems, third trimester
O09811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
O09812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09819	Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
O09821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
O09822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
O09823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester
O09829	Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester
O09891	Supervision of other high risk pregnancies, first trimester
O09892	Supervision of other high risk pregnancies, second trimester
O09893	Supervision of other high risk pregnancies, third trimester
O09899	Supervision of other high risk pregnancies, unspecified trimester
O0990	Supervision of high risk pregnancy, unspecified, unspecified trimester
O0991	Supervision of high risk pregnancy, unspecified, first trimester
O0992	Supervision of high risk pregnancy, unspecified, second trimester
O0993	Supervision of high risk pregnancy, unspecified, third trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O10011	Pre-existing essential hypertension complicating pregnancy, first trimester
O10012	Pre-existing essential hypertension complicating pregnancy, second trimester
O10013	Pre-existing essential hypertension complicating pregnancy, third trimester
O10019	Pre-existing essential hypertension complicating pregnancy, unspecified trimester
O1002	Pre-existing essential hypertension complicating childbirth
O1003	Pre-existing essential hypertension complicating the puerperium
O10111	Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10112	Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10113	Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10119	Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester
O1012	Pre-existing hypertensive heart disease complicating childbirth
O1013	Pre-existing hypertensive heart disease complicating the puerperium
O10211	Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester
O10212	Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10213	Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10219	Pre-existing hypertensive chronic kidney disease complicating pregnancy, unspecified trimester
O1022	Pre-existing hypertensive chronic kidney disease complicating childbirth
O1023	Pre-existing hypertensive chronic kidney disease complicating the puerperium
O10311	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10312	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10319	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, unspecified trimester
O1032	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
O1033	Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium
O10411	Pre-existing secondary hypertension complicating pregnancy, first trimester
O10412	Pre-existing secondary hypertension complicating pregnancy, second trimester
O10413	Pre-existing secondary hypertension complicating pregnancy, third trimester
O10419	Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
O1042	Pre-existing secondary hypertension complicating childbirth
O1043	Pre-existing secondary hypertension complicating the puerperium
O10911	Unspecified pre-existing hypertension complicating pregnancy, first trimester
O10912	Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10913	Unspecified pre-existing hypertension complicating pregnancy, third trimester
O10919	Unspecified pre-existing hypertension complicating pregnancy, unspecified trimester
O1092	Unspecified pre-existing hypertension complicating childbirth
O1093	Unspecified pre-existing hypertension complicating the puerperium
O111	Pre-existing hypertension with pre-eclampsia, first trimester
O112	Pre-existing hypertension with pre-eclampsia, second trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O113	Pre-existing hypertension with pre-eclampsia, third trimester
O114	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O115	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O119	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O1200	Gestational edema, unspecified trimester
O1201	Gestational edema, first trimester
O1202	Gestational edema, second trimester
O1203	Gestational edema, third trimester
O1204	Gestational edema, complicating childbirth
O1205	Gestational edema, complicating the puerperium
O1210	Gestational proteinuria, unspecified trimester
O1211	Gestational proteinuria, first trimester
O1212	Gestational proteinuria, second trimester
O1213	Gestational proteinuria, third trimester
O1214	Gestational proteinuria, complicating childbirth
O1215	Gestational proteinuria, complicating the puerperium
O1220	Gestational edema with proteinuria, unspecified trimester
O1221	Gestational edema with proteinuria, first trimester
O1222	Gestational edema with proteinuria, second trimester
O1223	Gestational edema with proteinuria, third trimester
O1224	Gestational edema with proteinuria, complicating childbirth
O1225	Gestational edema with proteinuria, complicating the puerperium
O131	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O132	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O133	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O134	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O135	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O139	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O1400	Mild to moderate pre-eclampsia, unspecified trimester
O1402	Mild to moderate pre-eclampsia, second trimester
O1403	Mild to moderate pre-eclampsia, third trimester
O1404	Mild to moderate pre-eclampsia, complicating childbirth
O1405	Mild to moderate pre-eclampsia, complicating the puerperium
O1410	Severe pre-eclampsia, unspecified trimester
O1412	Severe pre-eclampsia, second trimester
O1413	Severe pre-eclampsia, third trimester
O1414	Severe pre-eclampsia complicating childbirth
O1415	Severe pre-eclampsia, complicating the puerperium
O1420	HELLP syndrome (HELLP), unspecified trimester

**Pregnancy Diagnosis Code List:**

<b>ICD 10</b>	<b>Description</b>
O1422	HELLP syndrome (HELLP), second trimester
O1423	HELLP syndrome (HELLP), third trimester
O1424	HELLP syndrome, complicating childbirth
O1425	HELLP syndrome, complicating the puerperium
O1490	Unspecified pre-eclampsia, unspecified trimester
O1492	Unspecified pre-eclampsia, second trimester
O1493	Unspecified pre-eclampsia, third trimester
O1494	Unspecified pre-eclampsia, complicating childbirth
O1495	Unspecified pre-eclampsia, complicating the puerperium
O1500	Eclampsia complicating pregnancy, unspecified trimester
O1502	Eclampsia complicating pregnancy, second trimester
O1503	Eclampsia complicating pregnancy, third trimester
O151	Eclampsia complicating labor
O152	Eclampsia complicating the puerperium
O159	Eclampsia, unspecified as to time period
O161	Unspecified maternal hypertension, first trimester
O162	Unspecified maternal hypertension, second trimester
O163	Unspecified maternal hypertension, third trimester
O164	Unspecified maternal hypertension, complicating childbirth
O165	Unspecified maternal hypertension, complicating the puerperium
O169	Unspecified maternal hypertension, unspecified trimester
O200	Threatened abortion
O208	Other hemorrhage in early pregnancy
O209	Hemorrhage in early pregnancy, unspecified
O210	Mild hyperemesis gravidarum
O211	Hyperemesis gravidarum with metabolic disturbance
O212	Late vomiting of pregnancy
O218	Other vomiting complicating pregnancy
O219	Vomiting of pregnancy, unspecified
O2200	Varicose veins of lower extremity in pregnancy, unspecified trimester
O2201	Varicose veins of lower extremity in pregnancy, first trimester
O2202	Varicose veins of lower extremity in pregnancy, second trimester
O2203	Varicose veins of lower extremity in pregnancy, third trimester
O2210	Genital varices in pregnancy, unspecified trimester
O2211	Genital varices in pregnancy, first trimester
O2212	Genital varices in pregnancy, second trimester
O2213	Genital varices in pregnancy, third trimester
O2220	Superficial thrombophlebitis in pregnancy, unspecified trimester
O2221	Superficial thrombophlebitis in pregnancy, first trimester
O2222	Superficial thrombophlebitis in pregnancy, second trimester
O2223	Superficial thrombophlebitis in pregnancy, third trimester

**Pregnancy Diagnosis Code List:**

<b>ICD 10</b>	<b>Description</b>
O2230	Deep phlebothrombosis in pregnancy, unspecified trimester
O2231	Deep phlebothrombosis in pregnancy, first trimester
O2232	Deep phlebothrombosis in pregnancy, second trimester
O2233	Deep phlebothrombosis in pregnancy, third trimester
O2240	Hemorrhoids in pregnancy, unspecified trimester
O2241	Hemorrhoids in pregnancy, first trimester
O2242	Hemorrhoids in pregnancy, second trimester
O2243	Hemorrhoids in pregnancy, third trimester
O2250	Cerebral venous thrombosis in pregnancy, unspecified trimester
O2251	Cerebral venous thrombosis in pregnancy, first trimester
O2252	Cerebral venous thrombosis in pregnancy, second trimester
O2253	Cerebral venous thrombosis in pregnancy, third trimester
O228X1	Other venous complications in pregnancy, first trimester
O228X2	Other venous complications in pregnancy, second trimester
O228X3	Other venous complications in pregnancy, third trimester
O228X9	Other venous complications in pregnancy, unspecified trimester
O2290	Venous complication in pregnancy, unspecified, unspecified trimester
O2291	Venous complication in pregnancy, unspecified, first trimester
O2292	Venous complication in pregnancy, unspecified, second trimester
O2293	Venous complication in pregnancy, unspecified, third trimester
O2300	Infections of kidney in pregnancy, unspecified trimester
O2301	Infections of kidney in pregnancy, first trimester
O2302	Infections of kidney in pregnancy, second trimester
O2303	Infections of kidney in pregnancy, third trimester
O2310	Infections of bladder in pregnancy, unspecified trimester
O2311	Infections of bladder in pregnancy, first trimester
O2312	Infections of bladder in pregnancy, second trimester
O2313	Infections of bladder in pregnancy, third trimester
O2320	Infections of urethra in pregnancy, unspecified trimester
O2321	Infections of urethra in pregnancy, first trimester
O2322	Infections of urethra in pregnancy, second trimester
O2323	Infections of urethra in pregnancy, third trimester
O2330	Infections of other parts of urinary tract in pregnancy, unspecified trimester
O2331	Infections of other parts of urinary tract in pregnancy, first trimester
O2332	Infections of other parts of urinary tract in pregnancy, second trimester
O2333	Infections of other parts of urinary tract in pregnancy, third trimester
O2340	Unspecified infection of urinary tract in pregnancy, unspecified trimester
O2341	Unspecified infection of urinary tract in pregnancy, first trimester
O2342	Unspecified infection of urinary tract in pregnancy, second trimester
O2343	Unspecified infection of urinary tract in pregnancy, third trimester
O23511	Infections of cervix in pregnancy, first trimester



**Pregnancy Diagnosis Code List:**

<b>ICD 10</b>	<b>Description</b>
O23512	Infections of cervix in pregnancy, second trimester
O23513	Infections of cervix in pregnancy, third trimester
O23519	Infections of cervix in pregnancy, unspecified trimester
O23521	Salpingo-oophoritis in pregnancy, first trimester
O23522	Salpingo-oophoritis in pregnancy, second trimester
O23523	Salpingo-oophoritis in pregnancy, third trimester
O23529	Salpingo-oophoritis in pregnancy, unspecified trimester
O23591	Infection of other part of genital tract in pregnancy, first trimester
O23592	Infection of other part of genital tract in pregnancy, second trimester
O23593	Infection of other part of genital tract in pregnancy, third trimester
O23599	Infection of other part of genital tract in pregnancy, unspecified trimester
O2390	Unspecified genitourinary tract infection in pregnancy, unspecified trimester
O2391	Unspecified genitourinary tract infection in pregnancy, first trimester
O2392	Unspecified genitourinary tract infection in pregnancy, second trimester
O2393	Unspecified genitourinary tract infection in pregnancy, third trimester
O24011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
O24012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
O24013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
O24019	Pre-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
O24111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
O24112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
O24113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
O24119	Pre-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
O24311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
O2432	Unspecified pre-existing diabetes mellitus in childbirth
O2433	Unspecified pre-existing diabetes mellitus in the puerperium
O24410	Gestational diabetes mellitus in pregnancy, diet controlled
O24414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24419	Gestational diabetes mellitus in pregnancy, unspecified control
O24420	Gestational diabetes mellitus in childbirth, diet controlled
O24424	Gestational diabetes mellitus in childbirth, insulin controlled
O24425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24429	Gestational diabetes mellitus in childbirth, unspecified control

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O24430	Gestational diabetes mellitus in the puerperium, diet controlled
O24434	Gestational diabetes mellitus in the puerperium, insulin controlled
O24435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O24439	Gestational diabetes mellitus in the puerperium, unspecified control
O24811	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24812	Other pre-existing diabetes mellitus in pregnancy, second trimester
O24813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
O2482	Other pre-existing diabetes mellitus in childbirth
O2483	Other pre-existing diabetes mellitus in the puerperium
O24911	Unspecified diabetes mellitus in pregnancy, first trimester
O24912	Unspecified diabetes mellitus in pregnancy, second trimester
O24913	Unspecified diabetes mellitus in pregnancy, third trimester
O24919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
O2492	Unspecified diabetes mellitus in childbirth
O2493	Unspecified diabetes mellitus in the puerperium
O2510	Malnutrition in pregnancy, unspecified trimester
O2511	Malnutrition in pregnancy, first trimester
O2512	Malnutrition in pregnancy, second trimester
O2513	Malnutrition in pregnancy, third trimester
O252	Malnutrition in childbirth
O253	Malnutrition in the puerperium
O2600	Excessive weight gain in pregnancy, unspecified trimester
O2601	Excessive weight gain in pregnancy, first trimester
O2602	Excessive weight gain in pregnancy, second trimester
O2603	Excessive weight gain in pregnancy, third trimester
O2610	Low weight gain in pregnancy, unspecified trimester
O2611	Low weight gain in pregnancy, first trimester
O2612	Low weight gain in pregnancy, second trimester
O2613	Low weight gain in pregnancy, third trimester
O2620	Pregnancy care for patient with recurrent pregnancy loss, unspecified trimester
O2621	Pregnancy care for patient with recurrent pregnancy loss, first trimester
O2622	Pregnancy care for patient with recurrent pregnancy loss, second trimester
O2623	Pregnancy care for patient with recurrent pregnancy loss, third trimester
O2630	Retained intrauterine contraceptive device in pregnancy, unspecified trimester
O2631	Retained intrauterine contraceptive device in pregnancy, first trimester
O2632	Retained intrauterine contraceptive device in pregnancy, second trimester
O2633	Retained intrauterine contraceptive device in pregnancy, third trimester
O2640	Herpes gestationis, unspecified trimester
O2641	Herpes gestationis, first trimester
O2642	Herpes gestationis, second trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O2643	Herpes gestationis, third trimester
O2650	Maternal hypotension syndrome, unspecified trimester
O2651	Maternal hypotension syndrome, first trimester
O2652	Maternal hypotension syndrome, second trimester
O2653	Maternal hypotension syndrome, third trimester
O26611	Liver and biliary tract disorders in pregnancy, first trimester
O26612	Liver and biliary tract disorders in pregnancy, second trimester
O26613	Liver and biliary tract disorders in pregnancy, third trimester
O26619	Liver and biliary tract disorders in pregnancy, unspecified trimester
O2662	Liver and biliary tract disorders in childbirth
O2663	Liver and biliary tract disorders in the puerperium
O26711	Subluxation of symphysis (pubis) in pregnancy, first trimester
O26712	Subluxation of symphysis (pubis) in pregnancy, second trimester
O26713	Subluxation of symphysis (pubis) in pregnancy, third trimester
O26719	Subluxation of symphysis (pubis) in pregnancy, unspecified trimester
O2672	Subluxation of symphysis (pubis) in childbirth
O2673	Subluxation of symphysis (pubis) in the puerperium
O26811	Pregnancy related exhaustion and fatigue, first trimester
O26812	Pregnancy related exhaustion and fatigue, second trimester
O26813	Pregnancy related exhaustion and fatigue, third trimester
O26819	Pregnancy related exhaustion and fatigue, unspecified trimester
O26821	Pregnancy related peripheral neuritis, first trimester
O26822	Pregnancy related peripheral neuritis, second trimester
O26823	Pregnancy related peripheral neuritis, third trimester
O26829	Pregnancy related peripheral neuritis, unspecified trimester
O26831	Pregnancy related renal disease, first trimester
O26832	Pregnancy related renal disease, second trimester
O26833	Pregnancy related renal disease, third trimester
O26839	Pregnancy related renal disease, unspecified trimester
O26841	Uterine size-date discrepancy, first trimester
O26842	Uterine size-date discrepancy, second trimester
O26843	Uterine size-date discrepancy, third trimester
O26849	Uterine size-date discrepancy, unspecified trimester
O26851	Spotting complicating pregnancy, first trimester
O26852	Spotting complicating pregnancy, second trimester
O26853	Spotting complicating pregnancy, third trimester
O26859	Spotting complicating pregnancy, unspecified trimester
O2686	Pruritic urticarial papules and plaques of pregnancy (PUPPP)
O26872	Cervical shortening, second trimester
O26873	Cervical shortening, third trimester
O26879	Cervical shortening, unspecified trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O26891	Other specified pregnancy related conditions, first trimester
O26892	Other specified pregnancy related conditions, second trimester
O26893	Other specified pregnancy related conditions, third trimester
O26899	Other specified pregnancy related conditions, unspecified trimester
O2690	Pregnancy related conditions, unspecified, unspecified trimester
O2691	Pregnancy related conditions, unspecified, first trimester
O2692	Pregnancy related conditions, unspecified, second trimester
O2693	Pregnancy related conditions, unspecified, third trimester
O280	Abnormal hematological finding on antenatal screening of mother
O281	Abnormal biochemical finding on antenatal screening of mother
O282	Abnormal cytological finding on antenatal screening of mother
O283	Abnormal ultrasonic finding on antenatal screening of mother
O284	Abnormal radiological finding on antenatal screening of mother
O285	Abnormal chromosomal and genetic finding on antenatal screening of mother
O288	Other abnormal findings on antenatal screening of mother
O289	Unspecified abnormal findings on antenatal screening of mother
O29011	Aspiration pneumonitis due to anesthesia during pregnancy, first trimester
O29012	Aspiration pneumonitis due to anesthesia during pregnancy, second trimester
O29013	Aspiration pneumonitis due to anesthesia during pregnancy, third trimester
O29019	Aspiration pneumonitis due to anesthesia during pregnancy, unspecified trimester
O29021	Pressure collapse of lung due to anesthesia during pregnancy, first trimester
O29022	Pressure collapse of lung due to anesthesia during pregnancy, second trimester
O29023	Pressure collapse of lung due to anesthesia during pregnancy, third trimester
O29029	Pressure collapse of lung due to anesthesia during pregnancy, unspecified trimester
O29091	Other pulmonary complications of anesthesia during pregnancy, first trimester
O29092	Other pulmonary complications of anesthesia during pregnancy, second trimester
O29093	Other pulmonary complications of anesthesia during pregnancy, third trimester
O29099	Other pulmonary complications of anesthesia during pregnancy, unspecified trimester
O29111	Cardiac arrest due to anesthesia during pregnancy, first trimester
O29112	Cardiac arrest due to anesthesia during pregnancy, second trimester
O29113	Cardiac arrest due to anesthesia during pregnancy, third trimester
O29119	Cardiac arrest due to anesthesia during pregnancy, unspecified trimester
O29121	Cardiac failure due to anesthesia during pregnancy, first trimester
O29122	Cardiac failure due to anesthesia during pregnancy, second trimester
O29123	Cardiac failure due to anesthesia during pregnancy, third trimester
O29129	Cardiac failure due to anesthesia during pregnancy, unspecified trimester
O29191	Other cardiac complications of anesthesia during pregnancy, first trimester
O29192	Other cardiac complications of anesthesia during pregnancy, second trimester
O29193	Other cardiac complications of anesthesia during pregnancy, third trimester
O29199	Other cardiac complications of anesthesia during pregnancy, unspecified trimester
O29211	Cerebral anoxia due to anesthesia during pregnancy, first trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O29212	Cerebral anoxia due to anesthesia during pregnancy, second trimester
O29213	Cerebral anoxia due to anesthesia during pregnancy, third trimester
O29219	Cerebral anoxia due to anesthesia during pregnancy, unspecified trimester
O29291	Other central nervous system complications of anesthesia during pregnancy, first trimester
O29292	Other central nervous system complications of anesthesia during pregnancy, second trimester
O29293	Other central nervous system complications of anesthesia during pregnancy, third trimester
O29299	Other central nervous system complications of anesthesia during pregnancy, unspecified trimester
O293X1	Toxic reaction to local anesthesia during pregnancy, first trimester
O293X2	Toxic reaction to local anesthesia during pregnancy, second trimester
O293X3	Toxic reaction to local anesthesia during pregnancy, third trimester
O293X9	Toxic reaction to local anesthesia during pregnancy, unspecified trimester
O2940	Spinal and epidural anesthesia induced headache during pregnancy, unspecified trimester
O2941	Spinal and epidural anesthesia induced headache during pregnancy, first trimester
O2942	Spinal and epidural anesthesia induced headache during pregnancy, second trimester
O2943	Spinal and epidural anesthesia induced headache during pregnancy, third trimester
O295X1	Other complications of spinal and epidural anesthesia during pregnancy, first trimester
O295X2	Other complications of spinal and epidural anesthesia during pregnancy, second trimester
O295X3	Other complications of spinal and epidural anesthesia during pregnancy, third trimester
O295X9	Other complications of spinal and epidural anesthesia during pregnancy, unspecified trimester
O2960	Failed or difficult intubation for anesthesia during pregnancy, unspecified trimester
O2961	Failed or difficult intubation for anesthesia during pregnancy, first trimester
O2962	Failed or difficult intubation for anesthesia during pregnancy, second trimester
O2963	Failed or difficult intubation for anesthesia during pregnancy, third trimester
O298X1	Other complications of anesthesia during pregnancy, first trimester
O298X2	Other complications of anesthesia during pregnancy, second trimester
O298X3	Other complications of anesthesia during pregnancy, third trimester
O298X9	Other complications of anesthesia during pregnancy, unspecified trimester
O2990	Unspecified complication of anesthesia during pregnancy, unspecified trimester
O2991	Unspecified complication of anesthesia during pregnancy, first trimester
O2992	Unspecified complication of anesthesia during pregnancy, second trimester
O2993	Unspecified complication of anesthesia during pregnancy, third trimester
O30001	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30002	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30003	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30009	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30011	Twin pregnancy, monochorionic/monoamniotic, first trimester
O30012	Twin pregnancy, monochorionic/monoamniotic, second trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O30013	Twin pregnancy, monochorionic/monoamniotic, third trimester
O30019	Twin pregnancy, monochorionic/monoamniotic, unspecified trimester
O30021	Conjoined twin pregnancy, first trimester
O30022	Conjoined twin pregnancy, second trimester
O30023	Conjoined twin pregnancy, third trimester
O30029	Conjoined twin pregnancy, unspecified trimester
O30031	Twin pregnancy, monochorionic/diamniotic, first trimester
O30032	Twin pregnancy, monochorionic/diamniotic, second trimester
O30033	Twin pregnancy, monochorionic/diamniotic, third trimester
O30039	Twin pregnancy, monochorionic/diamniotic, unspecified trimester
O30041	Twin pregnancy, dichorionic/diamniotic, first trimester
O30042	Twin pregnancy, dichorionic/diamniotic, second trimester
O30043	Twin pregnancy, dichorionic/diamniotic, third trimester
O30049	Twin pregnancy, dichorionic/diamniotic, unspecified trimester
O30091	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30092	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30099	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30101	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30102	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30103	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30109	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30111	Triplet pregnancy with two or more monochorionic fetuses, first trimester
O30112	Triplet pregnancy with two or more monochorionic fetuses, second trimester
O30113	Triplet pregnancy with two or more monochorionic fetuses, third trimester
O30119	Triplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O30121	Triplet pregnancy with two or more monoamniotic fetuses, first trimester
O30122	Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O30123	Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O30129	Triplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O30131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30191	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first

Pregnancy Diagnosis Code List:	
ICD 10	Description
	trimester
O30192	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30193	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30199	Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30201	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30202	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30203	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30209	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30211	Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O30212	Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O30213	Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30219	Quadruplet pregnancy with two or more monochorionic fetuses, unspecified trimester
O30221	Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O30222	Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O30223	Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30229	Quadruplet pregnancy with two or more monoamniotic fetuses, unspecified trimester
O30231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30291	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30292	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30293	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30299	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O30801	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30802	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30803	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30809	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
O30811	Other specified multiple gestation with two or more monochorionic fetuses, first trimester
O30812	Other specified multiple gestation with two or more monochorionic fetuses, second trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O30813	Other specified multiple gestation with two or more monochorionic fetuses, third trimester
O30819	Other specified multiple gestation with two or more monochorionic fetuses, unspecified trimester
O30821	Other specified multiple gestation with two or more monoamniotic fetuses, first trimester
O30822	Other specified multiple gestation with two or more monoamniotic fetuses, second trimester
O30823	Other specified multiple gestation with two or more monoamniotic fetuses, third trimester
O30829	Other specified multiple gestation with two or more monoamniotic fetuses, unspecified trimester
O30831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
O30891	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester
O30892	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester
O30893	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester
O30899	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O3090	Multiple gestation, unspecified, unspecified trimester
O3091	Multiple gestation, unspecified, first trimester
O3092	Multiple gestation, unspecified, second trimester
O3093	Multiple gestation, unspecified, third trimester
O3100X0	Papyraceous fetus, unspecified trimester, not applicable or unspecified
O3100X1	Papyraceous fetus, unspecified trimester, fetus 1
O3100X2	Papyraceous fetus, unspecified trimester, fetus 2
O3100X3	Papyraceous fetus, unspecified trimester, fetus 3
O3100X4	Papyraceous fetus, unspecified trimester, fetus 4
O3100X5	Papyraceous fetus, unspecified trimester, fetus 5
O3100X9	Papyraceous fetus, unspecified trimester, other fetus
O3101X0	Papyraceous fetus, first trimester, not applicable or unspecified
O3101X1	Papyraceous fetus, first trimester, fetus 1
O3101X2	Papyraceous fetus, first trimester, fetus 2
O3101X3	Papyraceous fetus, first trimester, fetus 3
O3101X4	Papyraceous fetus, first trimester, fetus 4
O3101X5	Papyraceous fetus, first trimester, fetus 5
O3101X9	Papyraceous fetus, first trimester, other fetus
O3102X0	Papyraceous fetus, second trimester, not applicable or unspecified
O3102X1	Papyraceous fetus, second trimester, fetus 1



**Pregnancy Diagnosis Code List:**

ICD 10	Description
O3102X2	Papyraceous fetus, second trimester, fetus 2
O3102X3	Papyraceous fetus, second trimester, fetus 3
O3102X4	Papyraceous fetus, second trimester, fetus 4
O3102X5	Papyraceous fetus, second trimester, fetus 5
O3102X9	Papyraceous fetus, second trimester, other fetus
O3103X0	Papyraceous fetus, third trimester, not applicable or unspecified
O3103X1	Papyraceous fetus, third trimester, fetus 1
O3103X2	Papyraceous fetus, third trimester, fetus 2
O3103X3	Papyraceous fetus, third trimester, fetus 3
O3103X4	Papyraceous fetus, third trimester, fetus 4
O3103X5	Papyraceous fetus, third trimester, fetus 5
O3103X9	Papyraceous fetus, third trimester, other fetus
O3110X0	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, not applicable or unspecified
O3110X1	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 1
O3110X2	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 2
O3110X3	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 3
O3110X4	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 4
O3110X5	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 5
O3110X9	Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, other fetus
O3111X0	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O3111X1	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1
O3111X2	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2
O3111X3	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3
O3111X4	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4
O3111X5	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5
O3111X9	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus
O3112X0	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified
O3112X1	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1
O3112X2	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2
O3112X3	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3
O3112X4	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O3112X5	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5
O3112X9	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus
O3113X0	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified
O3113X1	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1
O3113X2	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2
O3113X3	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3
O3113X4	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 4
O3113X5	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 5
O3113X9	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus
O3120X0	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, not applicable or unspecified
O3120X1	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 1
O3120X2	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 2
O3120X3	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 3
O3120X4	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 4
O3120X5	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 5
O3120X9	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, other fetus
O3121X0	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, not applicable or unspecified
O3121X1	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 1
O3121X2	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 2
O3121X3	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 3
O3121X4	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 4
O3121X5	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 5
O3121X9	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, other fetus
O3122X0	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified
O3122X1	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1
O3122X2	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2
O3122X3	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3
O3122X4	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 4
O3122X5	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 5
O3122X9	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, other fetus
O3123X0	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, not

**Pregnancy Diagnosis Code List:**

ICD 10	Description
	applicable or unspecified
O3123X1	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 1
O3123X2	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 2
O3123X3	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 3
O3123X4	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 4
O3123X5	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 5
O3123X9	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, other fetus
O3130X0	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, not applicable or unspecified
O3130X1	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 1
O3130X2	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 2
O3130X3	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 3
O3130X4	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 4
O3130X5	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 5
O3130X9	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, other fetus
O3131X0	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, not applicable or unspecified
O3131X1	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 1
O3131X2	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 2
O3131X3	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 3
O3131X4	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 4
O3131X5	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 5
O3131X9	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, other fetus
O3132X0	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, not applicable or unspecified
O3132X1	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 1
O3132X2	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 2
O3132X3	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 3
O3132X4	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 4
O3132X5	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 5
O3132X9	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, other fetus
O3133X0	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, not

**Pregnancy Diagnosis Code List:**

ICD 10	Description
	applicable or unspecified
O3133X1	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 1
O3133X2	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 2
O3133X3	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 3
O3133X4	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 4
O3133X5	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 5
O3133X9	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, other fetus
O318X10	Other complications specific to multiple gestation, first trimester, not applicable or unspecified
O318X11	Other complications specific to multiple gestation, first trimester, fetus 1
O318X12	Other complications specific to multiple gestation, first trimester, fetus 2
O318X13	Other complications specific to multiple gestation, first trimester, fetus 3
O318X14	Other complications specific to multiple gestation, first trimester, fetus 4
O318X15	Other complications specific to multiple gestation, first trimester, fetus 5
O318X19	Other complications specific to multiple gestation, first trimester, other fetus
O318X20	Other complications specific to multiple gestation, second trimester, not applicable or unspecified
O318X21	Other complications specific to multiple gestation, second trimester, fetus 1
O318X22	Other complications specific to multiple gestation, second trimester, fetus 2
O318X23	Other complications specific to multiple gestation, second trimester, fetus 3
O318X24	Other complications specific to multiple gestation, second trimester, fetus 4
O318X25	Other complications specific to multiple gestation, second trimester, fetus 5
O318X29	Other complications specific to multiple gestation, second trimester, other fetus
O318X30	Other complications specific to multiple gestation, third trimester, not applicable or unspecified
O318X31	Other complications specific to multiple gestation, third trimester, fetus 1
O318X32	Other complications specific to multiple gestation, third trimester, fetus 2
O318X33	Other complications specific to multiple gestation, third trimester, fetus 3
O318X34	Other complications specific to multiple gestation, third trimester, fetus 4
O318X35	Other complications specific to multiple gestation, third trimester, fetus 5
O318X39	Other complications specific to multiple gestation, third trimester, other fetus
O318X90	Other complications specific to multiple gestation, unspecified trimester, not applicable or unspecified
O318X91	Other complications specific to multiple gestation, unspecified trimester, fetus 1
O318X92	Other complications specific to multiple gestation, unspecified trimester, fetus 2
O318X93	Other complications specific to multiple gestation, unspecified trimester, fetus 3
O318X94	Other complications specific to multiple gestation, unspecified trimester, fetus 4
O318X95	Other complications specific to multiple gestation, unspecified trimester, fetus 5
O318X99	Other complications specific to multiple gestation, unspecified trimester, other fetus
O320XX0	Maternal care for unstable lie, not applicable or unspecified
O320XX1	Maternal care for unstable lie, fetus 1
O320XX2	Maternal care for unstable lie, fetus 2
O320XX3	Maternal care for unstable lie, fetus 3

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O320XX4	Maternal care for unstable lie, fetus 4
O320XX5	Maternal care for unstable lie, fetus 5
O320XX9	Maternal care for unstable lie, other fetus
O321XX0	Maternal care for breech presentation, not applicable or unspecified
O321XX1	Maternal care for breech presentation, fetus 1
O321XX2	Maternal care for breech presentation, fetus 2
O321XX3	Maternal care for breech presentation, fetus 3
O321XX4	Maternal care for breech presentation, fetus 4
O321XX5	Maternal care for breech presentation, fetus 5
O321XX9	Maternal care for breech presentation, other fetus
O322XX0	Maternal care for transverse and oblique lie, not applicable or unspecified
O322XX1	Maternal care for transverse and oblique lie, fetus 1
O322XX2	Maternal care for transverse and oblique lie, fetus 2
O322XX3	Maternal care for transverse and oblique lie, fetus 3
O322XX4	Maternal care for transverse and oblique lie, fetus 4
O322XX5	Maternal care for transverse and oblique lie, fetus 5
O322XX9	Maternal care for transverse and oblique lie, other fetus
O323XX0	Maternal care for face, brow and chin presentation, not applicable or unspecified
O323XX1	Maternal care for face, brow and chin presentation, fetus 1
O323XX2	Maternal care for face, brow and chin presentation, fetus 2
O323XX3	Maternal care for face, brow and chin presentation, fetus 3
O323XX4	Maternal care for face, brow and chin presentation, fetus 4
O323XX5	Maternal care for face, brow and chin presentation, fetus 5
O323XX9	Maternal care for face, brow and chin presentation, other fetus
O324XX0	Maternal care for high head at term, not applicable or unspecified
O324XX1	Maternal care for high head at term, fetus 1
O324XX2	Maternal care for high head at term, fetus 2
O324XX3	Maternal care for high head at term, fetus 3
O324XX4	Maternal care for high head at term, fetus 4
O324XX5	Maternal care for high head at term, fetus 5
O324XX9	Maternal care for high head at term, other fetus
O326XX0	Maternal care for compound presentation, not applicable or unspecified
O326XX1	Maternal care for compound presentation, fetus 1
O326XX2	Maternal care for compound presentation, fetus 2
O326XX3	Maternal care for compound presentation, fetus 3
O326XX4	Maternal care for compound presentation, fetus 4
O326XX5	Maternal care for compound presentation, fetus 5
O326XX9	Maternal care for compound presentation, other fetus
O328XX0	Maternal care for other malpresentation of fetus, not applicable or unspecified
O328XX1	Maternal care for other malpresentation of fetus, fetus 1
O328XX2	Maternal care for other malpresentation of fetus, fetus 2

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O328XX3	Maternal care for other malpresentation of fetus, fetus 3
O328XX4	Maternal care for other malpresentation of fetus, fetus 4
O328XX5	Maternal care for other malpresentation of fetus, fetus 5
O328XX9	Maternal care for other malpresentation of fetus, other fetus
O329XX0	Maternal care for malpresentation of fetus, unspecified, not applicable or unspecified
O329XX1	Maternal care for malpresentation of fetus, unspecified, fetus 1
O329XX2	Maternal care for malpresentation of fetus, unspecified, fetus 2
O329XX3	Maternal care for malpresentation of fetus, unspecified, fetus 3
O329XX4	Maternal care for malpresentation of fetus, unspecified, fetus 4
O329XX5	Maternal care for malpresentation of fetus, unspecified, fetus 5
O329XX9	Maternal care for malpresentation of fetus, unspecified, other fetus
O330	Maternal care for disproportion due to deformity of maternal pelvic bones
O331	Maternal care for disproportion due to generally contracted pelvis
O332	Maternal care for disproportion due to inlet contraction of pelvis
O333XX0	Maternal care for disproportion due to outlet contraction of pelvis, not applicable or unspecified
O333XX1	Maternal care for disproportion due to outlet contraction of pelvis, fetus 1
O333XX2	Maternal care for disproportion due to outlet contraction of pelvis, fetus 2
O333XX3	Maternal care for disproportion due to outlet contraction of pelvis, fetus 3
O333XX4	Maternal care for disproportion due to outlet contraction of pelvis, fetus 4
O333XX5	Maternal care for disproportion due to outlet contraction of pelvis, fetus 5
O333XX9	Maternal care for disproportion due to outlet contraction of pelvis, other fetus
O334XX0	Maternal care for disproportion of mixed maternal and fetal origin, not applicable or unspecified
O334XX1	Maternal care for disproportion of mixed maternal and fetal origin, fetus 1
O334XX2	Maternal care for disproportion of mixed maternal and fetal origin, fetus 2
O334XX3	Maternal care for disproportion of mixed maternal and fetal origin, fetus 3
O334XX4	Maternal care for disproportion of mixed maternal and fetal origin, fetus 4
O334XX5	Maternal care for disproportion of mixed maternal and fetal origin, fetus 5
O334XX9	Maternal care for disproportion of mixed maternal and fetal origin, other fetus
O335XX0	Maternal care for disproportion due to unusually large fetus, not applicable or unspecified
O335XX1	Maternal care for disproportion due to unusually large fetus, fetus 1
O335XX2	Maternal care for disproportion due to unusually large fetus, fetus 2
O335XX3	Maternal care for disproportion due to unusually large fetus, fetus 3
O335XX4	Maternal care for disproportion due to unusually large fetus, fetus 4
O335XX5	Maternal care for disproportion due to unusually large fetus, fetus 5
O335XX9	Maternal care for disproportion due to unusually large fetus, other fetus
O336XX0	Maternal care for disproportion due to hydrocephalic fetus, not applicable or unspecified
O336XX1	Maternal care for disproportion due to hydrocephalic fetus, fetus 1
O336XX2	Maternal care for disproportion due to hydrocephalic fetus, fetus 2
O336XX3	Maternal care for disproportion due to hydrocephalic fetus, fetus 3
O336XX4	Maternal care for disproportion due to hydrocephalic fetus, fetus 4
O336XX5	Maternal care for disproportion due to hydrocephalic fetus, fetus 5

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O336XX9	Maternal care for disproportion due to hydrocephalic fetus, other fetus
O337XX0	Maternal care for disproportion due to other fetal deformities, not applicable or unspecified
O337XX1	Maternal care for disproportion due to other fetal deformities, fetus 1
O337XX2	Maternal care for disproportion due to other fetal deformities, fetus 2
O337XX3	Maternal care for disproportion due to other fetal deformities, fetus 3
O337XX4	Maternal care for disproportion due to other fetal deformities, fetus 4
O337XX5	Maternal care for disproportion due to other fetal deformities, fetus 5
O337XX9	Maternal care for disproportion due to other fetal deformities, other fetus
O338	Maternal care for disproportion of other origin
O339	Maternal care for disproportion, unspecified
O3400	Maternal care for unspecified congenital malformation of uterus, unspecified trimester
O3401	Maternal care for unspecified congenital malformation of uterus, first trimester
O3402	Maternal care for unspecified congenital malformation of uterus, second trimester
O3403	Maternal care for unspecified congenital malformation of uterus, third trimester
O3410	Maternal care for benign tumor of corpus uteri, unspecified trimester
O3411	Maternal care for benign tumor of corpus uteri, first trimester
O3412	Maternal care for benign tumor of corpus uteri, second trimester
O3413	Maternal care for benign tumor of corpus uteri, third trimester
O34211	Maternal care for low transverse scar from previous cesarean delivery
O34212	Maternal care for vertical scar from previous cesarean delivery
O34218	Maternal care for other type scar from previous cesarean delivery
O34219	Maternal care for unspecified type scar from previous cesarean delivery
O3422	Maternal care for cesarean scar defect (isthmocele)
O3429	Maternal care due to uterine scar from other previous surgery
O3430	Maternal care for cervical incompetence, unspecified trimester
O3431	Maternal care for cervical incompetence, first trimester
O3432	Maternal care for cervical incompetence, second trimester
O3433	Maternal care for cervical incompetence, third trimester
O3440	Maternal care for other abnormalities of cervix, unspecified trimester
O3441	Maternal care for other abnormalities of cervix, first trimester
O3442	Maternal care for other abnormalities of cervix, second trimester
O3443	Maternal care for other abnormalities of cervix, third trimester
O34511	Maternal care for incarceration of gravid uterus, first trimester
O34512	Maternal care for incarceration of gravid uterus, second trimester
O34513	Maternal care for incarceration of gravid uterus, third trimester
O34519	Maternal care for incarceration of gravid uterus, unspecified trimester
O34521	Maternal care for prolapse of gravid uterus, first trimester
O34522	Maternal care for prolapse of gravid uterus, second trimester
O34523	Maternal care for prolapse of gravid uterus, third trimester
O34529	Maternal care for prolapse of gravid uterus, unspecified trimester
O34531	Maternal care for retroversion of gravid uterus, first trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O34532	Maternal care for retroversion of gravid uterus, second trimester
O34533	Maternal care for retroversion of gravid uterus, third trimester
O34539	Maternal care for retroversion of gravid uterus, unspecified trimester
O34591	Maternal care for other abnormalities of gravid uterus, first trimester
O34592	Maternal care for other abnormalities of gravid uterus, second trimester
O34593	Maternal care for other abnormalities of gravid uterus, third trimester
O34599	Maternal care for other abnormalities of gravid uterus, unspecified trimester
O3460	Maternal care for abnormality of vagina, unspecified trimester
O3461	Maternal care for abnormality of vagina, first trimester
O3462	Maternal care for abnormality of vagina, second trimester
O3463	Maternal care for abnormality of vagina, third trimester
O3470	Maternal care for abnormality of vulva and perineum, unspecified trimester
O3471	Maternal care for abnormality of vulva and perineum, first trimester
O3472	Maternal care for abnormality of vulva and perineum, second trimester
O3473	Maternal care for abnormality of vulva and perineum, third trimester
O3480	Maternal care for other abnormalities of pelvic organs, unspecified trimester
O3481	Maternal care for other abnormalities of pelvic organs, first trimester
O3482	Maternal care for other abnormalities of pelvic organs, second trimester
O3483	Maternal care for other abnormalities of pelvic organs, third trimester
O3490	Maternal care for abnormality of pelvic organ, unspecified, unspecified trimester
O3491	Maternal care for abnormality of pelvic organ, unspecified, first trimester
O3492	Maternal care for abnormality of pelvic organ, unspecified, second trimester
O3493	Maternal care for abnormality of pelvic organ, unspecified, third trimester
O352XX0	Maternal care for (suspected) hereditary disease in fetus, not applicable or unspecified
O352XX1	Maternal care for (suspected) hereditary disease in fetus, fetus 1
O352XX2	Maternal care for (suspected) hereditary disease in fetus, fetus 2
O352XX3	Maternal care for (suspected) hereditary disease in fetus, fetus 3
O352XX4	Maternal care for (suspected) hereditary disease in fetus, fetus 4
O352XX5	Maternal care for (suspected) hereditary disease in fetus, fetus 5
O352XX9	Maternal care for (suspected) hereditary disease in fetus, other fetus
O353XX0	Maternal care for (suspected) damage to fetus from viral disease in mother, not applicable or unspecified
O353XX1	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 1
O353XX2	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 2
O353XX3	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 3
O353XX4	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 4
O353XX5	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 5
O353XX9	Maternal care for (suspected) damage to fetus from viral disease in mother, other fetus
O354XX0	Maternal care for (suspected) damage to fetus from alcohol, not applicable or unspecified
O354XX1	Maternal care for (suspected) damage to fetus from alcohol, fetus 1
O354XX2	Maternal care for (suspected) damage to fetus from alcohol, fetus 2



**Pregnancy Diagnosis Code List:**

ICD 10	Description
O354XX3	Maternal care for (suspected) damage to fetus from alcohol, fetus 3
O354XX4	Maternal care for (suspected) damage to fetus from alcohol, fetus 4
O354XX5	Maternal care for (suspected) damage to fetus from alcohol, fetus 5
O354XX9	Maternal care for (suspected) damage to fetus from alcohol, other fetus
O355XX0	Maternal care for (suspected) damage to fetus by drugs, not applicable or unspecified
O355XX1	Maternal care for (suspected) damage to fetus by drugs, fetus 1
O355XX2	Maternal care for (suspected) damage to fetus by drugs, fetus 2
O355XX3	Maternal care for (suspected) damage to fetus by drugs, fetus 3
O355XX4	Maternal care for (suspected) damage to fetus by drugs, fetus 4
O355XX5	Maternal care for (suspected) damage to fetus by drugs, fetus 5
O355XX9	Maternal care for (suspected) damage to fetus by drugs, other fetus
O356XX0	Maternal care for (suspected) damage to fetus by radiation, not applicable or unspecified
O356XX1	Maternal care for (suspected) damage to fetus by radiation, fetus 1
O356XX2	Maternal care for (suspected) damage to fetus by radiation, fetus 2
O356XX3	Maternal care for (suspected) damage to fetus by radiation, fetus 3
O356XX4	Maternal care for (suspected) damage to fetus by radiation, fetus 4
O356XX5	Maternal care for (suspected) damage to fetus by radiation, fetus 5
O356XX9	Maternal care for (suspected) damage to fetus by radiation, other fetus
O357XX0	Maternal care for (suspected) damage to fetus by other medical procedures, not applicable or unspecified
O357XX1	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 1
O357XX2	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 2
O357XX3	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 3
O357XX4	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 4
O357XX5	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 5
O357XX9	Maternal care for (suspected) damage to fetus by other medical procedures, other fetus
O358XX0	Maternal care for other (suspected) fetal abnormality and damage, not applicable or unspecified
O358XX1	Maternal care for other (suspected) fetal abnormality and damage, fetus 1
O358XX2	Maternal care for other (suspected) fetal abnormality and damage, fetus 2
O358XX3	Maternal care for other (suspected) fetal abnormality and damage, fetus 3
O358XX4	Maternal care for other (suspected) fetal abnormality and damage, fetus 4
O358XX5	Maternal care for other (suspected) fetal abnormality and damage, fetus 5
O358XX9	Maternal care for other (suspected) fetal abnormality and damage, other fetus
O359XX0	Maternal care for (suspected) fetal abnormality and damage, unspecified, not applicable or unspecified
O359XX1	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 1
O359XX2	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 2
O359XX3	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 3
O359XX4	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 4
O359XX5	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 5
O359XX9	Maternal care for (suspected) fetal abnormality and damage, unspecified, other fetus

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O360110	Maternal care for anti-D [Rh] antibodies, first trimester, not applicable or unspecified
O360111	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 1
O360112	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 2
O360113	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 3
O360114	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 4
O360115	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 5
O360119	Maternal care for anti-D [Rh] antibodies, first trimester, other fetus
O360120	Maternal care for anti-D [Rh] antibodies, second trimester, not applicable or unspecified
O360121	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 1
O360122	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 2
O360123	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 3
O360124	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 4
O360125	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 5
O360129	Maternal care for anti-D [Rh] antibodies, second trimester, other fetus
O360130	Maternal care for anti-D [Rh] antibodies, third trimester, not applicable or unspecified
O360131	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 1
O360132	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 2
O360133	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 3
O360134	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 4
O360135	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 5
O360139	Maternal care for anti-D [Rh] antibodies, third trimester, other fetus
O360190	Maternal care for anti-D [Rh] antibodies, unspecified trimester, not applicable or unspecified
O360191	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 1
O360192	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 2
O360193	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 3
O360194	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 4
O360195	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 5
O360199	Maternal care for anti-D [Rh] antibodies, unspecified trimester, other fetus
O360910	Maternal care for other rhesus isoimmunization, first trimester, not applicable or unspecified
O360911	Maternal care for other rhesus isoimmunization, first trimester, fetus 1
O360912	Maternal care for other rhesus isoimmunization, first trimester, fetus 2
O360913	Maternal care for other rhesus isoimmunization, first trimester, fetus 3
O360914	Maternal care for other rhesus isoimmunization, first trimester, fetus 4
O360915	Maternal care for other rhesus isoimmunization, first trimester, fetus 5
O360919	Maternal care for other rhesus isoimmunization, first trimester, other fetus
O360920	Maternal care for other rhesus isoimmunization, second trimester, not applicable or unspecified
O360921	Maternal care for other rhesus isoimmunization, second trimester, fetus 1
O360922	Maternal care for other rhesus isoimmunization, second trimester, fetus 2
O360923	Maternal care for other rhesus isoimmunization, second trimester, fetus 3
O360924	Maternal care for other rhesus isoimmunization, second trimester, fetus 4
O360925	Maternal care for other rhesus isoimmunization, second trimester, fetus 5

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O360929	Maternal care for other rhesus isoimmunization, second trimester, other fetus
O360930	Maternal care for other rhesus isoimmunization, third trimester, not applicable or unspecified
O360931	Maternal care for other rhesus isoimmunization, third trimester, fetus 1
O360932	Maternal care for other rhesus isoimmunization, third trimester, fetus 2
O360933	Maternal care for other rhesus isoimmunization, third trimester, fetus 3
O360934	Maternal care for other rhesus isoimmunization, third trimester, fetus 4
O360935	Maternal care for other rhesus isoimmunization, third trimester, fetus 5
O360939	Maternal care for other rhesus isoimmunization, third trimester, other fetus
O360990	Maternal care for other rhesus isoimmunization, unspecified trimester, not applicable or unspecified
O360991	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 1
O360992	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 2
O360993	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 3
O360994	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 4
O360995	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 5
O360999	Maternal care for other rhesus isoimmunization, unspecified trimester, other fetus
O361110	Maternal care for Anti-A sensitization, first trimester, not applicable or unspecified
O361111	Maternal care for Anti-A sensitization, first trimester, fetus 1
O361112	Maternal care for Anti-A sensitization, first trimester, fetus 2
O361113	Maternal care for Anti-A sensitization, first trimester, fetus 3
O361114	Maternal care for Anti-A sensitization, first trimester, fetus 4
O361115	Maternal care for Anti-A sensitization, first trimester, fetus 5
O361119	Maternal care for Anti-A sensitization, first trimester, other fetus
O361120	Maternal care for Anti-A sensitization, second trimester, not applicable or unspecified
O361121	Maternal care for Anti-A sensitization, second trimester, fetus 1
O361122	Maternal care for Anti-A sensitization, second trimester, fetus 2
O361123	Maternal care for Anti-A sensitization, second trimester, fetus 3
O361124	Maternal care for Anti-A sensitization, second trimester, fetus 4
O361125	Maternal care for Anti-A sensitization, second trimester, fetus 5
O361129	Maternal care for Anti-A sensitization, second trimester, other fetus
O361130	Maternal care for Anti-A sensitization, third trimester, not applicable or unspecified
O361131	Maternal care for Anti-A sensitization, third trimester, fetus 1
O361132	Maternal care for Anti-A sensitization, third trimester, fetus 2
O361133	Maternal care for Anti-A sensitization, third trimester, fetus 3
O361134	Maternal care for Anti-A sensitization, third trimester, fetus 4
O361135	Maternal care for Anti-A sensitization, third trimester, fetus 5
O361139	Maternal care for Anti-A sensitization, third trimester, other fetus
O361190	Maternal care for Anti-A sensitization, unspecified trimester, not applicable or unspecified
O361191	Maternal care for Anti-A sensitization, unspecified trimester, fetus 1
O361192	Maternal care for Anti-A sensitization, unspecified trimester, fetus 2
O361193	Maternal care for Anti-A sensitization, unspecified trimester, fetus 3

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O361194	Maternal care for Anti-A sensitization, unspecified trimester, fetus 4
O361195	Maternal care for Anti-A sensitization, unspecified trimester, fetus 5
O361199	Maternal care for Anti-A sensitization, unspecified trimester, other fetus
O361910	Maternal care for other isoimmunization, first trimester, not applicable or unspecified
O361911	Maternal care for other isoimmunization, first trimester, fetus 1
O361912	Maternal care for other isoimmunization, first trimester, fetus 2
O361913	Maternal care for other isoimmunization, first trimester, fetus 3
O361914	Maternal care for other isoimmunization, first trimester, fetus 4
O361915	Maternal care for other isoimmunization, first trimester, fetus 5
O361919	Maternal care for other isoimmunization, first trimester, other fetus
O361920	Maternal care for other isoimmunization, second trimester, not applicable or unspecified
O361921	Maternal care for other isoimmunization, second trimester, fetus 1
O361922	Maternal care for other isoimmunization, second trimester, fetus 2
O361923	Maternal care for other isoimmunization, second trimester, fetus 3
O361924	Maternal care for other isoimmunization, second trimester, fetus 4
O361925	Maternal care for other isoimmunization, second trimester, fetus 5
O361929	Maternal care for other isoimmunization, second trimester, other fetus
O361930	Maternal care for other isoimmunization, third trimester, not applicable or unspecified
O361931	Maternal care for other isoimmunization, third trimester, fetus 1
O361932	Maternal care for other isoimmunization, third trimester, fetus 2
O361933	Maternal care for other isoimmunization, third trimester, fetus 3
O361934	Maternal care for other isoimmunization, third trimester, fetus 4
O361935	Maternal care for other isoimmunization, third trimester, fetus 5
O361939	Maternal care for other isoimmunization, third trimester, other fetus
O361990	Maternal care for other isoimmunization, unspecified trimester, not applicable or unspecified
O361991	Maternal care for other isoimmunization, unspecified trimester, fetus 1
O361992	Maternal care for other isoimmunization, unspecified trimester, fetus 2
O361993	Maternal care for other isoimmunization, unspecified trimester, fetus 3
O361994	Maternal care for other isoimmunization, unspecified trimester, fetus 4
O361995	Maternal care for other isoimmunization, unspecified trimester, fetus 5
O361999	Maternal care for other isoimmunization, unspecified trimester, other fetus
O3620X0	Maternal care for hydrops fetalis, unspecified trimester, not applicable or unspecified
O3620X1	Maternal care for hydrops fetalis, unspecified trimester, fetus 1
O3620X2	Maternal care for hydrops fetalis, unspecified trimester, fetus 2
O3620X3	Maternal care for hydrops fetalis, unspecified trimester, fetus 3
O3620X4	Maternal care for hydrops fetalis, unspecified trimester, fetus 4
O3620X5	Maternal care for hydrops fetalis, unspecified trimester, fetus 5
O3620X9	Maternal care for hydrops fetalis, unspecified trimester, other fetus
O3621X0	Maternal care for hydrops fetalis, first trimester, not applicable or unspecified
O3621X1	Maternal care for hydrops fetalis, first trimester, fetus 1
O3621X2	Maternal care for hydrops fetalis, first trimester, fetus 2

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O3621X3	Maternal care for hydrops fetalis, first trimester, fetus 3
O3621X4	Maternal care for hydrops fetalis, first trimester, fetus 4
O3621X5	Maternal care for hydrops fetalis, first trimester, fetus 5
O3621X9	Maternal care for hydrops fetalis, first trimester, other fetus
O3622X0	Maternal care for hydrops fetalis, second trimester, not applicable or unspecified
O3622X1	Maternal care for hydrops fetalis, second trimester, fetus 1
O3622X2	Maternal care for hydrops fetalis, second trimester, fetus 2
O3622X3	Maternal care for hydrops fetalis, second trimester, fetus 3
O3622X4	Maternal care for hydrops fetalis, second trimester, fetus 4
O3622X5	Maternal care for hydrops fetalis, second trimester, fetus 5
O3622X9	Maternal care for hydrops fetalis, second trimester, other fetus
O3623X0	Maternal care for hydrops fetalis, third trimester, not applicable or unspecified
O3623X1	Maternal care for hydrops fetalis, third trimester, fetus 1
O3623X2	Maternal care for hydrops fetalis, third trimester, fetus 2
O3623X3	Maternal care for hydrops fetalis, third trimester, fetus 3
O3623X4	Maternal care for hydrops fetalis, third trimester, fetus 4
O3623X5	Maternal care for hydrops fetalis, third trimester, fetus 5
O3623X9	Maternal care for hydrops fetalis, third trimester, other fetus
O364XX0	Maternal care for intrauterine death, not applicable or unspecified
O364XX1	Maternal care for intrauterine death, fetus 1
O364XX2	Maternal care for intrauterine death, fetus 2
O364XX3	Maternal care for intrauterine death, fetus 3
O364XX4	Maternal care for intrauterine death, fetus 4
O364XX5	Maternal care for intrauterine death, fetus 5
O364XX9	Maternal care for intrauterine death, other fetus
O365110	Maternal care for known or suspected placental insufficiency, first trimester, not applicable or unspecified
O365111	Maternal care for known or suspected placental insufficiency, first trimester, fetus 1
O365112	Maternal care for known or suspected placental insufficiency, first trimester, fetus 2
O365113	Maternal care for known or suspected placental insufficiency, first trimester, fetus 3
O365114	Maternal care for known or suspected placental insufficiency, first trimester, fetus 4
O365115	Maternal care for known or suspected placental insufficiency, first trimester, fetus 5
O365119	Maternal care for known or suspected placental insufficiency, first trimester, other fetus
O365120	Maternal care for known or suspected placental insufficiency, second trimester, not applicable or unspecified
O365121	Maternal care for known or suspected placental insufficiency, second trimester, fetus 1
O365122	Maternal care for known or suspected placental insufficiency, second trimester, fetus 2
O365123	Maternal care for known or suspected placental insufficiency, second trimester, fetus 3
O365124	Maternal care for known or suspected placental insufficiency, second trimester, fetus 4
O365125	Maternal care for known or suspected placental insufficiency, second trimester, fetus 5
O365129	Maternal care for known or suspected placental insufficiency, second trimester, other fetus

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O365130	Maternal care for known or suspected placental insufficiency, third trimester, not applicable or unspecified
O365131	Maternal care for known or suspected placental insufficiency, third trimester, fetus 1
O365132	Maternal care for known or suspected placental insufficiency, third trimester, fetus 2
O365133	Maternal care for known or suspected placental insufficiency, third trimester, fetus 3
O365134	Maternal care for known or suspected placental insufficiency, third trimester, fetus 4
O365135	Maternal care for known or suspected placental insufficiency, third trimester, fetus 5
O365139	Maternal care for known or suspected placental insufficiency, third trimester, other fetus
O365190	Maternal care for known or suspected placental insufficiency, unspecified trimester, not applicable or unspecified
O365191	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 1
O365192	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 2
O365193	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 3
O365194	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 4
O365195	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 5
O365199	Maternal care for known or suspected placental insufficiency, unspecified trimester, other fetus
O365910	Maternal care for other known or suspected poor fetal growth, first trimester, not applicable or unspecified
O365911	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 1
O365912	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 2
O365913	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 3
O365914	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 4
O365915	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 5
O365919	Maternal care for other known or suspected poor fetal growth, first trimester, other fetus
O365920	Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspecified
O365921	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 1
O365922	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 2
O365923	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 3
O365924	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 4
O365925	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 5
O365929	Maternal care for other known or suspected poor fetal growth, second trimester, other fetus
O365930	Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspecified
O365931	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 1
O365932	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 2
O365933	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 3
O365934	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 4
O365935	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 5
O365939	Maternal care for other known or suspected poor fetal growth, third trimester, other fetus
O365990	Maternal care for other known or suspected poor fetal growth, unspecified trimester, not applicable or unspecified

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O365991	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 1
O365992	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 2
O365993	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 3
O365994	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 4
O365995	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 5
O365999	Maternal care for other known or suspected poor fetal growth, unspecified trimester, other fetus
O3660X0	Maternal care for excessive fetal growth, unspecified trimester, not applicable or unspecified
O3660X1	Maternal care for excessive fetal growth, unspecified trimester, fetus 1
O3660X2	Maternal care for excessive fetal growth, unspecified trimester, fetus 2
O3660X3	Maternal care for excessive fetal growth, unspecified trimester, fetus 3
O3660X4	Maternal care for excessive fetal growth, unspecified trimester, fetus 4
O3660X5	Maternal care for excessive fetal growth, unspecified trimester, fetus 5
O3660X9	Maternal care for excessive fetal growth, unspecified trimester, other fetus
O3661X0	Maternal care for excessive fetal growth, first trimester, not applicable or unspecified
O3661X1	Maternal care for excessive fetal growth, first trimester, fetus 1
O3661X2	Maternal care for excessive fetal growth, first trimester, fetus 2
O3661X3	Maternal care for excessive fetal growth, first trimester, fetus 3
O3661X4	Maternal care for excessive fetal growth, first trimester, fetus 4
O3661X5	Maternal care for excessive fetal growth, first trimester, fetus 5
O3661X9	Maternal care for excessive fetal growth, first trimester, other fetus
O3662X0	Maternal care for excessive fetal growth, second trimester, not applicable or unspecified
O3662X1	Maternal care for excessive fetal growth, second trimester, fetus 1
O3662X2	Maternal care for excessive fetal growth, second trimester, fetus 2
O3662X3	Maternal care for excessive fetal growth, second trimester, fetus 3
O3662X4	Maternal care for excessive fetal growth, second trimester, fetus 4
O3662X5	Maternal care for excessive fetal growth, second trimester, fetus 5
O3662X9	Maternal care for excessive fetal growth, second trimester, other fetus
O3663X0	Maternal care for excessive fetal growth, third trimester, not applicable or unspecified
O3663X1	Maternal care for excessive fetal growth, third trimester, fetus 1
O3663X2	Maternal care for excessive fetal growth, third trimester, fetus 2
O3663X3	Maternal care for excessive fetal growth, third trimester, fetus 3
O3663X4	Maternal care for excessive fetal growth, third trimester, fetus 4
O3663X5	Maternal care for excessive fetal growth, third trimester, fetus 5
O3663X9	Maternal care for excessive fetal growth, third trimester, other fetus
O3670X0	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, not applicable or unspecified
O3670X1	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 1
O3670X2	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 2
O3670X3	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 3
O3670X4	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 4
O3670X5	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 5

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O3670X9	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, other fetus
O3671X0	Maternal care for viable fetus in abdominal pregnancy, first trimester, not applicable or unspecified
O3671X1	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 1
O3671X2	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 2
O3671X3	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 3
O3671X4	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 4
O3671X5	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 5
O3671X9	Maternal care for viable fetus in abdominal pregnancy, first trimester, other fetus
O3672X0	Maternal care for viable fetus in abdominal pregnancy, second trimester, not applicable or unspecified
O3672X1	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 1
O3672X2	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 2
O3672X3	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 3
O3672X4	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 4
O3672X5	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 5
O3672X9	Maternal care for viable fetus in abdominal pregnancy, second trimester, other fetus
O3673X0	Maternal care for viable fetus in abdominal pregnancy, third trimester, not applicable or unspecified
O3673X1	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 1
O3673X2	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 2
O3673X3	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 3
O3673X4	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 4
O3673X5	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 5
O3673X9	Maternal care for viable fetus in abdominal pregnancy, third trimester, other fetus
O3680X0	Pregnancy with inconclusive fetal viability, not applicable or unspecified
O3680X1	Pregnancy with inconclusive fetal viability, fetus 1
O3680X2	Pregnancy with inconclusive fetal viability, fetus 2
O3680X3	Pregnancy with inconclusive fetal viability, fetus 3
O3680X4	Pregnancy with inconclusive fetal viability, fetus 4
O3680X5	Pregnancy with inconclusive fetal viability, fetus 5
O3680X9	Pregnancy with inconclusive fetal viability, other fetus
O368120	Decreased fetal movements, second trimester, not applicable or unspecified
O368121	Decreased fetal movements, second trimester, fetus 1
O368122	Decreased fetal movements, second trimester, fetus 2
O368123	Decreased fetal movements, second trimester, fetus 3
O368124	Decreased fetal movements, second trimester, fetus 4
O368125	Decreased fetal movements, second trimester, fetus 5
O368129	Decreased fetal movements, second trimester, other fetus
O368130	Decreased fetal movements, third trimester, not applicable or unspecified
O368131	Decreased fetal movements, third trimester, fetus 1
O368132	Decreased fetal movements, third trimester, fetus 2



**Pregnancy Diagnosis Code List:**

ICD 10	Description
O368133	Decreased fetal movements, third trimester, fetus 3
O368134	Decreased fetal movements, third trimester, fetus 4
O368135	Decreased fetal movements, third trimester, fetus 5
O368139	Decreased fetal movements, third trimester, other fetus
O368190	Decreased fetal movements, unspecified trimester, not applicable or unspecified
O368191	Decreased fetal movements, unspecified trimester, fetus 1
O368192	Decreased fetal movements, unspecified trimester, fetus 2
O368193	Decreased fetal movements, unspecified trimester, fetus 3
O368194	Decreased fetal movements, unspecified trimester, fetus 4
O368195	Decreased fetal movements, unspecified trimester, fetus 5
O368199	Decreased fetal movements, unspecified trimester, other fetus
O368210	Fetal anemia and thrombocytopenia, first trimester, not applicable or unspecified
O368211	Fetal anemia and thrombocytopenia, first trimester, fetus 1
O368212	Fetal anemia and thrombocytopenia, first trimester, fetus 2
O368213	Fetal anemia and thrombocytopenia, first trimester, fetus 3
O368214	Fetal anemia and thrombocytopenia, first trimester, fetus 4
O368215	Fetal anemia and thrombocytopenia, first trimester, fetus 5
O368219	Fetal anemia and thrombocytopenia, first trimester, other fetus
O368220	Fetal anemia and thrombocytopenia, second trimester, not applicable or unspecified
O368221	Fetal anemia and thrombocytopenia, second trimester, fetus 1
O368222	Fetal anemia and thrombocytopenia, second trimester, fetus 2
O368223	Fetal anemia and thrombocytopenia, second trimester, fetus 3
O368224	Fetal anemia and thrombocytopenia, second trimester, fetus 4
O368225	Fetal anemia and thrombocytopenia, second trimester, fetus 5
O368229	Fetal anemia and thrombocytopenia, second trimester, other fetus
O368230	Fetal anemia and thrombocytopenia, third trimester, not applicable or unspecified
O368231	Fetal anemia and thrombocytopenia, third trimester, fetus 1
O368232	Fetal anemia and thrombocytopenia, third trimester, fetus 2
O368233	Fetal anemia and thrombocytopenia, third trimester, fetus 3
O368234	Fetal anemia and thrombocytopenia, third trimester, fetus 4
O368235	Fetal anemia and thrombocytopenia, third trimester, fetus 5
O368239	Fetal anemia and thrombocytopenia, third trimester, other fetus
O368290	Fetal anemia and thrombocytopenia, unspecified trimester, not applicable or unspecified
O368291	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 1
O368292	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 2
O368293	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 3
O368294	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 4
O368295	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 5
O368299	Fetal anemia and thrombocytopenia, unspecified trimester, other fetus
O368310	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, not applicable or unspecified

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O368311	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1
O368312	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2
O368313	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3
O368314	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4
O368315	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5
O368319	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, other fetus
O368320	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified
O368321	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1
O368322	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2
O368323	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3
O368324	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4
O368325	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5
O368329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus
O368330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified
O368331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1
O368332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2
O368333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3
O368334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4
O368335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5
O368339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus
O368390	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, not applicable or unspecified
O368391	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 1
O368392	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 2
O368393	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 3
O368394	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 4
O368395	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 5
O368399	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, other fetus
O368910	Maternal care for other specified fetal problems, first trimester, not applicable or unspecified
O368911	Maternal care for other specified fetal problems, first trimester, fetus 1
O368912	Maternal care for other specified fetal problems, first trimester, fetus 2
O368913	Maternal care for other specified fetal problems, first trimester, fetus 3
O368914	Maternal care for other specified fetal problems, first trimester, fetus 4
O368915	Maternal care for other specified fetal problems, first trimester, fetus 5
O368919	Maternal care for other specified fetal problems, first trimester, other fetus
O368920	Maternal care for other specified fetal problems, second trimester, not applicable or unspecified
O368921	Maternal care for other specified fetal problems, second trimester, fetus 1
O368922	Maternal care for other specified fetal problems, second trimester, fetus 2
O368923	Maternal care for other specified fetal problems, second trimester, fetus 3

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O368924	Maternal care for other specified fetal problems, second trimester, fetus 4
O368925	Maternal care for other specified fetal problems, second trimester, fetus 5
O368929	Maternal care for other specified fetal problems, second trimester, other fetus
O368930	Maternal care for other specified fetal problems, third trimester, not applicable or unspecified
O368931	Maternal care for other specified fetal problems, third trimester, fetus 1
O368932	Maternal care for other specified fetal problems, third trimester, fetus 2
O368933	Maternal care for other specified fetal problems, third trimester, fetus 3
O368934	Maternal care for other specified fetal problems, third trimester, fetus 4
O368935	Maternal care for other specified fetal problems, third trimester, fetus 5
O368939	Maternal care for other specified fetal problems, third trimester, other fetus
O368990	Maternal care for other specified fetal problems, unspecified trimester, not applicable or unspecified
O368991	Maternal care for other specified fetal problems, unspecified trimester, fetus 1
O368992	Maternal care for other specified fetal problems, unspecified trimester, fetus 2
O368993	Maternal care for other specified fetal problems, unspecified trimester, fetus 3
O368994	Maternal care for other specified fetal problems, unspecified trimester, fetus 4
O368995	Maternal care for other specified fetal problems, unspecified trimester, fetus 5
O368999	Maternal care for other specified fetal problems, unspecified trimester, other fetus
O3690X0	Maternal care for fetal problem, unspecified, unspecified trimester, not applicable or unspecified
O3690X1	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 1
O3690X2	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 2
O3690X3	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 3
O3690X4	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 4
O3690X5	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 5
O3690X9	Maternal care for fetal problem, unspecified, unspecified trimester, other fetus
O3691X0	Maternal care for fetal problem, unspecified, first trimester, not applicable or unspecified
O3691X1	Maternal care for fetal problem, unspecified, first trimester, fetus 1
O3691X2	Maternal care for fetal problem, unspecified, first trimester, fetus 2
O3691X3	Maternal care for fetal problem, unspecified, first trimester, fetus 3
O3691X4	Maternal care for fetal problem, unspecified, first trimester, fetus 4
O3691X5	Maternal care for fetal problem, unspecified, first trimester, fetus 5
O3691X9	Maternal care for fetal problem, unspecified, first trimester, other fetus
O3692X0	Maternal care for fetal problem, unspecified, second trimester, not applicable or unspecified
O3692X1	Maternal care for fetal problem, unspecified, second trimester, fetus 1
O3692X2	Maternal care for fetal problem, unspecified, second trimester, fetus 2
O3692X3	Maternal care for fetal problem, unspecified, second trimester, fetus 3
O3692X4	Maternal care for fetal problem, unspecified, second trimester, fetus 4
O3692X5	Maternal care for fetal problem, unspecified, second trimester, fetus 5
O3692X9	Maternal care for fetal problem, unspecified, second trimester, other fetus
O3693X0	Maternal care for fetal problem, unspecified, third trimester, not applicable or unspecified

**Pregnancy Diagnosis Code List:**

<b>ICD 10</b>	<b>Description</b>
O3693X1	Maternal care for fetal problem, unspecified, third trimester, fetus 1
O3693X2	Maternal care for fetal problem, unspecified, third trimester, fetus 2
O3693X3	Maternal care for fetal problem, unspecified, third trimester, fetus 3
O3693X4	Maternal care for fetal problem, unspecified, third trimester, fetus 4
O3693X5	Maternal care for fetal problem, unspecified, third trimester, fetus 5
O3693X9	Maternal care for fetal problem, unspecified, third trimester, other fetus
O401XX0	Polyhydramnios, first trimester, not applicable or unspecified
O401XX1	Polyhydramnios, first trimester, fetus 1
O401XX2	Polyhydramnios, first trimester, fetus 2
O401XX3	Polyhydramnios, first trimester, fetus 3
O401XX4	Polyhydramnios, first trimester, fetus 4
O401XX5	Polyhydramnios, first trimester, fetus 5
O401XX9	Polyhydramnios, first trimester, other fetus
O402XX0	Polyhydramnios, second trimester, not applicable or unspecified
O402XX1	Polyhydramnios, second trimester, fetus 1
O402XX2	Polyhydramnios, second trimester, fetus 2
O402XX3	Polyhydramnios, second trimester, fetus 3
O402XX4	Polyhydramnios, second trimester, fetus 4
O402XX5	Polyhydramnios, second trimester, fetus 5
O402XX9	Polyhydramnios, second trimester, other fetus
O403XX0	Polyhydramnios, third trimester, not applicable or unspecified
O403XX1	Polyhydramnios, third trimester, fetus 1
O403XX2	Polyhydramnios, third trimester, fetus 2
O403XX3	Polyhydramnios, third trimester, fetus 3
O403XX4	Polyhydramnios, third trimester, fetus 4
O403XX5	Polyhydramnios, third trimester, fetus 5
O403XX9	Polyhydramnios, third trimester, other fetus
O409XX0	Polyhydramnios, unspecified trimester, not applicable or unspecified
O409XX1	Polyhydramnios, unspecified trimester, fetus 1
O409XX2	Polyhydramnios, unspecified trimester, fetus 2
O409XX3	Polyhydramnios, unspecified trimester, fetus 3
O409XX4	Polyhydramnios, unspecified trimester, fetus 4
O409XX5	Polyhydramnios, unspecified trimester, fetus 5
O409XX9	Polyhydramnios, unspecified trimester, other fetus
O4100X0	Oligohydramnios, unspecified trimester, not applicable or unspecified
O4100X1	Oligohydramnios, unspecified trimester, fetus 1
O4100X2	Oligohydramnios, unspecified trimester, fetus 2
O4100X3	Oligohydramnios, unspecified trimester, fetus 3
O4100X4	Oligohydramnios, unspecified trimester, fetus 4
O4100X5	Oligohydramnios, unspecified trimester, fetus 5
O4100X9	Oligohydramnios, unspecified trimester, other fetus

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O4101X0	Oligohydramnios, first trimester, not applicable or unspecified
O4101X1	Oligohydramnios, first trimester, fetus 1
O4101X2	Oligohydramnios, first trimester, fetus 2
O4101X3	Oligohydramnios, first trimester, fetus 3
O4101X4	Oligohydramnios, first trimester, fetus 4
O4101X5	Oligohydramnios, first trimester, fetus 5
O4101X9	Oligohydramnios, first trimester, other fetus
O4102X0	Oligohydramnios, second trimester, not applicable or unspecified
O4102X1	Oligohydramnios, second trimester, fetus 1
O4102X2	Oligohydramnios, second trimester, fetus 2
O4102X3	Oligohydramnios, second trimester, fetus 3
O4102X4	Oligohydramnios, second trimester, fetus 4
O4102X5	Oligohydramnios, second trimester, fetus 5
O4102X9	Oligohydramnios, second trimester, other fetus
O4103X0	Oligohydramnios, third trimester, not applicable or unspecified
O4103X1	Oligohydramnios, third trimester, fetus 1
O4103X2	Oligohydramnios, third trimester, fetus 2
O4103X3	Oligohydramnios, third trimester, fetus 3
O4103X4	Oligohydramnios, third trimester, fetus 4
O4103X5	Oligohydramnios, third trimester, fetus 5
O4103X9	Oligohydramnios, third trimester, other fetus
O411010	Infection of amniotic sac and membranes, unspecified, first trimester, not applicable or unspecified
O411011	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 1
O411012	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 2
O411013	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 3
O411014	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 4
O411015	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 5
O411019	Infection of amniotic sac and membranes, unspecified, first trimester, other fetus
O411020	Infection of amniotic sac and membranes, unspecified, second trimester, not applicable or unspecified
O411021	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 1
O411022	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 2
O411023	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 3
O411024	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 4
O411025	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5
O411029	Infection of amniotic sac and membranes, unspecified, second trimester, other fetus
O411030	Infection of amniotic sac and membranes, unspecified, third trimester, not applicable or unspecified
O411031	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 1
O411032	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 2
O411033	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 3

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O411034	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 4
O411035	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 5
O411039	Infection of amniotic sac and membranes, unspecified, third trimester, other fetus
O411090	Infection of amniotic sac and membranes, unspecified, unspecified trimester, not applicable or unspecified
O411091	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 1
O411092	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 2
O411093	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 3
O411094	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 4
O411095	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 5
O411099	Infection of amniotic sac and membranes, unspecified, unspecified trimester, other fetus
O411210	Chorioamnionitis, first trimester, not applicable or unspecified
O411211	Chorioamnionitis, first trimester, fetus 1
O411212	Chorioamnionitis, first trimester, fetus 2
O411213	Chorioamnionitis, first trimester, fetus 3
O411214	Chorioamnionitis, first trimester, fetus 4
O411215	Chorioamnionitis, first trimester, fetus 5
O411219	Chorioamnionitis, first trimester, other fetus
O411220	Chorioamnionitis, second trimester, not applicable or unspecified
O411221	Chorioamnionitis, second trimester, fetus 1
O411222	Chorioamnionitis, second trimester, fetus 2
O411223	Chorioamnionitis, second trimester, fetus 3
O411224	Chorioamnionitis, second trimester, fetus 4
O411225	Chorioamnionitis, second trimester, fetus 5
O411229	Chorioamnionitis, second trimester, other fetus
O411230	Chorioamnionitis, third trimester, not applicable or unspecified
O411231	Chorioamnionitis, third trimester, fetus 1
O411232	Chorioamnionitis, third trimester, fetus 2
O411233	Chorioamnionitis, third trimester, fetus 3
O411234	Chorioamnionitis, third trimester, fetus 4
O411235	Chorioamnionitis, third trimester, fetus 5
O411239	Chorioamnionitis, third trimester, other fetus
O411290	Chorioamnionitis, unspecified trimester, not applicable or unspecified
O411291	Chorioamnionitis, unspecified trimester, fetus 1
O411292	Chorioamnionitis, unspecified trimester, fetus 2
O411293	Chorioamnionitis, unspecified trimester, fetus 3
O411294	Chorioamnionitis, unspecified trimester, fetus 4
O411295	Chorioamnionitis, unspecified trimester, fetus 5
O411299	Chorioamnionitis, unspecified trimester, other fetus
O411410	Placentitis, first trimester, not applicable or unspecified
O411411	Placentitis, first trimester, fetus 1

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O411412	Placentitis, first trimester, fetus 2
O411413	Placentitis, first trimester, fetus 3
O411414	Placentitis, first trimester, fetus 4
O411415	Placentitis, first trimester, fetus 5
O411419	Placentitis, first trimester, other fetus
O411420	Placentitis, second trimester, not applicable or unspecified
O411421	Placentitis, second trimester, fetus 1
O411422	Placentitis, second trimester, fetus 2
O411423	Placentitis, second trimester, fetus 3
O411424	Placentitis, second trimester, fetus 4
O411425	Placentitis, second trimester, fetus 5
O411429	Placentitis, second trimester, other fetus
O411430	Placentitis, third trimester, not applicable or unspecified
O411431	Placentitis, third trimester, fetus 1
O411432	Placentitis, third trimester, fetus 2
O411433	Placentitis, third trimester, fetus 3
O411434	Placentitis, third trimester, fetus 4
O411435	Placentitis, third trimester, fetus 5
O411439	Placentitis, third trimester, other fetus
O411490	Placentitis, unspecified trimester, not applicable or unspecified
O411491	Placentitis, unspecified trimester, fetus 1
O411492	Placentitis, unspecified trimester, fetus 2
O411493	Placentitis, unspecified trimester, fetus 3
O411494	Placentitis, unspecified trimester, fetus 4
O411495	Placentitis, unspecified trimester, fetus 5
O411499	Placentitis, unspecified trimester, other fetus
O418X10	Other specified disorders of amniotic fluid and membranes, first trimester, not applicable or unspecified
O418X11	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 1
O418X12	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 2
O418X13	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 3
O418X14	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 4
O418X15	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 5
O418X19	Other specified disorders of amniotic fluid and membranes, first trimester, other fetus
O418X20	Other specified disorders of amniotic fluid and membranes, second trimester, not applicable or unspecified
O418X21	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 1
O418X22	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 2
O418X23	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 3
O418X24	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 4
O418X25	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 5

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O418X29	Other specified disorders of amniotic fluid and membranes, second trimester, other fetus
O418X30	Other specified disorders of amniotic fluid and membranes, third trimester, not applicable or unspecified
O418X31	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 1
O418X32	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 2
O418X33	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 3
O418X34	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 4
O418X35	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 5
O418X39	Other specified disorders of amniotic fluid and membranes, third trimester, other fetus
O418X90	Other specified disorders of amniotic fluid and membranes, unspecified trimester, not applicable or unspecified
O418X91	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 1
O418X92	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 2
O418X93	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 3
O418X94	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 4
O418X95	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 5
O418X99	Other specified disorders of amniotic fluid and membranes, unspecified trimester, other fetus
O4190X0	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, not applicable or unspecified
O4190X1	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 1
O4190X2	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 2
O4190X3	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 3
O4190X4	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 4
O4190X5	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 5
O4190X9	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, other fetus
O4191X0	Disorder of amniotic fluid and membranes, unspecified, first trimester, not applicable or unspecified
O4191X1	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 1
O4191X2	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 2
O4191X3	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 3
O4191X4	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 4
O4191X5	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 5
O4191X9	Disorder of amniotic fluid and membranes, unspecified, first trimester, other fetus
O4192X0	Disorder of amniotic fluid and membranes, unspecified, second trimester, not applicable or unspecified
O4192X1	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 1
O4192X2	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 2
O4192X3	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 3
O4192X4	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 4
O4192X5	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 5
O4192X9	Disorder of amniotic fluid and membranes, unspecified, second trimester, other fetus
O4193X0	Disorder of amniotic fluid and membranes, unspecified, third trimester, not applicable or unspecified



**Pregnancy Diagnosis Code List:**

ICD 10	Description
	unspecified
O4193X1	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 1
O4193X2	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 2
O4193X3	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 3
O4193X4	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 4
O4193X5	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 5
O4193X9	Disorder of amniotic fluid and membranes, unspecified, third trimester, other fetus
O4200	Premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified weeks of gestation
O42011	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, first trimester
O42012	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, second trimester
O42013	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester
O42019	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified trimester
O4202	Full-term premature rupture of membranes, onset of labor within 24 hours of rupture
O4210	Premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified weeks of gestation
O42111	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, first trimester
O42112	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, second trimester
O42113	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester
O42119	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified trimester
O4212	Full-term premature rupture of membranes, onset of labor more than 24 hours following rupture
O4290	Premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified weeks of gestation
O42911	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, first trimester
O42912	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester
O42913	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester
O42919	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified trimester
O4292	Full-term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor
O43011	Fetomaternal placental transfusion syndrome, first trimester
O43012	Fetomaternal placental transfusion syndrome, second trimester
O43013	Fetomaternal placental transfusion syndrome, third trimester
O43019	Fetomaternal placental transfusion syndrome, unspecified trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O43021	Fetus-to-fetus placental transfusion syndrome, first trimester
O43022	Fetus-to-fetus placental transfusion syndrome, second trimester
O43023	Fetus-to-fetus placental transfusion syndrome, third trimester
O43029	Fetus-to-fetus placental transfusion syndrome, unspecified trimester
O43101	Malformation of placenta, unspecified, first trimester
O43102	Malformation of placenta, unspecified, second trimester
O43103	Malformation of placenta, unspecified, third trimester
O43109	Malformation of placenta, unspecified, unspecified trimester
O43111	Circumvallate placenta, first trimester
O43112	Circumvallate placenta, second trimester
O43113	Circumvallate placenta, third trimester
O43119	Circumvallate placenta, unspecified trimester
O43121	Velamentous insertion of umbilical cord, first trimester
O43122	Velamentous insertion of umbilical cord, second trimester
O43123	Velamentous insertion of umbilical cord, third trimester
O43129	Velamentous insertion of umbilical cord, unspecified trimester
O43191	Other malformation of placenta, first trimester
O43192	Other malformation of placenta, second trimester
O43193	Other malformation of placenta, third trimester
O43199	Other malformation of placenta, unspecified trimester
O43211	Placenta accreta, first trimester
O43212	Placenta accreta, second trimester
O43213	Placenta accreta, third trimester
O43219	Placenta accreta, unspecified trimester
O43221	Placenta increta, first trimester
O43222	Placenta increta, second trimester
O43223	Placenta increta, third trimester
O43229	Placenta increta, unspecified trimester
O43231	Placenta percreta, first trimester
O43232	Placenta percreta, second trimester
O43233	Placenta percreta, third trimester
O43239	Placenta percreta, unspecified trimester
O43811	Placental infarction, first trimester
O43812	Placental infarction, second trimester
O43813	Placental infarction, third trimester
O43819	Placental infarction, unspecified trimester
O43891	Other placental disorders, first trimester
O43892	Other placental disorders, second trimester
O43893	Other placental disorders, third trimester
O43899	Other placental disorders, unspecified trimester
O4390	Unspecified placental disorder, unspecified trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O4391	Unspecified placental disorder, first trimester
O4392	Unspecified placental disorder, second trimester
O4393	Unspecified placental disorder, third trimester
O4400	Complete placenta previa NOS or without hemorrhage, unspecified trimester
O4401	Complete placenta previa NOS or without hemorrhage, first trimester
O4402	Complete placenta previa NOS or without hemorrhage, second trimester
O4403	Complete placenta previa NOS or without hemorrhage, third trimester
O4410	Complete placenta previa with hemorrhage, unspecified trimester
O4411	Complete placenta previa with hemorrhage, first trimester
O4412	Complete placenta previa with hemorrhage, second trimester
O4413	Complete placenta previa with hemorrhage, third trimester
O4420	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O4421	Partial placenta previa NOS or without hemorrhage, first trimester
O4422	Partial placenta previa NOS or without hemorrhage, second trimester
O4423	Partial placenta previa NOS or without hemorrhage, third trimester
O4430	Partial placenta previa with hemorrhage, unspecified trimester
O4431	Partial placenta previa with hemorrhage, first trimester
O4432	Partial placenta previa with hemorrhage, second trimester
O4433	Partial placenta previa with hemorrhage, third trimester
O4440	Low lying placenta NOS or without hemorrhage, unspecified trimester
O4441	Low lying placenta NOS or without hemorrhage, first trimester
O4442	Low lying placenta NOS or without hemorrhage, second trimester
O4443	Low lying placenta NOS or without hemorrhage, third trimester
O4450	Low lying placenta with hemorrhage, unspecified trimester
O4451	Low lying placenta with hemorrhage, first trimester
O4452	Low lying placenta with hemorrhage, second trimester
O4453	Low lying placenta with hemorrhage, third trimester
O45001	Premature separation of placenta with coagulation defect, unspecified, first trimester
O45002	Premature separation of placenta with coagulation defect, unspecified, second trimester
O45003	Premature separation of placenta with coagulation defect, unspecified, third trimester
O45009	Premature separation of placenta with coagulation defect, unspecified, unspecified trimester
O45011	Premature separation of placenta with afibrinogenemia, first trimester
O45012	Premature separation of placenta with afibrinogenemia, second trimester
O45013	Premature separation of placenta with afibrinogenemia, third trimester
O45019	Premature separation of placenta with afibrinogenemia, unspecified trimester
O45021	Premature separation of placenta with disseminated intravascular coagulation, first trimester
O45022	Premature separation of placenta with disseminated intravascular coagulation, second trimester
O45023	Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45029	Premature separation of placenta with disseminated intravascular coagulation, unspecified trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O45091	Premature separation of placenta with other coagulation defect, first trimester
O45092	Premature separation of placenta with other coagulation defect, second trimester
O45093	Premature separation of placenta with other coagulation defect, third trimester
O45099	Premature separation of placenta with other coagulation defect, unspecified trimester
O458X1	Other premature separation of placenta, first trimester
O458X2	Other premature separation of placenta, second trimester
O458X3	Other premature separation of placenta, third trimester
O458X9	Other premature separation of placenta, unspecified trimester
O4590	Premature separation of placenta, unspecified, unspecified trimester
O4591	Premature separation of placenta, unspecified, first trimester
O4592	Premature separation of placenta, unspecified, second trimester
O4593	Premature separation of placenta, unspecified, third trimester
O46001	Antepartum hemorrhage with coagulation defect, unspecified, first trimester
O46002	Antepartum hemorrhage with coagulation defect, unspecified, second trimester
O46003	Antepartum hemorrhage with coagulation defect, unspecified, third trimester
O46009	Antepartum hemorrhage with coagulation defect, unspecified, unspecified trimester
O46011	Antepartum hemorrhage with afibrinogenemia, first trimester
O46012	Antepartum hemorrhage with afibrinogenemia, second trimester
O46013	Antepartum hemorrhage with afibrinogenemia, third trimester
O46019	Antepartum hemorrhage with afibrinogenemia, unspecified trimester
O46021	Antepartum hemorrhage with disseminated intravascular coagulation, first trimester
O46022	Antepartum hemorrhage with disseminated intravascular coagulation, second trimester
O46023	Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
O46029	Antepartum hemorrhage with disseminated intravascular coagulation, unspecified trimester
O46091	Antepartum hemorrhage with other coagulation defect, first trimester
O46092	Antepartum hemorrhage with other coagulation defect, second trimester
O46093	Antepartum hemorrhage with other coagulation defect, third trimester
O46099	Antepartum hemorrhage with other coagulation defect, unspecified trimester
O468X1	Other antepartum hemorrhage, first trimester
O468X2	Other antepartum hemorrhage, second trimester
O468X3	Other antepartum hemorrhage, third trimester
O468X9	Other antepartum hemorrhage, unspecified trimester
O4690	Antepartum hemorrhage, unspecified, unspecified trimester
O4691	Antepartum hemorrhage, unspecified, first trimester
O4692	Antepartum hemorrhage, unspecified, second trimester
O4693	Antepartum hemorrhage, unspecified, third trimester
O4700	False labor before 37 completed weeks of gestation, unspecified trimester
O4702	False labor before 37 completed weeks of gestation, second trimester
O4703	False labor before 37 completed weeks of gestation, third trimester
O471	False labor at or after 37 completed weeks of gestation
O479	False labor, unspecified

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O480	Post-term pregnancy
O481	Prolonged pregnancy
O6000	Preterm labor without delivery, unspecified trimester
O6002	Preterm labor without delivery, second trimester
O6003	Preterm labor without delivery, third trimester
O6010X0	Preterm labor with preterm delivery, unspecified trimester, not applicable or unspecified
O6010X1	Preterm labor with preterm delivery, unspecified trimester, fetus 1
O6010X2	Preterm labor with preterm delivery, unspecified trimester, fetus 2
O6010X3	Preterm labor with preterm delivery, unspecified trimester, fetus 3
O6010X4	Preterm labor with preterm delivery, unspecified trimester, fetus 4
O6010X5	Preterm labor with preterm delivery, unspecified trimester, fetus 5
O6010X9	Preterm labor with preterm delivery, unspecified trimester, other fetus
O6012X0	Preterm labor second trimester with preterm delivery second trimester, not applicable or unspecified
O6012X1	Preterm labor second trimester with preterm delivery second trimester, fetus 1
O6012X2	Preterm labor second trimester with preterm delivery second trimester, fetus 2
O6012X3	Preterm labor second trimester with preterm delivery second trimester, fetus 3
O6012X4	Preterm labor second trimester with preterm delivery second trimester, fetus 4
O6012X5	Preterm labor second trimester with preterm delivery second trimester, fetus 5
O6012X9	Preterm labor second trimester with preterm delivery second trimester, other fetus
O6013X0	Preterm labor second trimester with preterm delivery third trimester, not applicable or unspecified
O6013X1	Preterm labor second trimester with preterm delivery third trimester, fetus 1
O6013X2	Preterm labor second trimester with preterm delivery third trimester, fetus 2
O6013X3	Preterm labor second trimester with preterm delivery third trimester, fetus 3
O6013X4	Preterm labor second trimester with preterm delivery third trimester, fetus 4
O6013X5	Preterm labor second trimester with preterm delivery third trimester, fetus 5
O6013X9	Preterm labor second trimester with preterm delivery third trimester, other fetus
O6014X0	Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified
O6014X1	Preterm labor third trimester with preterm delivery third trimester, fetus 1
O6014X2	Preterm labor third trimester with preterm delivery third trimester, fetus 2
O6014X3	Preterm labor third trimester with preterm delivery third trimester, fetus 3
O6014X4	Preterm labor third trimester with preterm delivery third trimester, fetus 4
O6014X5	Preterm labor third trimester with preterm delivery third trimester, fetus 5
O6014X9	Preterm labor third trimester with preterm delivery third trimester, other fetus
O6020X0	Term delivery with preterm labor, unspecified trimester, not applicable or unspecified
O6020X1	Term delivery with preterm labor, unspecified trimester, fetus 1
O6020X2	Term delivery with preterm labor, unspecified trimester, fetus 2
O6020X3	Term delivery with preterm labor, unspecified trimester, fetus 3
O6020X4	Term delivery with preterm labor, unspecified trimester, fetus 4
O6020X5	Term delivery with preterm labor, unspecified trimester, fetus 5

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O6020X9	Term delivery with preterm labor, unspecified trimester, other fetus
O6022X0	Term delivery with preterm labor, second trimester, not applicable or unspecified
O6022X1	Term delivery with preterm labor, second trimester, fetus 1
O6022X2	Term delivery with preterm labor, second trimester, fetus 2
O6022X3	Term delivery with preterm labor, second trimester, fetus 3
O6022X4	Term delivery with preterm labor, second trimester, fetus 4
O6022X5	Term delivery with preterm labor, second trimester, fetus 5
O6022X9	Term delivery with preterm labor, second trimester, other fetus
O6023X0	Term delivery with preterm labor, third trimester, not applicable or unspecified
O6023X1	Term delivery with preterm labor, third trimester, fetus 1
O6023X2	Term delivery with preterm labor, third trimester, fetus 2
O6023X3	Term delivery with preterm labor, third trimester, fetus 3
O6023X4	Term delivery with preterm labor, third trimester, fetus 4
O6023X5	Term delivery with preterm labor, third trimester, fetus 5
O6023X9	Term delivery with preterm labor, third trimester, other fetus
O610	Failed medical induction of labor
O611	Failed instrumental induction of labor
O618	Other failed induction of labor
O619	Failed induction of labor, unspecified
O620	Primary inadequate contractions
O621	Secondary uterine inertia
O622	Other uterine inertia
O623	Precipitate labor
O624	Hypertonic, incoordinate, and prolonged uterine contractions
O628	Other abnormalities of forces of labor
O629	Abnormality of forces of labor, unspecified
O630	Prolonged first stage (of labor)
O631	Prolonged second stage (of labor)
O632	Delayed delivery of second twin, triplet, etc.
O639	Long labor, unspecified
O640XX0	Obstructed labor due to incomplete rotation of fetal head, not applicable or unspecified
O640XX1	Obstructed labor due to incomplete rotation of fetal head, fetus 1
O640XX2	Obstructed labor due to incomplete rotation of fetal head, fetus 2
O640XX3	Obstructed labor due to incomplete rotation of fetal head, fetus 3
O640XX4	Obstructed labor due to incomplete rotation of fetal head, fetus 4
O640XX5	Obstructed labor due to incomplete rotation of fetal head, fetus 5
O640XX9	Obstructed labor due to incomplete rotation of fetal head, other fetus
O641XX0	Obstructed labor due to breech presentation, not applicable or unspecified
O641XX1	Obstructed labor due to breech presentation, fetus 1
O641XX2	Obstructed labor due to breech presentation, fetus 2
O641XX3	Obstructed labor due to breech presentation, fetus 3

**Pregnancy Diagnosis Code List:**

<b>ICD 10</b>	<b>Description</b>
O641XX4	Obstructed labor due to breech presentation, fetus 4
O641XX5	Obstructed labor due to breech presentation, fetus 5
O641XX9	Obstructed labor due to breech presentation, other fetus
O642XX0	Obstructed labor due to face presentation, not applicable or unspecified
O642XX1	Obstructed labor due to face presentation, fetus 1
O642XX2	Obstructed labor due to face presentation, fetus 2
O642XX3	Obstructed labor due to face presentation, fetus 3
O642XX4	Obstructed labor due to face presentation, fetus 4
O642XX5	Obstructed labor due to face presentation, fetus 5
O642XX9	Obstructed labor due to face presentation, other fetus
O643XX0	Obstructed labor due to brow presentation, not applicable or unspecified
O643XX1	Obstructed labor due to brow presentation, fetus 1
O643XX2	Obstructed labor due to brow presentation, fetus 2
O643XX3	Obstructed labor due to brow presentation, fetus 3
O643XX4	Obstructed labor due to brow presentation, fetus 4
O643XX5	Obstructed labor due to brow presentation, fetus 5
O643XX9	Obstructed labor due to brow presentation, other fetus
O644XX0	Obstructed labor due to shoulder presentation, not applicable or unspecified
O644XX1	Obstructed labor due to shoulder presentation, fetus 1
O644XX2	Obstructed labor due to shoulder presentation, fetus 2
O644XX3	Obstructed labor due to shoulder presentation, fetus 3
O644XX4	Obstructed labor due to shoulder presentation, fetus 4
O644XX5	Obstructed labor due to shoulder presentation, fetus 5
O644XX9	Obstructed labor due to shoulder presentation, other fetus
O645XX0	Obstructed labor due to compound presentation, not applicable or unspecified
O645XX1	Obstructed labor due to compound presentation, fetus 1
O645XX2	Obstructed labor due to compound presentation, fetus 2
O645XX3	Obstructed labor due to compound presentation, fetus 3
O645XX4	Obstructed labor due to compound presentation, fetus 4
O645XX5	Obstructed labor due to compound presentation, fetus 5
O645XX9	Obstructed labor due to compound presentation, other fetus
O648XX0	Obstructed labor due to other malposition and malpresentation, not applicable or unspecified
O648XX1	Obstructed labor due to other malposition and malpresentation, fetus 1
O648XX2	Obstructed labor due to other malposition and malpresentation, fetus 2
O648XX3	Obstructed labor due to other malposition and malpresentation, fetus 3
O648XX4	Obstructed labor due to other malposition and malpresentation, fetus 4
O648XX5	Obstructed labor due to other malposition and malpresentation, fetus 5
O648XX9	Obstructed labor due to other malposition and malpresentation, other fetus
O649XX0	Obstructed labor due to malposition and malpresentation, unspecified, not applicable or unspecified
O649XX1	Obstructed labor due to malposition and malpresentation, unspecified, fetus 1

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O649XX2	Obstructed labor due to malposition and malpresentation, unspecified, fetus 2
O649XX3	Obstructed labor due to malposition and malpresentation, unspecified, fetus 3
O649XX4	Obstructed labor due to malposition and malpresentation, unspecified, fetus 4
O649XX5	Obstructed labor due to malposition and malpresentation, unspecified, fetus 5
O649XX9	Obstructed labor due to malposition and malpresentation, unspecified, other fetus
O650	Obstructed labor due to deformed pelvis
O651	Obstructed labor due to generally contracted pelvis
O652	Obstructed labor due to pelvic inlet contraction
O653	Obstructed labor due to pelvic outlet and mid-cavity contraction
O654	Obstructed labor due to fetopelvic disproportion, unspecified
O655	Obstructed labor due to abnormality of maternal pelvic organs
O658	Obstructed labor due to other maternal pelvic abnormalities
O659	Obstructed labor due to maternal pelvic abnormality, unspecified
O660	Obstructed labor due to shoulder dystocia
O661	Obstructed labor due to locked twins
O662	Obstructed labor due to unusually large fetus
O663	Obstructed labor due to other abnormalities of fetus
O6640	Failed trial of labor, unspecified
O6641	Failed attempted vaginal birth after previous cesarean delivery
O665	Attempted application of vacuum extractor and forceps
O666	Obstructed labor due to other multiple fetuses
O668	Other specified obstructed labor
O669	Obstructed labor, unspecified
O670	Intrapartum hemorrhage with coagulation defect
O678	Other intrapartum hemorrhage
O679	Intrapartum hemorrhage, unspecified
O68	Labor and delivery complicated by abnormality of fetal acid-base balance
O690XX0	Labor and delivery complicated by prolapse of cord, not applicable or unspecified
O690XX1	Labor and delivery complicated by prolapse of cord, fetus 1
O690XX2	Labor and delivery complicated by prolapse of cord, fetus 2
O690XX3	Labor and delivery complicated by prolapse of cord, fetus 3
O690XX4	Labor and delivery complicated by prolapse of cord, fetus 4
O690XX5	Labor and delivery complicated by prolapse of cord, fetus 5
O690XX9	Labor and delivery complicated by prolapse of cord, other fetus
O691XX0	Labor and delivery complicated by cord around neck, with compression, not applicable or unspecified
O691XX1	Labor and delivery complicated by cord around neck, with compression, fetus 1
O691XX2	Labor and delivery complicated by cord around neck, with compression, fetus 2
O691XX3	Labor and delivery complicated by cord around neck, with compression, fetus 3
O691XX4	Labor and delivery complicated by cord around neck, with compression, fetus 4
O691XX5	Labor and delivery complicated by cord around neck, with compression, fetus 5



**Pregnancy Diagnosis Code List:**

ICD 10	Description
O691XX9	Labor and delivery complicated by cord around neck, with compression, other fetus
O692XX0	Labor and delivery complicated by other cord entanglement, with compression, not applicable or unspecified
O692XX1	Labor and delivery complicated by other cord entanglement, with compression, fetus 1
O692XX2	Labor and delivery complicated by other cord entanglement, with compression, fetus 2
O692XX3	Labor and delivery complicated by other cord entanglement, with compression, fetus 3
O692XX4	Labor and delivery complicated by other cord entanglement, with compression, fetus 4
O692XX5	Labor and delivery complicated by other cord entanglement, with compression, fetus 5
O692XX9	Labor and delivery complicated by other cord entanglement, with compression, other fetus
O693XX0	Labor and delivery complicated by short cord, not applicable or unspecified
O693XX1	Labor and delivery complicated by short cord, fetus 1
O693XX2	Labor and delivery complicated by short cord, fetus 2
O693XX3	Labor and delivery complicated by short cord, fetus 3
O693XX4	Labor and delivery complicated by short cord, fetus 4
O693XX5	Labor and delivery complicated by short cord, fetus 5
O693XX9	Labor and delivery complicated by short cord, other fetus
O694XX0	Labor and delivery complicated by vasa previa, not applicable or unspecified
O694XX1	Labor and delivery complicated by vasa previa, fetus 1
O694XX2	Labor and delivery complicated by vasa previa, fetus 2
O694XX3	Labor and delivery complicated by vasa previa, fetus 3
O694XX4	Labor and delivery complicated by vasa previa, fetus 4
O694XX5	Labor and delivery complicated by vasa previa, fetus 5
O694XX9	Labor and delivery complicated by vasa previa, other fetus
O695XX0	Labor and delivery complicated by vascular lesion of cord, not applicable or unspecified
O695XX1	Labor and delivery complicated by vascular lesion of cord, fetus 1
O695XX2	Labor and delivery complicated by vascular lesion of cord, fetus 2
O695XX3	Labor and delivery complicated by vascular lesion of cord, fetus 3
O695XX4	Labor and delivery complicated by vascular lesion of cord, fetus 4
O695XX5	Labor and delivery complicated by vascular lesion of cord, fetus 5
O695XX9	Labor and delivery complicated by vascular lesion of cord, other fetus
O6981X0	Labor and delivery complicated by cord around neck, without compression, not applicable or unspecified
O6981X1	Labor and delivery complicated by cord around neck, without compression, fetus 1
O6981X2	Labor and delivery complicated by cord around neck, without compression, fetus 2
O6981X3	Labor and delivery complicated by cord around neck, without compression, fetus 3
O6981X4	Labor and delivery complicated by cord around neck, without compression, fetus 4
O6981X5	Labor and delivery complicated by cord around neck, without compression, fetus 5
O6981X9	Labor and delivery complicated by cord around neck, without compression, other fetus
O6982X0	Labor and delivery complicated by other cord entanglement, without compression, not applicable or unspecified
O6982X1	Labor and delivery complicated by other cord entanglement, without compression, fetus 1
O6982X2	Labor and delivery complicated by other cord entanglement, without compression, fetus 2

Pregnancy Diagnosis Code List:

ICD 10	Description
O6982X3	Labor and delivery complicated by other cord entanglement, without compression, fetus 3
O6982X4	Labor and delivery complicated by other cord entanglement, without compression, fetus 4
O6982X5	Labor and delivery complicated by other cord entanglement, without compression, fetus 5
O6982X9	Labor and delivery complicated by other cord entanglement, without compression, other fetus
O6989X0	Labor and delivery complicated by other cord complications, not applicable or unspecified
O6989X1	Labor and delivery complicated by other cord complications, fetus 1
O6989X2	Labor and delivery complicated by other cord complications, fetus 2
O6989X3	Labor and delivery complicated by other cord complications, fetus 3
O6989X4	Labor and delivery complicated by other cord complications, fetus 4
O6989X5	Labor and delivery complicated by other cord complications, fetus 5
O6989X9	Labor and delivery complicated by other cord complications, other fetus
O699XX0	Labor and delivery complicated by cord complication, unspecified, not applicable or unspecified
O699XX1	Labor and delivery complicated by cord complication, unspecified, fetus 1
O699XX2	Labor and delivery complicated by cord complication, unspecified, fetus 2
O699XX3	Labor and delivery complicated by cord complication, unspecified, fetus 3
O699XX4	Labor and delivery complicated by cord complication, unspecified, fetus 4
O699XX5	Labor and delivery complicated by cord complication, unspecified, fetus 5
O699XX9	Labor and delivery complicated by cord complication, unspecified, other fetus
O700	First degree perineal laceration during delivery
O701	Second degree perineal laceration during delivery
O7020	Third degree perineal laceration during delivery, unspecified
O7021	Third degree perineal laceration during delivery, IIIa
O7022	Third degree perineal laceration during delivery, IIIb
O7023	Third degree perineal laceration during delivery, IIIc
O703	Fourth degree perineal laceration during delivery
O704	Anal sphincter tear complicating delivery, not associated with third degree laceration
O709	Perineal laceration during delivery, unspecified
O7100	Rupture of uterus before onset of labor, unspecified trimester
O7102	Rupture of uterus before onset of labor, second trimester
O7103	Rupture of uterus before onset of labor, third trimester
O711	Rupture of uterus during labor
O712	Postpartum inversion of uterus
O713	Obstetric laceration of cervix
O714	Obstetric high vaginal laceration alone
O715	Other obstetric injury to pelvic organs
O716	Obstetric damage to pelvic joints and ligaments
O717	Obstetric hematoma of pelvis
O7181	Laceration of uterus, not elsewhere classified
O7182	Other specified trauma to perineum and vulva
O7189	Other specified obstetric trauma
O719	Obstetric trauma, unspecified

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O720	Third-stage hemorrhage
O721	Other immediate postpartum hemorrhage
O722	Delayed and secondary postpartum hemorrhage
O723	Postpartum coagulation defects
O730	Retained placenta without hemorrhage
O731	Retained portions of placenta and membranes, without hemorrhage
O740	Aspiration pneumonitis due to anesthesia during labor and delivery
O741	Other pulmonary complications of anesthesia during labor and delivery
O742	Cardiac complications of anesthesia during labor and delivery
O743	Central nervous system complications of anesthesia during labor and delivery
O744	Toxic reaction to local anesthesia during labor and delivery
O745	Spinal and epidural anesthesia-induced headache during labor and delivery
O746	Other complications of spinal and epidural anesthesia during labor and delivery
O747	Failed or difficult intubation for anesthesia during labor and delivery
O748	Other complications of anesthesia during labor and delivery
O749	Complication of anesthesia during labor and delivery, unspecified
O750	Maternal distress during labor and delivery
O751	Shock during or following labor and delivery
O752	Pyrexia during labor, not elsewhere classified
O753	Other infection during labor
O754	Other complications of obstetric surgery and procedures
O755	Delayed delivery after artificial rupture of membranes
O7581	Maternal exhaustion complicating labor and delivery
O7582	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section
O7589	Other specified complications of labor and delivery
O759	Complication of labor and delivery, unspecified
O76	Abnormality in fetal heart rate and rhythm complicating labor and delivery
O770	Labor and delivery complicated by meconium in amniotic fluid
O771	Fetal stress in labor or delivery due to drug administration
O778	Labor and delivery complicated by other evidence of fetal stress
O779	Labor and delivery complicated by fetal stress, unspecified
O80	Encounter for full-term uncomplicated delivery
O82	Encounter for cesarean delivery without indication
O85	Puerperal sepsis
08600	Infection of obstetric surgical wound, unspecified
08601	Infection of obstetric surgical wound, superficial incisional site
08602	Infection of obstetric surgical wound, deep incisional site
08603	Infection of obstetric surgical wound, organ and space site
08604	Sepsis following an obstetrical procedure
08609	Infection of obstetric surgical wound, other surgical site

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O8611	Cervicitis following delivery
O8612	Endometritis following delivery
O8613	Vaginitis following delivery
O8619	Other infection of genital tract following delivery
O8620	Urinary tract infection following delivery, unspecified
O8621	Infection of kidney following delivery
O8622	Infection of bladder following delivery
O8629	Other urinary tract infection following delivery
O864	Pyrexia of unknown origin following delivery
O8681	Puerperal septic thrombophlebitis
O8689	Other specified puerperal infections
O870	Superficial thrombophlebitis in the puerperium
O871	Deep phlebothrombosis in the puerperium
O872	Hemorrhoids in the puerperium
O873	Cerebral venous thrombosis in the puerperium
O874	Varicose veins of lower extremity in the puerperium
O878	Other venous complications in the puerperium
O879	Venous complication in the puerperium, unspecified
O88011	Air embolism in pregnancy, first trimester
O88012	Air embolism in pregnancy, second trimester
O88013	Air embolism in pregnancy, third trimester
O88019	Air embolism in pregnancy, unspecified trimester
O8802	Air embolism in childbirth
O8803	Air embolism in the puerperium
O88111	Amniotic fluid embolism in pregnancy, first trimester
O88112	Amniotic fluid embolism in pregnancy, second trimester
O88113	Amniotic fluid embolism in pregnancy, third trimester
O88119	Amniotic fluid embolism in pregnancy, unspecified trimester
O8812	Amniotic fluid embolism in childbirth
O8813	Amniotic fluid embolism in the puerperium
O88211	Thromboembolism in pregnancy, first trimester
O88212	Thromboembolism in pregnancy, second trimester
O88213	Thromboembolism in pregnancy, third trimester
O88219	Thromboembolism in pregnancy, unspecified trimester
O8822	Thromboembolism in childbirth
O8823	Thromboembolism in the puerperium
O88311	Pyemic and septic embolism in pregnancy, first trimester
O88312	Pyemic and septic embolism in pregnancy, second trimester
O88313	Pyemic and septic embolism in pregnancy, third trimester
O88319	Pyemic and septic embolism in pregnancy, unspecified trimester
O8832	Pyemic and septic embolism in childbirth

<b>Pregnancy Diagnosis Code List:</b>	
<b>ICD 10</b>	<b>Description</b>
O8833	Pyemic and septic embolism in the puerperium
O88811	Other embolism in pregnancy, first trimester
O88812	Other embolism in pregnancy, second trimester
O88813	Other embolism in pregnancy, third trimester
O88819	Other embolism in pregnancy, unspecified trimester
O8882	Other embolism in childbirth
O8883	Other embolism in the puerperium
O8901	Aspiration pneumonitis due to anesthesia during the puerperium
O8909	Other pulmonary complications of anesthesia during the puerperium
O891	Cardiac complications of anesthesia during the puerperium
O892	Central nervous system complications of anesthesia during the puerperium
O893	Toxic reaction to local anesthesia during the puerperium
O894	Spinal and epidural anesthesia-induced headache during the puerperium
O895	Other complications of spinal and epidural anesthesia during the puerperium
O896	Failed or difficult intubation for anesthesia during the puerperium
O898	Other complications of anesthesia during the puerperium
O899	Complication of anesthesia during the puerperium, unspecified
O900	Disruption of cesarean delivery wound
O901	Disruption of perineal obstetric wound
O902	Hematoma of obstetric wound
O903	Peripartum cardiomyopathy
O9041	Hepatorenal syndrome following labor and delivery
O9049	Other postpartum acute kidney failure
O905	Postpartum thyroiditis
O906	Postpartum mood disturbance
O9081	Anemia of the puerperium
O9089	Other complications of the puerperium, not elsewhere classified
O909	Complication of the puerperium, unspecified
O91011	Infection of nipple associated with pregnancy, first trimester
O91012	Infection of nipple associated with pregnancy, second trimester
O91013	Infection of nipple associated with pregnancy, third trimester
O91019	Infection of nipple associated with pregnancy, unspecified trimester
O9102	Infection of nipple associated with the puerperium
O9103	Infection of nipple associated with lactation
O91111	Abscess of breast associated with pregnancy, first trimester
O91112	Abscess of breast associated with pregnancy, second trimester
O91113	Abscess of breast associated with pregnancy, third trimester
O91119	Abscess of breast associated with pregnancy, unspecified trimester
O9112	Abscess of breast associated with the puerperium
O9113	Abscess of breast associated with lactation
O91211	Nonpurulent mastitis associated with pregnancy, first trimester
O91212	Nonpurulent mastitis associated with pregnancy, second trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O91213	Nonpurulent mastitis associated with pregnancy, third trimester
O91219	Nonpurulent mastitis associated with pregnancy, unspecified trimester
O9122	Nonpurulent mastitis associated with the puerperium
O9123	Nonpurulent mastitis associated with lactation
O92011	Retracted nipple associated with pregnancy, first trimester
O92012	Retracted nipple associated with pregnancy, second trimester
O92013	Retracted nipple associated with pregnancy, third trimester
O92019	Retracted nipple associated with pregnancy, unspecified trimester
O9202	Retracted nipple associated with the puerperium
O9203	Retracted nipple associated with lactation
O92111	Cracked nipple associated with pregnancy, first trimester
O92112	Cracked nipple associated with pregnancy, second trimester
O92113	Cracked nipple associated with pregnancy, third trimester
O92119	Cracked nipple associated with pregnancy, unspecified trimester
O9212	Cracked nipple associated with the puerperium
O9213	Cracked nipple associated with lactation
O9220	Unspecified disorder of breast associated with pregnancy and the puerperium
O9229	Other disorders of breast associated with pregnancy and the puerperium
O923	Agalactia
O924	Hypogalactia
O925	Suppressed lactation
O926	Galactorrhea
O9270	Unspecified disorders of lactation
O9279	Other disorders of lactation
O94	Sequelae of complication of pregnancy, childbirth, and the puerperium
O98011	Tuberculosis complicating pregnancy, first trimester
O98012	Tuberculosis complicating pregnancy, second trimester
O98013	Tuberculosis complicating pregnancy, third trimester
O98019	Tuberculosis complicating pregnancy, unspecified trimester
O9802	Tuberculosis complicating childbirth
O9803	Tuberculosis complicating the puerperium
O98111	Syphilis complicating pregnancy, first trimester
O98112	Syphilis complicating pregnancy, second trimester
O98113	Syphilis complicating pregnancy, third trimester
O98119	Syphilis complicating pregnancy, unspecified trimester
O9812	Syphilis complicating childbirth
O9813	Syphilis complicating the puerperium
O98211	Gonorrhea complicating pregnancy, first trimester
O98212	Gonorrhea complicating pregnancy, second trimester
O98213	Gonorrhea complicating pregnancy, third trimester
O98219	Gonorrhea complicating pregnancy, unspecified trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O9822	Gonorrhea complicating childbirth
O9823	Gonorrhea complicating the puerperium
O98311	Other infections with a predominantly sexual mode of transmission complicating pregnancy, first trimester
O98312	Other infections with a predominantly sexual mode of transmission complicating pregnancy, second trimester
O98313	Other infections with a predominantly sexual mode of transmission complicating pregnancy, third trimester
O98319	Other infections with a predominantly sexual mode of transmission complicating pregnancy, unspecified trimester
O9832	Other infections with a predominantly sexual mode of transmission complicating childbirth
O9833	Other infections with a predominantly sexual mode of transmission complicating the puerperium
O98411	Viral hepatitis complicating pregnancy, first trimester
O98412	Viral hepatitis complicating pregnancy, second trimester
O98413	Viral hepatitis complicating pregnancy, third trimester
O98419	Viral hepatitis complicating pregnancy, unspecified trimester
O9842	Viral hepatitis complicating childbirth
O9843	Viral hepatitis complicating the puerperium
O98511	Other viral diseases complicating pregnancy, first trimester
O98512	Other viral diseases complicating pregnancy, second trimester
O98513	Other viral diseases complicating pregnancy, third trimester
O98519	Other viral diseases complicating pregnancy, unspecified trimester
O9852	Other viral diseases complicating childbirth
O9853	Other viral diseases complicating the puerperium
O98611	Protozoal diseases complicating pregnancy, first trimester
O98612	Protozoal diseases complicating pregnancy, second trimester
O98613	Protozoal diseases complicating pregnancy, third trimester
O98619	Protozoal diseases complicating pregnancy, unspecified trimester
O9862	Protozoal diseases complicating childbirth
O9863	Protozoal diseases complicating the puerperium
O98711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
O98712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
O98719	Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester
O9872	Human immunodeficiency virus [HIV] disease complicating childbirth
O9873	Human immunodeficiency virus [HIV] disease complicating the puerperium
O98811	Other maternal infectious and parasitic diseases complicating pregnancy, first trimester
O98812	Other maternal infectious and parasitic diseases complicating pregnancy, second trimester
O98813	Other maternal infectious and parasitic diseases complicating pregnancy, third trimester
O98819	Other maternal infectious and parasitic diseases complicating pregnancy, unspecified trimester
O9882	Other maternal infectious and parasitic diseases complicating childbirth

**Pregnancy Diagnosis Code List:**

ICD 10	Description
O9883	Other maternal infectious and parasitic diseases complicating the puerperium
O98911	Unspecified maternal infectious and parasitic disease complicating pregnancy, first trimester
O98912	Unspecified maternal infectious and parasitic disease complicating pregnancy, second trimester
O98913	Unspecified maternal infectious and parasitic disease complicating pregnancy, third trimester
O98919	Unspecified maternal infectious and parasitic disease complicating pregnancy, unspecified trimester
O9892	Unspecified maternal infectious and parasitic disease complicating childbirth
O9893	Unspecified maternal infectious and parasitic disease complicating the puerperium
O99011	Anemia complicating pregnancy, first trimester
O99012	Anemia complicating pregnancy, second trimester
O99013	Anemia complicating pregnancy, third trimester
O99019	Anemia complicating pregnancy, unspecified trimester
O9902	Anemia complicating childbirth
O9903	Anemia complicating the puerperium
O99111	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, first trimester
O99112	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, second trimester
O99113	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester
O99119	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, unspecified trimester
O9912	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth
O9913	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium
O99210	Obesity complicating pregnancy, unspecified trimester
O99211	Obesity complicating pregnancy, first trimester
O99212	Obesity complicating pregnancy, second trimester
O99213	Obesity complicating pregnancy, third trimester
O99214	Obesity complicating childbirth
O99215	Obesity complicating the puerperium
O99280	Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester
O99281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
O99282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
O99283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
O99284	Endocrine, nutritional and metabolic diseases complicating childbirth
O99285	Endocrine, nutritional and metabolic diseases complicating the puerperium
O99310	Alcohol use complicating pregnancy, unspecified trimester
O99311	Alcohol use complicating pregnancy, first trimester
O99312	Alcohol use complicating pregnancy, second trimester
O99313	Alcohol use complicating pregnancy, third trimester



**Pregnancy Diagnosis Code List:**

ICD 10	Description
O99314	Alcohol use complicating childbirth
O99315	Alcohol use complicating the puerperium
O99320	Drug use complicating pregnancy, unspecified trimester
O99321	Drug use complicating pregnancy, first trimester
O99322	Drug use complicating pregnancy, second trimester
O99323	Drug use complicating pregnancy, third trimester
O99324	Drug use complicating childbirth
O99325	Drug use complicating the puerperium
O99330	Smoking (tobacco) complicating pregnancy, unspecified trimester
O99331	Smoking (tobacco) complicating pregnancy, first trimester
O99332	Smoking (tobacco) complicating pregnancy, second trimester
O99333	Smoking (tobacco) complicating pregnancy, third trimester
O99334	Smoking (tobacco) complicating childbirth
O99335	Smoking (tobacco) complicating the puerperium
O99340	Other mental disorders complicating pregnancy, unspecified trimester
O99341	Other mental disorders complicating pregnancy, first trimester
O99342	Other mental disorders complicating pregnancy, second trimester
O99343	Other mental disorders complicating pregnancy, third trimester
O99344	Other mental disorders complicating childbirth
O99345	Other mental disorders complicating the puerperium
O99350	Diseases of the nervous system complicating pregnancy, unspecified trimester
O99351	Diseases of the nervous system complicating pregnancy, first trimester
O99352	Diseases of the nervous system complicating pregnancy, second trimester
O99353	Diseases of the nervous system complicating pregnancy, third trimester
O99354	Diseases of the nervous system complicating childbirth
O99355	Diseases of the nervous system complicating the puerperium
O99411	Diseases of the circulatory system complicating pregnancy, first trimester
O99412	Diseases of the circulatory system complicating pregnancy, second trimester
O99413	Diseases of the circulatory system complicating pregnancy, third trimester
O99419	Diseases of the circulatory system complicating pregnancy, unspecified trimester
O9942	Diseases of the circulatory system complicating childbirth
O9943	Diseases of the circulatory system complicating the puerperium
Z0371	Encounter for suspected problem with amniotic cavity and membrane ruled out
Z0372	Encounter for suspected placental problem ruled out
Z0373	Encounter for suspected fetal anomaly ruled out
Z0374	Encounter for suspected problem with fetal growth ruled out
Z0375	Encounter for suspected cervical shortening ruled out
Z0379	Encounter for other suspected maternal and fetal conditions ruled out
Z331	Pregnant state, incidental
Z3400	Encounter for supervision of normal first pregnancy, unspecified trimester

**Pregnancy Diagnosis Code List:**

ICD 10	Description
Z3401	Encounter for supervision of normal first pregnancy, first trimester
Z3402	Encounter for supervision of normal first pregnancy, second trimester
Z3403	Encounter for supervision of normal first pregnancy, third trimester
Z3480	Encounter for supervision of other normal pregnancy, unspecified trimester
Z3481	Encounter for supervision of other normal pregnancy, first trimester
Z3482	Encounter for supervision of other normal pregnancy, second trimester
Z3483	Encounter for supervision of other normal pregnancy, third trimester
Z3490	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z3491	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z3492	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z3493	Encounter for supervision of normal pregnancy, unspecified, third trimester
Z360	Encounter for antenatal screening for chromosomal anomalies
Z361	Encounter for antenatal screening for raised alphafetoprotein level
Z362	Encounter for other antenatal screening follow-up
Z363	Encounter for antenatal screening for malformations
Z364	Encounter for antenatal screening for fetal growth retardation
Z365	Encounter for antenatal screening for isoimmunization
Z3681	Encounter for antenatal screening for hydrops fetalis
Z3682	Encounter for antenatal screening for nuchal translucency
Z3683	Encounter for fetal screening for congenital cardiac abnormalities
Z3684	Encounter for antenatal screening for fetal lung maturity
Z3685	Encounter for antenatal screening for Streptococcus B
Z3686	Encounter for antenatal screening for cervical length
Z3687	Encounter for antenatal screening for uncertain dates
Z3688	Encounter for antenatal screening for fetal macrosomia
Z3689	Encounter for other specified antenatal screening
Z368A	Encounter for antenatal screening for other genetic defects
Z369	Encounter for antenatal screening, unspecified
Z3A00	Weeks of gestation of pregnancy not specified
Z3A01	Less than 8 weeks gestation of pregnancy
Z3A08	8 weeks gestation of pregnancy
Z3A09	9 weeks gestation of pregnancy
Z3A10	10 weeks gestation of pregnancy
Z3A11	11 weeks gestation of pregnancy
Z3A12	12 weeks gestation of pregnancy
Z3A13	13 weeks gestation of pregnancy
Z3A14	14 weeks gestation of pregnancy
Z3A15	15 weeks gestation of pregnancy
Z3A16	16 weeks gestation of pregnancy

**Pregnancy Diagnosis Code List:**

ICD 10	Description
Z3A17	17 weeks gestation of pregnancy
Z3A18	18 weeks gestation of pregnancy
Z3A19	19 weeks gestation of pregnancy
Z3A20	20 weeks gestation of pregnancy
Z3A21	21 weeks gestation of pregnancy
Z3A22	22 weeks gestation of pregnancy
Z3A23	23 weeks gestation of pregnancy
Z3A24	24 weeks gestation of pregnancy
Z3A25	25 weeks gestation of pregnancy
Z3A26	26 weeks gestation of pregnancy
Z3A27	27 weeks gestation of pregnancy
Z3A28	28 weeks gestation of pregnancy
Z3A29	29 weeks gestation of pregnancy
Z3A30	30 weeks gestation of pregnancy
Z3A31	31 weeks gestation of pregnancy
Z3A32	32 weeks gestation of pregnancy
Z3A33	33 weeks gestation of pregnancy
Z3A34	34 weeks gestation of pregnancy
Z3A35	35 weeks gestation of pregnancy
Z3A36	36 weeks gestation of pregnancy
Z3A37	37 weeks gestation of pregnancy
Z3A38	38 weeks gestation of pregnancy
Z3A39	39 weeks gestation of pregnancy
Z3A40	40 weeks gestation of pregnancy
Z3A41	41 weeks gestation of pregnancy
Z3A42	42 weeks gestation of pregnancy
Z3A49	Greater than 42 weeks gestation of pregnancy

**Diabetes Diagnosis Code List**

**Diabetes Diagnosis Code List**

ICD-10	Description
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

<b>Diabetes Diagnosis Code List</b>	
<b>ICD-10</b>	<b>Description</b>
E10319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without 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
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
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
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
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
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

### Diabetes Diagnosis Code List

ICD-10	Description
E103499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
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
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

### Diabetes Diagnosis Code List

ICD-10	Description
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
E113211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye

E113212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E113213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral

**Diabetes Diagnosis Code List**

ICD-10	Description
E113219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E113291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E113292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E113293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E113299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E113311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E113312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E113313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E113319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E113391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E113392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E113393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E113399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E113411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E113412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E113413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E113419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E113491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E113492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E113493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E113499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E113511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E113512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E113513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E113519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye



**Diabetes Diagnosis Code List**

ICD-10	Description
E113521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E113522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E113523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E113529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E113531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E113532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E113533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E113539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E113541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E113542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E113543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E113549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E113551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E113552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E113553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E113559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E113591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E113592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E113593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E113599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E1136	Type 2 diabetes mellitus with diabetic cataract
E1137X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E1137X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E1137X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E1137X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E1139	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E1144	Type 2 diabetes mellitus with diabetic amyotrophy

### Diabetes Diagnosis Code List

ICD-10	Description
E1149	Type 2 diabetes mellitus with other diabetic neurological complication
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E1159	Type 2 diabetes mellitus with other circulatory complications
E11610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11618	Type 2 diabetes mellitus with other diabetic arthropathy
E11620	Type 2 diabetes mellitus with diabetic dermatitis
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
E1300	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E1301	Other specified diabetes mellitus with hyperosmolarity with coma
E1310	Other specified diabetes mellitus with ketoacidosis without coma
E1311	Other specified diabetes mellitus with ketoacidosis with coma
E1321	Other specified diabetes mellitus with diabetic nephropathy
E1322	Other specified diabetes mellitus with diabetic chronic kidney disease
E1329	Other specified diabetes mellitus with other diabetic kidney complication
E13311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E133211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E133212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E133213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E133219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E133291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E133292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E133293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral

**Diabetes Diagnosis Code List**

ICD-10	Description
E133299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E133311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E133312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E133313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E133319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E133391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E133392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E133393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E133399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E133411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E133412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E133413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E133419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E133491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E133492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E133493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E133499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E133511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E133512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E133513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E133519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E133521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E133522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye

**Diabetes Diagnosis Code List**

ICD-10	Description
E133523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E133529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E133531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E133532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E133533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E133539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E133541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E133542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E133543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E133549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E133551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E133552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E133553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E133559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E133591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E133592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E133593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E133599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E1336	Other specified diabetes mellitus with diabetic cataract
E1337X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E1337X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E1337X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E1337X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E1339	Other specified diabetes mellitus with other diabetic ophthalmic complication
E1340	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E1341	Other specified diabetes mellitus with diabetic mononeuropathy
E1342	Other specified diabetes mellitus with diabetic polyneuropathy
E1343	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy

### Diabetes Diagnosis Code List

ICD-10	Description
E1344	Other specified diabetes mellitus with diabetic amyotrophy
E1349	Other specified diabetes mellitus with other diabetic neurological complication
E1351	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E1352	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E1359	Other specified diabetes mellitus with other circulatory complications
E13610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13618	Other specified diabetes mellitus with other diabetic arthropathy
E13620	Other specified diabetes mellitus with diabetic dermatitis
E13621	Other specified diabetes mellitus with foot ulcer
E13622	Other specified diabetes mellitus with other skin ulcer
E13628	Other specified diabetes mellitus with other skin complications
E13630	Other specified diabetes mellitus with periodontal disease
E13638	Other specified diabetes mellitus with other oral complications
E13641	Other specified diabetes mellitus with hypoglycemia with coma
E13649	Other specified diabetes mellitus with hypoglycemia without coma
E1365	Other specified diabetes mellitus with hyperglycemia
E1369	Other specified diabetes mellitus with other specified complication
E138	Other specified diabetes mellitus with unspecified complications
E139	Other specified diabetes mellitus without complications

### Diagnosis Code List Speech and Language Delay and Disorders in Childrens: Screening

#### Diabetes Diagnosis Code List

ICD-10	Description
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood onset fluency disorder
F80.82	Social pragmatic communication disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified

## Atherosclerosis Diagnosis Code List

### Atherosclerosis Diagnosis Code List:

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD 10	Description
I700	Atherosclerosis of aorta
I701	Atherosclerosis of renal artery
I70201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg
I70239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg
I70249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I7025	Atherosclerosis of native arteries of other extremities with ulceration
I70261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70262	Atherosclerosis of native arteries of extremities with gangrene, left leg

**Atherosclerosis Diagnosis Code List:**

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD 10	Description
I70263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I70291	Other atherosclerosis of native arteries of extremities, right leg
I70292	Other atherosclerosis of native arteries of extremities, left leg
I70293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70298	Other atherosclerosis of native arteries of extremities, other extremity
I70299	Other atherosclerosis of native arteries of extremities, unspecified extremity
I70301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
I70329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
I70332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
I70333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot

**Atherosclerosis Diagnosis Code List:**

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD 10	Description
I70335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
I70341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
I70342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
I70343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
I7035	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
I70361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
I70362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
I70363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
I70369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg



**Atherosclerosis Diagnosis Code List:**

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD 10	Description
I70412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
I70413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
I70419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
I70422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
I70423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
I70428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
I70429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity
I70431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I7045	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
I70462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
I70463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs

**Atherosclerosis Diagnosis Code List:**

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD 10	Description
I70468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
I70469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
I70491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
I70522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
I70529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf

**Atherosclerosis Diagnosis Code List:**

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD 10	Description
I70533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
I70543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
I7055	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
I70561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
I70562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
I70563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
I70568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
I70569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg

**Atherosclerosis Diagnosis Code List:**

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD 10	Description
I70602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
I70612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
I70613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
I70622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
I70623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
I70628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
I70629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I7065	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration

**Atherosclerosis Diagnosis Code List:**

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD 10	Description
I70661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
I70662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
I70663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
I70668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
I70669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot

### Atherosclerosis Diagnosis Code List:

Refer to the Preventive Care Services table (above), regarding the following Atherosclerosis Diagnosis Codes which are allowed for:

- Cholesterol Screening (Lipid Disorders Screening)

Behavioral Counseling in Primary Care to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors

ICD 10	Description
I70738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I7075	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg
I70762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
I70763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity
I70769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I708	Atherosclerosis of other arteries
I7090	Unspecified atherosclerosis
I7091	Generalized atherosclerosis
I7092	Chronic total occlusion of artery of the extremities

## Hepatitis C Code List

### Hepatitis C Diagnosis Code List:

ICD 10	Description
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B18.2	Chronic viral hepatitis C
B19.20	Unspecified viral hepatitis C without hepatic coma

### Hepatitis C Diagnosis Code List:

ICD 10	Description
B19.21	Unspecified viral hepatitis C with hepatic coma
O98.411	Viral hepatitis complicating pregnancy, first trimester
O98.412	Viral hepatitis complicating pregnancy, second trimester
O98.413	Viral hepatitis complicating pregnancy, third trimester
O98.419	Viral hepatitis complicating pregnancy, unspecified trimester
O98.42	Viral hepatitis complicating childbirth
O98.43	Viral hepatitis complicating the puerperium

### Ocular Screening Code List

#### Ocular Screening Diagnosis Code List:

ICD 10	Description
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood onset fluency disorder
F80.82	Social pragmatic communication disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specified developmental disorder of motor function
F84.2	Rett's syndrome
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome

## Ocular Screening Code List

<b>Ocular Screening Diagnosis Code List:</b>	
<b>ICD 10</b>	<b>Description</b>
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
H93.25	Central auditory processing disorder
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.02	Arnold-Chiari syndrome with hydrocephalus
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)



### Ocular Screening Diagnosis Code List:

ICD 10	Description
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q92.0	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q92.1	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q92.2	Partial trisomy
Q92.5	Duplications with other complex rearrangements
Q92.7	Triploidy and polyploidy
Q92.8	Other specified trisomies and partial trisomies of autosomes
Q92.9	Trisomy and partial trisomy of autosomes, unspecified
Q93.0	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q93.1	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q93.2	Chromosome replaced with ring, dicentric or isochromosome
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5
Q93.51	Angelman syndrome
Q93.52	Phelan-McDermid syndrome
Q93.59	Other deletions of part of a chromosome
Q93.7	Deletions with other complex rearrangements
Q93.81	Velo-cardio-facial syndrome
Q93.82	Williams Syndrome
Q93.88	Other microdeletions
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q95.2	Balanced autosomal rearrangement in abnormal individual
Q95.3	Balanced sex/autosomal rearrangement in abnormal individual
Q95.5	Individual with autosomal fragile site
Q95.8	Other balanced rearrangements and structural markers

### Ocular Screening Diagnosis Code List:

ICD 10	Description
Q95.9	Balanced rearrangement and structural marker, unspecified
Q96.0	Karyotype 45, X
Q96.1	Karyotype 46, X iso (Xq)
Q96.2	Karyotype 46, X with abnormal sex chromosome, except iso (Xq)
Q96.3	Mosaicism, 45, X/46, XX or XY
Q96.4	Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome
Q96.8	Other variants of Turner's syndrome
Q96.9	Turner's syndrome, unspecified
Q98.0	Klinefelter syndrome karyotype 47, XXY
Q98.1	Klinefelter syndrome, male with more than two X chromosomes
Q98.3	Other male with 46, XX karyotype
Q98.4	Klinefelter syndrome, unspecified
Q99.2	Fragile X chromosome
R41.840	Attention and concentration deficit

### Glaucoma Screening Code List

#### Glaucoma Screening Code List:

ICD 10	Description
Z13.5	Encounter for screening for eye and ear disorders

### Vision Screening Code List

#### Vision Screening Code List:

ICD 10	Description
Z01.020	Encounter for examination of eyes and vision following failed vision screening without abnormal findings
Z01.021	Encounter for examination of eyes and vision following failed vision screening with abnormal findings
Z00.021	Routine child health exam with abnormal finding
Z00.129	Routine child health exam without abnormal finding

## Expanded Preventive Health Care Services

Expanded Preventive Health Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines.		
Service:	Code(s):	Claims Edit Criteria:
<p><b>Well-Woman Visits</b></p> <p>HHS Requirement: Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care.</p>	<p><b>Procedure Code(s)</b></p> <p><b>Prenatal Office Visits:</b> <i>Evaluation and Management (Office Visits):</i></p> <ul style="list-style-type: none"> <li>• 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463</li> </ul> <p><i>Physician prenatal education, group setting:</i></p> <ul style="list-style-type: none"> <li>• 99078</li> </ul> <p>Prenatal Care Visits:</p> <ul style="list-style-type: none"> <li>• 59425, 59426 Global</li> </ul> <p>Obstetrical Codes:</p> <ul style="list-style-type: none"> <li>• 59400, 59510, 59610, 59618</li> </ul> <p><b>Diagnosis Code(s):</b> See Pregnancy Diagnosis Code list in the Appendix Section</p>	<p>Prenatal Office Visits: Payable as preventive when billed with a Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code list in Appendix Section).</p> <p>Prenatal Care Visits:</p> <ul style="list-style-type: none"> <li>• Pregnancy Diagnosis Codes are not required.</li> </ul> <p>Global Obstetrical Codes:</p> <ul style="list-style-type: none"> <li>• The routine, low-risk, prenatal visits portion of the code is covered as preventive.</li> <li>• Pregnancy Diagnosis Codes are not required.</li> </ul>
<p><b>Human Papillomavirus DNA Testing (HPV)</b></p> <p>HHS Requirement: High-risk human papillomavirus DNA testing in women with normal cytology (pap smear) results, every 3 years for women who are 30 or older.</p>	<p><b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>• 87623, 87624, 87625</li> <li>• G0476</li> </ul> <p><b>Diagnosis Code(s):</b> <u>ICD-10:</u> Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4</p>	<ul style="list-style-type: none"> <li>• Age 30 and up.</li> <li>• Payable as a preventive screening with one of the Diagnosis Codes listed in this row.</li> </ul>
<p><b>Counseling for Sexually Transmitted Infections</b></p> <p>HHS Requirement: Counseling on sexually transmitted infections for all sexually active women.</p>	<p><b>Procedure Code (s)</b></p> <ul style="list-style-type: none"> <li>• 99401, 99402, 99403, 99404, G0445</li> </ul>	

**Expanded Preventive Health Care Services**  
Certain codes may not be payable in all circumstances due to other policies or guidelines.

Service:	Code(s):	Claims Edit Criteria:
<p><b>Counseling and Screening for Human Immune-deficiency Virus</b></p> <p>HHS Requirement: Counseling and screening for human immune-deficiency virus infection for all sexually active women.</p>	<p><b>Procedure Code(s)</b> Counseling:</p> <ul style="list-style-type: none"> <li>99401, 99402, 99403, 99404</li> </ul> <p>Screening Tests:</p> <ul style="list-style-type: none"> <li>See the HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services table above.</li> </ul>	<p>Screening Tests:</p> <ul style="list-style-type: none"> <li>See the HIV – Human Immunodeficiency Virus – Screening for Adolescents and Adults section of the Preventive Services table above.</li> </ul>
<p><b>Contraceptive Methods (Including Sterilizations)</b></p> <p>HHS Requirement: For women, all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling (as prescribed).</p> <p><b>For patient education and counseling:</b></p> <ul style="list-style-type: none"> <li>See the section of the Preventive Care Services table above.</li> </ul>	<p><b>Codes(s):</b></p> <p><b>Code Group 1:</b> <u>Sterilizations:</u></p> <ul style="list-style-type: none"> <li><i>Tubal Ligation, oviduct occlusion:</i> 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264 (See Code Group 4 below for tubal ligation follow up).</li> </ul> <p><u>Contraceptive Methods:</u></p> <ul style="list-style-type: none"> <li><i>Diaphragm or cervical cap:</i> 57170, A4261, A4266</li> <li><i>IUD (cooper):</i> J7300</li> <li><i>IUD (Skyla®):</i> J7301</li> <li><i>IUD (Kyleena):</i> J7696</li> <li><i>IUD (other):</i> J7297 (See Code Group 2 for <u>additional IUD codes</u>)</li> </ul> <p><b>Code Group 2:</b> <u>Contraceptive Methods:</u></p> <ul style="list-style-type: none"> <li><i>Implantable devices:</i> <ul style="list-style-type: none"> <li>J7306, J7307</li> <li>11976 (capsule removal)</li> </ul> </li> <li><i>Injections:</i> <ul style="list-style-type: none"> <li>J1050 (injection)</li> <li>96372 (administration)</li> </ul> </li> <li><i>IUDs:</i> <ul style="list-style-type: none"> <li>J7298, S4989</li> <li>58300, S4981 (insertion)</li> <li>58301 (removal)</li> </ul> </li> </ul> <p>(See Code Group 1 for <u>additional IUD Codes</u>)</p> <ul style="list-style-type: none"> <li>11981 (implant insertion)</li> <li>11982 (implant removal)</li> <li>11983 (removal with reinsertion)</li> </ul>	<p><b>Claims Edit Criteria:</b></p> <p><b>Code Group 1 :</b></p> <ul style="list-style-type: none"> <li>Does not have diagnosis code requirements for preventive benefits to apply.</li> </ul> <p><b>Code Group 2:</b></p> <ul style="list-style-type: none"> <li>Preventive when billed with one of the Code Group 2 Diagnosis Codes, listed in this row</li> </ul>

**Expanded Preventive Health Care Services**  
Certain codes may not be payable in all circumstances due to other policies or guidelines.

Service:	Code(s):	Claims Edit Criteria:
	<p><b>Code Group 2 Diagnosis Code(s)</b> <i>These are required for Code Group 2:</i> <i>Contraceptive Management:</i> <u>ICD-10:</u> Z30.011, Z30.012, Z30.013, Z30.014, Z30.018, Z30.019, Z30.09, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49, Z30.8, Z30.9</p> <p><b>Code Group 3:</b> <i>Anesthesia for Sterilization:</i>  <ul style="list-style-type: none"> <li>00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</li> </ul> </p> <p><b>Code Group 3 Diagnosis Code:</b> <b>Sterilization:</b> <u>ICD-10:</u> Z30.2</p> <p><b>Code Group 4:</b> <i>Tubal ligation follow up hysterosalpingogram:</i>  <ul style="list-style-type: none"> <li>58340, 74740</li> </ul> </p> <p><b>Code Group 4 Diagnosis Code:</b> <i>Tubal ligation status:</i> <u>ICD-10:</u> Z98.51</p>	<p><b>Code Group 3:</b></p> <ul style="list-style-type: none"> <li>Preventive when billed with the Code Group 3 Diagnosis Code listed in this row.</li> </ul> <p><b>Code Group 4:</b></p> <ul style="list-style-type: none"> <li>Preventive when billed with the Code Group 4 Diagnosis Code listed in this row.</li> </ul>
<p><b>Breastfeeding Support, Supplies, and Counseling</b></p> <p>HHS Requirement: Breastfeeding support, supplies, and counseling: Comprehensive lactation support and counseling, from a trained provider, during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment, in conjunction with each birth.</p>	<p>Support and Counseling: <b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>99202-99205, 99211-99214</li> <li>99401, 99402, 99403, 99404</li> <li>99411, 99412,</li> <li>99242, 99243, 99244, 99245</li> <li>99341, 99931, 99342, 99344, 99345</li> <li>99347, 99348, 99349, 99350</li> </ul> <p><b>Diagnosis Code(s):</b> <u>ICD-10:</u> Z39.1</p> <p>Breast Pump Equipment &amp; Supplies: <b>Procedure Code(s):</b> <i>Personal Use Electric:</i></p> <ul style="list-style-type: none"> <li>E0602, E0603, E0604</li> </ul> <p><i>Breast Pump Supplies:</i></p> <ul style="list-style-type: none"> <li>A4281, A4282, A4283, A4284, A4285, A4286</li> </ul> <p><b>Diagnosis Code(s):</b></p>	<p>Support and Counseling:</p> <ul style="list-style-type: none"> <li>The Diagnosis Code listed in this row is required for 99242– 99245, 99341 – 99345, and 99347 – 99350</li> </ul> <p>Breast Pump Equipment &amp; Supplies:</p> <ul style="list-style-type: none"> <li>E0603 is limited to one purchase per birth.</li> <li>E0603, and A4281 – A4286 are payable as preventive with at least one of the diagnosis codes listed in this row.</li> </ul>

**Expanded Preventive Health Care Services**

Certain codes may not be payable in all circumstances due to other policies or guidelines.

Service:	Code(s):	Claims Edit Criteria:
	<ul style="list-style-type: none"> <li>• Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code list above), OR <u>ICD-10</u>: Z39.1</li> </ul>	
<p><b>Screening and Counseling for Interpersonal and Domestic Violence</b></p> <p>HHS Requirement: Screening and counseling for interpersonal and domestic violence.</p>	<p><b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>• 99401, 99402, 99403,99404</li> </ul>	n/a

## USPSTF Grade Definitions

### What does grade means and suggestions for practice?

The USPSTF updated its definition of and suggestions for practice for the grade C recommendation. This new definition applies to USPSTF recommendations voted on after July 2012. Describing the strength of a recommendation is an important part of communicating its importance to clinicians and other users. Although most of the grade definitions have evolved since the USPSTF first began, none has changed more noticeably than the definition of a C recommendation, which has undergone three major revisions since 1998. Despite these revisions, the essence of the C recommendation has remained consistent: at the population level, the balance of benefits and harms is very close, and the magnitude of net benefit is small. Given this small net benefit, the USPSTF has either not made a recommendation “for or against routinely” providing the service (1998), recommended “against routinely” providing the service (2007), or recommended “selectively” providing the service (2012). Grade C recommendations are particularly sensitive to patient values and circumstances. Determining whether or not the service should be offered or provided to an individual patient will typically require an informed conversation between the clinician and patient.

### Grade Definitions for USPSTF Recommendations after July 2012:

<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#brec2>

Grade	Definition	Suggestions for Practice
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</b>	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
<b>C</b>	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
<b>D</b>	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
<b>I</b> Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

### Levels of Certainty Regarding Net Benefit

Level of Certainty*_	Description
<b>High</b>	<p>The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.</p>
<b>Moderate</b>	<p>The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as:</p> <ul style="list-style-type: none"> <li>• The number, size, or quality of individual studies.</li> <li>• Inconsistency of findings across individual studies.</li> <li>• Limited generalizability of findings to routine primary care practice.</li> <li>• Lack of coherence in the chain of evidence.</li> </ul> <p>As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.</p>
<b>Low</b>	<p>The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of:</p> <ul style="list-style-type: none"> <li>• The limited number or size of studies.</li> <li>• Important flaws in study design or methods.</li> <li>• Inconsistency of findings across individual studies.</li> <li>• Gaps in the chain of evidence.</li> <li>• Findings not generalizable to routine primary care practice.</li> <li>• Lack of information on important health outcomes.</li> </ul> <p>More information may allow estimation of effects on health outcomes.</p>

\*The USPSTF defines certainty as “likelihood that the USPSTF assessment of the net benefit of a preventive service is correct.” The net benefit is defined as benefit minus harm of the preventive service as implemented in a general, primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.



**Grade Definitions for USPSTF Recommendations Dated After May 2007:**

<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#brec2>

The U.S. Preventive Services Task Force (USPSTF) has updated its definitions of the grades it assigns to recommendations and now includes “suggestions for practice” associated with each grade. The USPSTF has also defined levels of certainty regarding net benefit. These definitions apply to USPSTF recommendations voted on after May 2007.

Grade	Definition	Suggestions for Practice
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</b>	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
<b>C</b>	<i>Note: The following statement is undergoing revision.</i> Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
<b>D</b>	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
<b>I Statement</b>	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

**Grade Definitions for USPSTF Recommendations Dated Prior to May 2007:**

<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#brec2>

**A—Strongly Recommended:** The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. *The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.*

**B—Recommended:** The USPSTF recommends that clinicians provide [the service] to eligible patients. *The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.*

**C—No Recommendation:** The USPSTF makes no recommendation for or against routine provision of [the service]. *The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.*

**D—Not Recommended:** The USPSTF recommends against routinely providing [the service] to asymptomatic patients. *The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.*

**I—Insufficient Evidence to Make a Recommendation:** The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. *Evidence that the [service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.*

**Guideline History / Revision Information**

10/1/2018	<p><b>ICD 10</b></p> <p><b>Deleted:</b> E78.4, O86.0, Q93.5, Q93.82</p> <p><b>Add:</b> E78.41, E78.49, F12.23, F12.93, O86.00, O86.01, O86.02, O86.03, O86.04, O86.09, O30.131, O30.132, O30.133, O30.139, O30.231, O30.232, O30.233, O30.239, O30.831, O30.832, O30.833, O30.839, Q93.51, Q93.59, Z13.31, Z13.32</p>
11/30/2018	<p><b>CPT 2019</b></p> <p><b>Deleted:</b> 81211, 81213, 81214</p> <p><b>Add:</b> 81162, 81163, 81164, 81165, 81166, 81167, 90689</p>
12/20/18	<p><b>Add:</b> 99201-99205, 99211-99215, 99401-99404, 99411, 99412, G0101, G0402, G0439, G0445, S0610, S0612, S0613, E0602, E0604, 80061, 82465, 83718, 83719, 83721, 84478, S0601, 45300, 45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, G0270, G0271, S9470, 87623, 82016, 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620, 92551, 92552, 92553, 92558, 92585, 92586, 92587, 92588, V5008, 99402, 99403, G0396, G0397, 99385, 99386, 99387, 99395, 99396, 99397, 36415, 36416, 99470, 78350, S9075, S9453, S9075, S9453, 83655, 99173, 99174, 99177, 96110, G0451, G0438, 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99461</p> <p>Z71.41, Z71.89, Z13.89, R76.11, R76.12</p> <p><b>Deleted:</b> 77083</p>
7/9/2019	<p>Age limitation for colorectal cancer screen change due to Administrative Order 334, March 3, 2015: "Age Limits for Colorectal Cancer Screenings: 40 years – 75 years (ends on 76<sup>th</sup> birthday)"</p>
12/4/2019	<p>Revision annual</p> <p><b>Hearing Test</b></p> <p>Add: "Ages 91 days to 21 years (ends on 22<sup>nd</sup> birthday). Requires one of the diagnosis codes listed in this row. Limit of once per year"</p> <p>Add ICD 10 Codes: Z00.00 and Z00.01</p> <p><b>Screening for Visual Impairment in Children</b></p> <p>Add "Code 99173 Does not have diagnosis code requirements for preventives benefit to apply</p> <p>For Codes 99174 and 99177</p> <p>Age 1 to 5 (ends on 6<sup>th</sup> birthday): Does not have diagnosis code requirements for preventive benefits to apply.</p>

	Age 6 to 21 years (ends on 22 <sup>nd</sup> birthday): Refer to the ocular diagnoses"
2/12/2020	Revision HPV Ages benefit limit ages 9 to 45 years Review Pregnancy DX Review Hepatitis C Dx
8/25/2020	Revision <b>Deleted</b> N183 <b>Add</b> F11.13, F13.130, F13.131, F13.132, F13.139, F14.13, F15.13, F19.130, F19.131, F19.132, F19.139, N18.30, N18.31, N18.32, O34.218, O34.22
5/4/2021	Inclusion of Prostate Cancer Screening CPT/Hcpcs: 84152, 84153, 84154, G0102, G0103 Dx: C61, D07.5, D29.1, D40.0, N40.0, N40.1, N40.2, N40.3, N41.0, N41.1, N41.2, N41.3, N41.4, N41.8, N41.9, N42.1, N42.31, N42.32, N42.39, N42.81, N42.89, R86.0, R86.7, R86.8, R97.20, R97.21, Z12.5, Z15.03, Z80.42, Z85.46, Z87.430
01/05/2023	Revision <b>Deleted ICD 10</b> D689, O350XX0, O350XX1, O350XX2, O350XX3, O350XX4, O350XX5, O350XX9, O351XX0, O351XX1, O351XX2, O351XX3, O351XX4, O351XX5, O351XX9 <b>Add ICD 10</b> Z13.5 <b>Deleted CPT</b> 99201, 99241, 99251 <b>Add CPT</b> 99202, 99242, 99252, 90671, 90677, 90694, 90739, 90759, 99151, 99152, +99153, G0108, G0109, G0117, G0118, G0500

<p>12/18/2023</p>	<p>Deleted: E88.10, O90.5, Z83.71</p> <p>Add: E88.810, E88.811, E88.818, E88.819, I1A.0, O90.41, O90.49, Z83.710, Z83.711, Z83.718, Z83.719, Q93.52</p> <p>Vaccines Codes Add: 91304, 91318, 91319, 91320, 91321, 91322, 90480, 90619, 90623, 90697, 90678, 90679</p> <p>Revised: Colorectal cancer screening, Diabetes screening, Folic Acid supplementation, Gestational diabetes mellitus screening, Hepatitis C virus infection screening, HIV screening: pregnant women, Lung cancer screening, Osteoporosis screening: women, Preeclampsia prevention: aspirin, Skin cancer behavioral counseling, Tobacco use counseling, Hepatitis C Diagnosis list</p>
<p>12/2/2024</p>	<p>ICD10</p> <p>Deleted:</p> <p>Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors</p> <p>Obesity screening and counseling: adults, children and adolescents 6 years or older. E66.8</p> <p>Add:</p> <p>Diabetes Diagnosis Code List E10.A0, E10.A1, E10.A2</p> <p>Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors</p> <p>Obesity screening and counseling: adults, children and adolescents 6 years or older. E66.811, E66.812, E66.813</p> <p>Codes:</p> <p>Deleted:</p> <p>Breastfeeding interventions 99343 (2022)</p> <p>Hearing Test 92585, 92586 (2020)</p> <p>BRCA risk assessment and genetic counseling/testing 96040</p> <p>Colorectal cancer screening G0106, G0120, G0122</p> <p>Lung Cancer Screening G9458, G9459, G9460</p> <p>Add:</p> <p>Hearing Test 92652, 92652</p> <p>BRCA risk assessment and genetic counseling/testing 96041</p>

	<p>Vaccines: Deleted: 90630, 90654</p> <p>Codigos No cubiertos por Medicare, eliminados de la guia:</p> <p>"Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors Obesity screening and counseling: adults, children and adolescents 6 years or older" 0403T S9470</p> <p>Colorectal cancer screening S0285 S0601</p> <p>Wellness Examinations (well baby, well child, well adult) S0610 S0612 S0613</p> <p>Phenylketonuria screening: newborns S3620</p> <p>HIV screening: nonpregnant adolescents and adults S3645</p> <p>Tobacco use counseling: pregnant S9075 S9453</p> <p>BRCA risk assessment S0265</p> <p>Breastfeeding Support, Supplies, and Counseling S9443</p>
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